

# Finland

Country Profile on Healthy Ageing 2021

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# Country profiles series

SIENHA is a European research project carried out by different universities whose aim is to support healthy ageing among European countries through the competence development of social and healthcare professionals.

Country Profiles provide an overview of the SIENHA project based on each partner country's situation regarding healthy ageing including demographics and epidemiology, health status, health system and population needs. These profiles aim to provide context and highlight specific needs of each partner with the subsequent purpose of translating these results into future competencies

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The data and information in these Country Profiles are based, mainly, on European official statistics provided to Eurostat and the OECD, and Global Health Data Exchange to ensure data comparability. This information was complemented by the National Statistics Institutes of each country.

# 1. Demographic and socioeconomic context

Currently (in 2021), the population of Finland stands at 5,548,361 (decreased slightly from the previous year). The distribution of the population by age group and sex can be seen in Figure 1. Since 2020, the demographic growth has decreased to -0.1%, while the vegetative growth has increased to +0,14%. The total life expectancy for females is 85.1 years and for males 79.8 years. The overall fertility rate stands at 1.463 (births per woman).

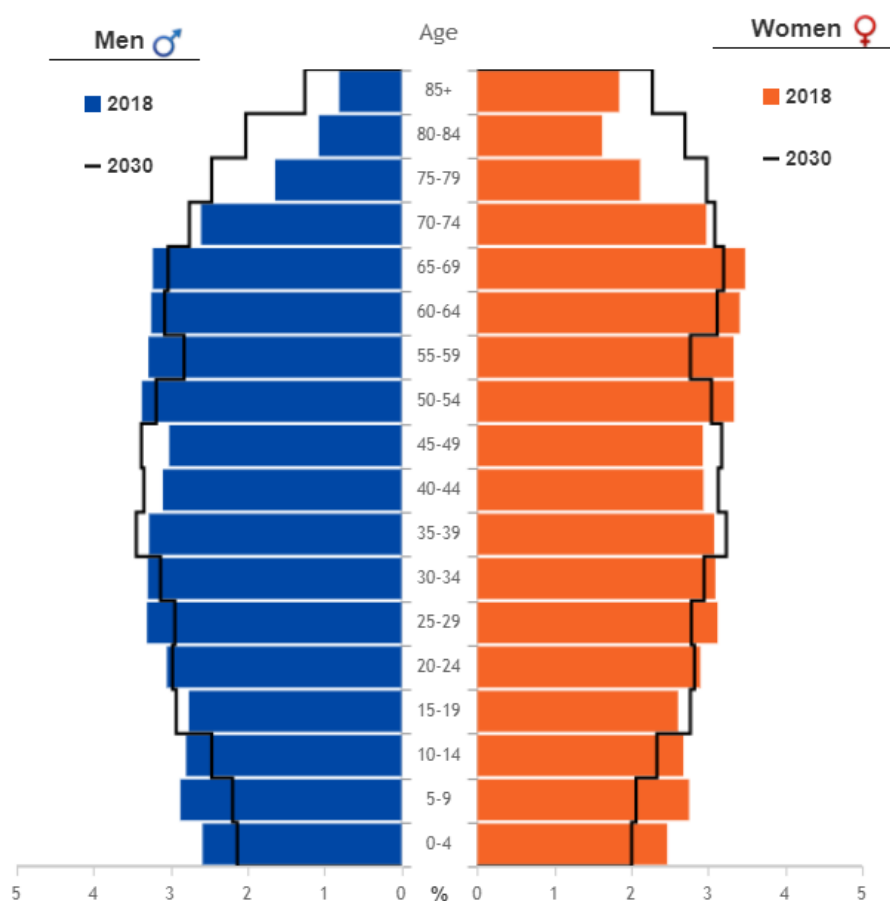


Figure 1. Population pyramid in Finland in 2018 and its projection for 2030

Adjusted gross household disposable income (2019)	59,507M €
Unemployment rate (2020)	Men 9.2 % Women 7.9%
Degree of urbanization (2018)	72%

Table 1. Socioeconomic characteristics

At the end of 2019, 74% of the Finnish population (3 435 387 persons) completed a post-comprehensive level qualification (persons aged 15 or more), and 32% completed a tertiary level qualification. In turn, approximately 1.89 million people were holders of upper secondary diploma, and nearly 1.5 million people had graduated with a higher education degree.

On average, Finland ranks fifth in the number of doctoral graduates among the EU countries. In 2020, the number of higher education students totalled 327 257, enrolled within the 13 universities and 22 universities of applied sciences across Finland. Finnish institutions offer education in Finnish, English and Swedish. In 2017, the public expenditure in tertiary education relative to GDP was 1.7%, the total education spending being approximately 5% of the GDP.

The structure of education is comprehensive from early childhood education to higher education, making the education system as one of the best performed within the OECD countries. Concerning the field of study, 21.9% students graduated from the field of welfare, making it one the most sought-after field of study among higher education students in 2019. Welfare (ISCED) is defined as degree programmes in welfare (not further defined/interdisciplinary programmes), health and welfare, social work and counselling, and related areas of expertise (e.g., care of the elderly and disabled adults, childcare, and youth services).

## 2. Health status

### Self-reported health on the decrease

Similar, to other European countries, Finland has experienced a high increase in the life expectancy over the decades together with an increase in the number of elderly. Challenges shadowing the health of the elderly include chronic diseases and disabilities, which increase the burden of the social and health care system.

Concerning self-reported health, Finnish citizens report more limitations in activity than other European citizens, resulting in a lower number of healthy life years in comparison to other EU countries. These findings provide information towards healthy ageing research. Further information is provided in Figure 2.

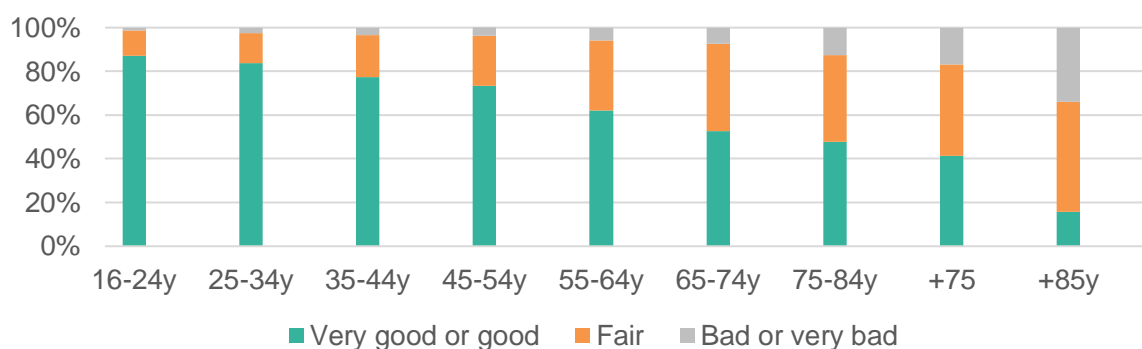


Figure 2. Self-reported health by age

### Alzheimer's disease is an increasing cause of death

Mortality from treatable causes is lower in Finland than the EU average, signalling that the health care system performs well in saving the lives of people with potentially fatal conditions. Main burdens of disease include cardiovascular diseases, cancer, and musculoskeletal disorders. Although the mortality rates from cardiovascular diseases have decreased, the ischaemic heart disease remains to be the leading cause of death, including stroke. In addition, mortality rates concerning Alzheimer's disease have increased greatly, making it one of the leading causes of death among the elderly. Mortality from chronic liver disease has also increased by more than one-third since 2000. Mortality from some cancers, including cancers of the liver, pharynx, and pancreas, all linked to excess consumption of alcohol, have increased between the years of 2000 – 2016, although the rates have started to drop in recent years. Lung cancer remains as the most frequent cause of death due to cancer, although mortality rates have slightly decreased since 2000, following reductions in smoking rates over the past few decades, especially among men.

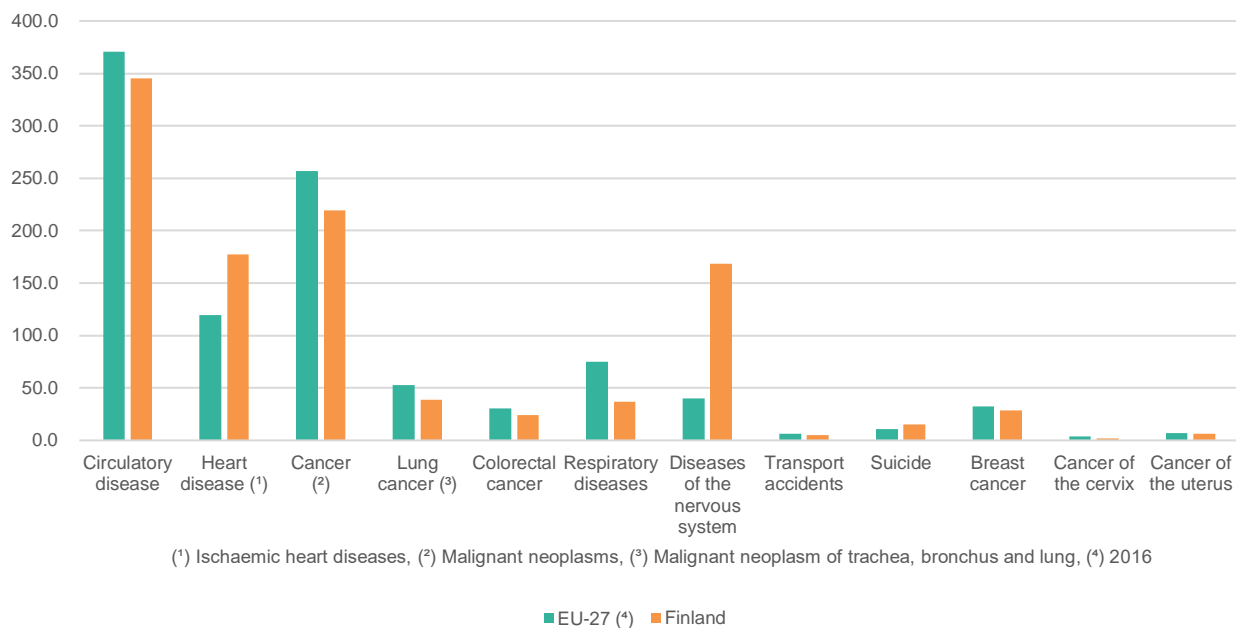


Figure 3. Causes of death (per 100 000 inhabitants) — standardised death age, 2017

### Non-communicable diseases are on the rise in Finland

Non-communicable diseases cause over 92% of deaths (data from 2019). Regarding non-communicable diseases (NCD), the three-leading causes of disability-adjusted life years (DALYs) include ischemic heart disease, stroke, and low back pain.

Although physical health and life expectancy have improved in recent decades, the positive development concerning mental health does not correspond to the figures. Mental health disorders and related illnesses are on the rise among the Finnish population; approximately, 20% of Finnish have a diagnosed mental disorder. Mental health disorders cause the most disabilities among young age groups. Support for the mental health of children and young people has been identified as an important, and positive contributor towards healthy ageing.

Accidents are also a major cause of deaths in Finland. Accidents resulted in 2,607 deaths in 2018, being the fourth most common cause of death. Every year, approximately 80,000 people receive hospital treatment (inpatient wards or in a day surgery) for an injury. Approximately 90% of fatal accidents and 80% of accidents that lead to injuries, occur at home and during leisure time. Falls are the most common type of accidents in all age categories.

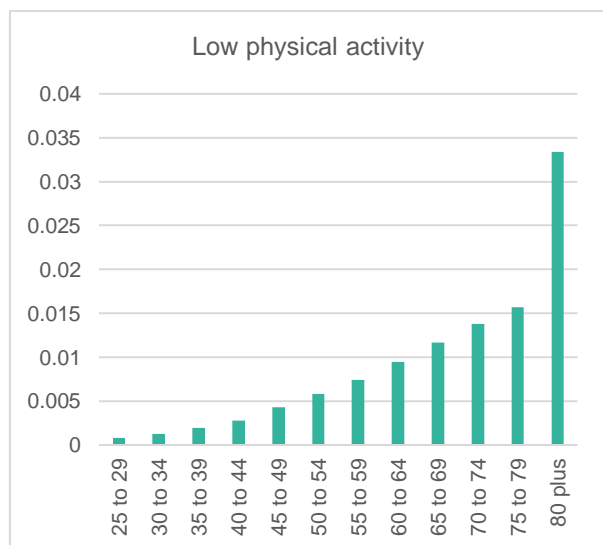
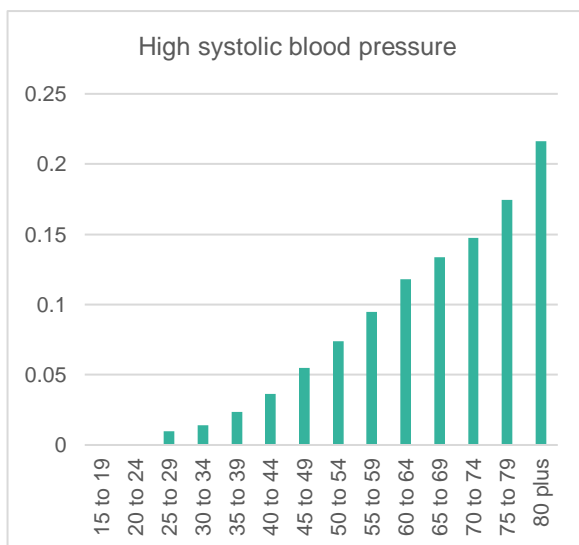
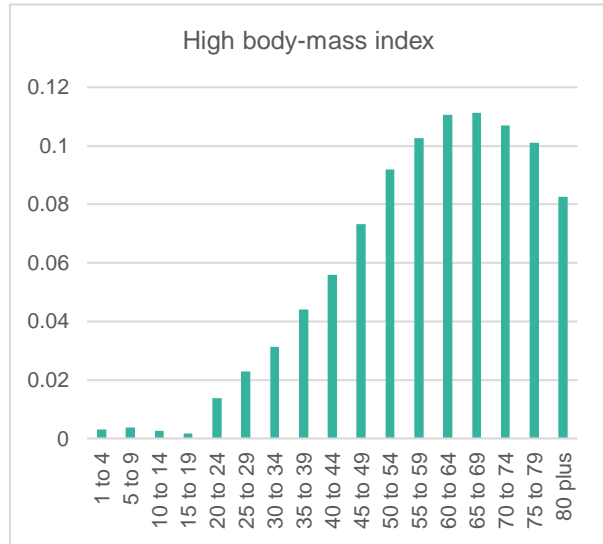
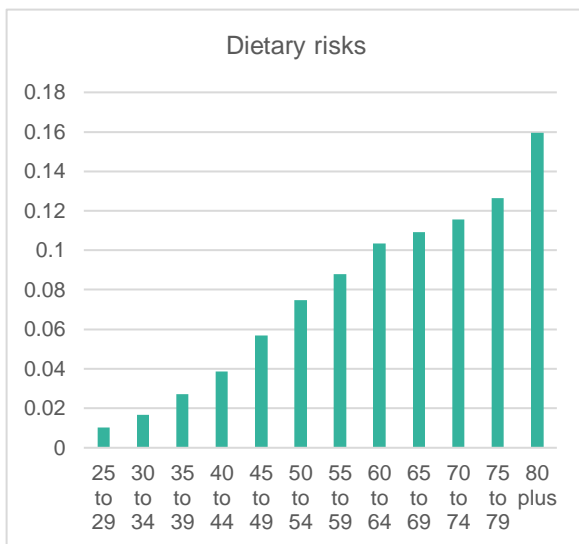
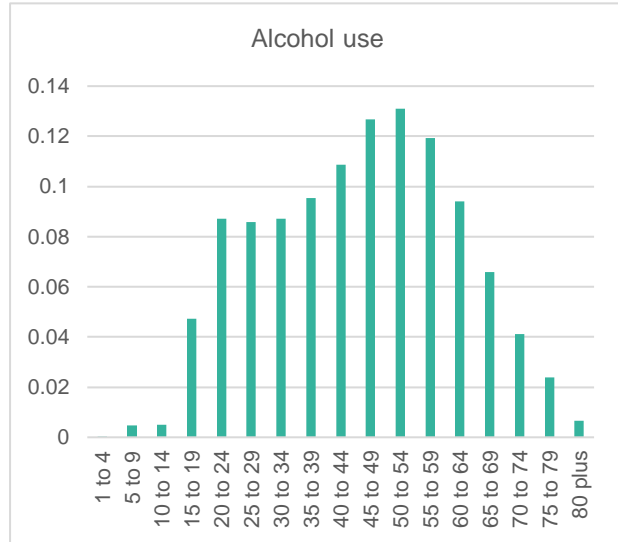
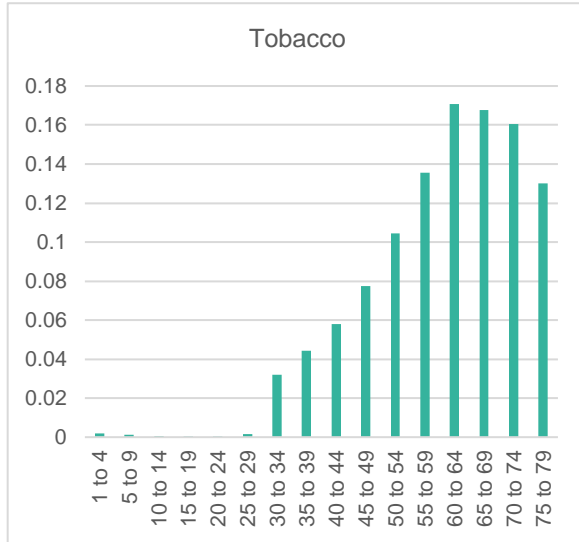
## Tobacco consumption dropped, alcohol related illnesses remain

Tobacco consumption, known as one of the key health risk factors in Europe, has greatly decreased in Finland during the past decade. In 2020, only 12 % of the population over 15-year-old smoke tobacco. In 2010, the figure was 19%, and 20 years ago over 20%. See figure 5 for further details.

Although alcohol consumption has decreased among Finnish adults, various chronic problems related to alcohol consumption are on the increase. 53% of men consume alcohol weekly (down from 60%), while 28% of women consume alcohol weekly (down from 35%). In 2016, alcohol related deaths leading to chronic illnesses caused 64% of deaths among the Finnish adults. As predicted, at least 13% of Finnish are on the verge of increasing their long-term health risks (560,000 Finns).

In addition to alcohol related diseases, diabetes figures are also on the rise due to obesity. Especially working aged adults are on the verge of becoming overweight in the long term. In 2019, 67,6% of Finns over 16 years were obese, and nearly 50% of adults had abdominal obesity, being particularly harmful to health. In addition, obesity among Finnish children has become a problem, as 27% of boys and 18% of girls up to 16 years are overweight. See figure 6 for more information on the behavioural risk factors.





## 3. Health system

The aim of the Finnish health care is to maintain and improve people's health, wellbeing, work, and functional capacity as well as social security, together with reducing health inequalities. The system is based on preventive health care and comprehensive health services. The objective of preventive health care is to promote health, prevent and identify diseases as early as possible. Preventive health services (for example, maternity and child health clinics, Finnish national screening programme, school, and student health care) are mainly voluntary and free of charge for the citizens.

The Finnish health system includes public and private health care. Public health care is governed at local and national levels. Public health services are divided into primary health care and specialized medical care. Nationally, the Ministry of Social Affairs and Health is responsible for governing health related policies and development acts. Local authorities include municipalities serving for health services. The local level organises health care, primary and hospital care, and rehabilitation. The aim of rehabilitation is to promote an individual's ability to function and support opportunities for participation, study, and employment. Rehabilitation is divided into medical, vocational, and social rehabilitation. The need for rehabilitation is always assessed based on clients' individual needs.

The national Social Insurance Institution runs the statutory national health insurance (NHI) provision. Residents registered in Finland have access to local health services through the NHI provision.

Concerning occupational health, all employers in Finland are responsible for providing occupational health for employees through private or public sector. In addition to public and private health care, social and health organisations (the third sector) have been growing in the Finnish health care system. Organisations provide social and health services for various patient groups often promoting public health, offering peer support and their services supplement public healthcare.

## Health spending

In 2019, the total health spending in Finland was 22 billion euros. Finland finances its health expenditure mainly through public sources, constituting of 79% of the total spending. The remaining is covered through the private sector. Most of the private expenditure include health care payments, outpatient medical care, dental care, pharmaceutical and long-term care. In turn, private insurance constitutes only 2% of the total health expenditure. The expenditure on health care in relation to gross domestic product GDP is approximately 9%.

## Effectiveness of the health system

As the Finnish health system covers nearly the whole population, accessibility of health care continues to be good, although co-payments have been on the rise. In addition, waiting times can vary up to very long. Health care is effective, although preventable mortality is slightly above the EU, the mortality from treatable causes is significantly lower to EU average. The health system is effective in saving the lives of people with life-threatening conditions. Finnish Hospitals provide high-quality treatment to people requiring acute care. In addition, cancer care in Finland is rates as “good level” due to on-time diagnosis and effective treatment. The current health and social services reform in Finland will focus to preventive work. The aim would be to ensure, further and better services that meet people’s needs and that problems can be addressed on time.

The current health care policy of Finland emphasises equality in terms of individuals – better and equal access to health care and treatment, customer orientation and understanding, faster operation times and social inclusion.

## Higher ratio of nurses than the EU average, but not enough

Concerning health care specialists, Finland has the highest number of professional nurses within the European Union (14.3 per 1 000 population). On average, the number of nurses per population is high, while the number of doctors remains to be low: currently, more than 3000 doctors are needed to cover for the deficit. The role of nurses is expanding to cover responsibility areas of limited prescribing and care coordination. Despite the positive development, due to the increasing elderly population, Finland is still anticipating a shortage of nurses especially within the older persons services. Approximately 30 000 new nursing staff is needed in the next ten years. By the year 2035, Finland needs at least 200 000 new workers across the social and health care professions.

## 4. Key findings and population needs

The Finnish health care is currently initiating the new social and health care reform, which aims to reduce inequalities in health and well-being, ensuring equal and high-quality health and social services for all Finnish, securing access to a skilled workforce and curbing cost growth. Life expectancy remains to be within the top 3 among the EU countries while the disparities on the socioeconomic status remain to be lowest within the European Union. The elderly population in Finland remains to be high (over 1,2 million elderly persons, 22% of the population) with the approximate increase of 4% in the coming years.

Although the increasing number of the elderly cause a strain on the social and health care system, Finland has been able to increase actions on health promotion. Since most of the elderly remain to live at their homes, various policies and schemes have been initiated to promote functional ability, independent living, and active participation. In addition, as 13,000 people in Finland are diagnosed with a dementing disease annually, initiatives also include programmes, which aim to support brain health and increase information and early diagnosis of memory problems and disorders. Similarly, various mental health programs have been initiated to increase information on mental health disorders at all ages. The programmes targeting healthy lifestyles have brought good results in terms of tobacco consumption, which remains to be lower than the EU average. However, the areas of health and healthy living which need to be tackled are high alcohol consumption in adults and obesity of the Finnish population especially among adults and children.

The expenditure on health care is due to increase caused by the higher number of elderly population and slow economic growth. In addition, since 2020, the Covid-19 pandemic has had a major impact on health care costs and caused an influx of nurses.

The new social and health care reform will eventually reveal the results of the functioning of the primary care providers, hospitals, and social welfare service. Although the role and responsibility of expert nurses has been expanded, the functioning of these services for improving effectivity of the health care system remains to be seen.

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