

THE CONCEPT

BETTER PREPARATION FOR SENIOR LIFE

 KA204-2017-012

A better preparation for senior living

An EU-funded project implemented from October 1, 2017 to September 30, 2019.

The projects intention was to develop and test an educational program that focused on 8 selected physical competences for senior citizens.

The training courses goals were:

* to provide senior citizens with a **better professional knowledge and understanding of the 8 physical competences**\*, which development and status, according to the Danish health authorities, play an executive role in which citizens may need care and practical help later in life - and when.
* to provide senior citizens with a **better professional knowledge and understanding of how to maintain and possibly strengthen the 8 physical competences**, which development and status, according to the Danish health authorities, play an executive role in which citizens may need care and practical help later in life - and when.

The course study included a theoretical review of the 8 physical competences. Participants were also offered to be tested on the 8 physical parameters.

The educational material has been tested in various educational forms and with organization from the 5 participants involved from 4 countries.

More than 100 senior citizens have completed and evaluated the BEPRESEL courses.

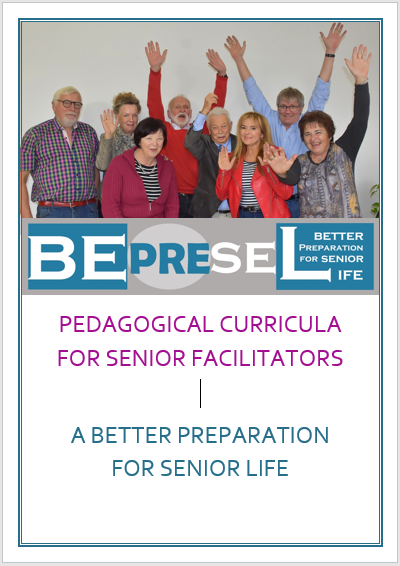
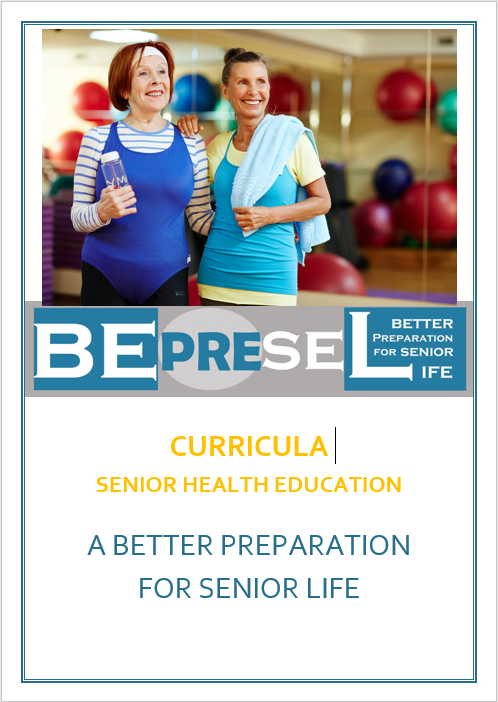
\* The 8 physical parameters.

* Fitness and stamina.
* Muscle strength in the grip and arms
* Muscle strength in the back muscles of the thigh and the legs in general.
* Balance
* Blood pressure
* BMI
* Fat percentage
* Hip dimensions

The materials, results and reflections from the partnership from the BEPRESEL project are now publicly available.

The BEPRESEL CONCEPT consist of:

1. A webpage (www.xxxxx.dk) which includes:
   1. A curriculum for 12 to 16 lessons in the BEPRESEL course.
      1. The teaching material used in the courses.
      2. Teaching guidelines.
      3. Evaluation of the test courses in the 4 partner countries.
   2. Educational curricula for the education of senior teachers.
   3. Strategy document. When do you reach the target group?



Everyone can be inspired by the materials and use it in their own adapted form.

The **BEPRESEL CONCEPT** is relevant to

* Political decisionmakers
* Insurance compagnies/pension providers
* Practitioners of health promotion initiatives among senior citizens
* Senior citizens and citizens about to become seniors
* The seniors’ relatives

**THE PROJECTS BACKGROUND**

The background for developing BEPRESEL was the acknowledgment that the term ***Active Ageing*** didn’t deliver as a preventive measure and strategy.

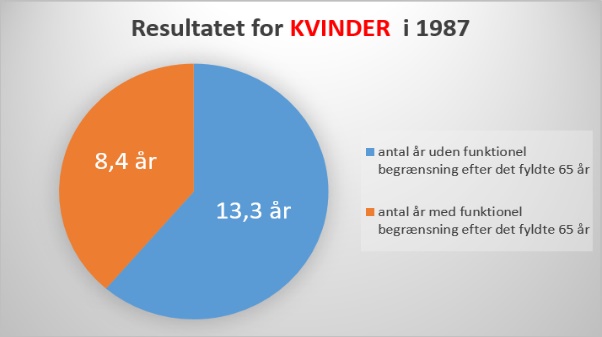
When the term ***Active Ageing*** was introduced in the first countries over 40 years ago, there were two political goals.

1. **to contribute to the good senior life – to make the good years even better.**

There is no doubt that the philosophy and strategy delivered on the political goal. Senior life in Europe offers more exciting opportunities than ever before, for the senior citizen to live an active and interesting life.

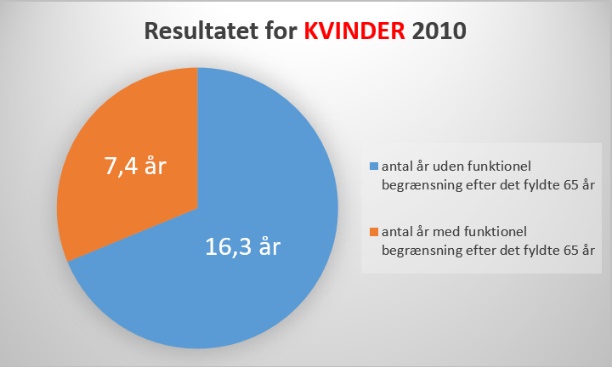
There is no doubt that ***Active Ageing*** as a preventive measure and strategy hasn’t delivered in terms of the second political goal.

1. **To reduce the demand for social care later in life.**

When we, in the transnational project group, conclude that the second half has not been achieved, it is based on the results of the ongoing studies conducted on the effects of ***Active Aging***, in Denmark and other countries.

Senior citizens in Denmark have understood the message of staying active in their senior years.

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The number of years senior citizens have with and without physical limitations has been continually examined.

The average number of life expectancies after 65 years for Danish women has increased by 3 years in the period 1987 - 2010. However, the average number of years women must live with functional limitations has only been reduced by 1 year. Women must continue to look forward to approx. 1/3 of the remaining years with functional limitations.

The numbers look slightly better for men.



It was further documented that it has not improved since 2010, when the Danish Health Authority in January 2019 published

**Seniors health and well-being**

**The 2019 age profile is based on the department of health, the national health profiles and selected registers.**

The Danish Health Authority concluded the 144-page rapport with:

“Many elderlies are in good health and experience,

that they can do as they please.

But the study also shows

that there is inequality in health among the elderly,

and that the elderly’s health has not improved since 2010.”

The report is of interest to all stakeholders in the other EU countries, because Denmark was one of the first countries to politically invest and implement the concept of **Active Aging**.

The project's understanding of and approach to failing to see the expected impact on senior citizens' demand for care and care services after more than 40 years with the **Active Aging Concept** is;

*That too many senior citizens haven’t got enough knowledge   
about what it takes to maintain their physical competences*

*&*

*therefore, not enough knowledge about how to maintain their physical competences   
in the 8 areas the Danish Heath Authority has named as the most important   
in ensuring that senior citizens doesn’t become dependent on outside help and care.*

To many seniors believe that it is enough to be active. To many seniors live a life filled with activities that contribute to a better life quality but doesn’t contribute to maintaining the 8 physical parameters. The physical competences that helps them maintain their independence and keeps them out of the public care system.

**THE PLATFORM**

The BEPRESEL concept consists of the Platform [www.bepresel.eu](http://www.bepresel.eu)

Billede af platformen

On the website you’ll find the materials that have been developed and produced by the BEPRESEL partnership during the two years the project ran.

On the site you’ll find the following 8 links

1. About the project.
   1. Elaborate explanation of the project.
2. Strategy.
   1. Thoughts and reflections on reaching all seniors
3. Senior Health curricula.
   1. The materials – as 7 modules in PowerPoint.
   2. Teachers guide to the 7 modules.
4. Pedagogical curricula.
   1. Educating seniors to teach the courses.
5. The seniors’ evaluations of the test courses.
6. General information and articles about ageing.
7. Contact information.

Strategy document

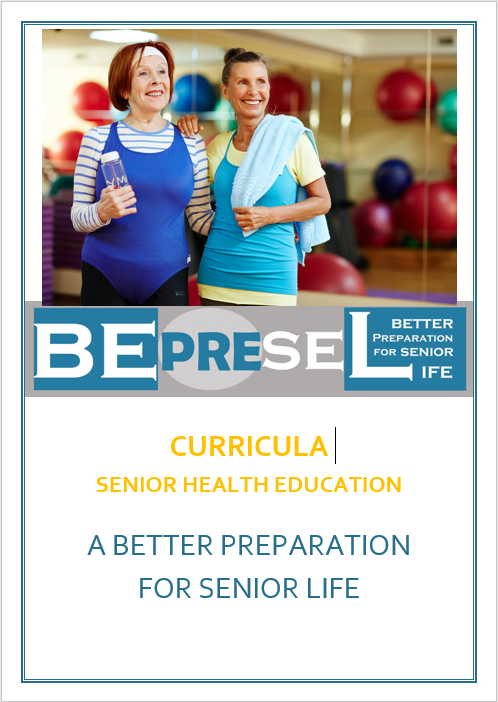
Reaching a target group that represents about 20% of the population is a big task that requires time and needs to be prioritized, regardless of whether it is done at a national or local level.

In the strategy document are some of the general thoughts and considerations the BEPRESEL partnership believes a future promoter and provider of health promotion senior courses should have.

* Reflections on the fact that it should be natural for seniors to receive education on how to improve their lives. They need to have the necessary knowledge and skills to ensure that they live an independent life for as long as possible. It should be a natural thing in the same way that we find it natural that our kids receive an education that prepare them for life.
* The strategy presents cost-benefit calculations that show why it might make sense for the institutions who pay for eldercare (often municipals and insurance compagnies) to contribute to making the courses cheap or maybe even free for the seniors.
* Ideas as to how the senior courses can be introduced and over time reach all senior citizens and citizens about to become seniors.

Senior health curricula

On the website you’ll find the BEPRESEL concepts suggestion on which goals the courses should achieve.

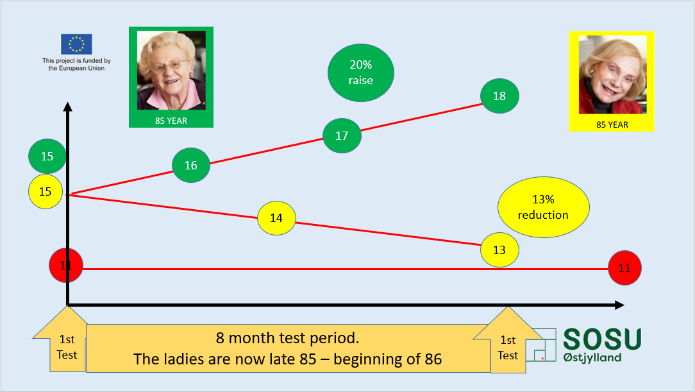
The overall objectives:

The senior learners

* Are given an opportunity to be updated with the latest scientific knowledge and studies and are given an opportunity to discuss and reflect on the information. Particularly to discuss the consequences according to their present understanding, assumptions and beliefs about the aging process.
* Have fewer myths and wrong cultural assumptions about the aging process.
* Acquire a better and more nuanced understanding of the aging process after 65+, and experience that they have gained knowledge and tools. Knowledge, a better understanding and tools that make them able to take responsibility for maintaining or improve their physical competences and opportunities later in life. In order to stay independent and to keep the abilities to live on their own terms.
* Have had the opportunity to reflect about the sentence “normal aging” and get an increased understanding of how we, as seniors, will feel three years from now, regardless of our current age. It is not a result of normal aging because “normal aging” does not exist. Our health, abilities and competences 3 years from now, is the result of the small efforts we make every day.
* Get a deep understanding of the following sentence;
  + *How I feel physically three years from now, will not be the consequence of being three years older, but the consequences of what I have or have not invested in maintaining or improving my physical competences.*

Teaching materials

The teaching materials are supplemented with adapted teaching materials that has been tested in an educational course of 12 to 16 lessons in the 4 involved partner countries.

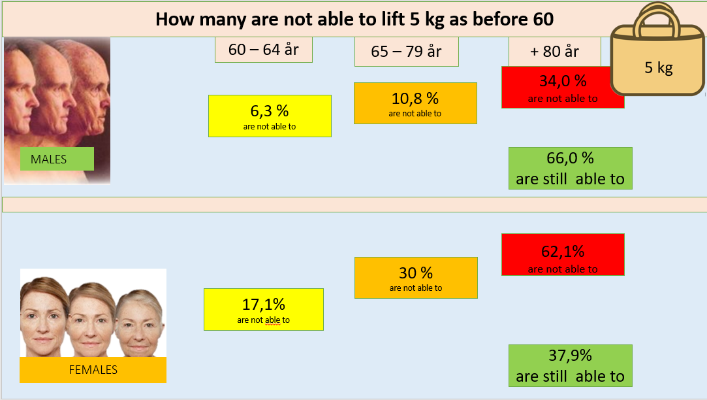
The materials are distributed on 7 modules in the form of PowerPoints with related guides. 

1. **Module 1**:

* Intro 1 + teacher guidance
* Intro 2 + teacher guidance

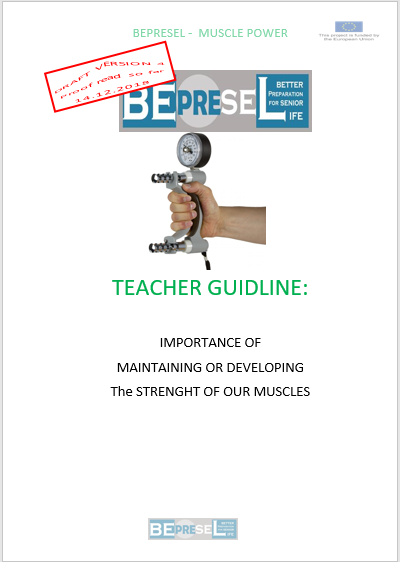
**Udvikling i 85-årige kvinders konditionstal, efter 8 måneders træning og uden træning.**

1. **Module 2**:

* Fitness and stamina + teacher guidance.

1. **Module 3:**
   * Muscle strength in the grip and arms**** + teacher guidance
2. **Module 4:**
   * Muscle strength in the back muscles of the thigh and the legs in general + teacher guidance
3. **Module 5**:

* Balance + teacher guidance



1. **Module 6:**

* blood pressure + teacher guidance

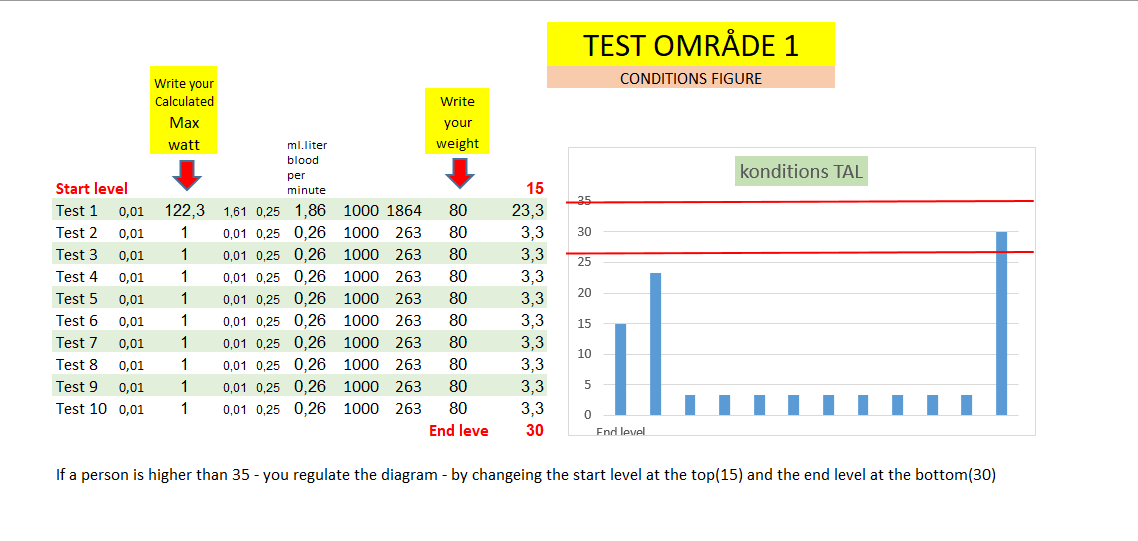
1. **Module 7:**

* diet, BMI, fat percentage and hip dimensions + teacher guidance

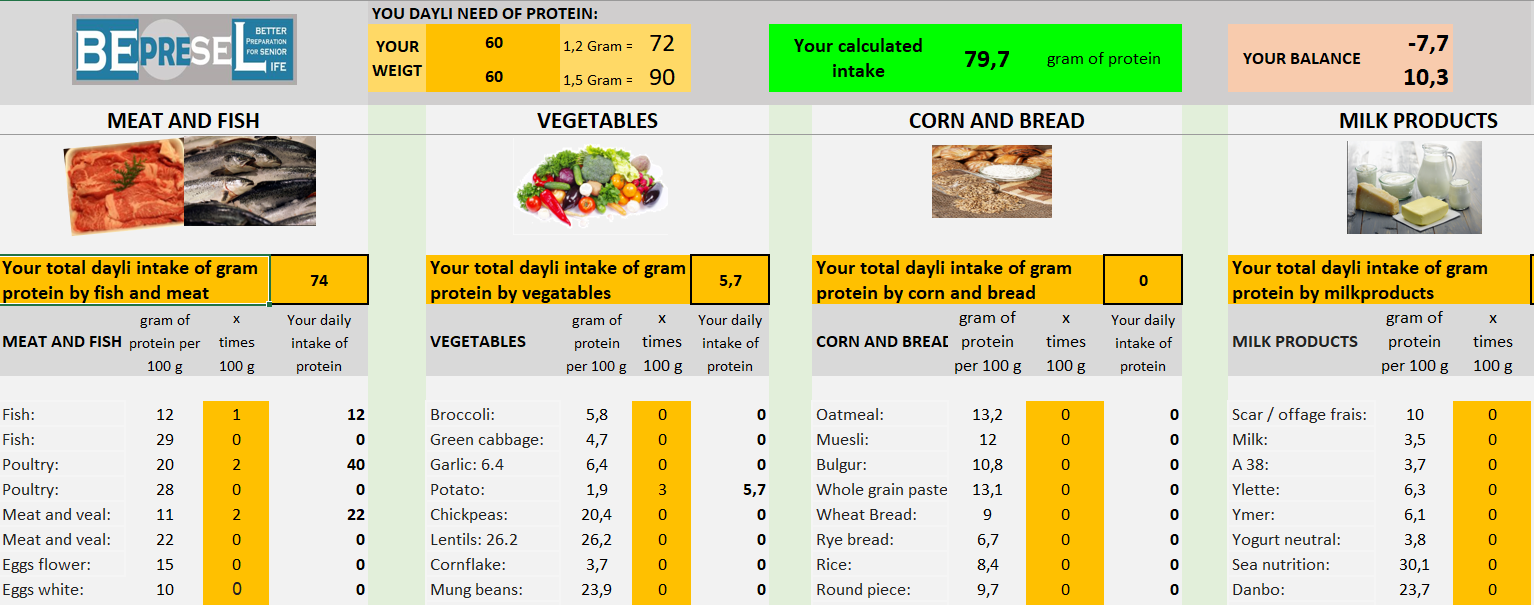
On the Platform you’ll find evaluations of the courses in the four partner countries.

**On the Platform you’ll also find the BEPRESEL models**

1. An interactive senior health profile, to gather all the seniors’ results. The profile can be given to the seniors.

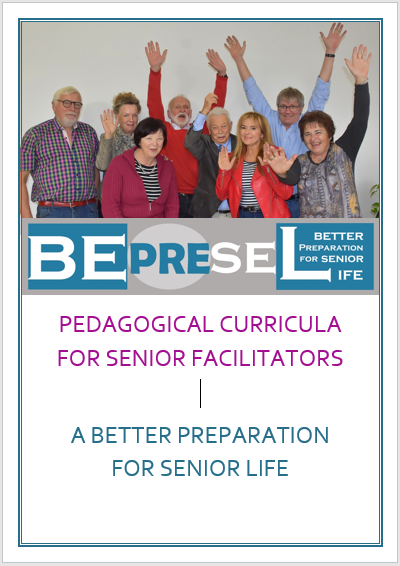


1. A calorie counter
2. A protein counter.



Like all the other materials, the material can be used by everyone and used as inspiration.

**CURRICULA FOR EDUCATING THE SENIOR EDUCATORS**



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It is obvious to think that the teacher in a senior health promotion course is someone with a health professional background. Nurse, occupational therapists, physiotherapists and related education.

The Peer to Peer method has had a big effect when it comes to;

* *Communicate scientific data about seniors’ health, the ageing process and physiological conditions.*
* *Conversations about myths and to fix elders wrong ideas about the ageing process.*
* *Motivating more people to be responsible when it comes to making a small, but continual effort to take care of physical competences.*

There is no doubt that the Peer to Peer effect should be used.

Experiences from the test courses show that it is very useful to use an older educator, who is able to say ”we need to”, instead of having a younger person tell the seniors what they have to do.

We would recommend using an older educator with healthcare training.

In the project they have tried educating seniors without at health-related background to teach other seniors. Some of the partners completed the program successfully with the help of a team of educated seniors.

Of course, as a senior teacher on a senior health promotion course, it is crucial that you have both the personality and tools to teach. It is equally crucial that trained senior educators understand the importance of sticking to the material and what is scientifically proven. Educated and trained senior teachers must understand and respect that the course is not a forum for communicating one's own assumptions and experiences of old age with various initiatives and medications.

On the Platform, the BEPRESEL Group offers their suggestions on what a curriculum for senior educators could contain and what it takes to ensure the necessary quality and credibility in teaching if senior health promotion courses are provided by senior educators.

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