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**Titolo tesi: Impact assessment of multidimensional frailty on mortality, hospitalization, and institutionalization of older people: perspectives for a frailty prevention program**

### **ABSTRACT**

**Introduction.** As populations throughout the world age and chronic illness rates rise, the likelihood that older people may be admitted to long-term care facilities and abuse, or misuse hospitalization rises. By adopting community care to fulfill the needs of older persons, health programs have attempted to reduce the frequency of Emergency room visits. Moreover, given the disaggregation present in primary care and the failure to meet the older population's needs, there has also been an increase in the use of assisted living facilities. This increase has a significant impact on both health policies and health care spending. For this reason, the implementation of the Home Care Service is crucial. Additionally, bio-psycho-social frailty can negatively hurt the health of an aging population. Combining community nurses and social services can highlight community care and delay the beginning of health and negative social consequences in the older population; these phenomena do indeed call for the introduction of primary care.

**Aim.** The overall aim of this thesis was to investigate the role of frailty in the significant indicators of Public Health, i.e., hospitalization, institutionalization, and mortality for the older adult population, and the impact of the social and health dimension on access to the Emergency room and Long-Term Care (LTC) to describe the main modifiable factors and needs of the older adult population.

**Study I.** The first study aimed to compare the causal relationship between the standard of care and an integrated social and health program comprised of social intervention and community nurse activities. Therefore, analyzing one-year mortality in the three study cohorts and determining whether community nurse intervention was linked to recurrent hospitalizations were important for determining the association with community nurse intervention.

**Study II.** The second study investigates the predictors of Emergency Room Access and NonUrgent Emergency Room Access by community-dwelling frail older adults.

**Study III.** The third study sought to assess the proportion of older persons living in the community who were admitted to long-term care facilities and investigate the factors contributing to an older adult's admission to a facility.

**Conclusion.** This doctoral project provided a new key to understanding the requirements of the older population in order to respond through the collaboration of all public health stakeholders, including nurses, hygienists, general practitioners, and, most importantly, policymakers. However, implementing Home Care Services and Primary Care remains critical to meet the community-level demand for care and social support generated by older adults.

**Keywords.** Frailty, Hospitalization, Institutionalization, Mortality, National Health Care System, Frail older adults, Public Health, Community-Dwelling older adults, Emergency Room, Community Nurse, Nursing Home.