A3 Action Group on Frailty

EIP on AHA

Promoter: Maddalena Illario
Coordination team
Coordinators: Miriam Vollenbroek, Regina Roller, Antonio Cano, Marcello Maggio, Constanca Paul,
Co-coordinators: Federico Schena, Marit Dekker, Sandra Pais, Ana Maria Texeira, Alberto Jorge Carvalho Alves, Maddalena Illario, Edwig Goossens, Carol Holland, Isabel Varela-Nieto, Ronan O’Caomh, Francisco Orfilia, Giuseppe Liotta, Marta Castro, Pasquale Abete
A3 Action Plan Headline objective

Develop and implement sustainable multimodal interventions for the prevention and comprehensive management of functional decline and frailty
# Matrix of A3 collaborative work pillars and of the general objectives

<table>
<thead>
<tr>
<th>Matrix of A3 collaborative work pillars and of the general objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screening, Monitoring and Early Diagnosis</strong></td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
</tr>
<tr>
<td><strong>Care and Cure</strong></td>
</tr>
<tr>
<td><strong>Research And Education</strong></td>
</tr>
<tr>
<td><strong>Harmonization of Data</strong></td>
</tr>
<tr>
<td><strong>Identification, implementation and scale-up of A3 Good Practices</strong></td>
</tr>
<tr>
<td><strong>Models of care for integrated management: education and advocacy</strong></td>
</tr>
<tr>
<td><strong>Identify and implement Enabling Knowledge and Technologies</strong></td>
</tr>
<tr>
<td><strong>Dissemination and active involvement of the stakeholders across AGs and with RS</strong></td>
</tr>
<tr>
<td><strong>Synergies to other Action Groups and Reference Sites</strong></td>
</tr>
<tr>
<td><strong>Funding Opportunities and Instruments</strong></td>
</tr>
</tbody>
</table>
**Action Group at a glance**

- **N. of partners:** 160+
- **N. commitments:** 231
- **Action Areas:** 5

**Action Areas**
- Frailty and functional decline
- Food & Nutrition
- Cognitive decline
- Physical activity
- Caregivers

**AG A3 at glance %**

- Frailty and funct. decline: 28%
- Cognitive decline: 39%
- Physical activity: 18%
- Dependency and caregivers: 4%
- Nutrition: 12%
- Food & Nutrition: 4%
Common Works Action Group A3

1.1 Progressing in the knowledge of the available databases within EIPAHA
2.1 Good practices for scaling up strategies
3.1 Good practices using ICT within EIP on AHA
4.1 Educational and advocacy activities
5.1 Joint dissemination activities and transfer of innovations
6.1 Strategies to mutual, interdisciplinary support and collaboration
7.1 Targeting the gender issue in the ageing society

New Commitments with Common Works Action Group A3

1.1 Progressing in the knowledge of the available databases within EIPAHA
2.1 Good practices for scaling up strategies
3.1 Good practices using ICT within EIP on AHA
4.1 Educational and advocacy activities
5.1 Joint dissemination activities and transfer of innovations
6.1 Strategies to mutual, interdisciplinary support and collaboration
7.1 Targeting the gender issue in the ageing society
Areas for Collaborative Work

**Physical Activity Coordination Team**

**Coordinator:** Miriam Vollenbroek  
**Co-coordinators:** Federico Schena, Marit Dekker, Sandra Pais, Ana Maria Texeira, Alberto Jorge Carvalho Alves

- Harmonisation of databases  
- for physical activity programs  
- for measuring physical activity and physical capacity

Identification of Good Practices through the implementation of an A3 common, scaled up vision on frailty dimensions and Scaling up Good Practices

Models of Care for Integrated Management, including educational activities to support the management of active and healthy ageing  
- Treatment protocols to improve physical activity  
- Methods and tools to measure physical activity and progress over time

Identify and Implement Enabling Technologies by scaling up good practices focusing on the exploitation of ICT tools

Translation of knowledge towards the different stakeholders

**Food & Nutrition Coordination Team**

**Coordinator:** Regina Roller Wirnsberger  
**Co-coordinators:** Edwig Goossens, Maddalena Illario

- Assessment of malnutrition as a risk factor for frailty

Knowledge generation on food supplements, integrators and innovative biomarkers

Culinary approach

Food supply, agriculture and nutritional interventions

Dissemination, Empowerment, Training, Regulatory Issues and Cost Evaluation

ICT support tools
Areas for Collaborative work

**Cognitive Decline Coordination Team**
- **Coordinator:** Antonio Cano
- **Co-coordinators:** Carol Holland, Isabel Varela-Nieto
- Gain knowledge of clinical features across different older adults
- Improve comparability and potential merging of ongoing databases or analyses
- Increase weight and consistency of existing cohorts in Europe

**Caregivers Coordination Team**
- **Coordinator:** Costanza Paul
- **Co-coordinators:** Ronan O’Caomh, Francisco Orfila
- Cognitive decline
- Care of cancer patients
- Teaching ICT to people over 65
- Dissemination of the culture of prevention
- Training for caregivers and their impact on patients’ health

**Frailty Coordination Team**
- **Coordinator:** Marcello Maggio
- **Co-coordinators:** Giuseppe Liotta, Marta Castro, Pasquale Abete
- Assessment of frailty in Community dwelling older adults
- Research on the determinants of frailty
- Interventation to prevent frailty
- Integrated management of frailty & multimorbidity
- Education and training
- ICT support tools
Synergies

- Impact of Community-based Programs on Prevention and Mitigation of Frailty (ICP-PMF): update of the A3 – A1 – B3 Action Groups Synergy
Strengths and shortcomings

- Strong focus on PREVENTION and HEALTH PROMOTION
- EVIDENCE BASED, multidimensional interventions on frailty
- UNIVERSITIES: an added value for research, training and life-long learning
- ADVOCACY organizations: an added value for the adoption of innovations
- 10 REFERENCE SITES involved

Main success of the AG

- A multistakeholder group (interdisciplinary professionals, endusers)
- Integrated approach to frailty

- Inadequate STRUCTURED COMUNICATION within the action areas and between action areas
- Unclear contribution of partners to the COMMON WORK
- Inadequate reporting leading to underestimation of impact