

AgeFLAG Project

Report on national needs and priorities to improve health and well-being of the
ageing population in Finland

Collected during a national needs assessment workshop

Conducted on

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By

Finnish Institute for Health and Welfare

In

Teams meetings

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Northern Dimension
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1. Background

This report has been developed in connection to the project “Roadmap to improve the health and well-being of the ageing population in the Baltic Sea Region (AgeFLAG)”. The project seeks to identify the most important issues in relation to active and healthy ageing that countries in the region are facing. For this purpose, the project partners have organized national needs assessment workshops, which will later feed into a joint regional report and guide the partners’ efforts to develop common solutions through cross-border cooperation.

The Finnish Institute for Health and Welfare (THL) studies, monitors, and develops measures to promote the well-being and health of the population in Finland. THL gathers and produces information based on research and register data. The Institute also provides expertise and solutions to support decision-making.

THL is an independent expert agency working under the Ministry of Social Affairs and Health. The Institute serves various parties: the government, municipal and provincial decision-makers, actors in the social welfare and health sector, organizations, the research community, and the public. THL helps its customers and partners to secure quality of life for people living in Finland in a fair but dynamic welfare society.

One of the tasks of the Finnish Institute for Health and Welfare (THL) is to support the development of older people services. THL also assesses, follows and studies the implementation of the services.

During the spring of 2020, preparations for the workshop including agenda, invitations to participants and a survey for the participants were conducted by a team working with the AgeFLAG task in THL. The workshop was planned to be conducted as a one day seminar in April 2020, but due to the Covid-19 pandemic it was changed to a virtual meeting that was held May 29th.

2. Aim of the workshop

The aim of the workshop was to bring together the most relevant national stakeholders to identify the *top five* national needs that should be addressed to improve active and healthy ageing in Finland.

The topics for the seminar were prevention, support and services and preparedness for both ageing and crises including the Covid-19 pandemic.

3. Facts and figures about ageing in Finland

Finland’s population is ageing fast, of the total population (5,5 M inhabitants) one in ten was 75 years old or older in 2018. In 2030, the ratio will increase to 14%. A new trend is the decreasing amount of children born. Average life expectancy in Finland at birth was 78.9 years for boys and 84.3 years for girls in 2018. Compared with

1988, the life expectancy of men aged 65 has lengthened by 4.9 years and was 18.4 years and that of women has lengthened by 4.3 years and was 21.8 years in 2018¹. The fact that older people even in the oldest age groups are living longer can be seen as a success story of improving health and wellbeing in past decades.

The main inequalities among ageing people are both the socio-economic status, especially old age poverty and its implications for social security benefits as well as regional differences in accessing health and social care services due to decentralized health and social care services with 160 organizers. Attempts to centralize the health care administration have been in progress several years². National efforts need to be done to secure the operational preconditions of the municipalities responsible for organizing services to their citizens and for coping with the ageing population and costs of services.

Due to ageing of the population, the health expenditure is increasing as well as cutting down the economic growth and also increasing public costs. The demographic dependency ratio was 61.4 in 2018 but it is expected to grow to 64.5 in 2030. There are huge regional differences in dependency ratio varying from 53.1 to 91.5. The best situation in dependency ratio seems to be in the capital city area and in regions of big cities. The worst situation is in eastern and northern Finland. A big proportion of the ageing population already is living in cities and less in rural areas.

The trends in use of services from 2001 to 2019 are described in Table 1. Of those 75 years old or older people about 91% are living at home; the corresponding figure for those aged 85 years old or older is 81%. The national trends in use of services indicate a decrease in long-term institutional care as expected and an increase in service housing with 24/7 hour services available, but the amount of regular home care for older people remains stable. There is an increase in informal care for older people as policy aims.

	2001	2005	2010	2015	2016	2017	2018	2019
Living at home without any regular services, %	74.7	74.8	73.7	74.3	75.0	75.1	75.5	74.8
Living at home, %	89.6	89.6	89.5	90.6	90.9	91.1	91.3	-
Support for informal care, %	3.2	3.7	4.2	4.7	4.7	4.8	4.9	4.9
Regular home care, %	11.8	11.2	11.8	11.8	11.3	11.3	11.0	11.0
Service housing with 24-hour assistance for older people, %	2.2	3.4	5.6	7.1	7.3	7.5	7.6	7.6

¹ Suomen virallinen tilasto (SVT): Kuolleet [verkkojulkaisu]. ISSN=1798-2529. 01 2018. Helsinki: Tilastokeskus [viitattu: 28.2.2020]. Saantitapa: http://www.stat.fi/til/kuol/2018/01/kuol_2018_01_2019-10-24_tie_001_fi.html

² Tynkkynen LK, Keskimäki I, Reissell E, Koivusalo M, Syrjä V, Vuorenkoski L, Rechel B, Karanikolos M. Centralising health care administration in Finland – an inevitable path? Eurohealth; 2019; 25(4), 29-33.

Care in residential homes or long-term institutional care in health centres, %	8.0	6.8	4.7	2.1	1.7	1.3	1.1	1.1
Number of 75 years old population	349674	392967	435549	480675	499841	501800	511969	511969
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The level of health and wellbeing of the population over 75 years of age is followed up by population surveys based on random samples (Table 2). Older people are quite satisfied with the safety of their neighborhood, and almost half rate their quality of life as good. There are problems, one in ten feel lonely or experience their memory poor. There are risks for health like high alcohol consumption, obesity, and nutrition problems. The responses of older people indicate that the trust for the municipalities responsible for providing them with health and social services is above the average level.

	2015	2016	2017	2018
Persons who are satisfied with the safety of their neighbourhood (%)	92.2	92.6	-	-
Persons who rate their quality of life (EuroHIS-8) as good (%)	44.1	44.1	50.1	41.7
Leisure-time physical inactivity (%)	42.2	44.3	40.8	35.0
Persons who feel themselves lonely (%)	11.2	11.5	9.4	9.1
Persons who are living alone (%)	47.7	47.2	47.3	47.0
Persons who do not receive adequate assistance (%)	10.3	10.8	9.3	11.7
Daily smokers (%)	3.2	3.0	3.4	2.5
Persons who drink too much alcohol (AUDIT-C) (%)	15.8	19.5	17.6	15.5
Great difficulties in walking 500 meters (%)	-	-	-	22.9
Obesity (Body Mass Index \geq 30), age 65 and over (%)	20.0	22.0	20.6	21.7
People who do not eat fresh and cooked vegetables enough (%)	30.8	29.7	24.5	-
Those who experience their memory poor (%)	9.8	8.5	7.5	8.7
Average trust in decision-making in the municipality on a scale of 1-5	3.4	3.4	-	-
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Finland is one of Nordic welfare societies with tax-based financing introducing national social security, pensions, and publicly funded health and social services. Considering older people the main striving policy has been to ensure that older people can live in their homes as long as possible with support of home based services. Regarding ageing policy, services and prevention, Finland has passed an Act on Supporting the Functional Capacity of the Ageing Population and on Social and Health Care Services for elderly people (980/2012; the elderly care act), which came into force on 1st July 2013. In this act, there are listed quite a few tasks to organize and ensure prevention and increased wellbeing for the older population i.e. those over 64 years old or older or who are retired, even in younger ages as well as good quality services for people in need of them. To secure the active participation of the

older population in municipalities, each municipality should name an acting Council of the Elderly people to support and inform the local decision making (410/2015).

The Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities have given quality recommendations for ageing and services for older people in 2001, 2008, 2013, 2017 and the 2020 recommendation is forthcoming. These recommendations aim to improve health and functioning of older population as well as to improve services for older people. The purpose of the recommendations is to support both municipalities that are responsible for providing public health and social services to their residents and public and private service providers. Promotion of health and wellbeing is one task of the municipalities. Legislation regulates also informal care (937/2005) and foster care for older people (263/2015). Also preparations for the national strategy for ageing 2030 is in progress, and there is plenty of room for different sectors to contribute and lots of data and scenarios needed for ensuring healthy and active ageing for older people. The aims of the national strategy on ageing were used as a basis for planning the workshop and its discussions.

4. Participants

The invited participants were selected to represent all the relevant sectors and areas related to ageing. The invitees were professors from universities; leaders of older people's services from public and private service organizers; representatives from non-profit organizations representing older people and pensioners, retirement insurance companies and national insurance institutes; researchers, and representatives of different workgroups of Northern Dimension.

5. Methodology

The workshop methodology was designed to identify and prioritize the national needs to improve active and healthy ageing through the following process: Firstly, together with the invitation to the national workshop the invitees received a questionnaire on the most important national challenges/development needs and also on possibilities for collaboration within the Northern Dimension. The invitees were asked to mention the needs divided in following three themes: 1) Preparedness for unexpected situations (for example, pandemics) from the perspective of older people, 2) social and health care services for the older people, and 3) promotion of welfare and health of the older people.

Secondly, before the workshop the invited participants received the most recent national data and other information for review.

Then, during the workshop the overall picture of challenges and services were presented focusing both on ageing and substance and alcohol use. In a third step, the participants were split into three working groups of 7-8 participants each focusing on a separate topic and prioritizing jointly which three of the identified needs on the theme they considered most important. After working in three subgroups, the chairs presented altogether 11 needs that were discussed, and which

were included in a priority election for selecting the asked top five priorities (Mentimeter application at menti.com). After a short discussion, conclusions and thanks, the Teams-meeting ended.

5.1 Reflection on workshop implementation and lessons learned

Due to exceptional circumstances caused by the coronavirus the national workshop was organized virtually as a half day long Teams meeting. However, this way of organizing the meeting on-line, did not cause any specific problems for the workshop, and the workshop was implemented efficiently.

There was a common understanding that the chosen five topics were important. However, these topics were on a macro-level and include a multitude of ways of planning and implementing projects, as well as going through already existing good practices and projects.

The discussion concerned the situation in Finland, although suggestions for northern collaboration were given already in the preliminary survey, but also during discussions in the workshops. The ideas for northern collaboration were for example the following: 1) Preparedness for unexpected situations: enabling social inclusion also via remote access and strengthening digital skills, enabling digital services for as many as possible and supplementing them with alternative forms of services, 2) social and health care services: comparison of organization of medical services as well as geriatric service production and availability of nursing staff, suitable residential environment for the ageing, multivocationality and integration of service production, access to services (incl. substance abuse treatment) and 3) promotion of welfare and health: health clinics for the ageing population, innovations related to promotion of mobility, more positive attitude towards older people, strengthening social inclusion and supporting the experience of relevance, and employment of older people.

6. Outcomes: *Top five* priorities for action on healthy ageing in Finland

The top five priorities that were voted by the workshop participants were:

1. **Enhancing and maintaining healthy and active ageing**, e.g. FINGER- The Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability (FINGER): study design and progress; Back to work from pension – vision
2. **Identifying and assessing service needs and service integration both on client and population level**, e.g. assessment methods, one measurement – multiple use f.ex. access to services, allowances, and using the information on person-centered integrated care
3. **Strengthening social inclusion** e.g. including working ability, loneliness
4. **Ensuring the continuity of care** e.g. care and service chains, community-based health and social care and support (income support, informal care support, pension recipient's care allowance etc.), acute- and long-term

hospital care as well regular older care services (24/7) especially for those older people with multiple diseases using several different services, the key for continuity is an integrated client and patient record as well as care coordinators. The availability and permanence of staff

5. **Analysing care and competence deficits** e.g. care deficits mean the adequacy of present health and services to fulfill the needs of older people (care poverty), difficulties in accessing services, more and different kind of services are still needed as well as perceived quality issues taken care of, also the competence of professionals recognize and take care of the multiple challenges of older clients need strengthening. Costs and expenditure need to be taken in analyses, too.

Please see the voting results in Annex 3.