

A good place to grow older

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Introduction

To put the 'a good place to grow older' into a broader context of social and health policy and services in Finland, some background information is presented. The number of inhabitants in Finland is 5.3 million. According to the most recent estimates, the growth of the Finnish population should continue until at least the 2040s whereas, only a few years ago, Statistics Finland predicted that the Finnish population would begin to decrease, due to a declining birth rate, prior to 2030. Such a change in this estimate is mainly due to higher growth in immigration and increased life expectancy in comparison to previous estimates. The population forecast demonstrates that the number of persons over 75s will increase about 34 percentage units by year 2020 and by year 2030 the number of persons over 75s will double compare with year 2009. By year 2040 the number of persons over 75s will increase about 70 percentage units.

The latest population projections suggest that dependency ratios reflecting the population's age structure will increase, even at a slightly faster rate than previously predicted, due to the rise in life expectancy. For instance, the most frequently used old age dependency ratio, i.e. the proportion of people aged 65 or over to those aged 15-64, will rise from 26% to 46% by 2030, according to Statistics Finland's estimate from 2007.

With an increasing number of older people in Finnish society, the number of people suffering from dementia is bound to increase. The prevalence figures are as follows:

4% of persons aged 65-74 years
11% of persons aged 75-84 and
35% of those aged 85 years or more.

The prevalence figures mean that there are approximately 130,000 persons suffering from at least moderate dementia in year 2020, and almost 230,000 persons in year 2040. About 40% of persons with moderate or severe dementia are most likely to need 24-hours assistance at their homes or sheltered housing.

What are the priorities in respect to ageing and demographic change in your country? (What is your experience of integrating successful pilot projects into the policy framework? What are the related challenges?)

Legislation

According to *the Constitution of Finland*, public authorities must ensure the realisation of basic and human rights, such as the right to equal treatment and necessary care, and adequate social and health care services for everyone. The ethical principles ensuring a dignified old age include

the right of self-determination, resource orientation, justice, participation, individuality and security.

In accordance to the Local Government Act (Kuntalaki 365/1995), residents must be guaranteed the possibility to participate in and affect the planning and preparation of local issues, and to receive information about issues currently under discussion. In order to ensure that the elderly have opportunities to participate and have influence especially on older people related services, nearly all municipalities (279/342) have appointed an *advisory council for the elderly* (Senior Citizen's Council). The council members are appointed by the municipality and include representatives of pension and other organisations as well as trusted elected officials and employees from a variety of fields. Representatives of the councils have the right to attend and to speak at the boards of the municipalities. Many of the councils have become active and enterprising parties within their own municipalities.

National level:

- The Prime Minister's office issued an ageing report in 2009, which sets out the goals for Finland's national ageing policies for the coming years. The Ministry of Social Affairs and Health incorporates Finland's national ageing policy in its strategy, implementing it with the help of legislation, quality guidelines, programmes and projects. The aim of the ageing policy is to further older people's functional capacity, independent living, and active participation in society.
- *Government programme*
Prime Minister Vanhanen's second Government launched three policy programmes. The same programmes will continue during the term of office of Prime Minister Mari Kiviniemi's Government. Policy programme for employment, entrepreneurship and worklife, and Policy programme for health promotion are two of the programmes.
 - ***Policy programme for employment, entrepreneurship and worklife***
The main objectives of the programme are to ensure that people's work input is utilised as fully as possible, that substantial improvements can be achieved in the productivity of work and in the quality of worklife at Finnish workplaces during the coming decades, and that entrepreneurship and enterprise growth gain more appeal.
 - ***Policy programme for health promotion***
The objective of the policy programme for health promotion is to improve the population's state of health and to reduce health inequalities. By affecting the causes behind the major chronic diseases, it is possible to curb the considerable costs arising from health care services, sick leaves and premature retirement. Maintenance and strengthening of the working-age population's health and functional ability helps raise the employment rate.

Apart from maintaining health and functional ability, it is important for older people to have social networks and to be able to engage in meaningful activities, to use their own resources and to participate. Security in the social context can be improved when there is the possibility of receiving guidance, advice and help in matters pertaining to ageing, health and social problems.

- *The Government Resolution on the Health 2015* (Ministry of Social Affairs and Health) public health programme outlines the targets for Finland's national health policy. The main focus of the strategy is on health promotion. Enjoying better health, they no longer require health care services to the same extent as people their age did a few decades ago. Ageing people must be ensured opportunities for functioning actively in society, for developing their knowledge and skills, and the ability to care for themselves, and for continuing to live an independent quality life with an adequate income for as long as possible.
- *National Framework for High-quality Services for Older People*. A guideline launched in 2001, by the Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities. The original framework has been updated in 2008. The framework outlines strategies for raising the quality of services for older people in three dimensions: 1) promoting health and welfare and the related service structure, 2) staffing and management, and 3) living and care environments.
 - Municipal councils ensure that local residents have the chance to influence their municipality's oldage policy and service quality.
 - Every municipality has to have an old-age strategy approved by its council, with its implementation integrated into the municipal budget and financial plan. The basis for the strategy comprises the different needs and resources of age people, and local conditions. The strategy is drawn up jointly by the various administrative branches, local people, the third sector, business and industry. Implementation of the strategy is monitored and evaluated regularly.
 - The local service system is under devising just now, and the main emphasis is on services that help older people to live permanently at home. The quality and effectiveness of services for home care clients can be ensured by allocating them a specific responsible person or persons (coordinators) and by giving them a better chance to consult sources with expertise in geriatrics or gerontological nursing and social work.
 - The aim of long-term care reform in municipalities is homely residential units that meet older people's wishes. The aim of the reform is also to allow municipal health centre hospitals to be reserved for acute treatment and rehabilitation.
- *National Memory Programme* (Ministry of Social Affairs and Health, 2010):
 - The preparation of National Memory Programme (cf. national dementia strategy in UK) started in December year 2010.
- *Pension reform*

Finland has implemented the pension reform that took effect in 2005. This involved the introduction of a flexible retirement age for the old-age pension, between 62 and 68 years of age, revising pension accruals by ensuring that they incentivise late retirement, and creating a mechanism, with a life expectancy coefficient, that automatically decreases annual pension levels as life expectancy rises. In several instances, the possibilities for early retirement have been restricted in various ways. In addition, pension contributions have been raised.

- *Enhancement of public sector productivity*

The 2004 Government report on the future states that, in addition to reforming its pension schemes, Finland's preparation measures have included decreases in the public debt, the enhancement of productivity through various measures including the targeting of science, technology and innovation policy towards supporting competencies, the launch of a productivity programme aimed at enhancing public sector productivity, and attempts at raising the employment rate. Measures aimed at increasing the employment rate are broad-based: bringing forward the entry into working life, postponing the exit from working life, reforming social security and taxation in a manner motivating employment, and securing the quality of the workforce by investing in education and the ability to work.

What characterises 'a good place to grow older' in your country?

Other national recommendations and local level activities based on national policy framework:

- *'An advice and service network for promoting the wellbeing and health of older people'* (Ministry of Social Affairs and Health, 2009):
 - The workgroup presents altogether 18 proposals. They concern the provision and funding of activities to promote older people's wellbeing and health, organising, targeting and content of the advice services and home visits, and developing the related skills and knowledge. Proposals are also put forward for reinforcing the knowledge basis regarding the wellbeing and health of older people, and for monitoring and assessing the relevant activities.
 - Municipalities have to arrange wellbeing and health promoting advice services which are easily available in the local community. Those can be provided by telephone, in the form of web services, services provided at low-threshold units, ambulatory services, and by making use of technology. The advice services comprise information provision on wellbeing, health, services and social security, as well as individual and group-specific counselling and guidance.
 - The local authorities will prepare a plan for targeting home visits. The target group is selected on the basis of either (1) age or (2) the age and if the person belongs to a risk group. Home visits promoting wellbeing are proposed to be targeted primarily to persons aged 70-85 years who do not receive regular services or to a certain age class within this group. During a home visit an overall assessment will be made of the person's functional capacity, the risk factors in the housing environment will be considered, and guidance given for self-motivated promotion of wellbeing. The clients are also told about the services available in the municipality.
 - Promoting older people's health and wellbeing is included also in the new health care act.

- *Government Resolution on development guidelines for health enhancing physical activity and nutrition* (Ministry of Social Affairs and Health, 2008):
 - The main targets are: 1) High-quality, accessible, and affordable physical activity and nutrition services are sufficiently available for elderly persons. 2) Monitoring of the nutritional state of elderly persons.
 - Nutrition recommendations for older people (Nutrition Advisory Board of the State, 2010) were published in May year 2010.
 - Recommendations for the promotion of physical activity in Finland were published also in year 2010.
- *Safe pharmacotherapy. National guide for pharmacotherapy in social and health care* (Ministry of Social Affairs and Health, 2006):
 - The provision of pharmacotherapy is based on a pharmacotherapy plan drawn up in the unit or workplace.
- *National pharmacotherapy database for professionals to promote safe pharmacotherapy for older people* by Fimea (Finnish Medicines Agency, 2010).
- *Terminal care recommendations based on expert consulting* (Ministry of Social Affairs and Health, 2010):
 - The old persons have the right to die and to get good quality terminal care in residential homes or intensive sheltered housing.
- *Art and culture for well-being – proposal for an action programme 2010-2014* (Ministry of Education and Culture year 2010):
 - The aim of the Art and culture for well-being programme is to promote well-being and health by means of art and culture and to enhance inclusion at the individual, community and societal levels. The three priority areas in it are: 1) culture in promoting social inclusion, capacity building, networking and participation in daily life and living environments, 2) art and culture as part of social welfare and health promotion, and 3) art and culture in support of well-being and health at work.

How can communities be supported to become good places to grow older

The municipalities are mainly guided by information such as *National Framework for High-quality Services for Older People*. The framework is designed to help municipalities and cooperation districts to develop their services for older people on a basis of local needs and resources, jointly with the third sector, private-sector service providers, and clients, their relations and other local residents. The framework is intended for use by decision-makers and managers in municipalities and cooperation districts as a tool for developing and evaluating their services for older people.

Resources for municipalities are allocated partly under the Kaste-programme (*The National Development Plan for Social Welfare and Health Care*). The resources are given regional level, and municipalities develop the older people services together with their networks.

New innovation service platform is developed in 'Service innovation' project. INNOKYLÄ, the new innovation service platform derives from the Finnish words for 'innovation' and 'village', and it describes the kind of virtual and actual community. The platform will enable representatives of municipalities to seek advice on how to develop services on various concerns and to find out about the latest service models that have been developed. The community comprises a number of hands-on activities, including an innovation bank, college, and library. An innovation clinic will enable different actors to develop in unison new kinds of service. There will be 'innovation markets' at social and health sector events, which will present the INNOKYLÄ concept and its services. The INNOKYLÄ opens in the beginning of 2011.

What is the attitude towards taking into account and making use of local diversity in your country?

The aim of the *National Framework for High-quality Services for Older People* is to promote the health and welfare of older people, to narrow differences in health and welfare, and to raise the quality and effectiveness of services provided. The framework will help municipalities and cooperation districts to develop their services for older people on a basis of local needs and resources, in cooperation with clients, other local residents, service users and their relations, NGOs, businesses and parishes.

Municipal councils and managers, particularly, must recognise the trends in their operating environment and ponder ways of providing high-quality services for older people that demonstrate dignity and respect for individual clients while being both effective and financially sustainable. Because operating environments vary, solutions that take local circumstances into account are needed.

The framework stresses the importance of partnership between the public, private and third sectors, and also underlines that opportunities for involvement by local people, clients and their families should be increased. NGOs have an important role in promoting older people well-being and health, and also in producing home care services and sheltered housing with 24-hour assistance,

Do you use indicators for evaluating policy measures? What is your country's approach to the (early) participation of researchers in the evaluation process?

Systematic collection of assessment data on attainment of set targets plays a crucial role in implementation of the *National Framework for High-quality Services for Older People*. It allows both local and central government to evaluate development over time and to compare data with the situation in other municipalities and nationwide. The National Institute for Health and Welfare, THL (previously STAKES) SOTKANet Indicator Bank (www.sotkanet.fi) provides indicators for monitoring and comparing promotion of health and welfare, service needs, service structures and finances.

- Indicators for monitoring and comparing promotion of health and welfare include for ex.:
 - percentage of those over 65 and 75s living alone;
 - percentage of all over 65s receiving full national old age pension;
 - number of over 65s per 1,000 entitled to special refund medication;
 - number of over 65s per 1,000 entitled to special refund medication for psychosis;
 - percentage of all over 65s hospitalised for injuries and poisoning;
 - mortality rate of over 65s per 100,000.

- In terms of practicable factors influencing service needs that can be monitored annually and at the municipal level, the framework covers the following for ex.:
 - current overall age structure and prognosis, total population and percentage breakdown (SOTKANet, Statistics Finland);
 - number and percentage of those over 65 and 75 living in housing with poor or extremely poor amenities (poor means having no bath/shower room and/or no central or electric heating, extremely poor' means that there is also no running water, drains, hot water or WC.

- Indicators of service structure, (as % of over 75s):
 - Percentage living at home (excluding those in 24-hour care);
 - Percentage receiving regular home care;
 - Percentage receiving informal care support;
 - Percentage in sheltered housing with 24-hour assistance;
 - Percentage in long-term institutional care (residential homes, health centre hospitals).

- Financial indicators include:
 - total running costs of institutional services for older people;
 - total running costs of home services;
 - total running costs of other services for older people and people with disabilities.

The role of research in policy evaluation is important. Universities are independent research organisations, and they are doing systematic evaluation. The Ministry of Social Affairs and Health guides through performance management, for example National Health Institute for Health and Welfare's activities, the evaluation of policy programmes.