



Joint Action on Prevention of frailty 2017-2019

ADVANTAGE JA - "A comprehensive approach to promote a disability-free Advanced age in Europe: the ADVANTAGE initiative"

ADVANTAGE is a Joint Action with 22 Member States (Figure 1) and 35 organizations involved, co-funded by the European Commission and the Member States.

COORDINATOR:

Hospital Universitario de Getafe (SERMAS-HUG), Spain

PARTNERS:

- **Austria:** Medizinische Universität Graz (MUG);
- **Belgium:** Institut Scientifique de Sante Publique (WIV-ISP (IPH));
- **Bulgaria:** Natsionalen Centar Po Obshtestveno Zdrave I Analizi (NCPHA);
- **Croatia:** Hrvatski Zavod za Javno Zdravstvo (CIPH);
- **Cyprus:** Ministry of Health of the Republic of Cyprus (MOH);
- **Finland:** Terveyden ja Hyvinvoinnin Laitos (THL);
- **France:** Agence Nationale de Sante Publique (ANSP), Ministere des Affaires Sociales et de la Sante (MASSDF);
- **Germany:** Medizinische Hochschule Hannover (MHH);
- **Greece:** Company of Psychosocial Research and Intervention (EPSEP) (SPRI), Panepistimio Patron (UPAT);
- **Hungary:** Ministry of Human Capacities (MHC);
- **Ireland:** Health Service Executive (HSE-NUIG);
- **Italy:** Agenzia Nazionale per i Servizi Sanitari Regionali (AGENAS), Istituto Nazionale di Riposo e Cura per Anziani (INRCA), Istituto Superiore di Sanita (ISS), Regione Marche (ARS), Universita Cattolica del Sacro Cuore (UCSC);
- **Lithuania:** Lietuvos Sveikatos Mokslu Universitetas (LSMU);
- **Malta:** Ministry for the Family and Social Solidarity (MFSS);
- **Netherlands:** Rijksinstituut Voor Volksgezondheid en Milieu (RIVM);
- **Norway:** Folkehelseinstituttet (NIPH Norway);
- **Poland:** Narodowy Instytut Geriatrii Reumatologii i Rehabilitacji Im. Prof. Dr. Hab. Med. Eleonory Reicher (Nigrir);

DURATION

Start date: 1st January 2017

End date: 31st December 2019



- **Portugal:** Ministerio da Saude - Republica Portuguesa (DGS);
- **Romania:** Centrul National de Sanatate Mintala si Lupta Antidrog (CNSM), Scoala Nationala de Sanatate Publica, Management si Perfectionare in Domeniul Sanitar Bucuresti (SNSPMPDSB), Universitatea Babes-Bolyai (UBB);
- **Slovenia:** Nacionalni Institut za Javno Zdravje (NIJZ);
- **Spain:** Asociacion Centro de Excelencia Internacional en Investigacion sobre Cronicidad (KRONIKGUNE), Consejeria de Salud de la Junta de Andalucia (CSJA), Fundacion para la Investigacion del Hospital Clinico de la Comunitat Valenciana, Fundacion Incliva (INCLIVA);
- **United Kingdom:** NHS Lanarkshire (NHS LANARKSHIRE)

AFFILIATED ENTITIES

- **Italy:** Azienda Ospedaliera Universitaria Federico II (Federico II), Istituto di Ricerche Economico Sociali del Piemonte (IRES Piemonte), Regione Emilia-Romagna-Agenzia Sanitaria e Sociale Regionale (RER-ASSR), Regione Liguria, Sviluppo Marche S.P.A. (SVIM)
- **Spain:** Fundación para la Investigación Biomédica del Hospital Universitario de Getafe (FIBHUG), Servicio de Salud de Castilla la Mancha (SESCAM), Servicio Vasco de Salud-Osakidetza (Osakidetza), Servicio Andaluz de Salud (SAS), Andalucía Fundación Pública Gobierno y Salud (FPS)

Aim

ADVANTAGE aims at building a common understanding on frailty to be used in all the Member States, by policy makers and other stakeholders, which should be the base for a common management both at individual and population level of older people who are frail or at risk of developing frailty throughout the European Union.

OBJECTIVES

Specific objectives

1. to promote important sustainable changes in the organization and implementation of care in the Health and Social Systems;
2. to prepare a common European framework on screening, early diagnosis, prevention, assessment and management of frailty;
3. To develop a common strategy on frailty prevention and management, including raising awareness and advocacy among stakeholders, especially policy and decision makers.



The JA has three target groups:

TARGET GROUPS

1. Policy makers and stakeholders, both from the public and private sectors, involved in planning and developing health and social care policies and strategies for older people. In this group the aim is to create awareness of the need to address the detection, prevention and management of frailty.
2. Health and Social care professionals and formal and informal careers. They are in charge of implementing the health and social care policies and strategies at different levels of the systems, in the exchange of knowledge and in the education and training of the workforce. They will implement the necessary changes designed by policy makers into the everyday practice.
3. Frail older people and their careers, and those at risk of frailty, and the EU population at large.

ADVANTAGE JA will:

ACTIVITIES

1. Summarize the current State of the Art of the different components of frailty and its management, both at personal and population level. This will include an analysis of good practice. This action will build a common understanding on the concept and operative definition of frailty versus chronic diseases interventions.
2. Propose a common European model to approach frailty (frailty prevention approach – FPA document). This document will describe a methodology and tools for assessment of pre-frail and frail people.
3. Develop a common health care guidelines or frameworks on screening, assessing, and intervening to promote better health in older people and reduce the growing burden of health care demands related to frailty and chronic diseases.
4. Increase knowledge in the field of frailty, indicating what should be prioritized in the next years at European, National and Regional level.



IMPLEMENTATION PHASES



ADVANTAGE JA will:

EXPECTED OUTCOMES /RESULTS

- Develop and encourage consensus in the concept of the Prevention of Frailty Approach (FPA) in health and social care services.
- Improve our understanding of long-term medical conditions affecting older patients, including chronic diseases. This will lead to the development and implementation of improved strategies for diagnosis, care, research, and education about frailty, disability and multi-morbidity.
- Contribute to a more effective and sustainable response to the needs of older people, with particular attention to gender sensitive aspects.
- Reduce the burden and inefficiency in care delivery through support for self-management, better care planning and coordination, innovative organisational approaches and better collaboration between professional and informal care.

These main outcomes will be achieved through two complementary perspectives: A general European framework and a specific MS perspective, which will be aligned with the European one, but implemented according to the local capability and context.

BUDGET: The estimated eligible costs of the action are EUR 5,738,934.60, out of which EUR 3,442,591.13 (60%) EC co-funding.



Figure 1. Map depicting MS included in the Consortium

