

SYMPOSIUM 'FINNISH-JAPANESE DEVELOPMENT PROJECT FOR THE CARE OF OLDER PEOPLE'; CO-CHAIR: VAPPU TAIPALE (FINLAND) & AIKO SAKAI (JAPAN)

Finnish policy for the care of older persons

V. Taipale

STAKES, Finland; e-mail: vappu.taipale@stakes.fi

Finland is a Nordic welfare state with a small population of five million inhabiting a vast, scarcely populated country. Equity and universalism, in the sense that services are provided for all inhabitants, are the cornerstones of our society. Municipalities are independent actors with the right to collect taxes. Additionally, they receive financial statutory transfers from the state which are designed to even out differences in wealth between municipalities. The total number of municipalities amounts to 444 meaning that their average population is very small. The municipalities are responsible for the well-being of their inhabitants and for the provision of services. They may produce the services themselves or buy them from various organisations or private service providers. As regards decision-making, ours is one of the most decentralised systems in the world. The public sector provides about four out of five welfare and health services, and private providers and various organisations produce one fifth. The citizens trust the public services and

are in favour of providing them from public funds. In terms of ageing, Finland is a pilot area in the European Union, as our population is ageing fastest among the Member States the rate being nearly the same as in Japan. Because good care policy calls for intersectoral activity, ageing has been one main national focus area already for decades. Ageing touches whole society. Themes like retiring, work life and ageing, and life-long learning are topical issues. Viewed from the socio-political perspective, every older person has a 'tailor-made' pension and therefore very few live under the poverty line. The welfare and healthcare services aim to take care of older people's condition and well-being, and to help them cope independently as long as possible. Home-help services support the individuals' possibilities to live in their own homes. Approximately one out of ten persons over 75 years is placed in institutional care. Informal care is subsidised from public funds. Organisations of retired people and those providing services for the elderly are strong actors in society.

General overview of the Finnish Wellbeing Center (FWBC) project in Sendai

M. Kimura

Finland Trade Center, Finpro Japan, Embassy of Finland, Japan;

e-mail: masahiro.kimura@finpro.fi

Japan is one of the fastest ageing nations in the world. The profound societal changes in Japanese family and working life trend to shift the care of older persons from care by family to care by society, while the direction in Finland is the opposite, i.e. towards the support of independent or autonomous living in home-like condi-

tions. Japanese authorities and experts have taken a close look at the Nordic, and especially the Finnish way to take care of ageing senior citizens. For these reasons, an attempt to introduce the Finnish elderly care concept to the Japanese welfare market was launched as an FWBC Project in 2000. As a concrete result of the

successful bilateral planning phase, an elderly care facility is under construction in the City of Sendai. The functional concept is based on the Finnish 'Sendai Sun' model, which emphasizes the dignity, autonomy and activity of senior citizens. The special nursing home for older persons will provide integrated services

and rehabilitative measures for its clients. The center will provide long-term care for 100 clients, short-term stay for 20 clients and a day service unit for 15 clients. Finnish welfare companies will provide part of the necessary equipment. The 5,500 sq m building will be opened in December 2004.

Dynamic care concept of FWBC

H. Tervaskari

FWBC Finland Oy., Finland; e-mail: hilkka.tervaskari@fwbc.fi

The Finnish Wellbeing Concept is based on the Finnish care and service model 'Sendai Sun', which will improve the welfare, functional capacity and quality of life of ageing people. The starting points include the concept of versatile and client-oriented seamless services. That means the older people living at home or in the FWBC can obtain the most suitable care and services for their life situations and level of functioning at one location (FWBC). Older people's independence will be supported by means of the rehabilitative work approach, rehabilitation and a multiprofessional team. A preventive

home visit is a new part of services for older people. An essential tool for the provision of good care is the individual care and service plan. Respect for the clients' own wishes and support for and by their families will be constantly taken into consideration. The care and service plan is today one part of the IT-technology. The IT-technology and IT- platform will link together all the care and service operations. If the technology is well designed and appropriately used, it promotes independent living at home, increases the motivation to be self-sufficient and also helps the staff in their work.

Advantage of an R&D unit next to a care facility

A. Sakai

International Economic Affairs Section / City of Sendai, Japan;

e-mail: aiko_sakai@city.sendai.jp

FWBC, Finland Wellbeing Center, consists of a Care Facility and an R&D Unit, which are located very closely each other. The advantage of this close neighbourhood is that we can practically and efficiently develop welfare services and devices by reflecting voices of residents, their family members and care staff. This development system reflecting users' voices is one of the prominent characteristics of the FWBC Project, which is expected to become a model and a brand. FWBC is also characterized by the service base for preventive

care for elderly persons living in the community around the center. This service will be developed by Finnish and Japanese industries, universities, welfare associations etc. The Care Facility will be opened in December 2004 and the R&D Unit will be opened in March 2005. Thus, the real activities of the FWBC including research and development themes will be reported at the Symposium. The City of Sendai, owner of the R&D Unit, strongly emphasizes the importance of collaboration between academia and industry.

External evaluation of the Finnish Well-Being Centre (FWBC) care unit, in Sendai, Japan

H. Finne-Soveri

STAKES, Japan; e-mail: harriet.finne-soveri@stakes.fi

The hypothesis behind the FWBC project was that the reimbursement system together with traditional ways of caring may result passivating (non-activating) care for the elderly, in Japan. However, with modern technology, activating attitudes and feasible environment the outcomes of care can be influenced and, thus, quality of care improved. The external evaluation will be performed by utilizing an internationally validated interRAI-tool (Minimum Data Set 2,0) that

is designed for measuring efficiency and quality of care and is widely used in Finland. In Japan, it is used in some extent. The quality outcomes delivered in the Sendai-project will be sandwiched between comparable outcomes from elsewhere in Japan and those from Finland. The RAI-data base for 'benchmarking long-term care for the elderly', located in STAKES, Finland, will be utilized. In the presentation, the quality indicators and the outcomes from Finland will be introduced.

Finnish technology to support independent living

J. Ekberg

STAKES, Finland; e-mail: jan.ekberg@stakes.fi

The preference for independent living is a result from a social responsibility in the Finnish society. Elderly people should get the support needed in order to cope with activities of daily living. This strategy is exemplified by analysing some governmental research programs aiming at developing new technological devices and services to support elderly living independently at home. Some examples of technical solutions are presented showing that the important thing is not only the carrying

out of activities of daily living and the provision of security at home but also the activation of elderly people. Modern technology can be used to provide security also when being outdoors, to get information about interesting activities and happenings nearby, and to be able to participate in leisure activities. Some solutions for independent living are shown in their home environment and solutions for outdoor travelling and participation in, for instance, sports events are exemplified.

Benefits of e-prescription in elderly care

T. Lindeman, J. Maijala

Mediweb Oy, Finland; e-mail: tommy.lindeman@mediweb.fi

Healthcare systems have always been considered as one of the most reluctant to the information technology. It has been estimated that near 100,000 deaths in U.S. hospitals are caused by mistakes in administering medicines. If the medical history of a patient could be available for the doctor during prescription, he could check the existing medication, known allergies and other information, which might effect the choice of the medication. The more people are having correct medical treatment, the less they are visiting the hospital. The elderly people are a special target group because they are the ones who fill up the hospitals and take most of the drugs. In U.S. it has been estimated that there are 20,000 fatal or life-threatening adverse drug events per year among the nursing home population. It has been

calculated that 80% of these fatal events are preventable. Using information technology in nursing homes to track the medication given to elderly people would probably have the same effect as the public availability of the patient records. This technology could be expanded to home care and extended in such a manner that hospital visits would be reduced. Mediweb Oy has created ELRES which is open platform for e-prescription. It will increase patient safety and information security. It will also save time at all the levels from doctors to pharmacies all the way to insurance institutes and companies. This allows healthcare workers to use their time efficiently and focus on nursing instead of handling medical administration and fixing problems caused by wrongly given medicines.

PAPER SESSION 'VISION AND AGING'; CHAIR: SOHEI AKITA (JAPAN)*Aging effects of contrast sensitivity and visual function*

M. Omori*, H. Ishigaki**, S. Hasegawa*, M. Miyao

*Information Technology Center, Nagoya University; Kobe Women's University;

**Aichi Institute of Technology, Japan; e-mail: masako@med.nagoya-u.ac.jp

Visual acuity declines with aging for the reasons of elastic degradation of an eyeball lens, cataract cloudiness. Moreover, it is reported that contrast sensitivity declines in a high frequency domain in connection with aging. However, in the preceding study, there have been a few studies that consider the relation between contrast sensitivity and cataract cloudiness. In the present study, we examined the subject's cataract cloudiness and 50cm near visual acuity as well as contrast sensitivity. The subjects consisted of one hundred people aged twenty to seventy-nine years, with normal or corrected-to-normal vision. The indication of cataract cloudiness had 256

levels, where 0 indicated no cloudiness and 255 maximum cloudiness. The result of 50cm near visual acuity is deteriorated after forty-five years of age. Due to presbyopia, middle-aged and elderly subjects had weaker near visual acuity than younger subjects. Similarly for near visual acuity, cataract cloudiness was severer in middle-aged and elderly subjects groups. It is show the relation between cataract cloudiness and 50cm near visual acuity. The result of cataract cloudiness became severer as visual acuity deteriorated. Contrast sensitivity was deteriorated with 100 or more the cataract cloudiness in the domain of high frequency.