Sweden – the exception to the Nordic exception?

Presentation at webinar COVID-19 and long-term care in the Nordic countries
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Sweden significantly more affected by the pandemic than the other Nordic countries

Data from mid-January; Source: 1
Why have Swedish care homes been so badly affected by the pandemic?

- June 30 2020, the Swedish government appointed a *Corona Commission*
  - December 15 a first report was published (in Swedish with an English summary) together with a background report on international perspectives (by me, in Swedish) all available at https://coronakommissionen.com/
  - These reports cover only the first wave; the final report will be published in February 2022

- The Commission’s conclusions, so far:

  - **“The strategy of protecting the elderly has failed”**
    - *... apart from the general spread of the virus in society, the factor that has had the greatest impact on the number of cases of illness and deaths from COVID-19 in Swedish residential care is structural shortcomings that have been well-known for a long time. ...* Staff employed in the elderly care sector were largely left by themselves to tackle the crisis.”
The Commission: very sharp criticism

- **Initially no overview at national level** of the municipalities’ preparedness to tackle a pandemic.
  - “The Public Health Agency and the National Board of Health and Welfare did not have an adequate overview of the problems and deficiencies in municipal elderly care. This meant that guidance on measures in elderly care was delayed.”

- **Testing**: introduced far too late and far too little in LTC

- **PPE**: absence of clear guidelines and obvious lack of PPE in LTC

- The **ban on visits** was imposed too late but lasted too long

- **Structural problems**: Need for higher staffing levels, reasonable working and employment conditions + more presence of health care professionals
Structural problems not dealt with: LTC badly affected also in the second wave

COVID-19 related death in care homes, home care and outside LTC, per week

Care home residents: 46% of all COVID-19 deaths in wave 1, 45% in wave 2. 6.5% of all residents have died with COVID-19

Home care users: 26% of all COVID-19 deaths in wave 1, 28% in wave 2. 1.8% of all home care users have died with COVID-19

Source: 2
A problematic second wave is not unique for Sweden: COVID-19 related death among care home residents in Denmark and Sweden, % of residents per week

Source: 2+3
Now a third wave – vaccination will hopefully make a difference – at least in care homes?

<table>
<thead>
<tr>
<th></th>
<th>At least first dose</th>
<th>Both doses</th>
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<tbody>
<tr>
<td>Care home residents</td>
<td>91%</td>
<td>82%</td>
</tr>
<tr>
<td>Home care users</td>
<td>53%</td>
<td>25%</td>
</tr>
<tr>
<td>Care home staff</td>
<td>49%</td>
<td>30%</td>
</tr>
<tr>
<td>Home care staff</td>
<td>35%</td>
<td>16%</td>
</tr>
</tbody>
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Data from March 1, source 4
Sweden in Nordic comparison

- Higher community prevalence but have care homes also contributed to spread in the community?
- Our neighbours focused on LTC much earlier and more stringently – important for the first but not second wave?
- Less coordinated care systems (less integration of social care and health care)
- Different quality of care and different working conditions in the LTC sector?
  - More casual workers, mixed skill levels, fewer RNs, fewer managers → less support
There is still much we do not know

- How many and which care homes have been affected?
  - No studies on why some care homes have managed better than others
  - Hopefully the Corona Commission will do some statistical analyses but we would need also case studies (like in Norway)

- How have care workers been affected?
  - No statistics on infection rates among care workers
  - No follow up on psychosocial or other health consequences for care workers of having worked in the frontline with very little support
The future?

● Lots of attention from politicians and media
● Several government initiatives:
  – More resources, more training, new legislation
● Hopefully the intense focus on LTC will lead to:
  – More resources, better training – and preconditions to use education: more time, more support from managers and health care professionals and better employment conditions
● A risk of too much focus on medical aspects?
  – Life must be worth living also in a care home – social aspects of life are crucial!
  – Care homes are generally seen as an attractive alternative for older people with large care needs (source 5)
Sources

2. Socialstyrelsen 2021 *Statistik över avlidna i covid-19*
4. Folkhälsoinstitutet 2021 *Vaccinationstäckning för personer i särskilt boende och med hemtjänst*