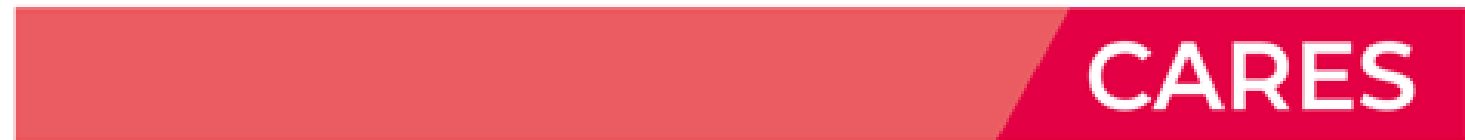




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# Study Visit no.8 Gdansk, POLAND

## *Frailty screening program & falls prevention in older adults in Aragon*

### Partner n. PP07 SPAIN

4-5 FEBRUARY 2026 | Gdansk, POLAND

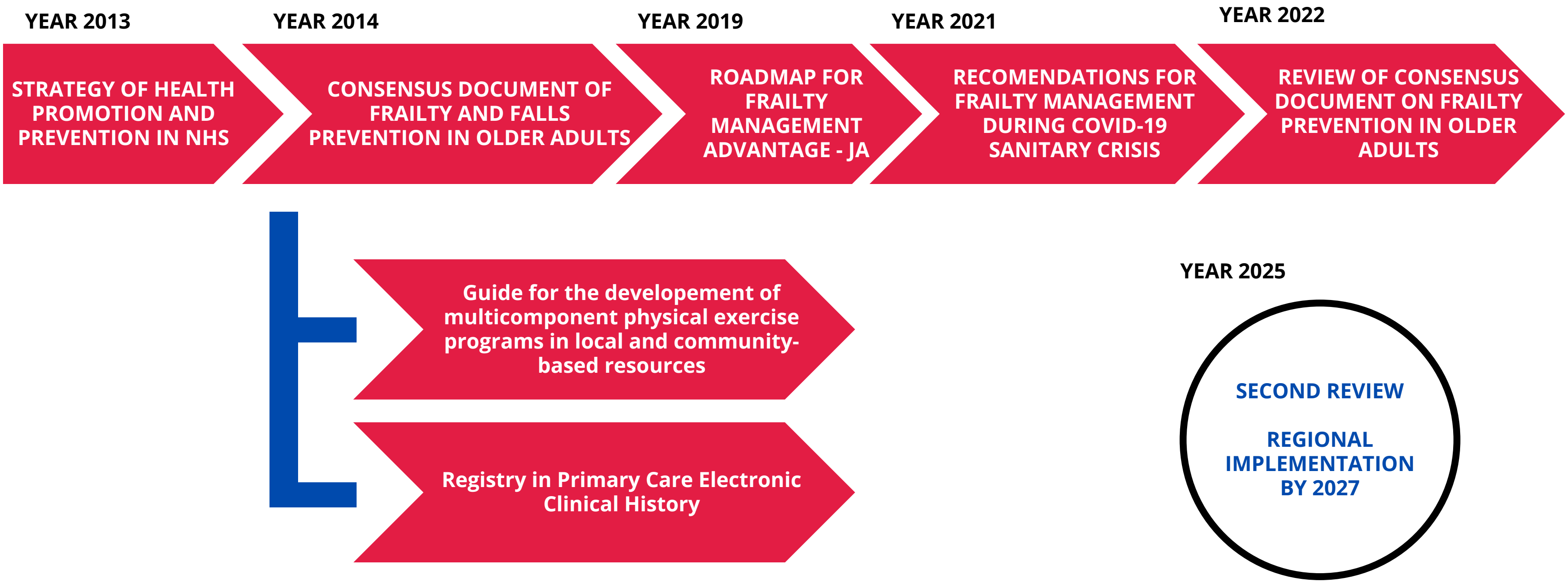
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# External motivators:

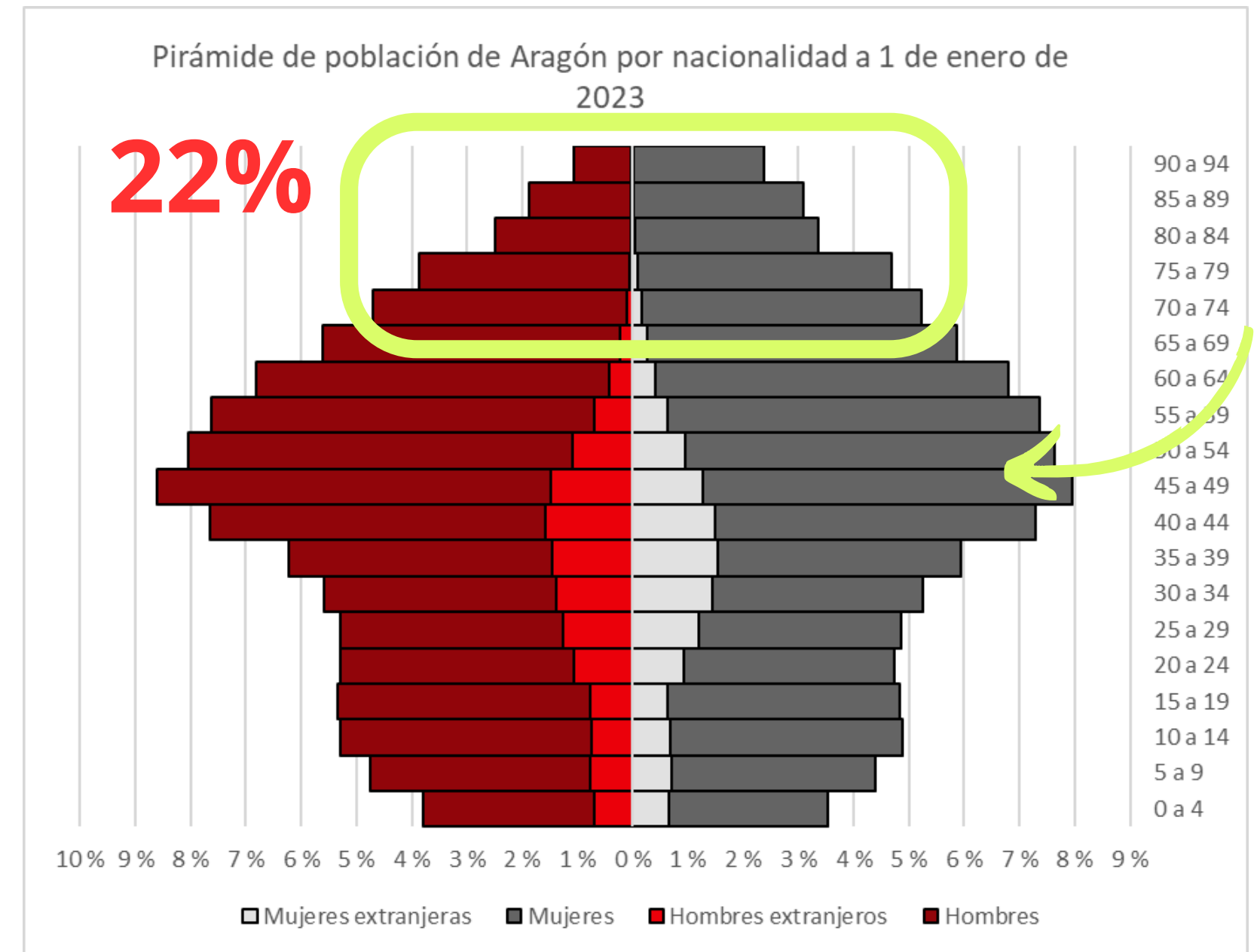


# Scope of the challenge

**304.005 elderly** of which

between **20.000 - 25.000** could be **frail**

- SPENDING IN PREVENTION ISN'T A COST, IT'S A LONG TERM INVESTMENT



STRENGTHS

- Motivated local **leaders** have piloted similarly motivated programs in Primary Care centres
- There is an abundance of commonly used tools and tests in clinical history associated with old age, frailty, falls, and dependency, many of which are used **routinely** in Primary Care
- Primary Care professionals are **sensitive** to this issue

WEAKNESSES

- Great local **variety** in means and accessibility: distance to healthcare resources, presence of Geriatrics in reference hospitals, availability of community - based resources
- High personnel rotation in PC settings → **heterogeneity** where procedures are not standardized
- High **workload** in Primary Care

OPPORTUNITIES

- Frailty is **preventable** and **reversible**
- Frailty is a known **predictor** of poor health outcomes such as dependency

THREATS

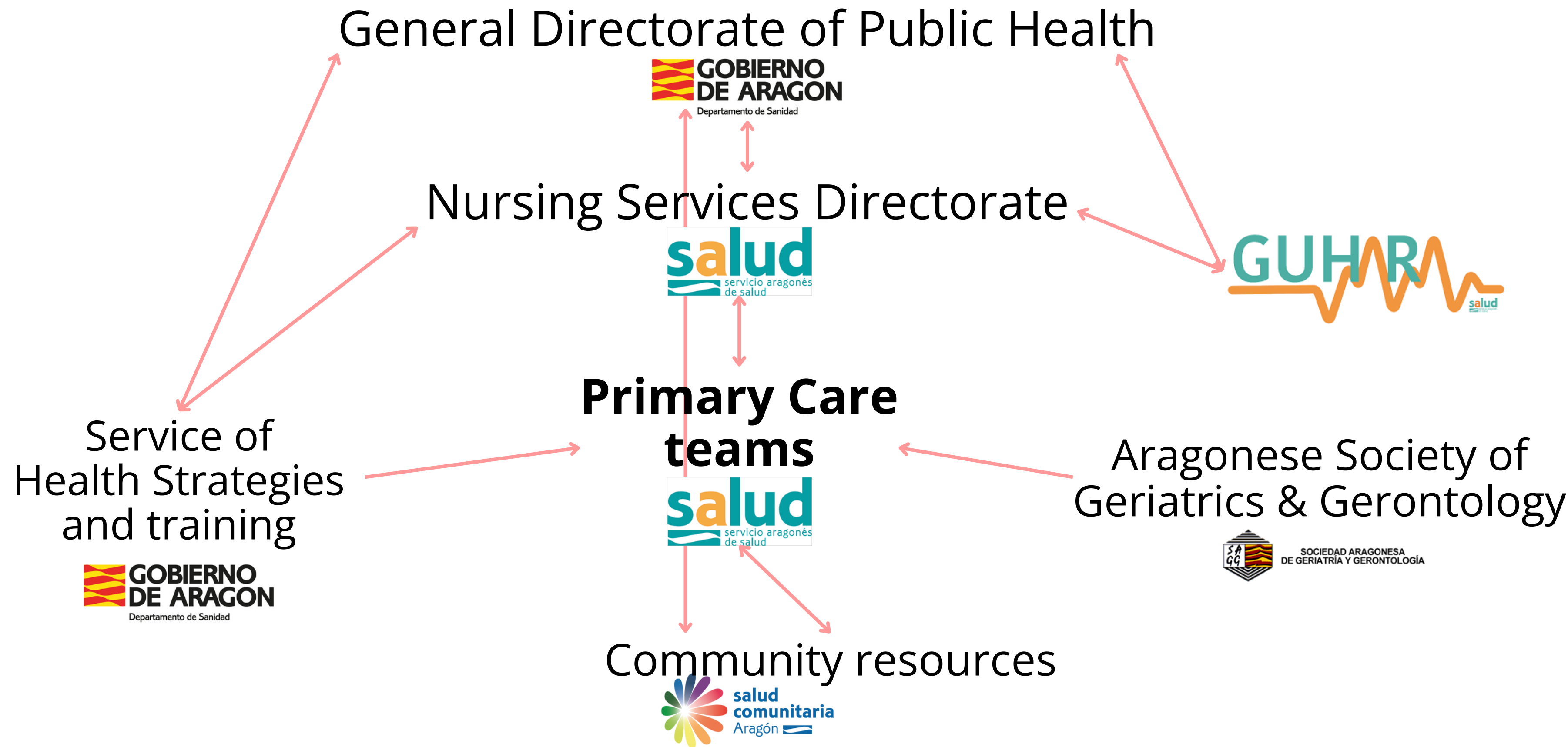
- Upcoming cohorts are more populous than the current one → **number** of frail adults will be greater in the near future
- Gender **inequity** and digital literacy challenges

# What we wanted

- **Long term** screening framework program:
  - standardized
  - systematic
  - minimal workload increase
  - gender equity and accessibility



# Stakeholders involved



# The strategy

Opportunistic → Systematic **screening** program for **frailty & falls**

- Inclusion: Over 70 years of age
- Exclusion: Dependency measured with Barthel (> 90)
  - Lower threshold for women with urinary incontinence above 90 points: 80

Screening tools:

- **FRAIL** and/or **SPPB** → Three outcomes: robust, pre-frail, frail
- **Falls risk questionnaire** → two outcomes: high risk of falls, non-high risk of falls



# The strategy

## Minimal intervention

Robust/pre-frail + non-high risk of falls



## Medium intervention

- Robust/pre-frail + high risk of falls
- Frail + non-high risk of falls



## Intensive intervention

Frail + high risk of falls





# The strategy

## Primary prevention

- For ALL users
- Includes:
  - Multicomponent Physical Exercise
  - lifestyles counsel
  - immunizations update
  - nutritional assessment (except robust)





# The strategy

Additional areas to assess for medium and high intervention groups:

- To be evaluated on a case per case basis, if the Primary Care team suspects an alteration in the following areas:

Area			Area			Area		
Frail only			Frail only			Frail only		
Frail +/- fall risk			Frail +/- fall risk			Frail +/- fall risk		
Functional capacity			Social risk			Medications		
Eyesight, hearing, balance			Emotional wellbeing			Autonomic functions		
Mobility			Environmental barriers			Nutrition		
Cognitive impairment								



# Additional tools

- ViviFrail
- Modified HSSAT questionnaire
- Printable summaries of recommendations



# Inclusivity and equity

- Modifying the disability threshold for otherwise independent women with urinary incontinence
- Choice of an IADLs scale sensitive to gender roles
- Printable summaries of recommendations → strong population preference towards printed means





# Connecting best practices: Networking



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# Thank you!

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