



Reference sites network for prevention
and care of frailty and chronic conditions
in community dwelling persons of EU countries

LAYMAN'S REPORT

THE CHALLENGE

Population ageing is accelerating rapidly worldwide - from 461 million people older than 65 years in 2004 to an estimated 2 billion people by 2050 - which has profound implications for the planning and delivery of health and social care. Frailty and multimorbidity are two of the most problematic expressions of population ageing.

Frailty is a condition characterized by increased vulnerability and sensitivity to physical, psychological and social stressors.

As frailty is a reversible condition, early detection and preventive activities - particularly in primary care and community settings - are important to avoid disability and adverse outcomes.

Sunfrail ID

Sunfrail is a 30 months European project funded by the EU Health Programme 2014-2020.

The consortium, coordinated by Emilia-Romagna Region, brings together **11 partners** of the European Commission Innovation Partnership on Active and Healthy Ageing **from 6 EU Member States** of the northern, southern and eastern part of Europe.

www.sunfrail.eu

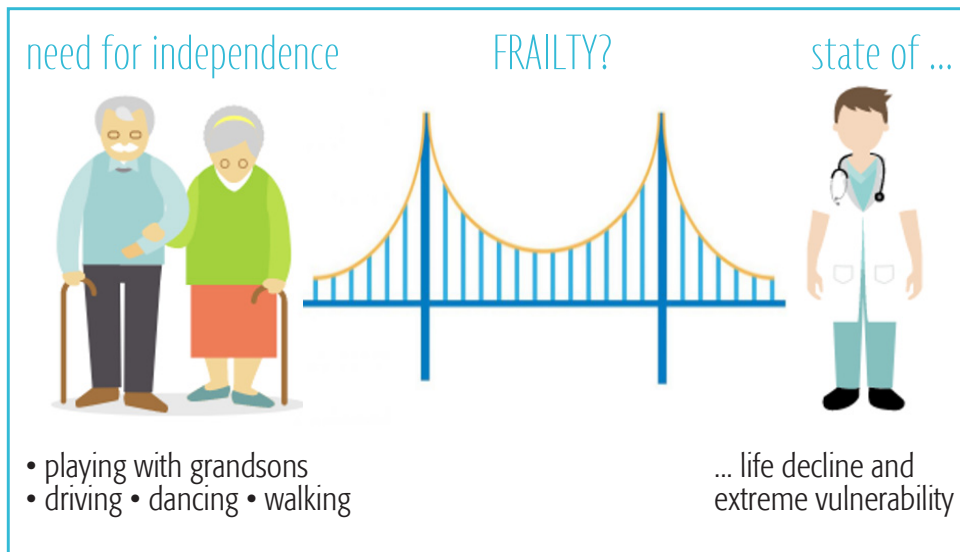


THE PROJECT

The Sunfrail project aims to design an integrated model to improve the identification, prevention and management of frailty and care of multimorbidity in community dwelling persons (over 65) of EU countries.

The ultimate goal is to ***promote elderly persons' independence*** while ageing, encouraging their autonomy, empowerment and commitment to the community.

At the same time Sunfrail aims to support decision makers and services providers to adopt effective policies, strategies and care pathways, thus ***bridging the gap between citizens' needs and services offer***.



RESULTS

What is frailty?

Frailty is a reversible condition involving the biological, neuro-psychological and socio-economical dimensions of ageing, characterized by increased vulnerability to physical, psychological and social stressors.

Why early identification is important?

Early identification of risk factors promotes healthy ageing and autonomy, avoiding disability and adverse outcomes.

Where to find a response?

Primary care and community are reference points to get an appropriate response to frailty; the main point of entry to prevention and care, where person-centered and proactive approaches are deployed.

What has been done during the project to address this challenge?

A nine-question easy to use tool has been designed to identify frailty and multimorbidity (**Sunfrail Tool** see p. 6).

It can be administered by professionals and community actors, generating an initial “alert” for further investigations, or activation of pathways within the health, social and community systems.

The project involved 651 elderly over 65 years of age.

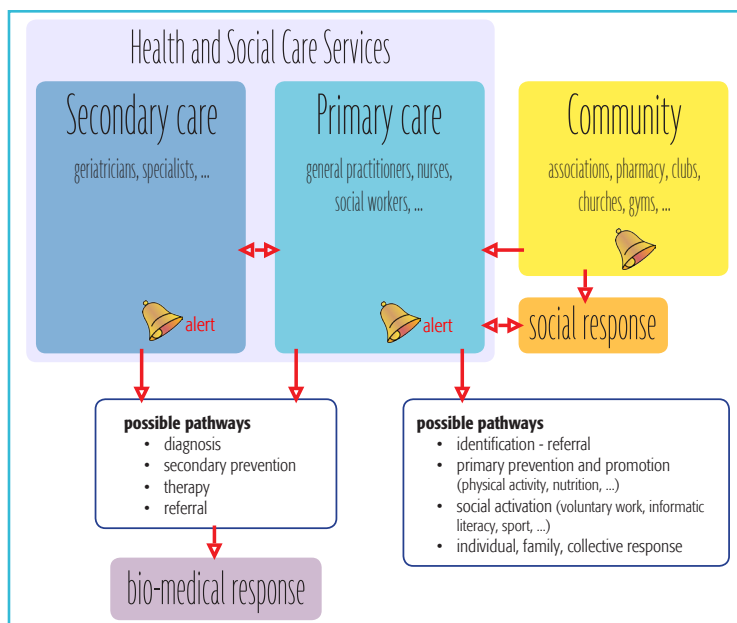
Frailty risk factors have been identified especially in community and primary care settings, in a population that may not be in contact with services.

The application of the Sunfrail Tool confirms its capacity to promote elderly awareness on individual conditions and services available.

How can health professionals improve and update competences to detect and manage frailty?

The **Sunfrail tool for human resources** (see p. 6), a short multidisciplinary training programme, has been designed to facilitate the application of the Sunfrail Tool by different professionals. It has facilitated interdisciplinary and intersectoral approaches, promoting team work and the overall access to care services.

An assessment conducted on beneficiaries and professional opinions has highlighted that the Sunfrail Tool is understandable, easy to use in every day practice, thus facilitating access, offer and linking services.



WHO'S USING SUNFRAIL MODEL AND TOOL?

The Sunfrail Tool is already applied in other EU countries and Regions through the EU CoSENSo project, confirming its adaptability and replicability, especially in primary care settings.

Requests for adoption of the Tool were made from Italian general practitioners, Local Health Trusts and from European Partners of the EIP-AHA.

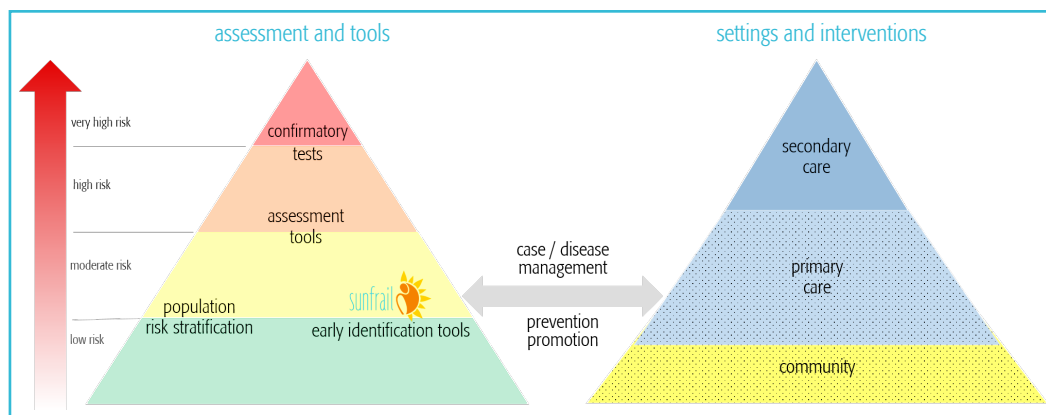
Further pilot studies on the application of the Sunfrail Tool are currently ongoing in the Netherlands and Emilia-Romagna Region (Italy).

The collaboration with the Joint Action on Frailty (AdvantAGE) promotes a further adoption and replication of model and tools in other EU countries.

KEY RECOMMENDATIONS

- Frailty can be understood as the ability (resilience) of the individual to adapt to the changing of their conditions, both in physical, emotional and environmental perspectives.
- Addressing reversible frailty is an issue relevant to an increasing proportion of European population, to be tackled at EU level to ensure greater added value.
- Equity and affordability of preventive services need to be carefully considered by policy makers and services planners.
- Frailty needs to be addressed through its main dimensions and early identification of risk factors, to orient proactive and preventive strategies, especially in community and primary care settings.
- Frailty requires operational multi-professional and integrated strategies connecting existent health, social and community services.
- It is recommended to adopt “a multiple entry door system” to health and care services, facilitating access and early detection of frailty.
- It is therefore essential to train primary care professionals to adopt an innovative approach based on multidisciplinary and multi-sectoral interventions.
- This approach will provide more efficient and cost-effective responses across services and sectors, bridging the gap between peoples' needs and services provision.

THE SUNFRAIL MODEL AND TOOLS



The **Sunfrail Model** integrates the biological, neuro-psychological and socio-economical dimensions of frailty and multimorbidity.

It focuses on frailty early identification, especially in primary care and community-based settings, allowing proactive and preventive responses.

Sunfrail good practices and **tools** allow to identify the population risk for hospitalization and disability.

- | | |
|---------------|---|
| BIOLOGICAL | Q1. Do you regularly take 5 or more medications per day? Q2. Have you recently lost weight such that your clothing has become looser? Q3. Your physical state made you walk less during last year? Q4. Have you been evaluated by your general practitioner during last year? Q5. Have you fallen one or more times during last year? |
| PSYCHOLOGICAL | Q6. Have you experienced memory decline during last year? |
| SOCIAL | Q7. Do you feel lonely most of the time? Q8. In case of need, can you count on someone close to you? Q9. Have you had any financial difficulties in facing dental care and health care costs during last year? |

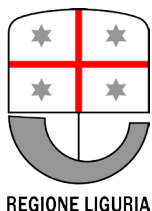
The **Sunfrail Tool** for early identification of frailty and multimorbidity includes nine questions selected from evidence based tools already adopted in health services in the European Union and in the United States. It aims to identify frailty according to the bio (physical), psycho (cognitive and psychological) and social domains.



The Sunfrail tool for human resources is a short, multidisciplinary training programme on frailty and multimorbidity, enabling social and health care professionals to apply the Sunfrail Tool according to the bio-psychosocial model.

THE CONSORTIUM

Sunfrail partners



Affiliated entities





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