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# HANC JOURNAL №3 / 2014

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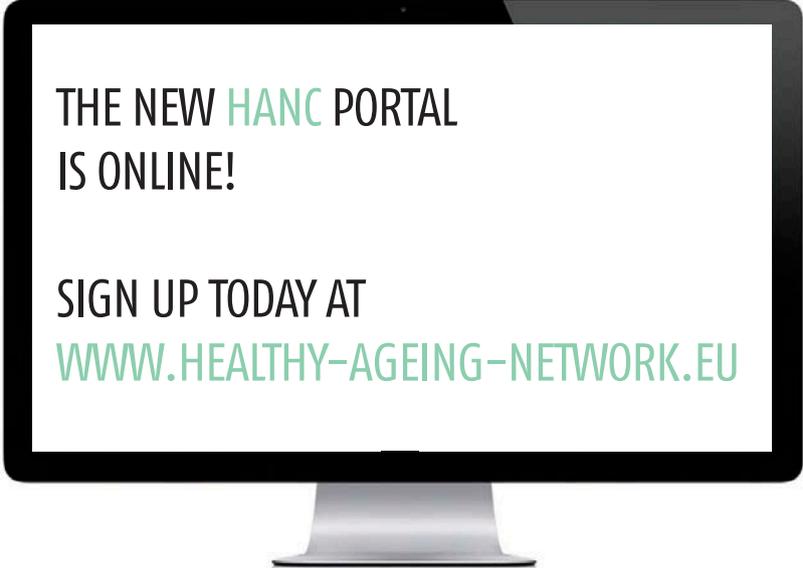
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# LIVING WITH GOOD FUNCTION

## THE “FULCRUM” OF THE HANC PROJECT

In 2010, 65+ year old adults represented 16% and 21% of the Danish and German population, respectively with an expected increase to 25% and 32% by 2050. Importantly, the number of oldest olds (80+ years) will increase by 100% in both countries just within the next few decades.

Despite the increase in life expectancy has been an incredible achievement of the past century, older age is often associated with increased risk of functional decline, impairment, disability, increased risk of dependency as well as poor quality of life.

To address the concept of increased longevity with mobility limitations and disability, disability-free life expectancy (DFLE) or healthy life years (HLY)

indicator was developed few years ago. HLY indicates the number of years a person of a certain age can expect to live without disability.

The main aims for introducing this indicator were:

- i) to monitor health as a productivity/ economic factor;
- ii) to introduce the concept of quality of life;
- iii) to monitor progress made in access, quality and sustainability of healthcare;
- iv) to measure the employability of older workers.

HLY is in the core set of the European Union Structural Indicators and allows to depict

- i) remarkable European diversity, where despite relatively similar life-expectancy, the number of years that

Table 1: Healthy life years, (HLY) indicates the number of years a person of a certain age can expect to live without disability.

	Life expectancy at age 65 (years)		Healthy life years at age 65 (years)		Healthy life years at age 65 as a proportion of life expectancy at age 65 (%)	
	Male	Female	Male	Female	Male	Female
<b>EU-27 (†)</b>	17.2	20.7	8.2	8.4	47.8	40.5
BE	17.5	21.1	10.5	10.1	60.2	48.0
BG	13.8	17.0	8.4	9.1	61.1	53.8
CZ	15.2	18.8	8.0	8.4	52.9	44.5
DK	16.8	19.5	11.2	12.0	66.9	61.5
DE	17.6	20.8	6.4	6.5	36.4	31.0
EE	14.0	19.2	5.5	5.3	39.0	27.7
IE	17.2	20.6	10.2	10.5	59.1	50.8
EL	18.1	20.2	7.2	6.6	40.0	32.6
ES	18.3	22.5	9.2	8.4	50.1	37.1
FR	18.7	23.2	8.8	9.2	47.0	39.6
IT (†)	18.2	22.0	7.3	6.8	40.4	30.9
CY	18.1	20.9	9.9	8.5	54.9	40.6
LV	13.4	18.2	4.7	5.7	35.2	31.2
LT	13.4	18.4	5.9	6.7	44.0	36.4
LU	17.6	21.4	10.8	11.4	61.5	53.2
HU	14.0	18.2	5.7	5.6	40.7	30.6
MT	16.8	20.6	11.0	11.2	65.7	54.4
NL	17.6	21.0	9.4	10.3	53.3	49.2
AT	17.7	21.2	8.1	8.0	46.0	37.9
PL	14.8	19.2	6.8	7.4	46.1	38.8
PT	17.1	20.5	6.6	5.4	38.4	26.6
RO	14.0	17.2	7.2	7.0	51.4	40.6
SI	16.4	20.5	9.3	9.9	56.6	48.3
SK	14.1	18.0	3.4	2.8	24.3	15.7
FI	17.3	21.5	8.1	8.9	46.9	41.4
SE	18.2	21.2	13.6	14.6	74.8	69.1
<b>UK (†)</b>	17.7	20.3	10.7	11.8	60.5	57.9
IS	18.6	21.0	12.7	13.6	68.3	64.6
NO	18.0	21.1	13.5	14.0	75.2	66.3

(†) 2008 instead of 2009.

Healthy life years, (HLY) indicates the number of years a person of a certain age can expect to live without disability.

Source: HEIDI Data Tool. EUROSTAT (online data code: hlth\_hlye)

older adults may experience with disability can dramatically differ among the EU nations (up to four folds, Table 1);

ii) the magnitude of the socio-economic challenge that “disability in old age” has on the public and private health care systems in each nation.

Even countries with relatively high welfare, can have remarkable differences in HLY. In Denmark, the number of years expected without disability for women and men when they reach the age of 65 years is 12 and 11,2 years, respectively corresponding to 66,9% and 61,5%

of their remaining lifespan. In Germany on average a woman and man at the age of 65 years are expected to live without disability for 6,5 and 6,4 years, respectively. This corresponds to a remarkably lower 36,4% and 31% of their remaining lifespan.

In other words, in Denmark older women and men will on average experience 8,3 and 5,2 years of disability, while in Germany the years spent with disability is nearly doubled (14,3 and 11,2 years, for women and men, respectively) (Eurostat).

Disability is often the direct consequence of chronic conditions



Figure 1: The HANC model for active and healthy ageing

such as diabetes, but it is also strongly associated to life style factors such as physical inactivity and poor diet independently on disease.

The HANC project has developed its fulcrum around the concept of functional ability (and mobility in general), in older age, defined as the ability to interact with the surrounding environment and to meet the societal demands. The ability to interact with the environment is an essential component of an active and healthy ageing.

HANC aims at raising the awareness that functional loss and disability are often not an inevitable consequence of old age but rather can be prevented and/or postponed if well-aimed action plans are developed. Early detection and prevention of risk factors are key action plans that should be implemented by public and private health care providers in order to maintain functional ability and independency and quality of life in older adults (Figure 1).

# MAINTENANCE AND REHABILITATION OF MUSCLE-SKELETAL FUNCTIONS

WITHIN THE MUNICIPALITY FRAMEWORK:  
A SUSTAINABLE MODEL



In Denmark the populations of older individuals is growing rapidly especially the age group 80+ years. From a public health perspective, the ageing societies represent one of the most serious challenges for the future economic sustainability of the health care system. On the other side, from the perspective of the older individual, reaching older age may indeed be a very positive experience, but also a serious challenge. During the last period of life, most older people experience physical functional decline, functional impairments, increased morbidity, poor quality of life, as well as loss of independence (see article in this journal "*Early Identification of community-dwelling older adults living independently at risk of severe functional loss and dependency*").



after a period spent in poor health conditions.

Exercises designed for muscle function improvements (e.g. muscle strength and muscle power) seem vital in order to maintain/regain physical function and independent living in older individuals.

A collaborative effort with the municipality of Odense "Early Identification of community-dwelling older adults living independently at risk of severe functional loss and dependency" consisted of designing and implementing an "Active-life-style" intervention for older people who were identified during the preventive home visit screening as "a group at risk". Among other characteristics these older people had reduced function described as low gait speed which is an extremely sensitive indicator for greater risk of future falls, disability,

hospitalizations and even mortality.

The Active-life-style was designed with two primary aims: i) it should be sensitive, effective and attractive for older adults (e.g. minimize the drop out due to lack of interest); ii) should be sustainable in terms of economic resources as well as availability of public facilities. A geo-mapping model was developed in collaboration with the Active Living Research Unit at the Department of Sports Science and Clinical Biomechanics. Potential public training facilities were identified within the city of Odense and walking distance to each facility was calculated for each older adult 75+ years living in the city. A walking radius of 400 meters max from home was considered as a potential maximum distance that older people could cover if they wish to join the active life-style intervention facility. The intervention

consisted of regular exercise focusing functional exercises following well-known criteria high intensity and progression of exercise. In addition, the exercise was combined with recommendations of physical activity in their general daily routines.

Status: Pilot study with 16 teams of xx-xx participants is ongoing and 12 teams have currently completed the intervention period. Preliminary data analyses indicate remarkable increase in muscle function (e.g. muscle strength: over 50%) which may represent a “potential reverse of the biological clock in terms of function of several years of life”.

The final goal of the collaboration with the municipality of Odense is to develop a sustainable “active life-style model” for early prevention and maintenance of muscle function which may postpone/prevent the onset of functional loss, disability and dependency. Our vision is that, if feasible, this model should be potentially implemented as one of “key routine prevention strategies” for maintenance of independency for older adults within the public and private health care systems. Further, we envision that this model should be implemented in other municipalities in Denmark and particularly across border in the region of Schleswig-Holstein in Germany.



# HOW DOES IT FEEL

TO BE OLD?



The partners of the INTERREG-Project "HANC" ("Healthy Ageing Network of Competence") met at the Kiel University of Applied Sciences in May 2014 to coordinate their project activities. The project connects science, economics, society and politics to form a framework for healthy ageing. It wants to contribute to a better understanding of the needs and supporting ways of older people during their daily routine.

But how is it to be old?

Since most of the participating project members aren't as old as the target group a simulation of being old was part of the meeting. The main goal was to get a better understanding of the needs of older people.

The Kiel University of Applied Sciences organised four different stations to simulate the difficulties of being old.

- The first one deals with the reduction of eyesight. To achieve the limitation the members wore opaque glasses and were asked to fulfill different tasks. One was

to find a building at the University Campus; another task was to read a text while wearing the googles.

- The second station was about hearing. While wearing earmuffs it was hard for everyone to follow a conversation.
- The third station was about fast bodily fatigue. A lead-weighted jacket and knee bandages had to be worn while going up stairs to the 3rd floor and walking around.
- The last station reflected weak motor skills. The participants wore gloves and had to do ordinary task like writing, using a phone or tying shoes laces.

Everyone agreed on a valuable insight afterwards, since the awareness of a restricted every day life was presented well within the stations. The tasks helped all to get a better understanding of the importance of HANC. New insights were integrated in following fruitful discussions. But besides the serious background it was as well a funny experience for all participants and a nice diversion from common business.



### AGEING IN SECONDS – EXPERIENCES OF A WORKSHOP PARTICIPANT

For a young man it is only natural to use his senses and rely on his body without giving it too much thought. To experience the feeling of ageing by 45 years in just a few seconds was very exciting. I never thought that even the simplest tasks that I do so very often in day-to-day life could pose such challenges to physical fitness, motor skills and mobility.

Tying shoes sounds like an easy task. But with fingers deprived of all sensitivity by thick gloves, this 'easy' task becomes difficult. Not only does it take much longer than usual, it also requires a lot of concentration. Even the handling of my smartphone turned into a feat. A sensitisation to the special requirements of a user

interface designed for older people. Climbing stairs with additional weights underlined the importance of the preservation of mobility and physical fitness in age. Deprived of my usual senses, I could now understand why older people trip so often because it is very difficult to perceive the environment as it really is. What made the strongest impression on me was the walk along the campus with impaired vision and hearing. Signs were difficult to see and the orientation was difficult. Cars and bikes posed a threat because I only saw or heard them once it was almost too late. A completely new perspective on my usual urban environment. These were only some of the many experiences I made during the exciting workshop, which sensitised me to the lives of older people and showed me once more the great importance of active and healthy ageing.



Autor: Rolf Hermann (32), DSN

# PILOT UPDATES

## PILOT A – SYDDANSK UNIVERSITY

EARLY IDENTIFICATION OF OLDER ADULTS AT RISK OF DEVELOPING FUNCTIONAL IMPAIRMENTS, DISABILITY AND DEPENDENCY IS A KEY STEP TO IMPLEMENT EFFECTIVE PREVENTIVE ACTION PLANS WHICH MAY ALTER INDIVIDUAL AGEING TRAJECTORIES

In 1996 in Denmark, a preventive home visitation program was established by national law requiring that each older adult 75 years and above should be offered a home visit from personnel of the municipality, generally, the unit of preventive home visit. Minor differences currently exist in the way that each municipality implements this service.

In collaboration with the municipality of Odense, the unit of preventive home visit, we at the University of Southern Denmark (SDU) established a set of objective and subjective measurements to be delivered during the preventive home visit. This is part of the HANC Pilot A. The primary aim was to early identifying older adults that, despite living independently,

were at a potential high risk of developing negative health outcomes, functional impairments, disability and loss of independency.

The assessment of seven domains was included in the first home visit, which, compared to the traditional home visit, was extended from 45 minutes to 1.30 hours. These domains included objective assessment and self-report evaluation of i) physical functional ability; ii) cognitive function; iii) fatigue; iv) 1-week continuous objective monitoring of physical activity and sedentary behavior; v) sleep quality; vi) quality of life; vii) pain. In addition, a second home visit was implemented and administered by the SDU personnel. Additional domains included i) body composition; ii) objective cognitive function; iii) self-report management of activities of daily living; iv) depression; v) muscle function; vi) falls history and assessment of fear of falling; vii) anthropometrics. The selection of the different domains and the assessment tools were i) based on a comprehensive literature review of key risk factors for functional loss and



disability in older age; ii) selected with the idea that the assessment tools should be “managed” by personnel without specific education with tests administration; iii) should be feasible and applicable to a municipality framework in terms of time and material requirements while at the same time should be “highly sensitive” to identifying older people at risk.

Status: 550 older adults 75+ years (range 75-98 years) have been assessed during the two home visits. Analysis of the different risk factors is ongoing. The assessment toolbox will be evaluated against objective health data from the National and municipality registries including municipality health care cost, hospital admission, contact with emergency units and other key health and socio-economic indicators.

In addition, a refining process of the assessment toolbox is ongoing. The aim is to identify a “core set” of 14 domains assessed during the two home visits in order to optimize this screening tool.

The final goal of the collaboration with the municipality of Odense is to provide a sensitive and “sustainable” assessment toolbox which may help the preventive home visit personnel to objectively identify older people at risk of future functional disability. The second goal is to provide an active life-style intervention for these older people who have been identified at risk. This will be presented in the article: *“Maintenance and rehabilitation of muscle-skeletal functions within the municipality framework: a sustainable model.”*



Paolo Caserotti, Mathias Skjødt, Lars Hvid

Collaboration with the municipality of Odense:

Leader of Elderly and Handicap unit (Eldre- og Handicapforvaltningen): Helene Bækmark  
 Head of “Virksom Dialog (Eldre- og Handicapforvaltningen)”: Else Bønding;  
 Head of rehabilitation unit (Virksom Dialog): Karen Nymann  
 Head of “elderly consultants”: preventive home visit (Virksom Dialog - Forebyggende hjemmebesøg): Jenny Havn

## PILOT B – ODENSE UNIVERSITY HOSPITAL

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

Short introduction to the purpose of  
WP3B

The purpose of WP3B is to describe the characteristics of older citizens (70+ year) and their pattern of use of primary health care (home care and general practitioner) in a 12 month period prior to an acute short-term hospitalizations defined by a max. length of stay of 48 hours. The results will increase our understanding of how acute admissions can be avoided. By combining various health register data at the individual level, we can retrieve data on an individual's use of primary and secondary health care, social network and disease characteristics and identify early markers of increased risk of acute admission.

#### Status

In WP3B we are currently finalizing our journal audit data gathering. We have retrieved individual data from the central municipal database (CARE; KMD) covering primary municipal home care use, as well as data from the regional hospitals clinical and patient administrative databases (e.g. Fyens Patient Administrative System; FPAS / COSMIC) covering hospitalisations, length of stay, discharge diagnoses, and vital status.

Individual data from the National Health Register (SSI) on primary health care utilization in terms of visits to and services from general practice are pending, but are expected to be delivered and ready for analysis by mid-October this year. However, we have begun the analysis of the existing and massive data already gathered from Svendborg Hospital's and Svendborg Municipality's electronic patient records. Further, we have completed focus group interviews with both home care personnel and with general practitioners.

#### Preliminary results

Our data analysis has already produced a vast amount of results. We are currently looking into the use of home care in a 12 months period prior to the acute short-term hospital admission (max. 48 hours), and in 6 months after discharge. Our results show that older citizens receiving home care for the whole 12 month period prior to acute short-term admission and still alive at 6 month after discharge (within 48 hours), had a significant increase of 464 minutes (33%<sup>s</sup>) in average time per person per month in use of home care from 12 month prior to the day of acute admission (Figure 1). Furthermore, the increase in home care utilization continued the first month after discharge, where after it dropped to a slightly lower level, but was still 41%<sup>s</sup> more than 12 months prior

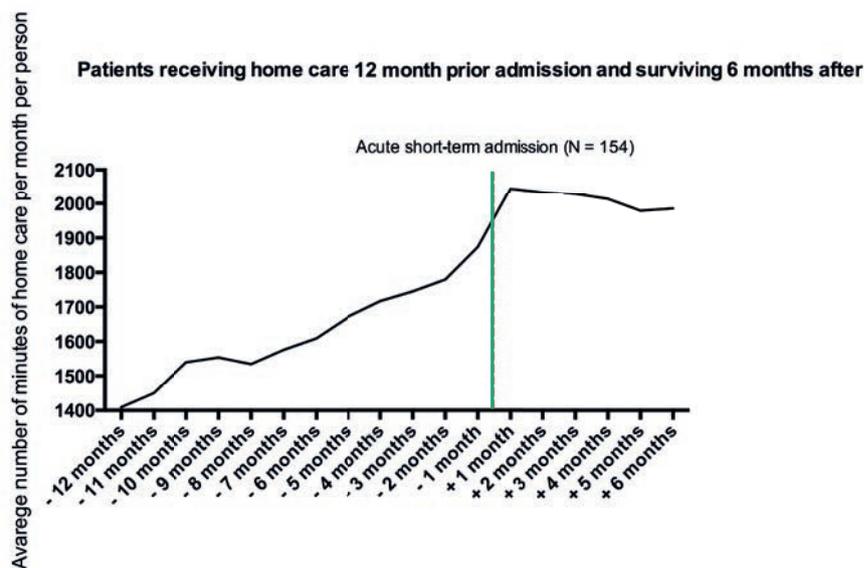


Figure 1:

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.

admission. This may suggest that warnings of a significant increase in use of home care over a short time period should lead to a preventive visit by health care professionals in order to diagnosing the underlying causes of functional decline, but this has to be further investigated. Adding the pending data to the analysis will add further to our understanding of predictors of acute hospital admissions.

These preliminary results will be presented at the European Union Geriatric Medicine Society's conference held on the 17th-19th of September 2014 in Rotterdam.



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.

§  $p > 0.001$ , Students paired T-test.

"Identification of pre-hospital factors associated to acute hospitalization of elderly citizens"



## PILOT C – MUTHESIUS KUNSTHOCHSCHULE

### EVENT ON THE TOPIC CYCLING- MOBILITY OF OLDER ADULTS

The HANC-Partner Landesvereinigung für Gesundheitsförderung in Schleswig-Holstein e.V. and Muthesius Kunsthochschule Kiel arranged an event with elderly adults in Kiel to explore the motivation, the barriers and the sense of security in the context of cycling-mobility of and for older adults in Kiel.

The event took place in Kiel on the 28th of April 2014. In cooperation with Seniorenbeirat Kiel and with the support of the local newspaper (Kieler Nachrichten) 23 older adults signed up to participate in three focus group discussions.

Most of the participants – 16 female and 7 male – were 65 to 75 years old. All of them use their bike nearly daily, except of two, who stopped biking completely.

The discussion (from 13:30 h until 18:00 h) led to the following results: to a high extend the discussing people associate going by bike

- with quality of life and zest for life,
- with being mobile and maintain or increase their range of action,
- with independence,
- with health and behavior that promotes health

in the above order.

This means that riding by bike is more than just getting from A to B. Although

this is certainly an important aspect of it, biking is also connected to self-determination and the ability to shape their own lives.

The main disruption factors – based on the number of mentions – are social factors: in particular the behavior of other cyclists and other road users in general. Infrastructural factors – as uneven, small and damaged underground; route network; interfaces to other transportation services; supporting infrastructure – were relevant only on a second level.

Concerning safety, we found the same priority setting: primarily social factors were valued as important for feeling secure.

This results appoints the priority areas for the further work in the HANC-Projekt: finding solutions, which integrate the artefact bike, the infrastructure in public space and the social environment with the aim of supporting mobility by bike for elderly people.

In particular we are going to develop design-solutions for:

- a bicycle, which allows a safe getting on and off,
- safety solutions when turning left in traffic / at a crossroad,
- solutions for support mobility chains in everyday life,
- a bike-sharing-system, which considers the needs of older adults – including e-bikes.

## PILOT D – FACHHOCHSCHULE KIEL

### NEW MEDIA FOR HEALTHY AGEING

UAS Kiel develops an open innovation process to include older adults in developing new services. Smartphones, Internet and Apps are used by young people in their everyday life. However for many older people these remain an “unknown territory”. Some are even a bit afraid by the use of modern technologies; others can name typical problems. Kiel University of Applied Sciences discovers the needs of older people regarding the design of apps and computer programs. Prof. Dr. Marco Hardiman and Julia Gleser explore how people over 65 years old could be integrated into product development processes in the New Media field. Main goal is to create an Open Innovation process for older people; the final step is to develop product ideas.

A process, which helps to find interested and innovative people, was developed in 2013. Different open innovation methods were compared and evaluated; finally the so-called “lead user”-method was adapted to target group and topic. “Lead users” are people with a high innovating interest and knowledge

about a particular product-category. A screening tool to identify an amount of intrigued seniors was created and used in Germany and Denmark. Suitable people were invited to workshops and interviews. Potentials of new media for healthy ageing were discussed, especially mobility was addressed.

The results from all these activities were used to develop ten product ideas. Apps, which help to increase mobility of seniors, are focused. Out of the ideas three prototypes were created, in a next step they will be tested in the target group.

Implementing the process provided a lot of further insights. In 2014 these experiences are expanded: A study regarding the motivation of older people to be part in an open innovation scenario is conducted. First analyses show that hedonism, learning and unsatisfied needs are the most important motives for a contribution.

For more information please contact Prof. Dr. Marco Hardiman on [marco.hardiman@fh-kiel.de](mailto:marco.hardiman@fh-kiel.de) or Julia Gleser on [gleser@kpzsm.de](mailto:gleser@kpzsm.de).



# HANC PORTAL & LINKEDIN

The screenshot shows the top navigation bar of the HANC website. On the left is the HANC logo with the tagline 'Healthy ageing network of competence'. In the center is the INTERREG4A logo. On the right is a search bar and social media sharing icons for Facebook, YouTube, LinkedIn, and Twitter. Below the navigation bar is a large banner image featuring a close-up of an elderly person's face with a particle-like effect. A text box on the banner reads: '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 Aging to prevent chronic diseases.'

## Recent Blog Posts

### 23 and 1/2 Hours Video



"What is the single best thing we can do for our health?" asks Dr. Mike Evans. The answer is given in his evidence-based YouTube video 23 and 1/2 Hours. Click the Read More button to watch the video.

[Read More](#)

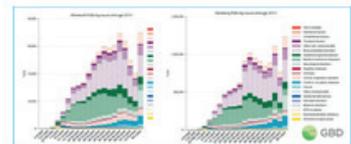
### Active Ageing and Telemedicine



A special HANC event for cross-border cooperation in Southern Denmark and Schleswig-Holstein. High level hands-on Telemedicine seminar/workshop in Fredericia on 28th October 2014.

[Read More](#)

### GBD Profiles: Denmark & Germany



The Global Burden of Disease Study 2010 (GBD 2010) is a collaborative project of nearly 500 researchers in 50 countries led by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington.

[Read More](#)

The HANC portal received a makeover and is now back online. New look, new feel, new functions. The makeover offers plenty of additional information about the HANC project and the world of Active and Healthy Ageing (AHA). The new design focuses on the usability for all mobile devices and interactive elements. The latest information and events about AHA can be found in the HANC-Blog i.e. in the HANC event calendar. Users still have the chance to register to the HANC network. The portal is also the entrance to the forums for networking and discussions. The HANC portal grants you easy access to the especially created LinkedIn group.

### Active and Healthy Ageing

On the portal you can find background information on the topics such as the key factors of AHA, healthy life years, the latest scientific evidence and technology. Moreover, the situation in Denmark and Germany is explained and how it may change in the future. Learn about “Function as a key concept” and innovative technologies.

### Mobility, Prevention & Independent Living

These are the main focus areas of HANC. Find out how they are interconnected and why they are the most important columns of AHA in the menu item “About HANC”. Various topics present the findings

of the project partners and underline the importance of the focus areas and what can be done to improve the existing conditions in Denmark and Germany. Additionally, HANC project background information and dissemination materials are provided.

### Blog, Events & Network

Find out about events of HANC and other stakeholders in the field of AHA mainly in the HANC region. Read all about new innovations, projects and events connected to AHA in the HANC blog. Both, calendar and blog, will be updated regularly so you will not miss anything and be able to catch up on the latest goings-on. Flag your company with your special interests and competencies at the portal to show your support and be visible for stakeholders.

Start a dialogue: Become a part of the HANC LinkedIn group

HANC is a network and as such can only come to life through active discussion by its members. This is why there are now links to the HANC LinkedIn group. Join the group and be part of the discussion, get to know new people interested in the field of AHA and expand your personal network.

Just one click away:  
[www.healthy-ageing-network.eu](http://www.healthy-ageing-network.eu)

The screenshot shows the HANC portal interface. At the top, there is a navigation bar with the HANC logo and various menu items. The main content area is divided into several sections. The first section is titled "23 and 1/2 Hours Video" and includes a photograph of two people walking on a path. Below the photo is a short text snippet. The second section is "Active Ageing and Telemedicine" and features a large graphic with the word "EVENT" in bold letters. The third section is "GBO Profiles Denmark & Germany" and contains two line graphs showing data trends over time. The overall design is clean and modern, with a focus on readability and user navigation.

# CONFERENCE ON NUTRITION

## WHEN EATING TURNS INTO A PROBLEM AT A HIGHER AGE – CONFERENCE FOR A HIGHER NUTRITIONAL QUALITY AT HOME AND IN CARE

The conference was held on the 28th of August in the University for Applied Science in Flensburg.

The quality of life of elderly people is closely related to good and tasty food easily to eat. Physical changes following the ageing process or in consequence after a stroke or Parkinson's make the intake of food difficult.

The early recognition of the changing needs and a kind of nutrition concerted to the abilities are important and helpful for wellbeing and a good health status of the persons concerned.

More than 2000 times a human being is swallowing every day. For every gulp it needs 50 pairs of muscles. Even minor physical changes following the ageing process or in consequence of diseases make the intake of food difficult, painful or unswallowable.

This awareness is not enough in the public perception. "It needs knowledge about the circumstances and how to handle with to ask for further information!", was a feedback from one of the nearly 75 persons who have participated at the cross border expert conference held in the German language. There is a need for more and newsworthy information on all stages of the treatment, for person concerned and nursing family members.



The participants at the conference came from various disciplines like nursing staff from home care and care institution, cook-housekeeper, medical practitioners, speech therapists and social worker.

With the lectures the experts shared new studies about the situation of malnourished elderlies, how to feed people with dysphagia problems and about strategies from the Odense University Hospital OUH how to strengthen elderly people during a hospital stay to prevent malnourishment. During the workshops the participants have used the discussions and presentation to deepen their knowledge for carrying out.



A benefit for the practical oriented participants was the exhibition from companies presenting aids for the daily live and dietary supplements to make the eating situation more comfortable. The exhibitors have given lots of information; there was the possibility to taste dietary products and ice cream.

The space for communication given during the conference was well used by all peoples. A regional group of practitioners discussed about "What should we to take with us for more quality in care from this event?" They thought about networking, advanced trainings and upgrading care at their working area.

FH FLENSBURG AT THE

# HAUPTSTADT- KONGRESS

MEDIZIN UND GESUNDHEIT



The HANC project partner Flensburg University of Applied Science was delighted to be invited to this year's Hauptstadtkongress Medizin und Gesundheit (Capital City Congress for Medicine and Health) in Berlin by the government of the German federal state of Schleswig-Holstein. From the 25th until the 27th of June Prof. Bosco Lehr and Beatrice Richter-Bethge represented HANC at the trade fair of Schleswig-Holstein.

The Hauptstadtkongress in Berlin is one of the most important health care events in Germany and offers its participants the opportunity to present projects and their results to decision makers in politics, from municipalities, health care and the health care industry. During very interesting and insightful discussions with many of the conference's visitors, HANC was successfully positioned as a useful and sustainable project in our region.

Especially the knowledge exchange with other projects dealing with the consequences of demographic change and the influence of the health care system and the health care market resulted in great ideas and approaches for future projects and collaborations.

UPCOMING

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# CROSS-BORDER CONFERENCE ON TELEMEDICINE

CROSS-BORDER COOPERATION  
IN SOUTHERN DENMARK AND  
SCHLESWIG-HOLSTEIN

TELEMEDICINE FOR ACTIVE AND HEALTHY AGEING

FREDERICIA - DK,  
28.10.2014, 09:00 - 17:00

FROM RESEARCH TO TECHNOLOGY, NOVEL SOLUTIONS AND BUSINESS  
MODELS

A high level hands-on seminar/workshop providing insight, motivation and inspiration for an Active Healthy Ageing Lifestyle by dissemination of the latest research developments, mega trends and groundbreaking Telemedicine concepts. The purpose is to encourage regulators, institutions, municipalities and companies for further cross-border development of preventive life styles and implementation of Telemedicine as sensitive tools for early identification of risks and preventive demands.

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