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# Danish Elder Care: Home Help and the Approach of Preventive Interventions

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## Overview

- The Danish context
- Main characteristics of elder care
- Ageing in place:
  - Home care
  - Preventive measures

## The Danish context



40.000 square kilometres

98 municipalities, 5 counties

5.5 million people

1.8 % of GDP on elder care

Average life span women 80  
years, 75 years men

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## Characteristics of Danish care for the older persons

- Municipal responsibility for organisation and provision Tax financing
- Politically administered by Ministries of Social Affairs, not Health
- High coverage and take-up rate, no stigma associated
- High quality: professionalised, regulated
- Informal care by spouse/partner, but not often by other relatives
- Service approach: No major cash for care schemes, apart from care for terminally ill

## Elder care policies and principles

1980s:

Autonomy, coordination, normalisation, continuity ->

Ageing in place – 'as long as possible in own home', emphasis on home help

1990s:

Early intervention <-> Self care <-> Rehabilitation

2000s:

Individualisation – new focus on migrant older persons, but also choice

Standardisation – Equality/fairness

Control: documentation, NPM

## New Old age commission, led by Thyra Frank, director of nursing home Lotte



## Main social services for the older persons

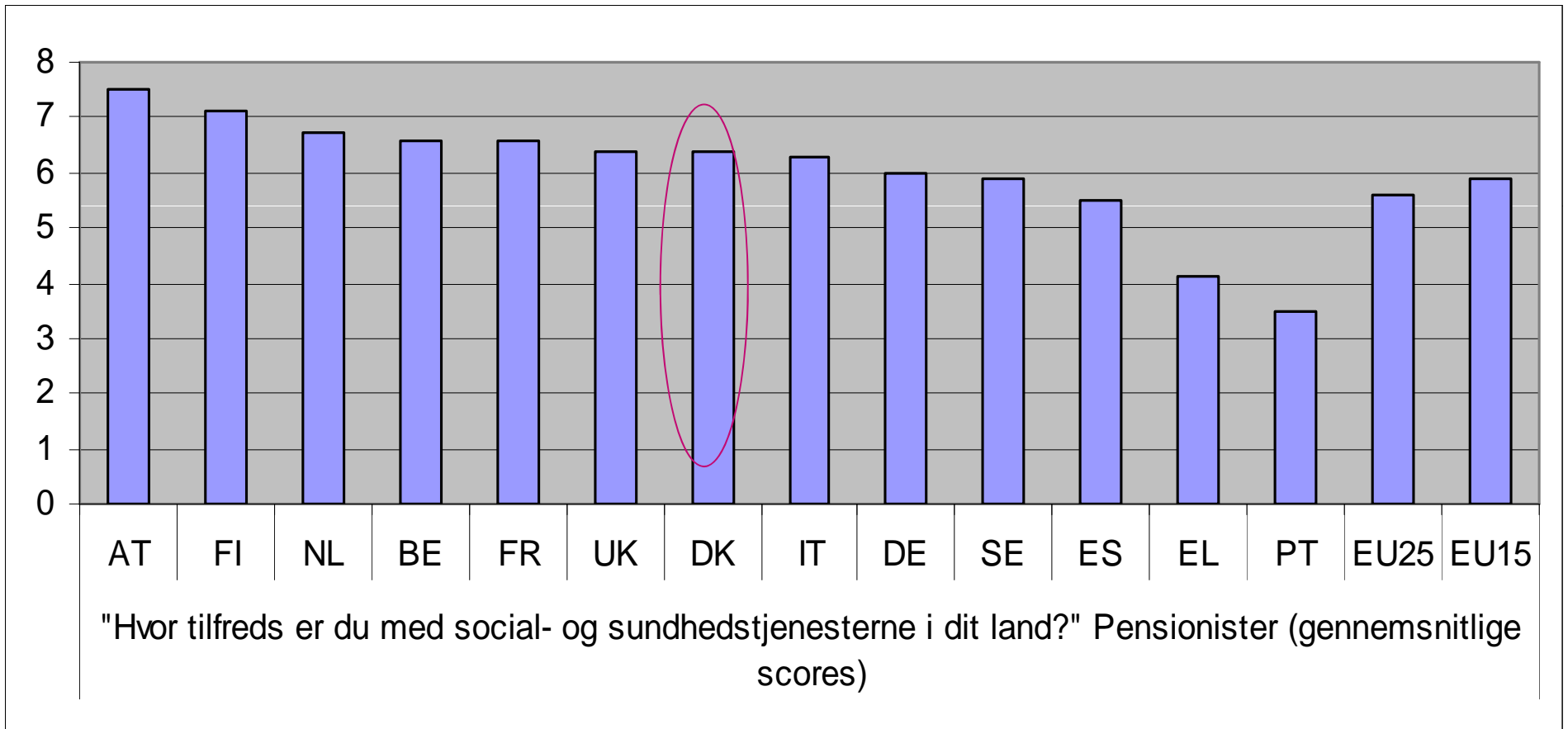
- Home help
- Nursing dwellings
- Sheltered housing
- Transport scheme
- Adaptation of the home
- Aids and appliances
- Meals on wheels
- Dentistry
- Day centres (social and physical exercise activities)
- Dementia co-ordinators
- Preventive visits

## Home care

- Free of charge
- Integrated provision of both home care and assistance with domestic chores
- 24-7 possible, but expensive
- By law, free choice of home care (local authority as well as private-for-profit providers)
- Quality issues: continuity, lack of time (in particular for cleaning)
- Universalism/selectivism in combination: spreading resources, but intensive help for the most frail
- 18 % of the 65+ and 44 % of the 80+ receive home help
- 62% of recipients receive less than 2 hours weekly (often around ½-1hour every two weeks) (2009)



# Satisfaction with social and health services, EU, older persons



## Preventive home visits

### 1996 law on Preventive home visits

- For older persons 75+, living at home (municipalities can decide to include residents in nursing home facilities)
- By law, one annual visits (initially two)
- A “structured, holistic discussion of general well-being, social networks, housing, finances, health, functional ability”
- Concentrated especially on how the older persons masters daily tasks, rather than focusing on illnesses and diseases.
- Municipality must offer services if so needed, and decides which staff perform the visits – most often home nurses

## Take up

- Voluntary visits, in 1998 four out of ten declined offer of first visit, and fewer declined offer of second visit.
- Older persons 80+ more often declined.
- Related to whether they were required to respond to ininitial contact – in municipalities where the older persons should ask for visit, fewer visits

## Evidence

Several randomized control intervention studies:

- General findings: older persons appreciate the visits; result in increase in use of home services, fall in mortality and need for nursing home placement.
- Some show an increase in functional ability and lower admission rate to hospital and nursing homes (eg Vass et al, 2002)
- Evidence suggests that the more intensive the intervention, the more cost-efficient

Thank you!