



The Effect of GeroAtlas60+ Refresher University in Preserving Individual and Community Health

CARE FACILITY and SERVICES

2018, 1(3), 109-113
doi: 10.5505/jaltc.2018.99608

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Abstract

GeroAtlas60 + Refresher University is Turkey's first university for older adults based on theoretical assumptions and concepts. The University was founded as a response from the field of gerontology to support modern society's expectation for longer and healthier lives. If the quality of life is defined as older adults' feeling good about themselves in old age or until the end of their lives despite their physical, psychological, and social problems, one of the first questions that arise is how to provide this quality of life. GeroAtlas60 + Refresher University is a gerontological approach to this objective using a 'lifelong learning' model. The two-dimensional theoretical and practical curriculum provides older adults with knowledge related to their needs and also helps both genders to acquire new skills and competences such as participation in cooking and knitting courses by males and study of home improvement and Do-it-Yourself (DIY) home repair and maintenance courses by females. Activating older adults' knowledge and skills in the mental, physical, and social realms offers the potential for enhancing the quality of life outcomes.

Keywords: Learning, health, disease, aging, old age, older adults, rational action theory

Introduction

Both the number and proportion of older adults in the Turkish population are rising rapidly (TÜİK 2000, 2005, 2010, 2015). It is a general belief that, compared to modern times, the older adults enjoyed greater social value and respect in the past, were better provided and cared for by the 'extended family' but cannot be supported by the increasingly common nuclear family at the same level anymore (Sporbeck-Hörning, 1996; DPT, 2007)

However, there are findings that contradict this view and clearly show that nuclear families do not leave their older members in need (Tufan 2007, 2015, 2016a, 2016b). Modern society, which not only supports and cares for older adults but also recognizes them as individuals of equal value, is

in favor of creating new opportunities for older adults involvement in new learning opportunities that did not exist in the past.

One such opportunity is Turkey's first university for older adults, GeroAtlas60+Refresher University, which was founded in 2016 in the Akdeniz University Gerontology Department through the cooperation of Akdeniz University, the National Society for Social and Applied Gerontology, and the National Council on Aging. Following Akdeniz University in Antalya; Ege University in Izmir, Sıtkı Koçman University in Muğla, Nişantasi University in İstanbul and HEP University in Alanya have opened Refreshing University and the student count has almost reached 2000.

GeroAtlas60+Refresher University represents an important product of the Turkish Gerontology At-

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Received: 23 May 2017 | **Accepted:** 18 September 2018 | **Published Online:** 20 October 2018



las (GeroAtlas) research project and is based on the lifelong learning model which opens up opportunities for older adults to acquire theoretical and practical knowledge and skills, thereby promoting their wellbeing. The GeroAtlas60+University in Turkey is more commonly known in other countries as the University of the Third Age (U3A) (Laslett, 1996).

The Healthcare Industry and the Concepts of Health and Disease

Pharmaceuticals and healthcare products have become a major industry. Jordan and Enderle (2004) reported that pharmacies in Switzerland carry 7.500 different medications and health products and that 4.000 to 5.000 different health products are sold in the private sector. There is also fierce competition within the markets for health products.

The number of professional groups in the health field is also growing rapidly. A health care professional and physiotherapy are among the most preferred health professions (Flury, 2004).

Medical advances and innovations will also contribute to the development of the healthcare system in the future. Current medical advances are primarily seen in the areas of biologic and chemical agents, surgical and medical devices, imaging and radiation methods, information technology, robotics, and home care (Häussler, Paquet, & Preuß, 2004). The motive for these advancements in the health sector is that health is recognized as our most precious commodity today. Although the experts agree on this, it is still difficult to define 'health'.

The well-known saying "Health is not everything, but without health, everything else is nothing" evokes our understanding of health. However, according to the philosopher Gadamer (1993), it is impossible for someone with no health problems to say what health is; only when sickness prevails can one conceptualize the true meaning of health.

Between 50 and 70 billion cells die every day. Approximately 120.000 copy errors occur in the cell division cycle per day, yet the human organism, which comprises about 220 different cell and

tissue types, works perfectly (Schaal, Kunsch, & Kunsch, 2016). However, working perfectly does not mean never getting sick.

The World Health Organization (WHO) defines health as being completely free of physical, emotional, and social limitations. Unfortunately, lack of knowledge and misunderstandings relating to health and wellbeing often prevent older people from realizing their creativity in terms of generating health when they become unwell (Kruse & Wahl, 2010).

The concept of health has different meanings depending on one's perspective. From the .biomedical perspective, health is determined by a range of laboratory-based tests relating to human performance and overall function. In the context of functionality, it is described as the ability to fulfill social roles, respond to productivity demands, and adapt to changing situations. From the idealist perspective, health is considered the optimal balance between the physical, emotional, social, mental, and spiritual dimensions. Subjectively, it is described in terms of an individual's perceptions of health and disease. Health is defined as an energy store that allows individuals to reach the goals they consider important in life (Somaini, 2004).

Is the definition of disease, then, a lack of the factors considered in these perspectives? Does disease mean having laboratory values and function test results that deviate from average standard values in the biomedical approach; inability to fulfill social roles and performance expectations according to the functional approach; a perceived imbalance in the dimensions involved in the idealist approach; or insufficient energy to accomplish individual goals according to the subjective approach? Giving cursory answers to these questions or favoring one view over the others are not appropriate solutions because the relative significance of these four different dimensions varies according to the situation. For example, if laboratory values deviate from normal, no one will make the mistake of ignoring it. These perspectives all provide equally valid definitions of health which may be preferable in different situations and contexts.

Health and Disease in Older Adults

The risk of disease increases with advancing age. While younger individuals are primarily affected by acute diseases, chronic diseases become prominent in older patients. Alzheimer’s disease, which is one of the most publicly recognized age-related health problems, is steadily becoming common (Tufan, 2016b). Psychological conditions other than Alzheimer’s disease become more prevalent in old age. In addition to these, respiratory and vascular diseases are also more common (Tufan, 2007).

Care and support services are gaining importance as a result of shifting demographic distribution. A large portion of these care and support services are provided at private residences by private individuals within the family and kinship system (Meyer & Zumbunn, 2004).

The need for care is mostly concentrated in the 80-plus group. This age group, referred to as the ‘old old’, forms the peak of the population age pyramid and is currently the fastest growing segment of the population. One of the repercussions of this population age shift may be an increase in healthcare expenses (Tufan, 2007). Therefore, maintaining the quality of life, increasing health, and enabling everyone to benefit from health services are accepted as the primary objectives of public health initiatives. Quality of life is defined as a having three dimensions: status, belonging, and future. Physical, psychic, and spiritual aspects comprise the status dimension; social context, community, and environmental aspects form the belonging dimension; and individual development, leisure time, and work comprise the future

dimension (Somaini, 2004).

Learning and Its Contribution to Maintaining Health in Old Age

The main characteristics of learning are change and experience. Bower and Hilgard (1981) stated that Learning is related to behavior change or an individual’s behavior potential in a certain situation based on repeated experiences with that situation (cited in Weidenmann 1995). By another definition, learning is “long-term change in behavior potential based on previous experience” (Ostermann, 2002). From this point of view, the behavior potential of these older students is the result of previous learning processes experienced before they start their education in the GeroAtlas60+Refresher University. The engagement of older people in the GeroAtlas60+Refresher University supports the potential for positive behavior change in a rational way, thereby assisting students to affect change through new learning experiences that become long-lasting”

The model on which GeroAtlas60+Refresher University operates is based on the rational action theory (Braun & Gautschi, 2011; Kunz, 1997). This theory, included in methodological individualism, focuses on macro and micro planes. The ‘Coleman force’ model emphasizes the importance of individual actions and transitions between the macro and micro planes in explaining social reality (Hirschle, 2015). Accordingly, in the macro (community) plane of the GeroAtlas60+Refresher University model, an individual’s preexisting health-maintaining behavior potential is referred to as the social reality (a co-requisite of the model). The objective is to turn this potential into positive

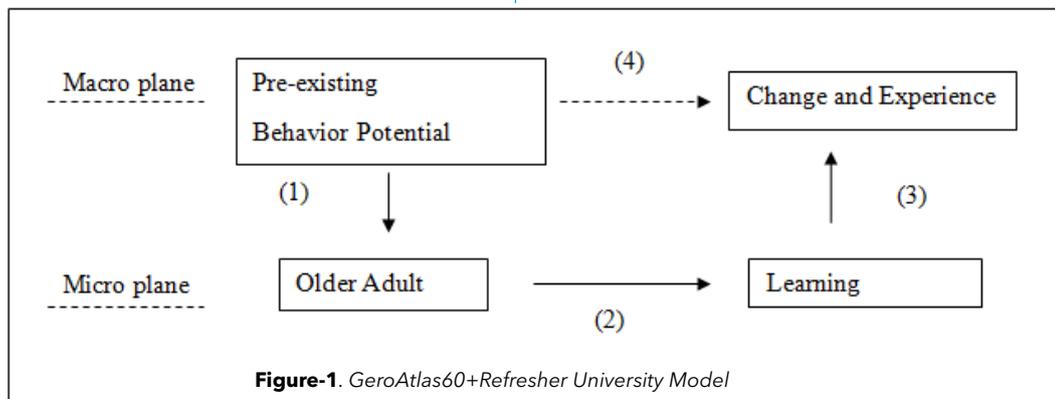


Figure-1. GeroAtlas60+Refresher University Model

and realistic change and to propel it to a higher level by providing new and meaningful experiences. However, according to social action theory, it is not possible to reach this goal directly. Therefore, it is necessary to first descend to the micro plane (individual or actor) for the purpose of inducing positive behavior change in the individual (learning or action). Figure-1 shows that by following paths 1, 2, and 3, changes are made at the individual level through the acquisition of new experiences and knowledge which in turn can impact the macro plane which involves the wider community. In this way, the 'learning activities' performed by the actor (the older adults) in the micro plane have the potential to impact the macro plane thereby helping to improve the health of the wider community.

Conclusion

The learning potential of older adults is a social reality. Durkheim's scientific notion of social reality is accepted as a form of reality beyond individual social beings, arising from the sum of individual behaviors, yet unique and independent of the individual. Community health is another social reality. GeroAtlas60+Refresher University consolidates these two social realities in the context of aging and creates changes in health behavior by affecting learning potential, thus facilitating change in the social reality known as community health.

While Durkheim focuses on social reality, methodological individualism focuses on the individual (Hirschle, 2015). Therefore, one's perspective comes to the fore. The GeroAtlas60+Refresher University model is an educational model which is based on methodological individualism that is aimed at older adults; that is, it focuses on the individual and the actions of the individual. In this model, the individual changes through engagement with new learning experiences and understandings which assist in the health of the individual but also provide an important opportunity to create positive health-related changes in the community. It must be understood that it is never too late to learn. Indeed, the older adult education movement reflected in the GeroAtlas60+

Refresher University contributes to the ongoing development of a 'learning society' in Turkey. In a very important way, older adult learning can take many forms one of which is to develop the level of health literacy among older individuals which can lead to better health and quality of life (Nutbeam, 2000). Mason and Randell (1997) provide a clear message on the matter of relevancy for the provision of older adult learning opportunities that promote active and ongoing citizenship:

A new education for older people will have to be more than just recreation, information, and remediation, important though these aspects will continue to be. Education will need to address issues of personal and social transformation, vocational for older people and mechanisms for continued engagement in a society that will continue to place demands on their ability to adjust and survive. (p. 24).

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