

Position Paper on Frailty in the Population in Rural and Remote Areas

By European Rural and Isolated Practitioner Association frailty task force*

Problem History

Rural populations in Europe are more and more aged, for several reasons

-the young generations go to urban places to, finish their education, find a job, and start a family.

- The rural activities, farming, cattle farming, forest, fishing and all rural activities require fewer and fewer workers. The specific workers as agricultural technicians, engineers, agricultural devices do not replace manual workers.

-Elderly populations, prefer staying at home, in their familiar surroundings with relatives.

-the cost to live is lower than in urban, mainly for houses, and apartments, (whereas the transportation cost and other living costs could be higher) A rented caregiver for those who can afford it, is very often the only way to be helped at home while social prescribing which can be an effective method to receive help from the community.

But frailty, is not directly linked with the age, even if frailty increases with it.

Rural populations were less demanding, but nowadays with the information channels as radio, TV and more recently social media they are want to be equal with urban populations.

(1,2,3,4,5,6,7)

Current status

The aim of EURIPA is to serve rural GPs, rural health workers and rural populations. EURIPA recognise the importance of frailty as the main factor leading to dependency

Problem Definition

Statement of the problem

Frailty is leading to dependency, frailty is preventable and can be reversed we can to avoid both frailty and dependency.

To do that we have to solve several problems:

-to recognise frailty, with its complex definition (1,2,3,4,5)

-to identify modifiable factors

-to propose relevant and reliable actions or/and tools to restore or/and avoid frailty for rural inhabitants in their setting with a global and holistic approach.

- to evaluate and to accredit of our actions
- to share with all the stakeholders our position

Identification of the actors involved

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Taking a holistic approach with a specific and unique implementation for each person we must consider each citizen in its context.

The stakeholders will vary for each person but the list of potential actors to be involved is:

Social workers
Health care workers
Relatives and neighbours, volunteers
National, regional and local health services
Local authorities
Locals associations, as sport club, elderly clubs
Charities,
Policy makers

Impact and importance of the problem,

-All European countries are facing an ageing population with increasing frailty and at risk of dependency. In rural areas the percentage of elderly less wealthy, linked with a lack or/and less available services, increases the accuity of the problem.

In due regard to our aim, EURIPA has to address this problem (,7, 8, 9,10)

Position Statement

Aged population in rural settings have to be engaged to prevent or/and cure frailty. To address this objective, rural GPs in collaboration with all stakeholders have to:

-Favour the self-empowerment of inhabitants in their environment with the utilisation of all local resources.

-Identify for each inhabitant the risk of and frailty. (9,10,11,12)

-Lead the clinical screening in accordance with the patients' cooperation

-Lead the positive diagnosis of frailty, with useful, simple, validated tools in general practice.(10,11,12)

-Define a preventive and/or curative plan regarding frailty, in accordance with the patient's will and local resources (relevant, feasible, realistic, and sustainable).

- Increase physical activity, with a personal scheme. (13,14)

- Appropriate diet, with respect to financial capability(15)

- Optimisation of drug prescription

- Propose a social involvement

-Evaluate the plans implemented, including: inhabitant satisfaction, quality of life, impact on the community and stakeholders, cost effectiveness ratio.

Recommendations

EURIPA urges all relevant authorities and policy makers, to take into account the position paper take by EURIPA.

For this we urge to:

-Organise the rural primary care unit, to be able to accomplish their goals described above

-Organise social and public resources to be able to face to frailty

-Providing needs in terms, human, organisation, devices and financial support to all the local social and health care stakeholders

The rational for recommendation is describe above and in the bibliography.

Implementation

General implementation is driven by population needs, but implementation will be absolutely dependent on the whole situation of the area:

1/ the national laws, bylaws, and national policy makers

2/ the regional laws, bylaws, and regional policy makers

3/the locals law, bylaws, and local policy makers. At this level, it is also determined by all primary care actors all the social actors, charities and local associations as sport associations, cook clubs, knitting clubs etc.

We recommend for each area, to identify the most relevant body, and nominate a responsible person to lead the implementation..

The responsible person will be trained in the objectives, will have documents and bibliography in his own language, and will have a mission order to spread information and recruit the actors. We suggest nominating to this function a patient association representative or local inhabitant association if it exists.

Accountability Statement

Members of the EURIPA Eexecutive Committee, and International Advisory Board members are responsible for this paper and its advocacy in their own country, in addition the Executive Committee are responsible to advocate at European level (European Union, UEMO, WONCA Europe, European commission, WE networks) .

Advocacy Plan

1/To be done by the EURIPA Executive Committee Members

The position paper will be sent to all the relevant European organisations, with an appointment requested, to advocate in detail.

The IAB members will send to all the relevant national and when possible local organisations in their country with the same approach.

2/ Depending on point 1, we will propose meetings with stakeholders, with the objective to implement a local action plan.

The first point will be done during the first three months after publication of the position paper.

The publication could be done in May 2019 to be discussed in June during the WE conference in Bratislava.

The second point will depend on the point 1

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