

韓國老年學研究

Korean Journal of Research in Gerontology

2010, Vol. 19, 3-13

Long-term Care in Norway: Organization, Provision and Recent Trends in Developing the Sector

Kristin Løkke

The Royal Ministry of Health and Care Services
Norway

I will introduce you a brief overview of the health care system in Norway (population 4.9 millions; life expectancy at birth 82 years for women and 78 years for men) and I will give you an introduction to the organization and financing of the primary health care with main focus on long term care. I will point out the future challenge sin long term care in Norway. Last, but not least I will give you an introduction to how we plan and prepare for meeting the future challenges through what we called Care plan 2015.

This manuscript was presented at the pre-conference of the 4th International Symposium for Aging which was held at November 12, 2010 in the KimDaeJung Convention Center, Gwangju, Korea. All correspondence to Mrs. Kristin Løkke, The Senior Advisor, The Royal Ministry of Health and Care Services, P.O.Box 8011 Dep., NO-0030 Oslo, Norway or e-mail (kl@hod.dep.no).

Kristin Løkke

The Norwegian welfare model is characterized by a well-developed community based health and social service. The de-centralized model secures close relationships with the families, the local community and voluntary organizations. The administration of health services is organized as a three-tier system (municipal $\Rightarrow$ county $\Rightarrow$ state) with a clear division of responsibility between national authorities, the counties and local authorities.

The primary health services are run by the municipalities. In Norway we have 430 municipalities. The dental care is run by the counties, all together 19 in Norway. The specialist health services are owned by the state. The local authorities, in each municipality, are responsible for the management of primary health services. The local health authorities shall provide the following health and care services which includes: 1) General medical services, including a regular general practitioner scheme, 2) Emergency first aid medical services, 3) Physiotherapy, 4) Midwife services, and 5) Long term care of home care service and nursing homes. Municipal health care services are financed by 1) Block grants from taxes levied by the municipalities, 2) Reimbursement schemes from the National Insurance Administration, and 3) Patient charges (out-of-pocket money). The long term care services in Norway are determined and provided for directly from the municipalities. The services are mainly paid from taxes and grants from the Government. For the last few years the government has increased the grants to the municipal sector, and we have observed a positive trend. The municipalities invest in long term care.

Facts of long term care

Long term care includes home based services, community

Long-term Care in Norway

housing and nursing homes. It includes users at all age and with different diagnoses or health problems. Out of a population of 4.9 million inhabitants, the care services have more than 260,000 users. Of these 40,000 live in nursing homes and more than 160,000 people receive home care services in community care housing or in their own home. The number of users under the age of 67 has doubled in the last 10 years, and now totals around 50,000 persons. In terms of man-years the long term care sector is currently more extensive than the hospital sector.

In 2009 around 120,000 man- labour years were completed in the care services and 93,000 in hospitals. Family care adds up to approximately 100,000 man-labour years, nearly as much as the man-years provided for by the municipalities. The expenses for community based health and social services per year are approximately 75 billion kroner: among them 53% for nursing homes and 47% for home care services and community care housing. In 1970 the nursing homes had approximately 70% of the expenses and home care service 30%. It's been a historical development from institutional care to more home based services over the last years.

Future challenges in long term care

In Autumn 2006, the Government in Norway presented a white paper; Report no. 25 called "Long term care - future challenges." The report presents an overview of the main future challenges in long term care and outlines both short-term and long-term strategies to meet these challenges. Society is facing demanding long-term challenges in the coming decades. The health and social services cannot be left to meet these alone. They must be resolved with a public responsibility that involves the majority of sectors in

society. We also need to support and develop the voluntary participation from families and the local community.

The challenges are, as far as we can see, linked to:

(1) *New User Groups*: Over the past 20 years, the health and care services have undergone a numbers of major reforms that have affected care for the elderly. But even more it has affected new and other user groups. Today users under the age of 67 constitute approximately 25% of the users in long term care services. And the number has more than doubled in the last 10 years. These new user groups includes mentally retarded, people with chronic diseases and disabilities and people with psychological and social problems.

(2) *Ageing* is the second challenge: Demographical projections show that the number of elderly users is set to rise within the next 15 years. Growing needs as a result of an increase in the number of elderly will require both expanding the capacity and improving the expertise in ageing. The numbers of elderly over 80 years will double in the next 35 years. The highest growth will take place around 2020. But compared to other countries, Norway is in a relatively favourable situation, since the effects of the demographic changes are less dramatic here than in other parts of the world.

(3) The third challenge is *Shortage of Carers*: As a result of changes in the age structure in the population, there will be no major increase in the supply of manpower and potential voluntary care providers. One of the most important challenges in the future will be to ensure access to sufficient health and social services personnel, primarily through educational and recruitment initiatives.

(4) *Medical Follow-up* is the fourth challenge: There is a need for improving the medical follow-up of the care services for the home care service users and for the residents of nursing homes

Long-term Care in Norway

and community care housing. This particularly applies to people with chronic and complex illnesses, dementia and mental problems.

(5) The last challenge is *Active Care*: The majority of surveys highlight everyday life, activity, and social and cultural conditions as the greatest failings of the current long term care. Day care offers are called “The missing link” in the long term care services. This requires that the municipal responsibility for activity and social initiatives is made clear. It also requires a broad professional scope with room for more different labour groups. This will to a greater extent meet the psycho-social needs and give the care services a more active profile.

World population aging

Aging is one of the future challenges for long term care. And the United Nations has in their report “World population aging” said it clear; Demographic changes is transforming the world. Aging will affect all sectors and all markets. There will be a senior segment. Aging will involve all sectors and markets in the national and international society: 1) Tourism and communication, 2) Education and knowledge, 3) Culture and adventure, 4) Fashion industry, and 5) Car industry. Tourism, fashion industry and car industry have already discovered it. Senior design counts. One example is mobile telephones, they have got big keys and alarms with GPS. The health and care system is the last sector to discover the new market.

Strategies for meeting the future challenges

The main strategies meeting the future long-term challenges is to use the relatively stable period (from a demographic point of

Kristin Løkke

view) ahead to gradually expand the service offer, and plan and prepare the rapid growth in care needs that is expected from around 2020. On this basis the Government has compiled a Care Plan with definitive measures up to 2015. Care plan 2015 requires long term planning of investments in buildings, personnel efforts, skills development, educational capacity, and adapting the physical and social surroundings.

The care plan contains four main measures and action plans: 1) New man-labour years, 2) Competence Lift 2015: The aim of the Competence lift is to procure enough personnel and the necessary professional expertise in the municipal long term care service, 3) Investment grant for nursing homes and community care housing, and 4) Plan to strengthening the care for persons with dementia; Dementia Plan 2015.

New man-labour years and Competence lift 2015

As a part of the care plan The Government has worked out a competence plan for the years to come; the Competence Lift 2015. The aim of the Competence lift is to procure enough personnel and the necessary professional expertise in the municipal long term care service. The plan focus on qualifying of personnel, especially grown ups, and further education and training places for health care workers. It is also an aim to increase the share of full- time workers, improving the working environment and focus on strengthening the ethical expertise. And we see a positive trend. We have established teaching nursing homes and teaching home care services in all counties with responsibility for developing competence in all the municipalities in their county. And we see a broader scope of personnel working in this sector. This gives the services a more active profile.

Long-term Care in Norway

New investment grant for nursing homes and community care housing

The Government has given notice of a new investment grant for nursing homes and community care housing. The target group for the scheme is persons with a need for round the clock health and care services. The grant will enable long-term planning and investments in the municipal long term care service. The grant will strengthen the municipalities' offer of short-term places in nursing homes and accommodation offers for the elderly and persons with varying degrees of incapacity who have a need for extensive long term care services both in nursing homes and community care housing, including persons with mental health problems and substance abuse problems, and persons with intellectual disabilities, amongst other things.

"Small is beautiful"

The investment grant has a slogan "Small is beautiful." This means that small-scale communal living arrangements and wards with direct access to adapted outdoor areas are better than old-fashioned institutions with large wards and long corridors. On that basis, everything that is built or modernized with financing through the new investment grant for nursing homes and assisted living facilities should be adapted to persons with dementia.

Facts of dementia

In Norway there are approximately 70,000 persons with dementia. The amount of people with dementia will be doubled

Kristin Løkke

towards 2040. 80% of all users in nursing homes have got dementia. Still findings from a number of surveys show that only approximately 50% have got a diagnosis. This is a big challenge for the long term care services. Approximately 33,000 of the persons that are affected with dementia live in their own homes. Only 6% of those living at home receive a tailored daycare offer. If we include all the numbers of people that are affected by dementia illness, we count around 250,000 persons.

Dementia plan

In the light of these challenges the government has made a holistic plan for a strengthened dementia care. The plan contains strategies for a long term perspective and definitive measures until 2015 and has three main focus areas:

(1) *Developing day programmes*: Day programmes and respite schemes for persons with dementia illness and their relatives are often called “The missing link in the care chain.” The Dementia Plan proposes a programme to try out models that work for day programmes for persons with dementia. The aim is that all municipalities should offer a day programme for persons with dementia. These programmes are meant to occupy and stimulate patients, be enjoyable and provide them with a meaningful daily existence. At the same time they can provide some relief for immediate family from care tasks during the day, helping to enable spouses and other family members to cope with the demands of caring for a loved one with dementia.

(2) *Better adapted living facilities to patient needs*: The second main measure is to secure better adapted living facilities to patient needs under the slogan “Small is beautiful.” For these patients small-scale communal living arrangements and wards with direct

Long-term Care in Norway

access to adapted outdoor areas are better than old-fashioned institutions with large wards and long corridors.

(3) *Increasing knowledge and skills – Education, information, research and new expertise:* To get more competence about dementia and dementia care, there is a need for increasing knowledge and skills through new expertise education, information and research. The plan contains developing of various training programmes. We also know that being a family caregiver for a person with dementia increases the risk of harm to their health. Families need information about dementia disorders, relevant treatment and available support. Experience shows that families of persons with dementia illness have a higher quality of life when they are educated about and given guidance in, dealing with the dementia disorder. One main target is to establish schools for family caregivers and support groups in all municipalities in Norway in 2015.

Innovation and technology

The long term care services in Norway has undergone a lot of major reforms and still this is a sector that needs to be seen with new eyes or with new ways of looking. There is a need to find new, and fortunately better, ways of meeting the future challenges in long term care. On that basis the government in Norway has put together a committee. The committee will report on options and proposing new innovative solutions and measures meeting the future challenges in the care service with main focus on: 1) New technology (Technology for safety, mastering life, treatment and better administration), 2) Architecture and new ways of living, 3) User involvement, and 4) Research and development.

Second sight

I will end my opening presentation with reading two poems from a Norwegian poet called *Odveig Klyve*. She has written lyrics about the meeting between a daughter and her mother that suffers from dementia. The lyrics are called “Second sight.”

There was a time when you held my hand tightly
as I took my first step
Now I support you
as we walk across the floor
I can feel
you have walked a long way

I pull up a chair and sit
holding your hand awkwardly in mine
Where are the words for this
meeting in this big room
eyes glancing everywhere
A woman I don't know comes to me
asking for help to find home

Klyve puts into word the meaning of close relations to family and local community. To create good health –and social service offers is a challenge for the health and social service. But not only for the services, its also a challenge for us all to create good and care giving local communities. One way to approach these tasks and challenges is to figure out how we can create structures and processes that secure cooperation and joint solutions. Whether strategies are successful can, at the end, be read out of the quality

Long-term Care in Norway

in the meeting between the health -and social worker and the user.

(원고접수일: 2010년 10월 7일)

(원고게재승인일: 2010년 11월 18일)