ADVANTAGE JA

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ADVANTAGE Joint Action (JA):

A comprehensive approach to promote a disability-free advanced age in Europe

Co-financed by 22 MMSS & UE HP 2014-2020

22 MMSS
Led by Health Ministry (Spain)

2017 - 2019
Goals

- Promote healthy aging through a Frailty Prevention Approach:
  - developing a common understanding on frailty to be used across the EU, by policy makers and other stakeholders
  - supporting to the MS to develop their own roadmaps
Milestones achieved

- State-of-the-Art (2017)
- Information analysis & internal discussion
- MS survey (2018)
- MS roadmaps (2019)
- FPA document (2018-19)

Documents are available at www.advantageja.eu
GOAL: To summarise and analyse the evidence on frailty:

FOUR SOURCES:
• Original peer-reviewed articles - published 2002 to 2017
• Grey literature
• Good practices identified at European level
• EU funded projects.

RESULTS ARE PRESENTED AS:
• Introduction
• Methods
• Results – answers to 14 questions
• 16 Key messages
• Annexes

Documents are available at www.advantageja.eu
Level of development of frailty prevention and management activities in countries involved in the ADVANTAGE MS survey

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Sustainable</td>
<td>ALL THREE groups of health professionals, social professionals and health policy makers/managers widely accept and use the WHO definition</td>
</tr>
<tr>
<td>Advanced</td>
<td>At least TWO groups among health professionals, social professionals and health policy makers/managers widely accept and use the WHO definition</td>
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<tr>
<td>Well-developed</td>
<td>At least ONE group mentioned above accept and use a MULTIDIMENSIONAL DEFINITION covering psycho-behavioural, social, cognitive and functional domains</td>
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<tr>
<td>Fair</td>
<td>There is no wide/routine use of a frailty definition. A variety of concepts and definitions of frailty may be applied, but not routinely for any of the 3 types of health-related professionals</td>
</tr>
<tr>
<td>Basic</td>
<td>None in the MS accepts any of the definitions collected by the ADVANTAGE JA. Frailty is not apparent as a distinct concept</td>
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Member states' RoadMaps

**Germany**

**Leader:** Prof. Dr. med. Ulrike Janus-Walker

Stakeholders involved in the development of this Roadmap: MArth: Biagio Maina, Dir. med. Ulrike Janus-Walker, for consultants: Dr. med. Ulrike Schwanne

Is the roadmap supported by the Ministry of Health? Yes

**ACTIVITIES**

1. Awareness and stakeholders engagement including older people empowerment

   Start and expand a public awareness campaign to increase knowledge of healthy aging and encourage people to be active in their daily life.

   - Involve key stakeholders from relevant sectors to discuss frailty and its relevance in different sectors of the health, living environment, social participation and engagement.
   - Collect local best practice examples in how to support people will frailty.

2. Commitment to action on frailty (Policy alignment)

   Promote a debate in professional health sciences on what their role is related to frailty.

   - Set up an interdisciplinary working group on promoting prevention and care strategies for frailty.
   - Promote healthy lifestyle initiatives and health policy.

3. Promotion of healthy aging and frailty prevention

   Collaborate with local authorities on the current status of preventive activities and public environmental support for older people in Germany including examples of best practices that are available.

   - Create awareness of the necessary role of health centers in frailty prevention and the availability of prevention services for communities.
   - Disseminate available information to the public through meetings and social media about the benefits and possibilities to engage in preventive activities in older age.

   - Continue dissemination and engagement of local health professionals and prevention services in different settings and for individuals.

   - Target medical professionals, nursing, pharmacy, nutrition and medical organizations to develop and implement clinical guidelines on the prevention of frailty and prevention of frailty.

**Bulgaria**

**Leader:** Manuel Dimitrov, Maria Stanchev, Mihaila Mitrofanova

Stakeholders involved in the development of this Roadmap: Public health facilities around the country, several NGOs, different departments within the MOPH

Is the roadmap supported by the Ministry of Health? Yes

**ACTIVITIES**

1. Awareness and stakeholders engagement including older people empowerment

   Awareness campaigns to increase knowledge about aging, nutrition and frailty.

   - Focus on healthy aging campaign—Integration of policies within the National Programme for Prevention of DCS 2014–2023 (conducted by NCDEA, funded by UNFPA).
   - Strengthen the capacity of stakeholders to address policies on older people and improve attitudes towards them.
   - Annual conferences concerning the challenge of aging populations (e.g., stakeholders, public National Sports Academy, Centre for Chronobiology Research and Training, Bulgarian Sports Foundation, associations).

   - Collect relevant stakeholders from relevant sectors, interested working groups on aging and frailty that includes older people and caregivers.


   - National Strategy for Active Aging in Bulgaria 2019–2025—Health projects included

   - Strengthen the capacity of institutions implementing policies for older people.
   - Continue pooling of policies for older people local, regional and national level.

   - Improve the coordination system.

2. Commitment to action on frailty (Policy alignment)

   - Alignment of policies in strategic plans, plans with frailty (NGO concept, 2015).


**Belgium**

**Leader:** Sciences (Belgian Institute for Health)

Stakeholders involved in the development of this Roadmap: 7 Federal Public Service Health, Food Chain Safety and Environment, 7 Vaccines Against Zoonosis and Geohazards, VLA (Veterinary Laboratory Agency), 17 Agency for the Conservation of Antique Architectural Heritage (VIAA), 7 Walloon Agency for a Quality Life (AVW), 7 Minister of the Dutch-speaking Communities (Ministry of the Flemish-speaking Community), 7 Flemish Community Commission (Flemish Community Commission), 7 Brussels Commune Commission (Brussels).

Is the roadmap supported by the Ministry of Health? Yes

**ACTIVITIES**

1. Awareness and stakeholders engagement including older people empowerment

   - Develop a definition of frailty with a clear concept.
   - Sensitize stakeholders and formulate specific strategies especially for public administration.
   - Information campaign within the general population.
   - Information campaign on this topic for older persons and their family, peers, small film, booklet with information and concrete advices, etc.

   - Sensitization of the population that is directly concerned by the main actors.

   - Exchange of information on the topic during meetings of public health administration.

   - Promote and organize local care to decrease dependency and keep older people in their own living environment.

   - Deployment of the national project "Flanders as a Model" aimed at developing the knowledge and skills of care professionals in offering quality assistance to care-givers.

   - Implementation of "The lives of older people" at Antwerp University, University of Leuven, centres of health promotion and prevention, social and local organizations.

**Austria**

**Leader:** Medical University of Graz (Prof. Regina Roller-Wiedenbrüg, Sabine Lauber, Sebastian Kohl)

Stakeholders involved in the development of this Roadmap: Federal Ministry of Labour, Social Affairs, Health and Consumer Protection.

Is the roadmap approved by the Ministry of Health? Yes

**ACTIVITIES**

1. Awareness and stakeholders engagement including older people empowerment

   - Awareness campaigns for older people.

   - Project: "Health for all - Austrian Health Day 2016-2018" (http://www.geobildungsemmerich.at/).

The common framework for policy action

- Domain 1: Raising awareness, engaging stakeholders and empowering older people.
- Domain 2: Commitment to action on frailty.
- Domain 3: Promotion of healthy ageing and frailty prevention.
- Domain 4: Early diagnosis of frailty.
- Domain 5: Appropriate management of frailty.
- Domain 6: Establish and continually improve an integrated model of care.
- Domain 7: Education and training.
- Domain 8: Research.
- Domain 9: Implementation support (finance and ICTs)
- Domain 10: Monitor quality and evaluating cost-effectiveness.

Each domain includes a brief rationale, recommended actions, possible indicators and is illustrated by a case study example.
DOMAIN 1: Raising awareness, engaging stakeholders and empowering older people

**Recommended activities**

Awareness campaign to increase knowledge about ageing, ageism and frailty, using WHO concepts of healthy ageing and frailty.

Involvement of key stakeholders from relevant sectors

**Possible indicators of progress**

At least one mass media healthy ageing and frailty awareness campaign.

Legislation and enforcement strategies against age-based discrimination.

At least one intersectoral working group, forum or committee on ageing and health that addresses frailty, as set out in the WHO definition.
DOMAIN 6: Establish and continually improve an integrated model of care to completely address frailty.

**Recommended activities**

Development of national recommendations to improve the model of care for older people.

National programme to ensure effective intermediate care and management of care transitions between teams and settings.

Assessment and improvement of health and social services for older people, scaling-up programmes with positive results and piloting new programmes.

**Possible indicators of progress**

National programme to improve the model of care for older people in line with the FPA.

National framework / policy / guidance on intermediate care and management of care transitions.
ANNEX 2. European multi-professional capability framework for prevention and management of frailty

The Multi Professional Capability Framework for Frailty Management and Prevention was developed under the auspices of the ADVANTAGE-AGE project and is being used as a tool for improving the quality of care for older people in Europe. It is a framework that can be used in any healthcare setting to improve the quality of care for older people.

The development of the framework is based on a consensus process by applying a modified Delphi technique. Altogether 25 experts in the field of frailty management and prevention participated in this process. The final framework is structured in four domains:

1. Understanding Frailty
2. Identification of Frailty
3. Person-centred collaborative working
4. Managing Frailty and its prevention

All these capabilities are included in the curricula across health and social care disciplines. All these capabilities are included within the undergraduate curricula across health and social care disciplines.

FPA recommendations about core capabilities are included within the postgraduate curricula across health and social care disciplines.

FPA recommendations about core capabilities are included within the continuous training of Health and social care disciplines.

Recommended activities

Include FPA recommendations about core capabilities in undergraduate, postgraduate and continuing professional development curricula across health and social care disciplines.

Possible indicators of progress

FPA recommendations about core capabilities are included within the undergraduate curricula across health and social care disciplines.

FPA recommendations about core capabilities are included within the postgraduate curricula across health and social care disciplines.

FPA recommendations about core capabilities are included within the continuous training of Health and social care disciplines.
DOMAIN 10: Monitor quality and evaluate cost-effectiveness

Recommended activities

- Inclusion of indicators on frailty within health targets.
- Use of quality indicators by those who deliver care for older people to drive improved health and wellbeing outcomes.
- Assessment and continuous improvement of health and social services for older people.

Possible indicators of progress

- Frailty is included within health targets.
- There is a monitoring framework to evaluate the National Strategy on Healthy Ageing and Frailty.
CONCLUSIONS

Results of ADVANTAGE during these three years of work:

- ADVANTAGE recommendations: they are the first evidence-based guidelines to develop public health in healthy ageing and frailty
  - They can be applied in any country or region
  - 22 Roadmaps to enhance the implementations of these recommendations in the 22 involved MSs.

Documents are available at www.advantageja.eu
On behalf of the ADVANTAGE JA Consortium

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