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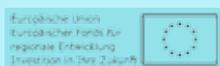
- 4 New Update on the Portal
 - 6 Maintenance and Rehabilitation of muscle-skeletal Functions
 - 14 Pilot Updates
 - 24 Cross-border Awareness
 - 26 Conference on Nutrition
 - 27 Senior-focussed Bicycling Tour
 - 29 Cross-border Conference on Telemedicine
-

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Active and Healthy Ageing

Genes, environment and personal behavior affect our aging process. The demographic change makes it more than ever necessary to engage in Active and Healthy Ageing to prevent chronic diseases.

Recent Blog Pos

HANC: Confere



e apps - Report



THE NEW **HANC** PORTAL
IS ONLINE!

SIGN UP TODAY AT
WWW.HEALTHY-AGEING-NETWORK.EU

NEW UPDATE ON THE HANC PORTAL

BECOME A PART OF THE NETWORK

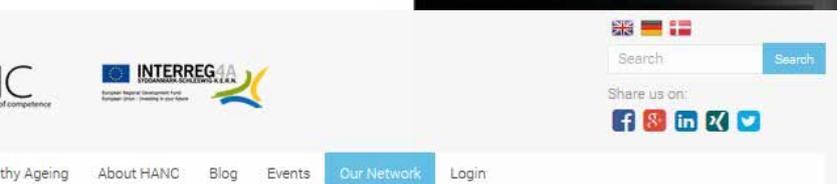
The latest update of the HANC portal gives you the opportunity to become an active part of the HANC network. Under the menu item "Our Network" you are invited to sign up and upload your company logo. Moreover, you are able to upgrade your profile with your contact information, competencies and focus areas.

Thereby, you do not only support the HANC Project, but also you have the opportunity to find exciting project partners respectively you might be found by them. Other users visiting the network side can sort the registered network partners according to their competencies and focus areas in the field of Active and Healthy Ageing. For that we provide a special and easy to use filter tool.

Here's how: If you are looking for a project partner or an expert within the field of Active and Healthy Ageing with competencies in the field of demography, who is specialized in the field of e-health – just choose the correct filter parameters and the HANC network page displays the matching institutions and partners. Your benefits as a HANC network partner:

- Be visible: Mark yourself as an expert in the field of Active and Healthy Ageing
- Show your competencies and focus areas to potential project partners
- Show your research priorities
- Place your company logo or institution logo and identify





Register or Edit Profile

Filter by Competencies

Biology Biomedicine Biotechnology

Care and Rehabilitation

Communication Design Cross-disciplines

Demography Diabetes adviser Dietitian

Doctorands Doctors e-Health Education

Engineering Epidemiology Exercise

Experienced Food Supplement Geography

Geriatric medicine Gerontology Graduates

Health Care Health Sciences Innovation

Interaction Design Life Science

Management Pharma Philosophy

Physiology Product design Psychology

Public Health Robotics Social Policy

Social Work Sociology Technology and ICT

User experience Design

Filter by Focus Areas

Care e-Health

Health Care and Life Science Branche

Healthy Lifestyle Independent Living at Home

Prevention Telemedizin und Medizintechnik

Treatment

Logos of network members: benraa Kommune, aktiv, ASTRUP BORG & SOV, BalticMediCare, Fitness/Trash & BOXHALLE, Fh FLensburg, FLT ALARME APS, JACOBSEN Pharma & MedTech Advice, Kerteminde Kommune, Kiwi GmbH, Queisser Pharma GmbH & Co. KG, Haderslev, FAERDENSSKOLEN KIEL, muthesius kunsthochschule, Region of Southern Denmark, Sønderborg Kommune, Sønderborg, Tisturion, TONDER KOMMUNE, her-ex, University of Cambridge, SYDDANSK UNIVERSITET, VT Syd, WelfareTech.dk

- yourself as a stakeholder in the field of Active and Healthy Ageing
- Become virtually ever-present in the HANC region
 - Show your support to the HANC Project by flying your flag

For further networking and continuing discussions on the topic of Active and Healthy Ageing you may also become a member of our HANC LinkedIn group. Here, meet other stakeholders for networking and discussions about trends, scientific progress and the HANC project. In the beginning of 2015 the next update of the HANC portal is planned to release. Then, the HANC portal will be available in three languages: English, Danish and German.

A man with short, light-colored hair is shown from the chest up, wearing a light-colored, ribbed hoodie. He is seated and holding a resistance band with both hands, pulling it towards his chest. The background is a gym setting with various pieces of equipment. The entire image has a blue color cast. The text is overlaid on the left side of the image.

MAINTENANCE AND REHABILITATION OF MUSCLE-SKELETAL FUNCTIONS

WITHIN THE MUNICIPALITY FRAMEWORK:
A SUSTAINABLE MODEL



This article presents some preliminary results from the Work package 3a pilot. This pilot was designed by the University of Southern Denmark and developed in collaboration with the Municipality of Odense following a conceptual model (Figure 1). The pilot was planned as two-step approach (see HANC journal 3 for further details) involving (1) early identification of community-dwelling older individuals at risk of future adverse health outcomes (severe functional loss and dependency), and (2) implementation of a sustainable active life-style intervention model for those older individuals identified as having an elevated risk of future adverse health outcomes.

Figure 1: Conceptual model for the Active Life-Style intervention



The intervention was developed within the public health care framework using facilities of the municipality and was structured as supervised exercise training (twice a week for 12 weeks, primary focus on muscle power and balance training) along with recommendations of an "active life-style".

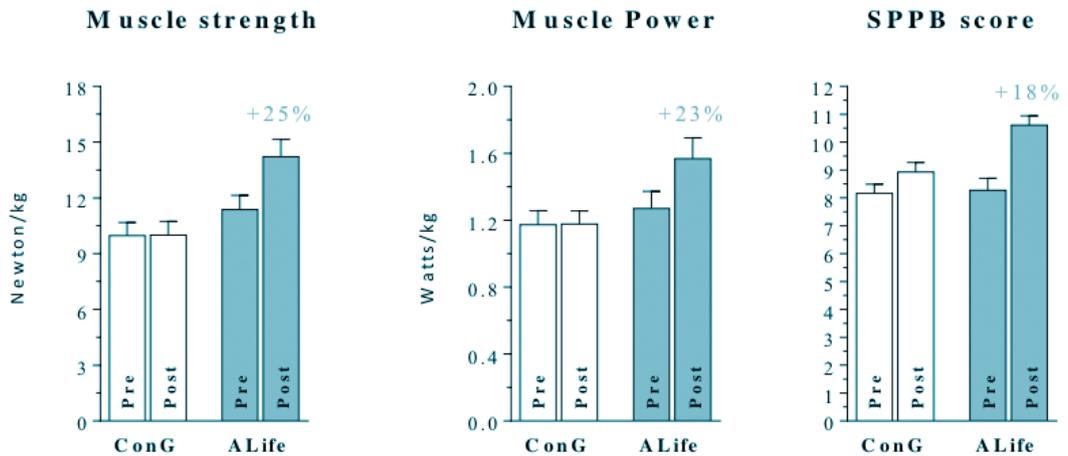
A set of new concepts were applied for the intervention:

- Main focus of the intervention: prevention of functional loss – dependence – increase of reserve capacity – risk reduction of negative health outcomes such as falls. Primary outcome of the pilot was short- and long-distance gait speed;
- Focus on key components of exercise design: exercise was

designed with a set of key components including high intensity training, low frequency, individualization of the exercise, whole body exercise;

- Identification of "geographical needs": use of Geo-mapping data (GIS) to identify where older people live, which facilities are present on the territory and which offers can be developed in the area. Key concept was that the "territory should create/facilitate opportunities for active life-style".
- Decentralization of exercise intervention: training facilities were at a walking distance from the older adults' homes. This created the opportunity for increasing self-empowerment for being "active" (e.g. "I can go there by myself"); also, the aim

Figure 2: muscle strength, muscle power and SPPB score before and after the active life-style intervention period



was to facilitate social networking and interaction (e.g. geographical vicinity creates opportunity for social interaction – e.g. people meeting for coffee and walks).

- From high-tech to low-tech: Simple equipment with “sustainable centers” (e.g. low cost to implement new centers).

PARTICIPANTS

Seventy-nine older adults were selected for the pilot study, of which 65 participants with an age range from 76 to 92 years (21 men and 44 women) passed the medical screening and were randomly assigned to “active life-style intervention group (ALife)” and a “control group (ConG)” where participants were asked not to change their typical life-style during the intervention period and were offered the same training regime

of the ALife group after the control period.

ASSESSMENT

All subjects went through an extensive assessment including in-depth functional and muscle mechanical assessment, cognitive function, body composition for muscle mass, fat and bone density and quality (DEXA scanning, extreme scan), peripheral nerve function, blood work (e.g. inflammation) and a set of self-report domains (e.g. quality of life, pain, depression) and were considered eligible only after they passed a medical screening.

STRUCTURED-SUPERVISED EXERCISE TRAINING

Subjects followed a structured supervised exercise training twice a week for 12 weeks with primary focus on muscle power and balance

training. Training was designed with relatively high intensity (i.e. 80% of maximum capacity - 1 repetition maximum). Simple training equipment (e.g. leg press, hand weights) and several whole body exercises were used during the training and combined with balance training and few tracks for motor skills development. Training teams were composed of 4-6 older adults, because of the relatively poor function and need for support during the training.

PRELIMINARY RESULTS

Baseline characteristics underlined that the participants had poor mobility identified as low gait speed (ALife and ConG groups: 0.65 and 0.69 m/s, respectively).

Main outcome: Gait speed and functional performance. ALife group increased significantly functional performance (short and long distance gait speed, percent difference in ALife and ConG: 23,6% and 9,3%, respectively) as well as several functional test battery score (e.g. Short Physical Performance Battery test (18%): 3-item test battery balance, repeated chair rise and gait) while the control group remained unchanged.

Other key outcomes: i) Muscle strength, muscle power (force * velocity): muscle strength and power increased by 25% and 23%, respectively in the ALife and remained unchanged in the ConG after the intervention period (Fig. 2); ii) Cognitive function: a strong trend for significant increase in cognitive function assessed with Mini-Mental

State Examination was observed in the ALife group whereas no changes were observed in the ConG.

RELEVANCE OF THE PILOT'S RESULTS

The pilot's results indicate that: i) older adults can significantly respond to high-intensity low-frequency exercise translating into improvements of function, which represent the key element for maintenance of functional independency and independent living. On a theoretical level these results indicate that the training induced a "functional and physiological rejuvenation" of several years (e.g. 7 years for muscle strength and power older) when compared to studies which reported longitudinal declines on these variables (~2-3% decline/year).

NEXT STEPS

Socio-economic analysis of the pilot results using National and Local data registries is currently ongoing. Primary aim is to develop a "cost-benefit" analysis. Also, a prospective analysis will be run to identify the reduction or risk factors (e.g. falls reduction, hospital admission) in the period (1-3 years).

Large-scale implementation of the pilot is ongoing in collaboration with the municipality of Odense. Conceptual adjustments of the intervention design in order to further improve the "sustainability of the model" are being evaluated by a working group from the University of Southern Denmark and the municipality of Odense.



PILOT UPDATES



PILOT A – SYDDANSK UNIVERSITY

PREVENTIVE HOME VISIT

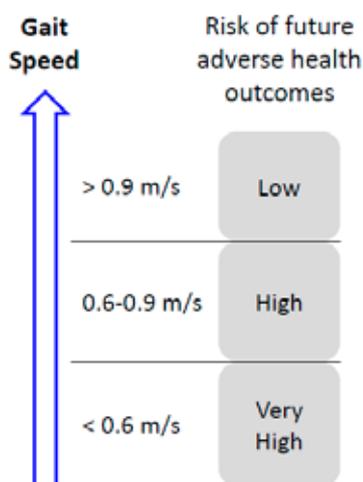
As part of the HANC work package 3, a total of 554 community-dwelling individuals aged 75-years and above received a preventive home visit from expert consultants of the Municipality of Odense (unit of preventive home visits). By guidance of researchers at the University of Southern Denmark (Department of Sports Science and Clinical Biomechanics), several measures of physical function (e.g. self-selected gait speed), physical activity, cognitive function, health, and quality of life were carried out. The concept of the preventive home visit was to identify older individuals at risk of future adverse health outcomes (covering mobility impairments, cognitive impairments, frailty, institutionalization, hospitalization, dependency, death), and subsequently to carry out an active life-style intervention in order to counteract and prevent such adverse health outcomes.

In that context, self-selected gait speed has been identified as one of the most relevant and predictors (Studenski et al. 2011, JAMA 305(1):50-58), reflecting an integrated physical performance requiring body support, timing, and power. As illustrated in the figure to the left, self-selected gait speed can thus be used as a tool to assess the risk of older individuals by categorizing them as fast medium, and slow walkers, respectively (Abellan Van Kan et al. 2009, J Nutr Health Aging.

13(10):881-889; Perera et al. 2006, J Am Geriatr Soc 54(5):743-749).

Of the older individuals tested during the preventive home visit, 45% had a high risk of future adverse events (gait speed = 0.6-0.9 m/s) whereas 15% had a very high risk. Altogether, approximately 2/3 of all older individuals would benefit from interventions attempting to reduce this risk of future adverse health outcomes, e.g. by introducing an active lifestyle. Along with the clear distinction in physical performance given as the difference in self-selected gait speed, these three categories of older individuals (i.e. slow vs moderate vs fast) displayed corresponding levels of physical activity (assessed by use of accelerometry methodology, counts per minute), cognitive function (assessed by use of the mini-mental state examination, 0-30 point scale), and self-reported health (assessed by the health rating scale, 1-5 point scale). This can be seen in the graphs below.

In comparison to the Fast Walkers, those categorized as Slow Walkers were shown to be less physically active during the day (from 06.00-23.00 hours), to have a lower cognitive function, and to have worse self-rated health. These findings suggest that higher levels of cognitive function and health in older individuals are associated with being more physically active and/or having a higher level of physical function.



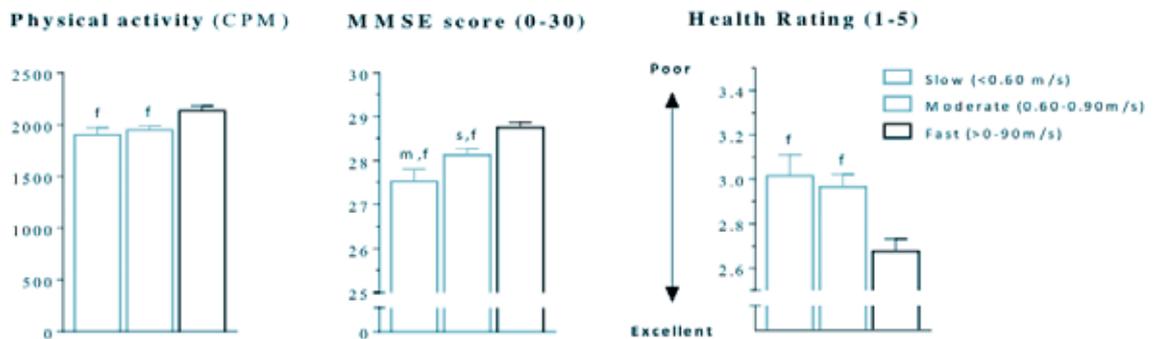


Figure 1:
Home care utilization of short-term admitted older citizens receiving continuous home care 12 month prior to acute short-term admission and a live 6 month after discharge.

Although it may seem “alarming to be categorized as a slow walker, the Pilot a “Maintenance and Rehabilitation of muscle-skeletal function in older adults with reduced mobility: a sustainable model within the municipality health care sector framework First results from the pilot in Odense” (see article in this journal) section shows that it is possible to reduce this risk, hence by improving function and specifically self-selected speed.

PILOT B – ODENSE UNIVERSITY HOSPITAL

IDENTIFICATION OF PRE-HOSPITAL FACTORS ASSOCIATED TO ACUTE HOSPITALIZATION OF ELDERLY CITIZENS

Short introduction to the purpose of WP3B

Due to population ageing an increasing pressure is put to acute hospitals in Denmark, especially since there has been a major reduction in the number of hospital beds. The reduction has been carried out as a consequence of increasing efficacy at discharges from hospital to home, as well as a reduction in in-hospital length-of-stay (LOS). Further reductions of hospital beds are already scheduled, despite the fact that the number of 80+-year olds will double over the coming 25-30 years. However, it is believed that the development of eHealth and telemedicine will be able to counter-balance the demographic challenges by allowing more patients to be monitored, diagnosed and cared for in their own residences.

One of the major challenges to the secondary health care sector, i.e. the hospitals, is acute admissions, as they are unpredictable both in terms of diseases, disease severity, and volume of patients. In recent years the term 'avoidable' or 'preventable acute admission' has become more prominent as it is believed to be part of the solution in reducing the pressure on acute admission units (AAU) and thus the hospitals.

Together, the Ministry of Health and five Danish Regions, who are responsible for the public health care system in Denmark, have identified a set of diagnoses viewed as preventable. - meaning that by adequate and timely diagnosis and intervention acute hospitalisation can be avoided. These preventable diagnoses include urinary infections, anaemia, hip fractures among others. But little is known about how common these diagnoses are among acutely admitted older patients with short-term hospitalisations, and equally little is known about preventive contacts or observations by primary home care and primary health care physicians prior to acute admissions.

The purpose of WP3B was to describe the characteristics of older Danish citizens (70+ years of age) and their use of primary health care, i.e. use of home care and contacts to their primary care physician prior to an acute short-term hospitalization. Short-term hospitalization is defined by an in-hospital max. length of stay of 48 hours after which the patient is discharged to his or her own residence. Such data have not been published before. Our major goal was to understand the dynamics and interaction of primary health care

suppliers in a period of 12 months before and 6 months after the acute short-term hospitalization. We retrieved individual health data by linking registry data on health and records of home care use in the central municipal database. For further information, see HANC report #3.

STATUS

We have finalized our work by retrieving the final data from the National Health Register (SSI). Among other variables these data contain information on the number of contacts to the individual's primary health care physician and have been linked to the data set containing the use of municipal home care (in minutes per month). The data represent the time period from 12 month before hospitalisation of the individual to 6 month after the acute short-term hospitalization.

RESULTS

A total of 443 acute short-term hospitalizations in the AAU were identified in 391 individuals. Mean age was 80.6 years (SD 6.8); 57% were women, and 54% received home care at the time of hospitalisation. The average LOS was 21h 26min (SD 14h 53min). A total of 202 different primary diagnoses were used at discharge. Only 95 belonged to the list of diagnoses indicating preventable diagnoses. Although the prevalences of the individual primary discharge diagnoses were low, the most common were urinary infection (cystitis), pneumonia (6%), Chronic Obstructive Pulmonary Diagnoses (5%), dehydration (4%), and anaemia (4%). Only 20% of the total sample had one of the aforementioned preventable diagnoses. Furthermore, 32% were readmitted, while 13% died within six months after discharge.

In a sub-analysis including only those patients (n=154), who had municipal home care during the whole observation period (12 month before to 6 month after hospitalisation) we found a significant increase (33%) in the mean use of home care from 12 months before and until acute hospitalization, corresponding to an increase of 7h 44 min per patient per month. This was further increased after discharge and by 6 month the increase was 41% (9h 36min) higher compared to the starting point 12 months prior to admission.

Regarding contacts to primary care physicians there were no increase, but for 3 months before the acute hospitalization. From that time point we could see a small increase in the number contacts, which was mainly constituted by 'other contact' forms (e.g. blood tests) than contacts by ordinary consultations, home visits, telephone or e-mail contacts. And shortly after discharge the number of primary care physician contacts declined to the same level as at the starting point 12 months prior to admission.

CONCLUSION

Although our study population is small and the selection criteria based on older persons hospitalized for a maximum of 48 hours in the AAU, suggesting that the person did not suffer from a severe acute illness, we could identify a slowly increase in the use of primary home care over 12 months prior to hospitalisation, while a parallel pattern of increased contacts to primary care physician could not be seen until 3 months before. The fact that only 1/5 was diagnosed with a so-called 'preventable diagnosis' may indicate that older patients suffer from a wide range of diagnoses, which may have overlapping symptoms that masks the situation leading to an acute admission.

Based on these findings we suggest that the time use of home care should be monitored for the purpose of identifying a health threatening situation. An outreaching visit including a comprehensive assessment of the patient's health and functional level by a physician together with the home care staff may prevent further deterioration and a following acute hospitalization.

PERSPECTIVES

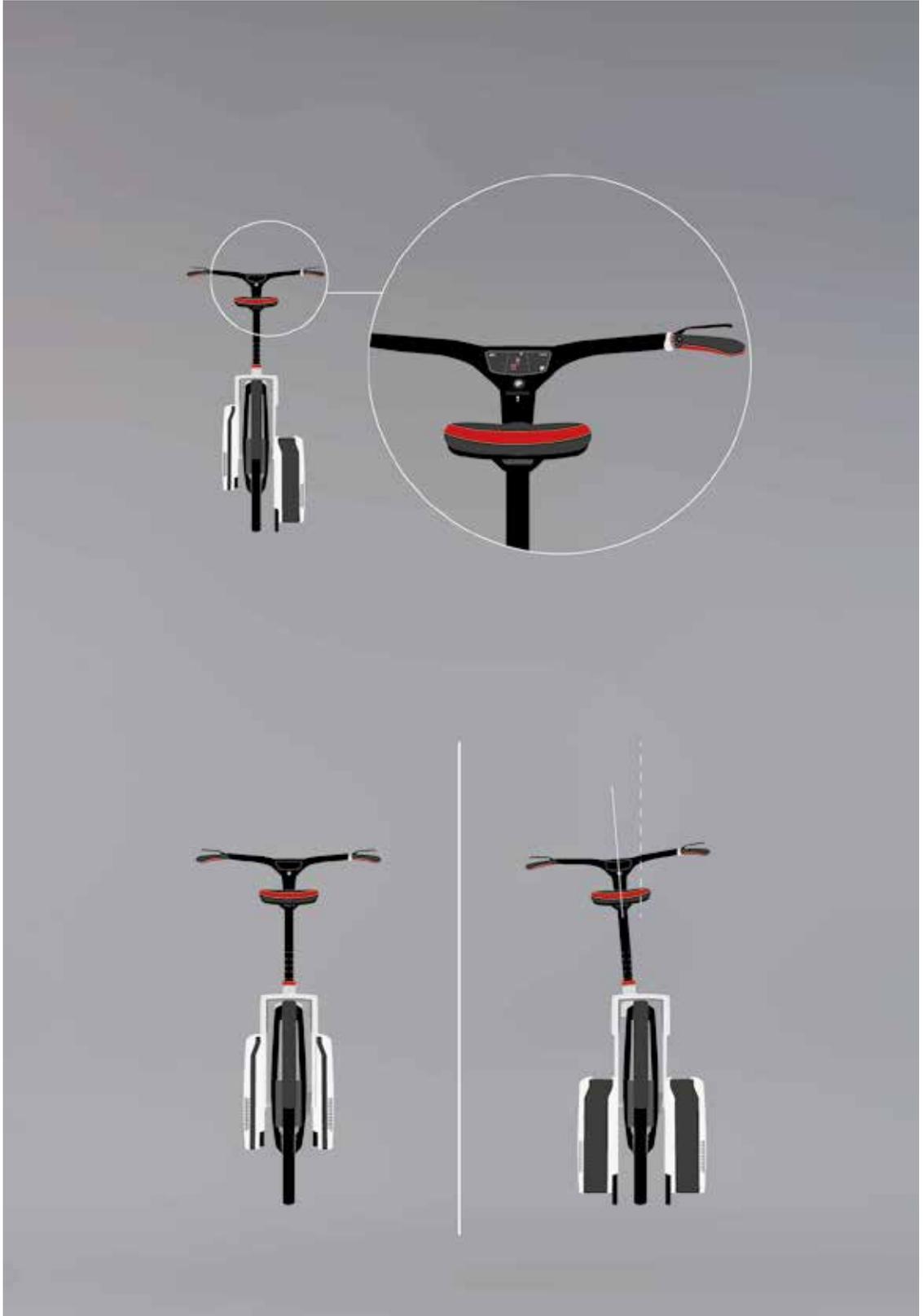
We plan to further investigate whether a home care-based eHealth solution allowing for a real-time virtual contact to a primary care physician or a hospital-based geriatrician may be implemented in order to carry out an acute (geriatric) assessment followed by treatment and surveillance, and perhaps further examination in the hospital out-patient clinic.

Responsible project manager and principal investigator is Karen Andersen-Ranberg; MD, PhD consultant geriatrician at the Department of Geriatric Medicine, Odense University Hospital and associate professor at the Institute of Public Health, University of Southern Denmark. Project coordinator is Anders Fournaise; MPH Department of Geriatric Medicine, Odense University Hospital.

PILOT C –
MUTHESIUS
KUNSTHOCHSCHULE







PUBLIC SPACE, CITY DEVELOPMENT AND MOBILITY – DESIGNING BIKE MOBILITY FOR HEALTH PROMOTION OF OLDER ADULTS

Muthesius Kunsthochschule has concluded its activities. The result of this Pilot is the design of a bicycle (sharing system) that takes into account the requirements and needs of older people. Four key principles were defined in the project for achieving this: deceleration, stability, security and visibility. Thus, the result is a customized redesign of the bicycle as a means of locomotion and transportation.

The new bike concept is based on the combination of a stabilization & transportation unit into one new bicycle type, that copes with the deficiencies of previous solutions such as high space requirements, large turning circles and the visual impression of an aid for people with limited motor skills.

The transportation and stabilization unit is located in the back and contains two small stabilizing wheels that are incorporated into the carriers on either side on the back wheel. When this unit is folded out, the suspension between front and rear section of the bike unlocks: this enables the front section to lean just like it would when driving a regular bike (left image, bottom). This way, it becomes a more stable bike without losing the driving feeling of a regular bike.

Furthermore, the bike is equipped with a low access and an electric motor driving assistance that besides the stabilization unit increase the stability of the new bike. The illumination, signalization and navigation system, as well as the unit for monitoring the rear traffic, contribute to the safety and visibility principle (left image, top).

The solution presented is the nucleus of a certainly broader approach to the creation of conditions that may contribute to the promotion of bicycle mobility as a whole and for older people specifically.

It is important to highlight that the presented solution is highly suitable for a bike sharing system for two reasons: First, this concept will develop into a high-priced bike with specific maintenance and update requirements. For introducing this technology successfully into the market it is clear that being a part of a bicycle rental system is a viable option. Second, the bike has an additional specific transport function that is not constantly required for private use, so that the option of use as part of a rental system are also given for bike owners. It is our goal to conceive a bike sharing system that has a strong appeal for older people in particular, because it contributes to their specific needs, but without losing attractiveness for younger users. However, concrete solutions for the design of the sharing system are not presented here. This should be developed in further projects.

PILOT D – FACHHOCHSCHULE KIEL

SMARTPHONE APPS AS A HEALTHY AGEING TOOL

How can Smartphones be used for Healthy Ageing? And what are wishes and needs of older people concerning apps? These questions are crucial for our part in the HANC-project at University of Applied Sciences Kiel (UAS Kiel).

An open innovation process was developed especially for older people and explicitly for the topic “new media”. The process consists of two main parts. A screening tool was developed, which helps to identify interested and innovative seniors. It searches for people with necessary qualifications. Such persons can be characterized as lead users; they have much know-how and a high interest in new media. In a second step

motives of older people concerning the participation in open innovation processes were investigated. As most important motivators hedonism, the possibility to learn and unsatisfied needs were determined.

Combining both results the UAS Kiel was able to identify and integrate older people into development processes. The screening tool was sent to round about 300 people; a cross-border panel of interested seniors was built up. Members of this panel were invited to workshops and interviews. During these sessions wishes, needs and fears in the area of new media were discussed. As well the participants evaluated existing solutions. In both countries as a main point the wish for security and less complexity was extracted.

The results from the implementation were used to develop product concepts in the area of mobility and health prevention. Ten concepts were prepared and tested in small groups of seniors. Best evaluated concepts were used for prototype development. In detail the following concepts were transformed:

- route planner: By using Google Maps this app provides routes for cyclists and pedestrians. It is possible to choose a favorite route and the vehicle. The user is warned by the app, if the chosen route contains barriers or obstacles.
- fitness app: The fitness app shows different fitness tasks, which can be performed inside or outside. It is possible to record own performances. As an additional function a contact button to a physiotherapist can be integrated.
- sports finder: The third app helps to find suitable sport activities and sport partners in the, surrounding area. As an input the apps needs the postal code and the wished circuit. As results the app shows the opportunities and necessary contact information.

During the prototype development easy handling, clear interfaces and less complexity were constantly focused. Respectively a German and a Danish version were created.

The final prototypes were evaluated by the target group. They were sent

via e-mail to the panel of interested seniors. In Germany the prototypes were sent to 21 persons, in Denmark 33 people were contacted, a response rate of 22% (Germany) and 20% (Denmark) could be reached. In general the most questioned people lauded the clear interface and the easy handling of the apps. Some recommended suggestions for improvement or enhancements. As well they defined options for use. All feedback was used to improve the prototypes.

Afterwards the enhanced and updated versions were presented to people from the business area. In Germany the results were discussed in a Science2Business Workshop in Kiel. On the Danish side the output was discussed in a virtual way. Both approaches spawned fruitful discussions with a clear message: All apps are very easy to handle and especially the route planner has a high realization potential. In sum a clear mandate for Kiel University of Applied Sciences to elaborate further on the topic of senior apps and healthy ageing.

CROSS- BORDER AWARENESS

FOR ACTIVE AND HEALTHY AGEING AND SETTING UP A NETWORK BETWEEN UNIVERSITIES, INDUSTRY AND THE HEALTH SECTOR

Flensburg University of Applied Sciences (FUAS) was responsible for the coordination of the HANC work package 4. This work package aimed to increase awareness for the challenges posed by the demographic change and to set up a network between universities, industry and the health sector to promote an active and healthy ageing in the region of Southern Denmark and northern Schleswig-Holstein. Our approach was to create a new quality of interaction to bring the various dimensions of the health sector, research, education and society together. This interaction calls for a project development that is target-oriented and works across national and sector borders and towards a shared goal of sustainability. Through our activities in HANC, FUAS supported and strengthened the

development of an efficient knowledge and technology transfer on the topic of ageing in our region.

To create more visibility for the newly established network, FUAS developed a "Letter of Support". By signing this document, the network partners confirm their commitment to the aims of HANC during and after the project period.

To put the network into practice, FUAS organised and realised cross-border visits and study trips. The first project period set the framework for collaboration between the sectors mentioned above. The project succeeded in getting the attention of the professional environment in industry, the health care sector, business, research and municipalities. Now, it is important to use and

extend these contacts to promote and strengthen the shared goal of an active and healthy ageing and to develop and generate new project ideas and turn them into adequate activities.

The HANC portal, the development and implementation of which FUAS also coordinated and accompanied, will play a fundamental role in this. It is an information platform for networking and includes all the tools and services a dynamic and professional network needs: information about the project, the network partners, events, research results, social media etc. The work plans for topics related to ageing (Care and Cure, Welfare Technology, Prevention, Lifestyle and Education, Life Science) developed by FUAS can be also found here.

One task of FUAS in work package 4 was to organise and hold the final conference. FUAS developed a plan for the organisation of the final conference. The plan is based on all the input available from the project partners (results of the pilots etc.) as of November 2014. Because of the extension of the HANC project, the final conference will be held in the summer of 2015. At this point in time FUAS will no longer have any activities in HANC because the tasks as defined in the original project proposal have been completed within the planned project period, i.e. until the end of November 2014. So, the other project partners will use the organisation plan for the organisation of the final conference.

Altogether, FUAS was involved in a multitude of activities in HANC, especially in the setting up of the network – including all the facets and challenges this cross-border effort entailed. The current constitution of the network holds great potential to connect all actors and use existing and new synergies to make the region of Southern Denmark and northern Schleswig-Holstein an active and healthy region in the future.

The very good and professional basis which has been created since 2012 is a perfect foundation for further activities to increase awareness for active and healthy ageing. The various tasks of FUAS in HANC are part of an on-going process, so it is expected that the current results of this work will be enhanced continuously and adapted to the future needs of an active and sustainable network.

CONFERENCE ON NUTRITION

The Conference “when eating turns into a problem at a higher age – conference for a higher nutritional quality at home and in care”, which was held on the 28th of August in the University for Applied Science in Flensburg, was a great benefit for the practical oriented participants.

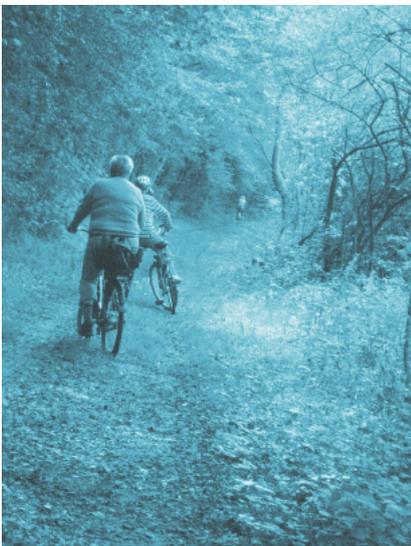
Because of the fact that life quality of elderly people is closely related to good and tasty food, which is easily to eat, the participants got to know about the situation of malnourished elderly, how to feed people with dysphagia problems and about strategies from the Odense University Hospital OUH how to strengthen elderly people during hospital stay to prevent malnourishment.

Especially the exhibition from companies presenting aids for the daily live and dietary supplements to make the eating situation more comfortable gave the practitioner from various disciplines like nursing staff from home care and care institution, cook-housekeeper, medical practitioners, speech therapists and social worker new impulses and practical knowledge for their own work. Moreover the conference was well used for information exchange and communication. So the conference succeeded the response to multipliers.

SENIOR- FOCUSSED BICYCLING TOUR

In the context of HANC one goal of the LVGFSH is to support the movement in the everyday life of people over 60. Therefore the initiative called "Come along...!" emerged to promote movement, create awareness and experience how much fun and joy movement can imply.

Along these lines there was realized the event "Come along...- by bicycle!" on the 29th of September in cooperation with the Muthesius Academy of Fine Arts in Kiel.



In view of the fact that the sense of safety determines the extend of elderly peoples mobility and participation in social activities.

Therefore the senior-focused bicycling tour was accompanied by a bicycle-trainer, who is skilled in supporting elderly people by bicycle.

The tour was selected, that also untrained cyclist can participate.

On a distance of 22 kilometres 10 elderly people experienced the good feeling of activity, mobility and shared interests.

The participant's experience also that riding by bike can be more than just getting from A to B and gave them the feeling of being mobile and increase their range of action.

This event definitely contributes to a greater motivation for movement especially for joint activities.

CROSS-BORDER CONFERENCE ON TELEMEDICINE



More than 70 special participants together with key note speakers from 5 countries attended the HANC cross-border Telemedicine seminar in Fredericia, Denmark on October the 28th. The main goal of the telemedicine conference was to bring together participants and speakers representing the academic sector (research and education), public health care sector and industry (business) presenting existing best practice models and state of the art of telemedicine solutions and future mega trends.

A number of strengths and weaknesses of the existing solutions were underlined by the speakers and supported a highly interactive and relevant audience. Representatives from the public health care sector underlined, for example, the mismatch between the specific needs of a



municipality and the business sector which often develops solutions that need considerable adjustments.

The conference represented a great platform for potential collaboration between different stakeholders with the aim of developing and implementing more mature solutions for integrated Telemedicine within active and healthy ageing.

Speakers from the different sectors presented a high level hands-on seminar providing insights on the latest research developments, mega trends and Telemedicine concepts

Outcome of the seminar expressed through comments from the participants:

- Telemedicine solutions needs to move from stand-alone solutions

to shared care platforms;

- Preventive health care solutions based on latest evidence-based research will set new standards;
- Municipalities as open labs provide new opportunities for developing customized solutions;
- Significant possibilities in business/municipality/research cooperation to decrease the time for implementing concepts for preventive and active healthy ageing.
- Cross sector pathway analysis will significantly enable a better understanding of health economics and quality of life.

Further details of the seminar can be obtained on the HANC portal: <http://www2.sdu.dk/multi/healthy-ageing-network/New-Theme/hanc-conference-presentations/>

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