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ADVANTAGE JOINT ACTION

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





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**ADVANTAGE JA
NEWSLETTER N.6
SEPTEMBER 2019**

ADVANTAGE is the first Joint Action (JA) on the prevention of frailty. It is co-funded by the Third European Health Programme of the European Union 2014-2020 and the Member States (MS). It will run from 2017 to 2019. This JA will contribute to a more homogeneous approach to frailty, improving screening, prevention, assessment and treatment, as well as to the reform of health systems and the identification of priorities in training and research programmes. Its main objective is to establish a common European framework for addressing frailty, which is the main condition associated with the risk of developing disability. The ADVANTAGE Consortium embodies 22 Member States and over 32 European entities.

For more information please visit www.advantageja.eu

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ADVANTAGE JA at the European Week of Regions!

**REGIONS & CITIES | European Week
Brussels 7-10 October 2019**

Join our workshop:

**Healthy ageing in cities and regions:
inspiring examples to frame the future**

Opening speech by Markku Markkula, First Vice President of the Committee of the Regions

Wednesday 9 October 2019, 11:30 – 13:00
The Square, Mont des Arts, Brussels
Translation in English, French and Spanish

More information: <https://www.espon.eu/ewrc2019-healthy-ageing>

ESPON **EUROPEAN UNION**
Co-financed by the European Regional Development Fund

Towards an Age-Friendly Europe
Covenant on Demographic Change

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European Week of Regions and Cities: 7-10 OCTOBER 2019, Brussels

ADVANTAGE JA will join the cooperation programme ESPON 2020 and Age Platform EU in the workshop at the European Week of Regions and Cities in Brussels: "Healthy ageing in cities and regions: inspiring examples to frame the future".

The aim of this workshop is to show why some ageing policies have been more successful than others and to help European cities and regions to have access to the potential that older people represent, while overcoming the constraints and challenges that the urban environment often generates for older citizens. The workshop will guide attendees through inspiring examples of how to increase healthy ageing and develop age-friendly cities and communities.

For further information please click [here](#).

Registration deadline is on the 27/09/2019

[PROGRAM "Workshop - Healthy ageing in cities and regions: inspiring examples to frame the future"](#)

Managing Frailty. A comprehensive approach to promote disability-free advanced age in Europe: the ADVANTAGE initiative
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Interviews

Interviews with experts: Dr. Mario Braga

Interview with Dr. Mario Braga, the new director of the Regional Health Agency of Tuscany region. Previously, at AGENAS, he was the Coordinator of the National Outcomes Programme and of the Welfare Performance Assessment System, responsible for the development and implementation of monitoring and performance assessment systems at national level. He collaborated in the evaluation of hospital and community care models and their sustainability and transferability and was responsible for several research projects on the Health Services at national and international level.



Q: *Best practices are too often poorly applied or not well known. What are the main obstacles to implementing them? How does AGENAS facilitate the scalability processes of Italian and European Good Practices which have scientific evidence and positive economic impacts towards other Italian regions?*

A: The main obstacle to the transfer of good practices, both in Italy and in Europe, is fragmentation. This problem is observed in Italy, in particular, with regard to the organization and management of health systems considering that Italian regions have autonomy in this area.

In fact, there is an excellent level of knowledge on good practices and interventions, among which also experiences have obtained good results. The critical aspect concerns the heterogeneity present at the level of the Italian regions, which does not allow the comparison of experiences on the basis of homogeneous populations, tools and methods of evaluation.

This fragmentation is also evident at the national level with regard to the definition of frailty, for which there is no consensus on a single instrument, not so much at the clinical level, but usable at the management level. This gap makes it difficult to implement a monitoring system at the national level and to promote interventions that are scalable from the local to the national level.

Among the initiatives to overcoming fragmentation, AGENAS for example, has established a table for the implementation of primary interventions concerning the integration of the hospital and the



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community, with the intention of bringing together professionals, experiences, skills, scientific societies and regions, to define a common ground on which to work. Another initiative to overcome fragmentation is the establishment of a control group formed by selected professionals and relevant decision makers, coordinated by the Ministry of Health, to summarise at national level all the regional experiences on the basis of the national chronicity plan.

An attempt at harmonisation has also been developed with regards to monitoring mechanisms. Some regional initiatives have proposed the transfer of these mechanisms from the hospital level to the intermediate care level, but they involve critical issues at the central level. In fact, the lack of homogeneous evaluation systems and information flows between the various regions, some of which are not even available at national level, does not generate a knowledge of the phenomena at central level.

Q: *The ADVANTAGE JA aims to define a European model for combating frailty. Among other aspects there is the adoption of a common definition of frailty and the appropriate tools to detect it. What are the implications for monitoring the prevalence of frailty at national level?*

A: The results so far produced by the JA have highlighted and collected good practices and methodologies used at local level. Thinking of extending this knowledge and interventions to the national level, it is necessary to simplify it. If we think, for example, of the detection of frailty, it requires evaluation tools and professionals capable of using them. At the central level, however, only the data flows collected from health facilities are available, which are the hospital discharges, outpatient specialisation, pharmaceuticals and access to A&E. These data allow us to stratify the population on the basis of consumption and use of services, and not on the basis of the level of frailty. For this reason, it is clear that, having to find a definition of frailty that can be used by the central government level, it should be much simpler than the one used by clinicians.

The same applies to integrated models of care, which do not take into account the aspect of frailty, but instead concern the taking charge of the patient and the proactive capacity to intercept and respond to their needs.



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Interview with Angélica Ugarte - Health care professional in Osakidetza



Q: *In the light of your political experience in the field of frailty in older people, how would you define frailty considering its multidimensional nature (for example, health, social, economic, ethical, legal)?*

A: In my opinion, frailty is a syndrome suffered by older people, due to their lack of activity, advanced age and different nutrition.

How would I define a frail elderly person? Well, it is a person who has reduced capacities, physiological reserves and functional capabilities. This then leads to the possibility of suffering effects, adverse health situations and possible negative consequences of these adverse situations. Frail people are more vulnerable to the negative consequences of these situations, and are susceptible to these situations, which can lead to a situation of disability and dependency.

Frailty has to be measured by functional capacity, which is the most important part of the definition itself, in that a frail person has reduced functional capacity.

Q: *From your point of view, what are the needs related to frailty? Are they changing over time?*

A: The basic need now is to detect frailty in a systemic way (which is what the national health system also recommends) in order to be able to act to reverse the situation of functional difficulty and be able to avoid or delay disability or dependency.

Q: *How does frailty affect and is affected by many different aspects of a person's life? (including the person's physical health, immobility, mental health, loneliness, cognitive function and their social and family environment)*

A: Since functional capacity is affected, people become sedentary which strongly influences their health. They burn fewer calories, reduce muscle mass, their bones are weakened, their metabolism for synthesising fats and sugars can be affected, their immune system may not work well, they may have poor circulation, their bodies may experience more inflammations or they can develop hormonal imbalances. In other words, there are a number of factors that can lead to a sedentary lifestyle. What can cause this? Well, heart disease, blood pressure, strokes, diabetes, obesity, social isolation, even anxiety problems, depression, many diseases that can be avoided.

Q: *How does the extent of a person's frailty change over time and how can it be influenced by lifestyle or other factors?*

A: The most important way to change a person's frailty is through physical activity, and this has already been proven.

By ceasing to be sedentary and doing age-appropriate physical activity, not only by working on endurance and strength, but also balance and flexibility, we are able to improve people's physical and mental capacity. We need to prevent and reduce life-threatening illnesses and improve our social response. They are the most fundamental aspects to act against it.



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Q: *What national policies, strategies and initiatives are put in place for addressing the needs of older people who live with frailty? How are current policies suggesting the multidimensional nature of old-age frailty?*

A: Through the consensus document of “Prevention of frailty and failures of the national health system”, published in 2014. I find it interesting because it recommends the systematic detection of frailty. Especially in people over 70, because it is a prevalent problem in people of this age. And it really creates a risk of dependency. Above all, there are reasonably reliable detection methods and potentially beneficial interventions. This for us is the basis of our local approach as well as everything published by the WHO on ageing and health.

Q: *On 13th December 2018, in Madrid, the ADVANTAGE JA coordinator presented the ‘Frailty Prevention Approach’, which is a common approach to frailty to be used in Europe to overcome differences between countries. In 2019 the Frailty Prevention Approach document will be widely disseminated, and member states will be contacted to understand, at a governmental and regional level how they plan to implement this document in practice. In this context, are there any policies, strategies, experts’ groups, national and international initiatives, that you consider valid and that we should consider and take as best practices?*

A: At the Advantage meeting, it was mentioned the homogeneity, homogeneity to develop ageing tools at a European level. It was highlighted how physical exercise decreases frailty, how its effectiveness is proven, how it increases the health of frail individuals but it further highlighted the preventive side of frailty. It is always considered that the sooner we act on frailty, the more effective it is. The important thing about the work of prevention in terms of the risk of falls, nutrition, a healthy diet reducing frailty, polypharmacy... All these things were highlighted and what was more to be highlighted was the homogeneity in cultures as different as there were at the European forum and the social problem that this generated. That was the general concern. With these policies and these initiatives, it is the right thing to do, to act at a local level.

Q: *Do you think frailty should be addressed through the synergy and joint work of policy makers and stakeholders? If yes, what would you say, is the situation in your country regarding this issue?*

A: Of course, as long as there is no political decision and as long as we operate on government-driven trajectories, we cannot do anything. I believe it is necessary to work and raise awareness from above, from governments. Healthcare systems need to be adapted to the ageing population we currently serve. Long-term care systems must be created. Elderly-friendly environments need to be created and measurement, monitoring and understanding need to be improved.

I know the situation at Osakidetza [Basque Health Service], and I can say that a great deal of effort is being put into following a strategic direction in order to improve the health and well-being of the population over 70, trying to work from early detection and care in risk situations. So, we are also working at a grass-roots level with local health networks.

Q: *From your experience, what are the barriers encountered in health and social care settings for managing frailty in older people? What are the possible effective solutions to overcome such barriers?*



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A: I think the most important thing is the lack of awareness, both among the population and among health workers themselves. I believe that it is not difficult to deal with frailty, but to do so it is necessary to be aware of it and know that something must be done.

Q: *In your opinion, what new services or strategies are needed for meeting the multidimensional needs of an ageing population? Shall the role of the healthcare system change or evolve in this respect?*

A: Yeah, I think so. I think it's already changing. As for what we are doing in Osakidetza, I think we are a bit ahead in planning for services that are improving or will bring improvements. On the one hand, in Osakidetza we are working with the Mayor's Care Plan (PAM), which helps us stratify the population. We can identify people in pre-fragmentation because they are already becoming sedentary and at the same time fragile. And we are already working with this frailty in order to be able to treat it, even prevent it and/or reverse it. To this end, we are working through the local health network with the aim of, in addition to raising awareness, knowing the determinants of health with which we work. We want to identify the assets that the older population has in order to be able to use them and work in the community, and what is essential is the participation of older people, their empowerment. Therefore, we are carrying out a field study, an identification of health assets, in which the population identifies its strengths so that they can be used within the community.

For this, we need political and governmental participation and citizen participation. Not only is it an instrument, the local health network, the collection and recognition of data and that's it. Its purpose is to weave a network of relationships and mutual support. All this improves the quality of life, promotes health and is not only aimed at solving individual problems, but also at facilitating social and environmental change.

Q: *In your country, where can advice, support and information be obtained for people with frailty, families and carers?*

A: Well, Osakidetza is a means of access, but another very important one is social services. We relate and communicate a lot with social services and well, since the patient or citizen is an individual and the problems are often social and health problems, we approach from both areas. In addition, social workers deal not only with the projects of the town councils, but also with the projects of the provincial town councils, among which they cover the social aspect. From the point of view of health, I believe that the access points for the population are these two. Here I believe that we are working on projects that can affect the population and that they have enough information to be advised.



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Interview with Mari Luz Peña - Policy Maker In Osakidetza



Q: *In the light of your political experience in the field of frailty in older people, how would you define frailty considering its multidimensional nature (for example, health, social, economic, ethical, legal)?*

A: If it could be summed up in one word, it would be vulnerability. I believe that frailty or a frail person is a person who has decreased physiological reserves and has the greatest risk of decline. Therefore, the individual is more vulnerable to the environment, to the outside world and is more likely to experience adverse incidents, such as hospitalisation, falls and a loss of function that would generate a disability or dependency, which is precisely what we

never want to happen to a frail patient.

Q: *From your point of view, what are the needs related to frailty? Are they changing over time?*

A: Frailty-related needs are adequate detection, assessment and treatment in line with scientific evidence. This means that it may be necessary to make a paradigm shift and make a change of approach within our health and socio-health system.

Another important factor is the level of coordination. We need to coordinate and collaborate in all the areas or services in which we work to deal with elderly people.

With regard to the second question, I would say yes, but not much. We still talk about performing interventions to maintain or reverse functionality, which is the cornerstone of what would somehow improve or reduce the number of frail patients, and we are still focusing on the disease, or on chronic care. Currently, there are many health programmes that focus on pluripathological patients, when we know that the greatest impact is functional capacity. So, if I am optimistic, I think we'll tackle it but we're still at an early stage.

Q: *How does frailty affect and is affected by many different aspects of a person's life? (including the person's physical health, immobility, mental health, loneliness, cognitive function and their social and family environment)*

A: If we were to ask an elderly person what he or she would not like to lose, the person would probably tell us that he or she would not like to lose functional capacity, he or she would not tell us: 'I want to have a good glucose level' or 'I want to have good blood pressure'. Functional capacity is so closely linked to frailty that it impacts on everything, on the loss of independence, on health, on immobility; it is like a chain. Even in a social setting, an independent person who suffers a fall, an adverse incident or hospitalisation and loses all function, and from being independent ends up as a frail person. Therefore, it would affect all areas.



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Q: *How does the extent of a person's frailty change over time and how can it be influenced by lifestyle or other factors?*

A: It is clear that the degree of frailty may change over time. Ageing is a process that gradually impairs functional capacity, intrinsic and extrinsic function. Frailty is influenced by lifestyle. Nutrition and physical exercise are two fundamental pillars for maintaining functional capacity, and polypharmacy, which is not a lifestyle itself. With a correct lifestyle, frail people can even reverse frailty. So, it is very important to focus on promoting healthy lifestyles.

Q: *What national policies, strategies and initiatives are put in place for addressing the needs of older people who live with frailty? How are current policies suggesting the multidimensional nature of old-age frailty?*

A: Our health plan states that ageing must be addressed in a certain way. As such, healthcare systems must assess people over 70 years of age. Osakidetza [Basque Health care provider] strategies also include an approach to ageing. On the basis of this framework, it was decided to address the situation of the elderly by establishing a care plan, which we have called the Plan de Atención al Mayor or PAM [Care Plan for the Elderly]. This plan involves carrying out a functional assessment, a multidimensional assessment, and on the basis of the results of the assessments a series of interventions are proposed. At a regional level, the Provincial Council of Gipuzkoa promotes healthy ageing through the Adinberri programme. Euskadi Lagunkoia [Age-Friendly Basque Country] aims to encourage the participation of elderly people and general public in order to improve neighbourhoods and surroundings in municipalities. The research units of Osakidetza are also doing basic research on issues related to ageing and frailty.

Q: *On 13th December 2018, in Madrid, the ADVANTAGE JA coordinator presented the 'Frailty Prevention Approach', which is a common approach to frailty to be used in Europe to overcome differences between countries. In 2019 the Frailty Prevention Approach document will be widely disseminated, and member states will be contacted to understand, at a governmental and regional level how they plan to implement this document in practice. In this context, are there any policies, strategies, experts' groups, national and international initiatives, that you consider valid and that we should consider and take as best practices?*

A: Yes, at national level the document of "2Frailty prevention and falls," published by the Ministry of Health, provides a good framework or at least a starting point to address this issue. Advantage, will also be able to provide us with lines of action and ensure that health systems are geared towards addressing the issue of frailty

Q: *Do you think frailty should be addressed through the synergy and joint work of policy makers and stakeholders? If yes, what would you say, is the situation in your country regarding this issue?*

A: There is no other way. If we do not approach it through collaborative work, it is very difficult to address frailty in an integral way. In terms of the situation in our country, we are progressing bit by bit. I think it's a long-distance race. We have to agree on how we are going to approach it and we have to make a paradigm shift, because it is the only way to approach this issue with some guarantee of success.



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Q: *From your experience, what are the barriers encountered in health and social care settings for managing frailty in older people? What are the possible effective solutions to overcome such barriers?*

A: Coordination and a paradigm shift are some of the barriers. The health system should change from an essentially curative or disease-centred model to one focused on older people and the detection of frailty. This will help us to have a healthy older or less deteriorated person.

Q: *In your opinion, what new services or strategies are needed for meeting the multidimensional needs of an ageing population? Shall the role of the healthcare system change or evolve in this respect?*

A: I believe that new services are not necessary, it would be necessary to focus on other health services. It is important to try not to lose functionality from the moment of admission, not to go to primary care and with a significant loss of functionality.

At community level, we would need to approach ageing in a different way than the one we are dealing with. If we want patients to stay at home, if we want to make progress in maintaining patient autonomy, we obviously need a network, a much broader network at a social and health level. An attempt is being made to establish a plan of care for the elderly, focused on physical activity to provide appropriate intervention for the elderly and coordinated, in nutrition.

Q: *In your country, where can advice, support and information be obtained for people with frailty, families and carers?*

A: From all systems that work with the elderly. Support service, information and advice setting can be found in health centres. Work is also ongoing on this in the Social Services departments of town councils and provincial councils. We must try to work together so that the response will be quicker, more effective and coordinated.



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Frailty related actions

ADVANTAGE FINAL CONFERENCE IN BRUXELLES

SAVE THE DATE!!!

On the **27th of November 2019** ADVANTAGE JA is organising its **final conference in Bruxelles**. On the day all its final outputs and results will be presented. Please check www.advantageja.eu for further updates on the event.

Call for papers Journal of Integrated Care on “Integrated Palliative and End-of-Life care for People with Advanced Dementia or Frailty”



Dr Anne Hendry, Clinical Lead for Integrated Care, Work Package 7 Leader of the European Joint Action on Frailty (ADVANTAGE), and Senior Associate at International Foundation for Integrated Care (IFIC) has been invited to serve as guest editor for a Special Issue of the [Journal of Integrated Care](#) on “Integrated Palliative and End-of-Life care for People with Advanced Dementia or Frailty”. This aims to present international evidence and practice on integrated palliative care and support at home, in hospital, long term care, or hospice services for this important and vulnerable group.

Particularly welcome are submissions on the following themes:

- Person centred relational practice in end of life care - at home or in care homes
- Anticipatory care planning / advance care planning
- Ethical and capacity issues
- Realistic medicine and reducing harm associated with inappropriate polypharmacy
- Identifying advanced and end of life stages of frailty and dementia
- Measuring outcomes and quality of life
- Case studies of integrated models
- The role of compassionate citizenship and communities
- Caregiver education, support and experience
- Support for people who have communication and sensory impairments
- Palliative approach to hydration and nutritional support
- Identifying and managing delirium.

Please do share the [call for papers](#) with your networks and consider contributing to this important special issue by Dec 31st 2019. Guidance and submission guidelines can be seen [here](#).



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New EU publication: Frailty – European Union support to prevent ageing decline in citizens



Throughout Europe, people are living longer. Demographic ageing is one of the most serious challenges that Europe is currently facing. Older people are at risk of becoming frail and developing disability, thus resulting in crucial challenges to the well-being of individuals and families and to the health and social care systems. However, frailty is not an inevitable consequence of ageing and may be prevented and treated to foster a longer and healthier life. To maximise frailty prevention, EU-funded projects are helping people to stay healthy and active as they grow old, and ensuring that healthcare delivery is geared to their needs.

For further information on the actions funded by the EU please click [here](#).

Face up to frailty Awareness campaign – UK update



Dr Dawn Moody, National Clinical Lead for Older People, shared Advantage updates with NHS England’s Older People’s Forum – senior leaders and influencers from policy, professional bodies, Third sector organisations and patient advocacy organisations. They welcomed the Road Map and stressed the importance of supporting mental health and wellbeing as well as the physical health needs of older people living with frailty. Professor Martin Vernon outlined NHS England’s strategic plans for Ageing Well in our Integrated Care Matters webinar in July. These align well with the Frailty Prevention Approach. You can access the recording [here](#).

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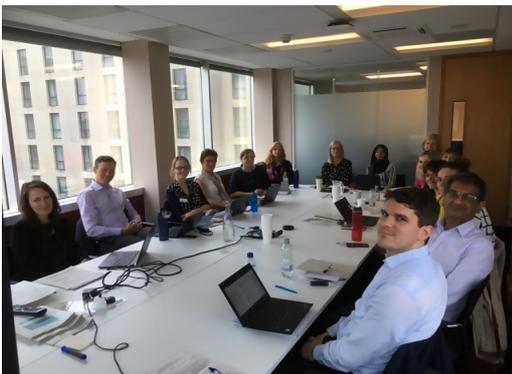


Scotland's Older People National Development Group took to Twitter to celebrate Face Up To Frailty. This cross sector group engages a wide range of national partners including representatives from Scotland's Older People Assembly (SOPA). Advantage JA and Frailty Matters featured in the annual conference of the Health and Social Care Alliance Scotland and will contribute to a workshop at the SOPA conference in October.

Our colleagues in Northern Ireland (NI) Public Health Agency launched the Northern Ireland Frailty Network in spring 2019. The Network was launched by Dr Michael McBride, Chief Medical Officer and Robert Ferguson, a Service User and Information Ambassador/Peer Facilitator for Age NI. Speaking at the launch, Robert reflected his personal experience of living with frailty and gave his wholehearted support for the NI Frailty Network. Robert is confident that through good service user involvement we can work together to improve the lives of people who are frail. Robert's story is available on the Face UP To Frailty website. Northern Ireland has established an Expert Frailty Panel which is co-chaired by Age NI.

Engagement will continue apace over the final months of the Joint Action with further engagement events scheduled with Isle of Man, Channel Islands, N Ireland, British Geriatrics Society, and at a national conference on Older People in Scotland.

NHS England's Older People's Forum



Scottish Government's Older People Development Group #FaceUpToFrailty



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Please join the ADVANTAGE JA European #Faceuptofrailty campaign!!!

How can you contribute to the campaign:

- Share the invitation to participate in the campaign with your colleagues and/or other people who you think may be interesting in it.
- Share the invitation to participate in the campaign with other organisations who may be interesting in it.
- Contribute by sending content to be uploaded on the ADVANTAGE JA “Face Up to Frailty” section of the ADVANTAGE [website](#) or on the JA social media.
- Highlight to info@advantageja.eu other national or international campaigns that aim to tackle frailty!

For further information on the type of material you can contribute with, please see the #faceuptofrailty [toolkit](#).

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Frailty Matters: a coaching and educational project about frailty launched!



International Journal
of Integrated Care

An interesting article has been published on the International Journal of Integrated Care (IJiC) the online, open-access, peer-reviewed scientific journal about frailty titled “Risks Perceived by Frail Male Patients, Family Caregivers and Clinicians in Hospital: Do they Change after Discharge? A Multiple Case Study” and produced by Véronique Provencher, Monia D'Amours, Chantal Viscogliosi, Manon Guay, Dominique Giroux, Véronique Dubé, Nathalie Delli-Colli, Hélène Corriveau and Mary Egan.

The starting point of the article is that up to 40% of hospitalised seniors are frail and most of them want to return home after discharge and its focus is on the differences in how risks are perceived by patients, caregivers and clinicians, before and after hospital discharge, except for risks related to falls.

Article results can support clinicians in determine the best pre-discharge decisions to meet support needs at home for patients and their families by providing new insights into a comprehensive and patient-centred risk assessment process.

For details about the whole article [here](#).



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News from JA partners

New WP7 Advantage JA paper published @UNISA



WP7 Advantage JA paper "Multi-actor collaboration in healthcare to address the emerging health needs of an aging population" is now published.
in the Special Issue of the Journal of Translational Medicine of the University of Salerno in Italy (UNISA).

To download the publication click [here](#).

Malta Conference "Exploring new giants in Geriatrics"



On the 3rd of May 2019 the conference "Exploring new giants in Geriatrics" took place in Bugibba - Malta.

420 people registered for the conference and workshops, all from different backgrounds including; Medical , nursing, allied healthcare workers, etc. The main topics covered in the conference were Frailty, Dementia and End of life care.

The conference was organised by the Geriatric medicine society of Malta. Professor Anne Hendry delivered a lecture titled " Integrated care for frailty: Lessons from Scotland and from ADVANTAGE JA". The conference was considered a huge success in disseminating the ways of managing Geriatric giants including Frailty which was well highlighted in the conference. The feedback of the attendants was very positive. The next conference will be organised in 2021.

To view pictures from the conference, please click [here](#).



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Finland Stakeholders Meeting

On 10th June 2019 The National Institute for Health and Welfare (THL) in Helsinki, Finland held their National Stakeholder meeting to provide an update on the EU projects and actions situation, present national health promotion actions and good practices of frailty prevention, to present the first draft of the Finnish Road Map and work together to improve it, and finally to discuss how to implement the Advantage's results and recommendations.

The main themes were:

- Advantage project presentation: situation of work packages and tasks and the Frailty Prevention Approach document; presentation of a first version of the Finnish roadmap and discussion on its implementation.
- Stakeholders' presentations in health promotion actions and good practices.
- Reminder of Advantage communication channels (web pages, Facebook, twitter etc.) and Face up to frailty – campaign.
- The stakeholders network: support to the project, expanding the network, motivation and engagement, wishes to THL and to the project.

Main conclusions and results:

- Participants considered the Advantage JA has gone well and has done a lot.
- Participants gave feedback and some suggestions on Finnish roadmap draft. They thought the road map is an important tool to implement Advantage's results and recommendations to the practice. They promised to help THL with the roadmap.
- Participants presented their own actions and good practices concerning frailty prevention. There was a discussion and reflection on how

ADVANTAGE JA final Italian stakeholder meeting for Italy at the Ministry of Health (MoH)



Ageing in health and with a good quality of life is the theme of the event held on the 25th of June in Rome, at the headquarters of the Ministry of Health.

The event was organized by the Marche Region, in collaboration with the Ministry of Health and the Italian partners of the JA engaged in the prevention of frailty in older people and to promote active and healthy aging: the National Institute of Rest and Care for the Elderly INRCA, the Institute of Health ISS and the Catholic University of the Sacred Heart UCSC and Agenas, the regions Campania, Liguria, Piedmont and Emilia Romagna, and with the support of the National Programme for the Internationalization of Regional Health Systems "ProMis".

The national event was dedicated to policy makers and professionals in the health and social sector with the aim of creating greater awareness about the first joint European action dedicated to the prevention of frailty in the elderly.

Lucia Di Furia - Director of the Health Service of the Marche Region explained that demographic change is one of the biggest challenges facing Europe today. In 2017,



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cooperation between different stakeholders could be continued and what kind of networks is needed to spread information. We decided to continue this kind of discussion and cooperation after the end of the Advantage JA.

- Participants were active and discussion was lively. Participants said that the Advantage JA is very important and its content is really topical. They promised to spread information in their own networks and to help implement the roadmap.

- THL encouraged participants to read the Advantage web pages and to produce information to web page and to participate in the Face up to frailty – campaign.

- At the end of the meeting, the participants like to know what the ADVANTAGE JA time table is and what will happen next.

- Participants were very satisfied with the meeting and the information they received. They want to be informed via e-mail every time when something new and significant happens in the JA.

- THL promised to organise next meeting in the autumn 2019.

people aged 65 and over were about 99 million, that is 19.4% of the total EU population and the growing trend suggests an increase in age-related disabilities and dependency which, ultimately, will have an impact not only on the well-being of the individuals affected, but also on the sustainability of the health systems. Therefore, it is necessary to continue to innovate and redefine health systems to better address the new challenges of public health, with a particular focus on the needs of older people and the adoption of innovative approaches to service delivery.

Frailty is not an inevitable consequence of ageing, it can be prevented and is often reversible by adopting healthy lifestyles, offering older people the opportunity to live longer and in good health, without loss of functionality.

At the headquarters of the Ministry of Health in Rome on the 25th the main results of the JA, including the Frailty Prevention Approach and the proposal for the Italian Roadmap for a shared strategy to address the future in relation to frailty, were presented.

Luca Coletto, the Italian Under-Secretary for Health, underlined how the prevention and management of frailty is a public health priority in Italy and congratulated the JA Partners on the good work. Participants included policy makers from the MoH and the regional level, professionals from the health and social sectors and civil society.

Both the FPA and the Roadmap were received with great interest and positive feedback was gathered. Also, the #faceuptofrailty campaign, in which all ADVANTAGE member states are participating, was officially launched in Italy with the aim of raising public awareness.



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Frailty related conferences

The 20th International Conference on Integrated Care (ICIC20) - Sibenik, Croatia 27-29 April 2020



The conference is a partnership of Ministarstvo Zdravstva, the City of Zagreb, Health Center Zagreb, University of Zagreb and Libertas University. The conference attracts 1000 researchers, clinicians and managers from over 60 countries, who are engaged in the design and delivery of integrated health and social care.

The conference will build on themes from previous years and in particular would like to include in this year's programme papers that are focusing on the following areas:

- Meeting the challenges of integrated care in early development, childhood and transitional care in adolescents,
- Integrated community care approaches for better management of diseases with a stigmatizing effect, including for example mental health and addiction issues,
- Better managing the care of vulnerable populations including for example war veterans, and preventing isolation and loneliness,
- Integrating survivorship, caring for carers, palliative and end-of-life care,
- Use of Artificial Intelligence (AI) and digital tools in the people-centred integrated care.

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12th European Public Health Conference Building bridges for solidarity and public health



The 12th EPH Conference will be held in Marseille, France in the Marseille Chanot, Palais des Congrès et des Expositions, 114 Rond-Point du Prado, from 20-23 November 2019.

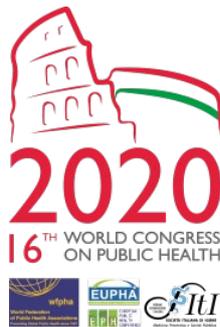
The annual EPH conferences are considered the premier European gatherings of public health professionals worldwide. Delegates include researchers, policymakers, practitioners and educators in public health and many other related fields. More information in the [Announcement](#).



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**16th World Congress on Public Health -
Rome 2020
Public Health for the Future of Humanity:
Analysis, Advocacy, and Action**



From 12 to 17 October 2020, at La Nuvola, Rome, Italy, over 4,000 public health professionals, policy makers and students will meet for the 16th World Congress on Public Health. This important event that takes place every three years is organized by the World Federation of Public Health Associations (WFPHA) in collaboration with the Italian Society of Hygiene, Preventive Medicine and Public Health (SItI) and the European Public Health Association (EUPHA).

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