



Fall prevention



Nutrition



Social support



Communication with the elderly



Recruiting elderly participants



Post-programme support



Local cooperation

## KEY SUCCESS FACTORS OF BEST FRAILTY CARE (BFC)

BFC preserve the highest degree of **autonomy & mobility** of elderly, in order to live longer **independently** at home



Best Frailty Care

## The BFC programme – objective

Stay healthy for as long as possible and enjoy life. Live independently and continue to do day-to-day activities, such as grocery shopping or visiting family, without having to worry. That is what we all want. But as we get older, this can become more and more difficult. Especially since the elderly are at a relatively high risk of falling. This can prove extremely unfortunate, since the consequences of a fall can severely limit an individual.

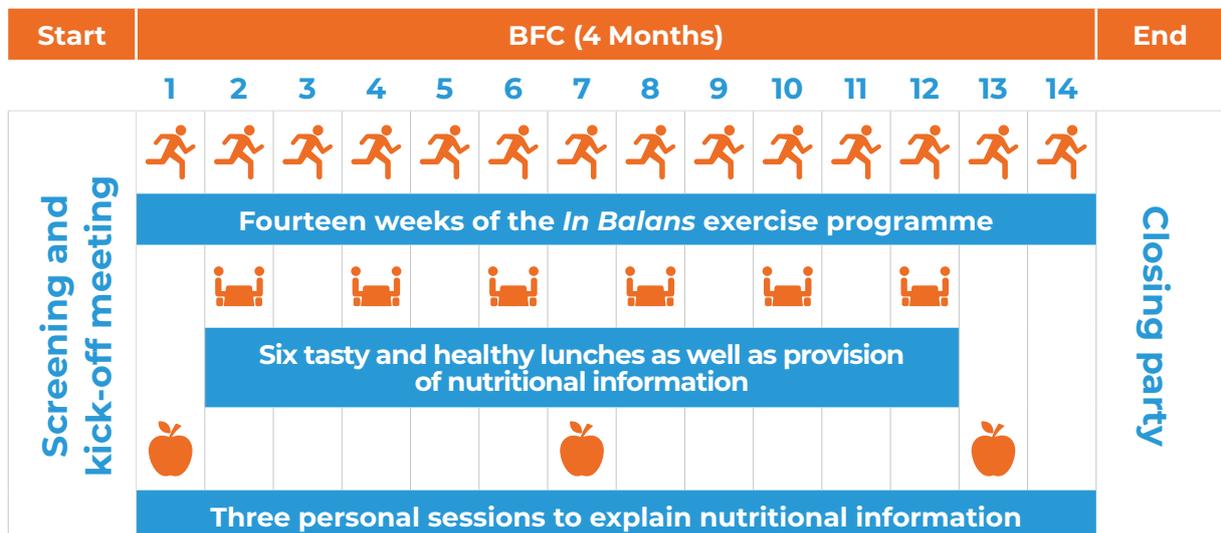
### But there is a solution: BFC.

The BFC (Best Frailty Care) programme is an integral prevention programme that focuses on fall prevention by providing a targeted exercise programme, nutritional information and social support. It is precisely the combination of these three components that is proving so effective.

### Who is BFC for?

The programme is targeting elderly people who live independently, and who are at an increased risk of having a fall and may be at risk of malnutrition. BFC is about four months long.

During the programme, mobility is improved or stabilized, which reduces the risk of a fall. The programme also devotes a lot of attention to nutrition and social support, so that the elderly can stay independent and active for as long as possible and can enjoy their retirement.



## National organizations join forces for local roll-out

BFC is an initiative of national organizations VeiligheidNL, Nutricia, Philips, and health insurance company ONVZ. The project is partly funded by the Danone Ecosystem Fund. Between 2016 and 2019, the BFC programme was tested in five regions in the Netherlands (Best, Vechtdal, Houten, Amsterdam, and Voorburg). In all regions, the programme was implemented in cooperation with local professionals. Research has been carried out to determine what does and does not work, to identify key elements and to explore how this programme can be implemented in other municipalities in the future. The results are very positive, also for the longer term.

# 7,9

Participants rated the BFC programme very highly, giving it a 7.9 overall



## Interested in the BFC programme?

This Showcase presents the seven core elements and inspiration for making the programme a success. It is for professionals, municipalities and local networks who want to get started with BFC themselves. Read the key findings and decide whether the BFC programme is suitable for your region.

**Want to know more?** Contact VeiligheidNL via [info@veiligheid.nl](mailto:info@veiligheid.nl)



## Fall prevention



### Why fall prevention?

Falling is a serious concern for the elderly 65s. Every year, 102,000 people over the age of 65 visit Accident & Emergency (A&E) in The Netherlands after having a fall. On average, that is one person every 5 minutes (Source [LetseL Informatie Systeem 2017, VeiligheidNL](#)). A fall can have major consequences. Aside from the physical pain, some people also become less mobile, are more afraid of falling again, or become less socially active as a result. This can have a major impact on living independently at home.

Fortunately, it is possible to reduce the risk of a fall.

### How?

#### Step 1 Screening

An effective approach always starts with multifactorial screening. This involves screening for risk factors such as balance, medication, malnutrition, and vision. This is carried out by a primary care assistant practitioner or a paramedic.

#### Step 2 Effective fall-prevention exercise programme

After the screening, participants are given personalized advices on vision, medication, etc. which must also include at least one physical exercise component.

The exercise program must be chosen based on the evidence that it reduces the risks of falling and that it best suits the target group. Use the [Help Tool](#) to decide which exercise programme is most suitable.

#### Tips

- Use a screening tool such as [fall analyses](#) executed by e.g. physiotherapists, ergotherapists or general practice nurses.
- Part of the screening consists of testing balance and muscle strength. This information can be used straightaway to determine which exercise programme – specifically designed to prevent falls – is appropriate.

### **Step 3** Treat other risk factors of falls

Pay sufficient attention to the other risk factors of falls such as medication, nutrition, vision, and risks that can cause a fall at home. This can be done by asking a pharmacist, dietician, or optician to organize an information meeting on the same day as the exercise session. A BFC trained volunteer can also work with the participant to identify and advise on risks at home.

 Thanks to BFC, we have a chance. This chance has been given to us. Thanks to BFC, we are now in balance. That enriches our lives 

– BFC participant, Best

### **Tips**

- Fall-prevention exercise programmes may only be given by trained professionals. [Check in advance](#) if there are any in your region.
- Some participants may find the exercise programme intensive, so it is important that you motivate them to keep going. How can you do that?
  - Take a measurement at the start of the programme and then again at the end. Give feedback on this to the participants.
  - Always adjust the intensity of the exercises to the level of the participant.
  - Make sure you plan in time for a coffee break after the exercise session; many participants thought this was important. It improves the bonding within the group and the motivation of the participants.

## Notable results



The number of people who fell decreased significantly during the BFC programme.



- Fear of falling also reduced among participants.
- Functional tests show that strength and balance also improved after the programme

Mobility: ↑ 80%  
Strength: ↑ 87%  
Agility: ↑ 67%  
Balance: ↑ 28%

**8.0**  
Participants of the *In Balans* exercise programme gave a score of 8.0.

## More information

For figures, training sessions and tools, please visit [www.veiligheid.nl/valpreventie](http://www.veiligheid.nl/valpreventie)



## Nutrition

### Why nutrition?

Nutrition is an important pillar of the BFC programme.

Ageing, illness, or reduced physical activity may result in loss of muscle mass and muscle function. In addition, our body's nutritional needs change as we get older.

Good nutrition plays an essential role in keeping the body strong. Protein, for example, is essential for building muscles. Vitamins and minerals are also important. A fit and strong body is vital for overall health and contributes to staying independent and mobile.

### How can nutrition be integrated into the BFC programme?

#### Step 1 Screening

An effective approach always starts with proper nutritional screening by a dietician. This provides insight into the nutritional status of a person.

For example, you can use [Snaq65+](#) to do this.

If the screening reveals that a person is at risk of malnutrition or is malnourished, they are immediately referred to a dietician for extensive screening and anamnesis (in accordance with the [LESA](#) and [Malnutrition Guidelines](#)).

 I enjoyed talking to the dietician. I have been given a new schedule, which will help me to avoid some of the bad habits I've gotten into. 

## **Step 2** Information and personal advice

If the screening reveals that a person is malnourished or at risk of malnutrition, a dietician may recommend medical nutrition. Regardless of the results of the nutritional screening, always provide information and personal advice on healthy eating, appropriate to a person's situation.

Within BFC there are at least three contact moments with the dietician: at the start of the programme, during, and after the programme.

### **Tips**

- By having the participant keep a nutrition diary for two days, the dietician can give much more specific and personalized nutrition advice.
- Do not use jargon such as 'malnutrition' when communicating with the participants.

### **Notable results**

Participants indicated that they are very interested in nutrition. Elderly people often see eating as a practical necessity. Cooking a more elaborate hot meal and eating varied food often fall by the wayside, especially if you live on your own. It is therefore very important to link the social aspect – getting together and eating together – to the theme of nutrition.

### **Step 3** Communal lunches

For the elderly, nutrition primarily has a major social function. So in addition to personal nutritional advice, it is important to make eating fun again by preparing and eating food together. During the programme, organize a number of informative lunches, where a group of participants have lunch together and a dietician provides information about healthy eating. This way, you can kill three birds with one stone: education, sociability, and healthy lunches. Themes that can be discussed during lunch include:

- What does the body need as you get older?
- Dinner, warm meals
- Snacks and fluids
- Sticking with it and behaviour

### **Tips**

- Combine the information session on healthy food and/ or the informative lunch with the exercise session so that participants do not have to attend especially for one or the other.
- Emphasize the link between healthy food and muscle strength, both during the exercise programme and during the information session provided by the dietician.
- Involve a local supermarket in the provision of healthy lunches.

### **More information:**

- [About the screening module Snaq65+](#)
- [Information for informal carers and the elderly:](#)
- [‘Goed gevoed ouder worden’ brochure \(Healthy ageing\)](#)
- [Nutricia medical nutrition for the elderly](#)
- [50+ fit en vitaal](#)



## Social support

### Why social support?

Although loneliness affects people of all ages, it is more common among the oldest members of our society. After the age of about 75, people may be faced with a number of events that could contribute to loneliness, for example, the death of the partner or other friends around the same age, limited mobility, or reduced physical, cognitive, and sensory functioning. The fear of falling can also contribute to loneliness and social interaction in a negative way.

A social safety net and interaction with others in the neighbourhood contribute to the quality of life.

As such, the social aspect is an important pillar of the BFC programme.

This has two functions:

- To establish new social contacts.
- To provide personal support throughout the programme.

### How?

#### **Step 1** Assign a dedicated BFC buddy to each participant.

Assign a dedicated BFC buddy to each participant; they can contact their buddy throughout the programme. The role of BFC buddy can be fulfilled by a local volunteer, for example, from the local welfare organization, from the senior citizens' association, or by students (e.g. welfare, care, occupational therapy).

#### **Step 2** The BFC buddy's tasks

BFC buddies take part in a training course before the start of the programme, where they are given information about fall prevention, nutrition, the programme itself, communication skills, and their tasks. The BFC buddy's main tasks are to listen to, support, and motivate the participants throughout the programme.

## Tips

BFC buddies can play an even greater role, for example by:

- identifying fall risks at the participant's home with the help of a [checklist](#).
- helping the participant get more advice on fall prevention, such as visiting an optician together.
- doing exercises together at home, based on the exercise sessions.
- offering to help the participant with grocery shopping, for example.

### **Step 3** BFC activities in a familiar, regular group

Throughout the BFC programme, activities – both the exercise sessions and the communal lunches – are offered in groups. Since the participants follow an intensive programme together, this creates a bond and facilitates new social contacts.

 **Our group was very sad when the BFC programme came to an end. That's why a regular group of us goes for a weekly walk so that we can keep seeing each other.**  

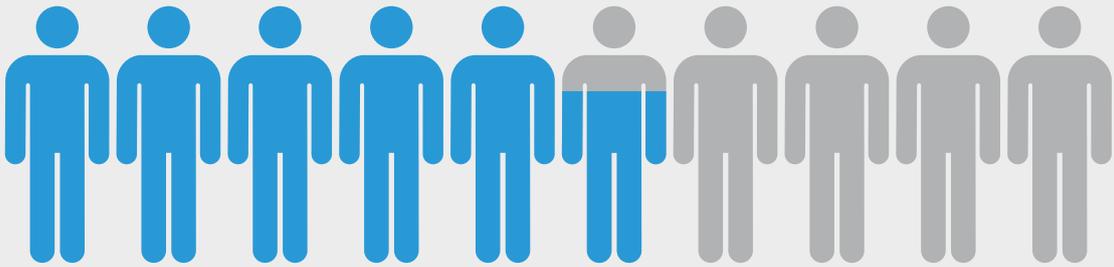

## Tips

- After the exercise session, plan in a regular coffee break to encourage social interaction. This helps to build relationships between the group members.
- Let participants decide for themselves how often they want or need to see or be visited by their BFC buddy. Make sure that the participant and the BFC buddy meet at least three times; at the start, halfway through and at the end of the programme. This way, the buddy can stay informed of the situation. Initially, most participants say that they do not feel the need to have contact with their buddy, but in the end they find it very enjoyable.

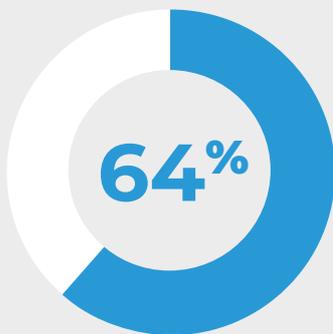
## Notable results

The research showed that:

- Good personal support means that participants are less likely to drop out and that any problems that may occur such as malnutrition, are identified sooner.
- BFC has a positive effect on the quality of life. A 16% improvement was measured at the end of the programme compared to the start of the programme.



By the end of the BFC programme more than half (57%) of the participants feel better about themselves.



64% of the participants have more social contact afterwards.



## Local cooperation

### Why local cooperation?

Sound local cooperation ensures the success of an integrated prevention programme. In order to reach the right people and keep them moving, senior citizens' associations, the municipality, care and welfare organizations and local sports and exercise providers must all work together. The role of a local coordinator is also crucial for the success of the programme.

#### Tips

- Discuss each other's interests with the local professionals. Make sure that this discussion is transparent and that the interests correspond to the main common interests of the BFC programme as closely as possible.
- Use the [Fall Prevention Calculation Tool](#) to calculate how the investments for fall prevention outweigh the savings from fall prevention activities. This always turns out to be very positive and is therefore also a very good basis for investments.
- Organize a kick-off event for all professionals so that they are familiar with the other parts of the programme as well.

### How?

#### Step 1 The local BFC team of professionals

Make sure that all professionals in the area are involved in the development of the BFC programme at an early stage. This includes physiotherapists, dieticians, volunteers, district nurses, but also senior citizens' associations. The role of local coordinator can be fulfilled by, for example, someone from a local welfare organization, municipality, or the municipal health service. It is important that they know the target group and have a good overview of the local professionals.

#### Step 2 Develop the programme

Make sure that the programme (comprising various activities) is well coordinated between all partners involved and that there is a joint schedule.

### Tips

- Make sure that everyone who comes into contact with the participants has a Certificate of Conduct (Verklaring Omtrent het Gedrag, VOG). This can be requested from the municipality.
- Please note: It is vital that participants' data is handled very carefully. The data may only be exchanged between cooperation partners by secure means of communication (such as Zivver). If necessary, the exchange of information should be laid down in processing agreements between the professionals. The latter is a requirement if data is collected for evaluation purposes.
- Need a step-by-step plan? Then check out '[Lokaal vitaal](#)' (only available in Dutch). It contains step-by-step instructions on how to work towards an effective and integrated approach to prevent falls among elderly people who live on their own.

### Step 3 Cooperation after BFC?

A frequently asked question is: What happens after the BFC programme? Make sure that local initiatives are organized after the programme has come to an end. For example, physiotherapists can continue to offer exercise groups, participants can move on to regular sports and exercise programmes/clubs, dieticians can organize informative sessions or, over time, organize nutrition check-ups. You could also organize dining clubs. After the BFC programme, general practitioners, occupational therapists and companies can also be involved to help prevent falls in and around the house.

### Notable findings

BFC acts as a catalyst for new initiatives. As a result of new social contacts between the participants and close cooperation between local professionals, new initiatives were launched in all pilot regions after completion of the programme.

Professionals gave  
the BFC programme  
an average score of

**7.9**





## Recruiting elderly participants

### Recruiting elderly participants

Finding suitable participants is essential when setting up a successful programme. Recruiting, informing, and retaining participants is a crucial part of setting up the BFC programme.

#### How?

##### **Step 1** Local recruitment partners

First create a clear overview of the specific target group you want to recruit. Are they elderly people who are at an increased risk of falling, or from a specific neighbourhood? Are they the most vulnerable elderly people? Then see which parties from the healthcare, welfare, and public sectors and social support organizations are already in contact with this specific target group. See how these parties can be actively involved in the recruitment process.

##### **Step 2** Give the programme a familiar and local face

Give the project a face even before it starts. Who is a local or regional ambassador? Who can credibly say, from their own experience, why fall

prevention is so important? And does this ambassador appeal to the target group? These people are the most suitable to support the recruitment process. Make sure that the organizations involved in the project are credible and reliable.

##### **Step 3** Use existing recruitment channels

Use existing networks and their communication channels. It is a good idea to work with a senior citizens' association or senior citizens' council in order to reach older people. The association newspaper, the alderman's speech, news reports in the local newspapers and the local TV/radio station are also good tools to use. Hang up posters in, for example, the local supermarket and the pharmacy and distribute leaflets to local professionals who can refer people to the programme. Often, local senior citizens' associations or welfare organizations already have good contacts with the local media.

#### **Step 4** Which message resonates with the elderly?

Which message and appeal will help you reach the elderly? Do not try to frighten them but deliver the message in a positive and active way. Do not say: 'prevent a fall' but tell them that the programme will enable them to 'live at home for as long as possible and ensure they stay mobile'.

#### **Step 5** Make the recruitment process personal and tangible.

A personal conversation is much more effective than a flyer. You can make the story come to life and feel tangible by organizing an information meeting about the programme, help potential participants get started. Also invite the ambassadors and local professionals to say a few words.

### **Tips**

- During the information meeting it will be possible to see straightaway whether someone is at an increased risk of falling. By performing the ['fall risk test'](#), you will know within just a few minutes whether someone is at an increased risk of falling. Make sure you respect participant intimacy during screening.
- Come up with an entertaining activity to recruit participants. For example, organize a physical exercise event at the market and invite a local celebrity to take part.
- Looking for a fun and useful way to raise people's awareness of the many themes involved in staying mobile without all the worries? With the game [Dobbelfit](#) people can think in a fun and interactive way about measures they can take to prevent a fall.
- Participants can be recruited through various channels – not just through home care, social work or primary care assistant practitioners. Also consider social support organizations, pharmacists, meals-on-wheels services, local entrepreneurs, etc. They can also identify potential participants and refer people to the programme.



## Communication with the elderly

### Why?

Since there are many different parties involved in the BFC programme, clear communication is vital. Participants must be well informed and be able to contact someone if they have any questions.

### How?

#### **Step 1** Central contact person

It is important that participants have a central contact person they can get in touch with to ask questions during the programme. This can be the local coordinator or their BFC buddy.

#### **Step 2** Clear communication about activities and privacy

It is important that participants know what they are saying yes to when they agree to participate. To this end, produce an informative letter with permission form. You should also explain how data and privacy will be handled and provide information as to what is expected of them. Make sure that the participants know when something is expected of them. This can be done during a kick-off meeting in combination with an

extensive kick-off booklet in which the activities are listed with dates, locations, and times. This way, there will not be any surprises. It is important to communicate regularly throughout the programme about what is going on and what is in store for them.

#### **Step 3** Keep them motivated

During the programme, make sure you devote some attention to what will happen once the programme comes to an end. How can people stay fit and healthy once the BFC programme has finished? And how can participants keep enjoying meals as a social activity? These issues can be addressed in various ways during the exercise sessions.

### Tips

- Research shows that for most elderly people, staying independent and mobile is the most important thing – in addition to the social aspect. When communicating with participants, avoid terms such as ‘fall prevention’ and ‘malnutrition’. These subjects do not engage people or motivate them to participate. Instead, focus on the social aspect or on the enjoyment of eating together, for example.
- Make sure that the participants get to know all the professionals during the kick-off meeting. When they receive an e-mail or letter later on (e.g. about an information meeting organized by a dietician), the participants will then know who sent it.
- Do not use any overly sporty or active photos in the communication material because people will think that this is beyond their capabilities.

### Key results

- Participants really appreciate getting feedback throughout the project – about personal results so that they know whether they are on the right track or still need a lot of practice, but also results about the programme as a whole: How many people are participating? Is it successful and what are other results?
- During the programme, participants come into contact with various professionals, including a physiotherapist, a dietician and a BFC buddy. Since these people work independently from each other, it is vital that they coordinate with each other so that they do not approach the participant too much or at the same time.



## Post-programme support

Participants complete the BFC programme in approximately four months. During this period, they can make good improvements in the areas of fall risk, healthy nutrition, and social participation. This is a great result, but it is not the end of the story.

- Maintaining the changes they have made is important. It is essential that they receive the necessary support to be able to do this.
- The BFC programme should also continue to be available in the region for new vulnerable groups.

This not only requires financial resources, but also effort and organization.

### How?

**Step 1** Think about the period after the BFC programme in advance:

See which existing activities fit in nicely with the BFC programme. Also make sure that local professionals are aware of all existing activities to which participants can be referred. Can new activities also be developed?

**Step 2** Identify the areas/activities for which funding is already in place.

For each cost item, see whether there is already funding or partial funding available. Cost items that can be covered without an exchange of funds or other types of funding are:

- Kick-Off meeting in a municipality-owned space.
- Exercise sessions organized in the community centre.
- A three-hour consultation with a dietician (this is covered by the [basic health insurance](#)).
- Involvement of a primary care assistant practitioner (possibly specialized in geriatric care)
- The health insurance company may reimburse part of the [exercise programme](#).

**Maintaining the changes they have made is important. It is essential that they receive the necessary support to be able to do this.**

### **Step 3** Lay down cooperation and financing agreements.

Come to agreements as to how you will work together to ensure that participants in the BFC programme can continue to be active in their changing lifestyles and how the programme will also remain open to new participants. Identify outstanding items and agree on funding arrangements to cover them.

For example:

- A contribution from the municipality
- Sponsorship from, for example, the local supermarket or bank
- Personal investments by local professionals. BFC is also beneficial

to them, too; it facilitates better cooperation with other local professionals, gives them better access to the target group and improves their reputation.

- Ask for a contribution from the participant.

### **Step 4** Communication about the next steps after the BFC programme

Provide clear communication to the participants about all the activities that they can still take part in. Also be clear about who they can contact if they have questions about fall prevention, healthy nutrition, and support.

#### **Tips**

- Research has shown that most participants value BFC and are therefore willing to contribute towards the costs. Some even mentioned that they would be willing to pay up to €100.
- During the fall-prevention exercise programme, make sure you devote some attention to what will happen once the programme comes to an end. For example, invite a local sports provider or sports coach to talk about the range of activities that is available to the over-65s. Or motivate people to have trial lessons of existing activities in pairs.

**For more information:**

Contact VeiligheidNL at

[info@veiligheid.nl](mailto:info@veiligheid.nl)

