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## Study Visit no.8 Gdansk, POLAND

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

**Partner n. PP07 SPAIN**

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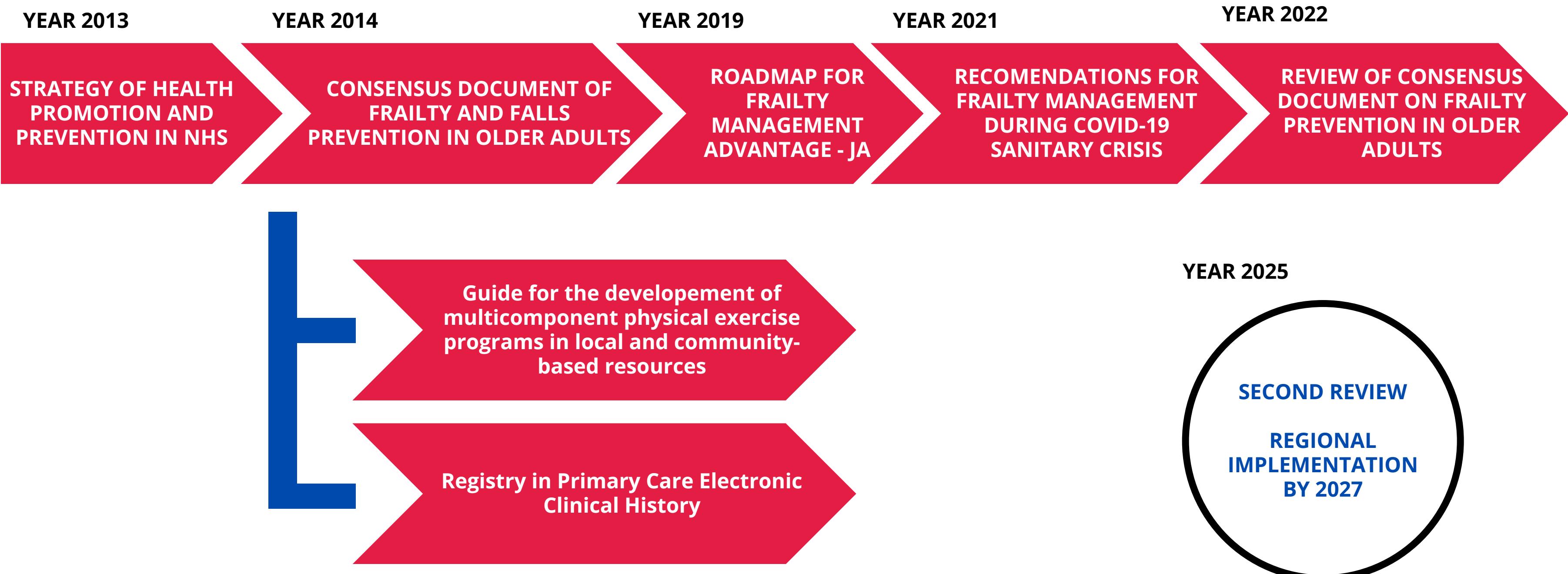
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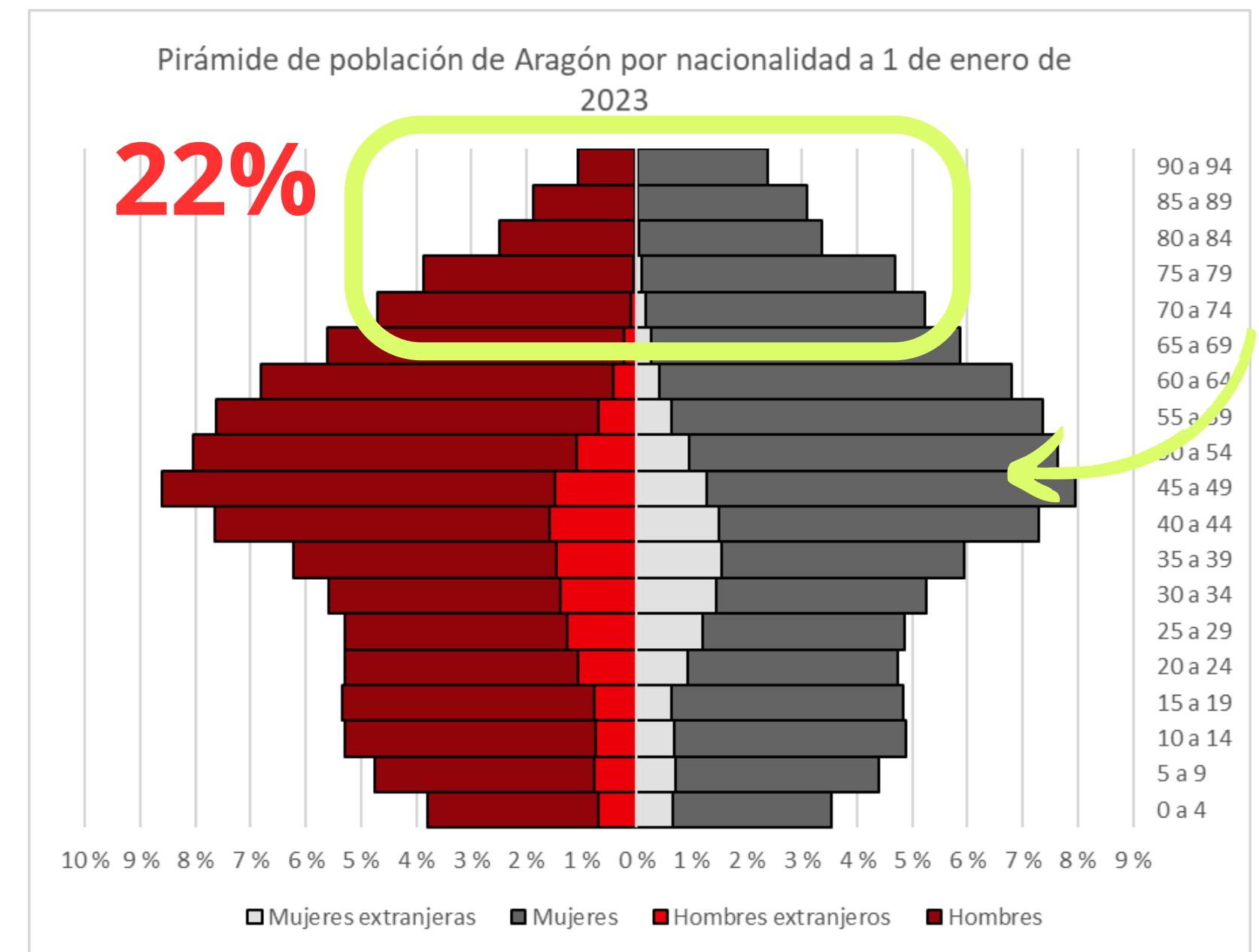
# External motivators:



# 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



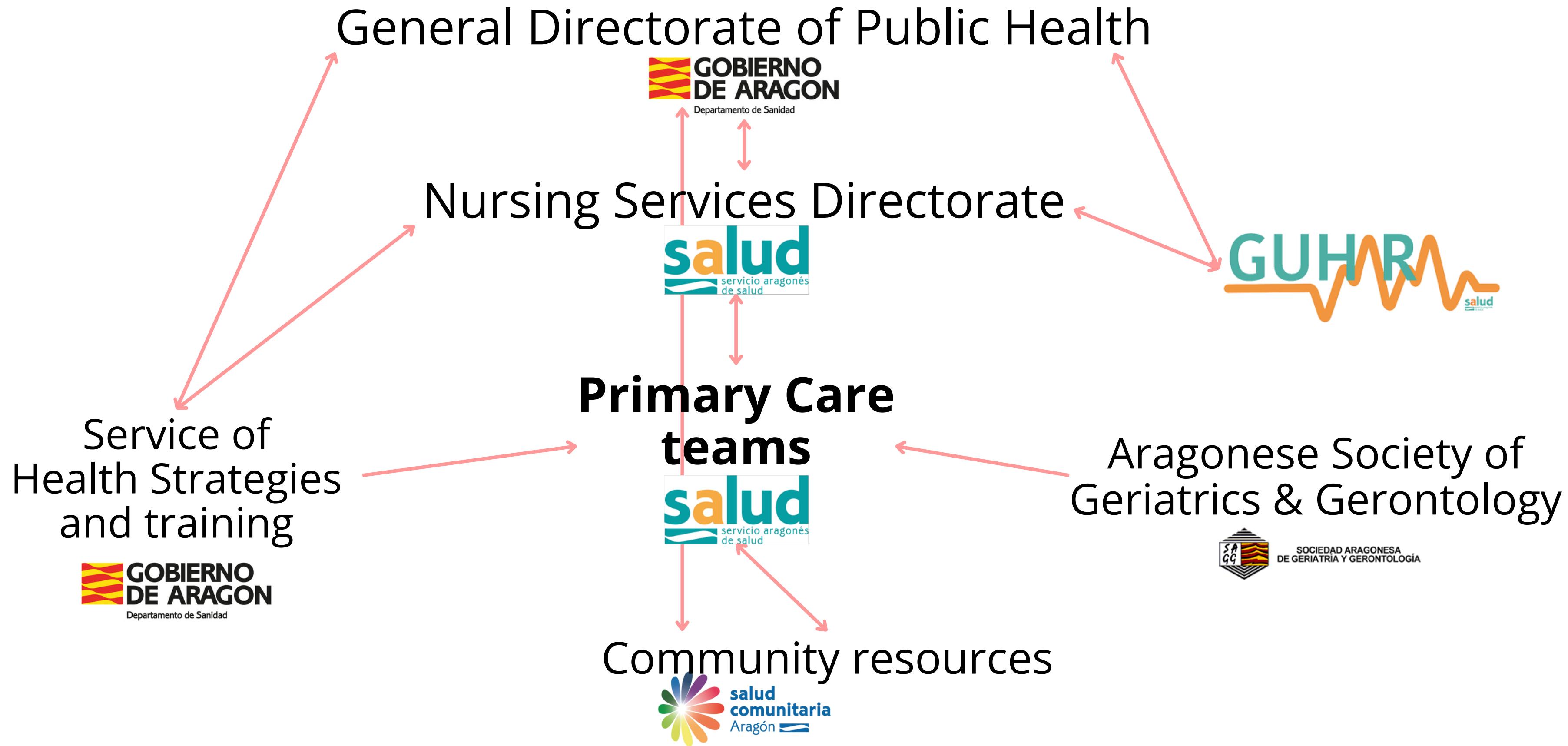
<b>STRENGTHS</b> <ul style="list-style-type: none"><li>• Motivated local <b>leaders</b> have piloted similarly motivated programs in Primary Care centres</li><li>• There is an abundance of commonly used tools and tests in clinical history associated with old age, frailty, falls, and dependency, many of which are used <b>routinely</b> in Primary Care</li><li>• Primary Care professionals are <b>sensitive</b> to this issue</li></ul>	<b>WEAKNESSES</b> <ul style="list-style-type: none"><li>• Great local <b>variety</b> in means and accessibility: distance to healthcare resources, presence of Geriatrics in reference hospitals, availability of community - based resources</li><li>• High personnel rotation in PC settings → <b>heterogeneity</b> where procedures are not standardized</li><li>• High <b>workload</b> in Primary Care</li></ul>
<b>OPPORTUNITIES</b> <ul style="list-style-type: none"><li>• Frailty is <b>preventable</b> and <b>reversible</b></li><li>• Frailty is a known <b>predictor</b> of poor health outcomes such as dependency</li></ul>	<b>THREATS</b> <ul style="list-style-type: none"><li>• Upcoming cohorts are more populous than the current one → <b>number</b> of frail adults will be greater in the near future</li><li>• Gender <b>inequity</b> and digital literacy challenges</li></ul>

# 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

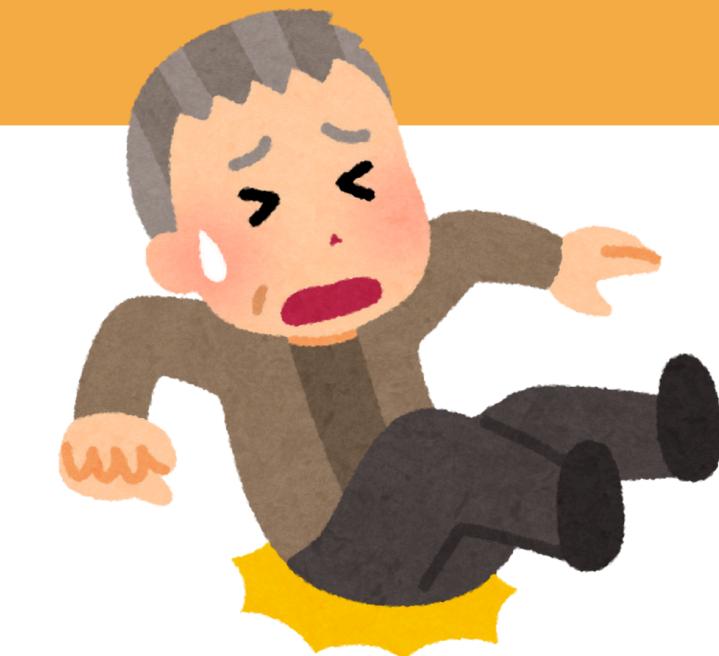
## Minimal intervention

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	Frail only	Frail +/- fall risk	Area	Frail only	Frail +/- fall risk	Area	Frail only	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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