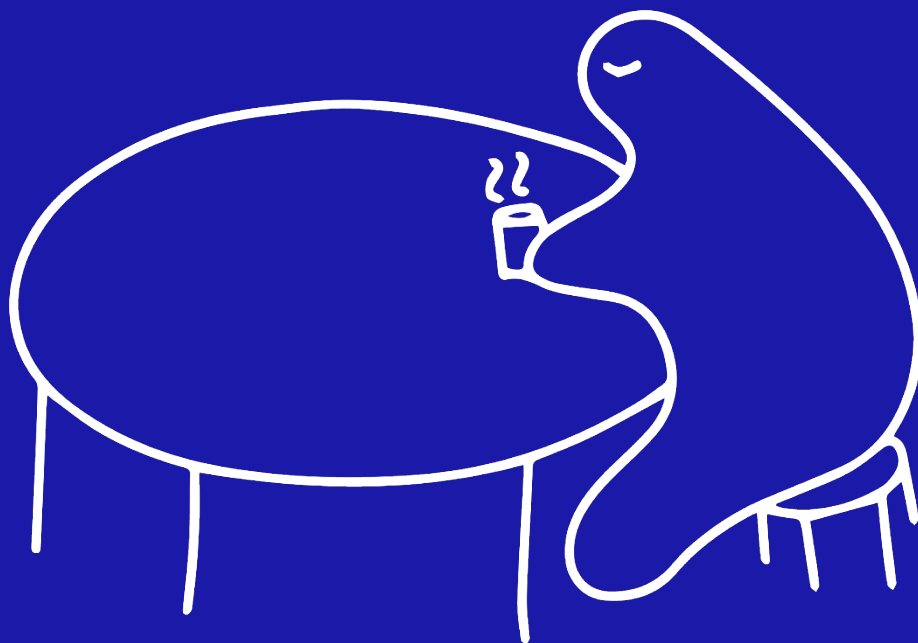# Rethinking Preventative Care

A Proposal to Improve Care for An Aging Finnish Population

Executive Summary

This report presents a new perspective on preventative care in Finland. It is a result of a collaborative effort of students from Aalto University, taking part in the 2025 edition of the Design for Government course. Our team's client, Kanta, is a national digital database that stores Finland's healthcare-related information. The focus of this report on preventative care for the elderly and Kanta's potential role, is our framing to the initial brief question of "how can the continuity of knowledge across organizations and users support more effective delivery of value-based healthcare".

Through research spanning over two months, our team has identified the potential prevalence of isolated older adults whose health issues may be overlooked by healthcare only after its too late. Our field research has also suggested a 'missing middle' in preventative care between preventative policies and medical screenings for older adults to approach care workers for help with everyday challenges. These two missing channels represent gaps in continuity of knowledge from which the healthcare system can learn about the needs its citizens to inform preventative action. In subsequent sections, we present ways in which preventative care can be rethought and expanded upon, moving beyond medical interventions and policies, and ways which Kanta could support.

We present several entry points in the form of principles, practical ideas which can be implemented to achieve change in preventative health. For each entry point, we also suggest how Kanta can support given the unique potential of Kanta as a national data repository; we further therefore suggest Kanta moves beyond just a database, becoming a care tool. Our three proposed "entry points" are 1) balancing dialogue channels against capability of users, 2) learning through dialogue to uncover hidden health vulnerabilities and leverage user-feedback and 3) empowering members of the community and a rethink of who can play a role in informing healthcare given the prevalence of social isolation amongst seniors.

Finland is already the third oldest population in the world, and will continue to age, simultaneously constraining the country's economic base while increasing healthcare demand. Preventative care can contribute to decreased healthcare need and improved health outcomes. Finland's National Aging Policy has already identified the importance of preventative care; we hope our work has contributed to new ideas on information gaps and how preventative care can be strengthened.

Team

Yuchen Tang
Collaborative and Industrial Design
yuchen.tang@aalto.fi

Marta Ligaj
Collaborative and Industrial Design
marta.ligaj@aalto.fi

Yue Yu
Creative Sustainability
yue.yu@aalto.fi

ChinYing Chu
International Design Business Management
chin-ying.chu@aalto.fi

Ronja Chydenius
Collaborative and Industrial Design
ronja.chydenius@aalto.fi

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Preface

—Let's begin with a common story about healthcare.

This is Tuuli. She is in her 80s.

Tuuli has lived most of her life surrounded by family. Her days used to be filled with meaningful work, friendships, and family companionship. As she grew older, she gradually lost her social circle. Her siblings and close friends moved, drifted apart, or passed away. Tuuli was saddened, but with the family's support, she managed to stay active and emotionally resilient.

However, things have changed in recent years. Her husband passed away, and not long after, her daughter moved abroad for work. Suddenly, Tuuli found herself living alone. Without the support and company of loved ones, she began to feel isolated. She no longer had regular conversations or contact with others. Over time, her energy declined, and she stopped going out for walks or engaging in the hobbies she once enjoyed. She spent most of her days indoors, doing very little.

When Tuuli's daughter came to visit, she noticed that Tuuli was struggling. Tuuli walked with difficulty, lost weight, and looked depressed. Concerned, her daughter took her to the hospital. There, they discover a serious health issue that had gone unnoticed and could have been treated earlier if someone had recognized the signs. Her daughter blamed herself, but with a full-time job abroad, regular visits were not possible. She wondered: What if they could have noticed the signs earlier, could things have been prevented?

Tuuli's story is fictional, but not uncommon. It was inspired by the phenomenon of an aging population and overlooking the care needs of those around us. While Tuuli is not a real person, her experience reflects the challenges faced by many individuals who are living longer but receive less and less support.

Because loneliness and social isolation increase, early signs of declining health and wellbeing often go unnoticed. When a medical event happens, it is often too late for simple interventions. Consequently, what Tuuli needed was not just medical treatment. She needed someone to notice, to support, and to care.

This encourages us to rethink the preventative care in Finland. In the current system, prevention often refers to medical procedures, such as blood pressure tests. But perhaps prevention can start earlier—with care.

01

Introduction

Design for Government (DfG) is an advanced studio course offered by Aalto University's multi-school Creative Sustainability master's program, which runs for 14 weeks each spring. Each year, students work in multidisciplinary teams to address project briefs commissioned by governmental ministries in Finland. This year, the DfG cohort working on healthcare continued on DfG's collaboration with Kela, the Social Insurance Institute of Finland, and specifically the Kanta initiative, Finland's national health database. Our brief this year asked, how can continuity of knowledge across organizations and users support more effective value-based healthcare? In short, this is to ask how information flow can improve the efficiency and outcomes of healthcare.

To unpack this brief statement, we need to first expand upon the context of Finnish healthcare. Finnish healthcare has been described to be in 'crisis', with rising costs without improvements in outcomes, long patient queues, discontinuities in care, including lacking a personal doctor model, and has been described to be in a financially and socially unsustainable state (Eskola et al., 2022). Compounding healthcare worries is the looming issue of an aging population. Finland already has the third oldest population in the world and will continue to grow older, resulting in a population base with increasing healthcare needs while simultaneously having a constrained economy and tax base (Ministry of Social Affairs and Health, 2020). This entails that by 2075, we will have significantly less working age citizens and more adults over the age of 64, resulting in medical staff shortages and more people needing professional care.

In response, a continuity of care (COC) model of healthcare has been proposed in the Finnish government agenda since at least 2019 (ibid.). The consensus around COC is it decreases healthcare costs by improving overall healthcare outcomes. Continuity of care has no agreed upon definition, but is typically categorized along three dimensions. As relational continuity, it refers to an on-going relationship between patient and designated healthcare staff, who brings long-term tacit, cultural,

personal knowledge of the patient and connects them into the larger healthcare system. As information continuity, it refers to the availability of information across providers and tracking patient outcomes overtime. As management continuity, it includes the coordination of case management and care planning across providers and sectors (World Health Organization, 2018; Ljungholm et al., 2022).

While Finland's transition towards a greater continuity of care model of healthcare is just beginning, for example, the 2023 SOTE reforms amalgamating healthcare services partly aims to improve healthcare integration (Kungas & Kalliomaa-Puha, 2022) as well as the rollout of personal doctors in some regions (Eskola et al., 2022), the COC model provides a framework to understand that to enhance patient outcomes, appropriate flow of information or knowledge must occur between relevant health actors. This is the approach our team took to begin to understand where continuity of knowledge could be strengthened.

This project report will provide an overview of our research methodology, our insights gathered from field research, the formulation of a vision for change for healthcare that focuses our initial brief, and our team's entry points – practical ideas on where change can begin according to our vision. This year, the DfG workplan consisted of initial workstream research focusing on aspects of healthcare such as digitalization and aging, followed by a division into two teams focusing on different aspects of continuity of knowledge; this report will also draw on our initial collective workstream research.

Tuuli's story in the preface hinted at the direction of our work. Ultimately, our team framed the brief through a focus on preventative healthcare for the elderly, and the potential that Kanta can be more than a database but also a care tool. We propose several entry points on the information flow of Kanta that can strengthen its role in preventative care tool: the mediums of health information communication should be cater to the capabilities of elders, that valuable health information can be uncovered through dialogue, and rethinking who can play a role in informing healthcare.
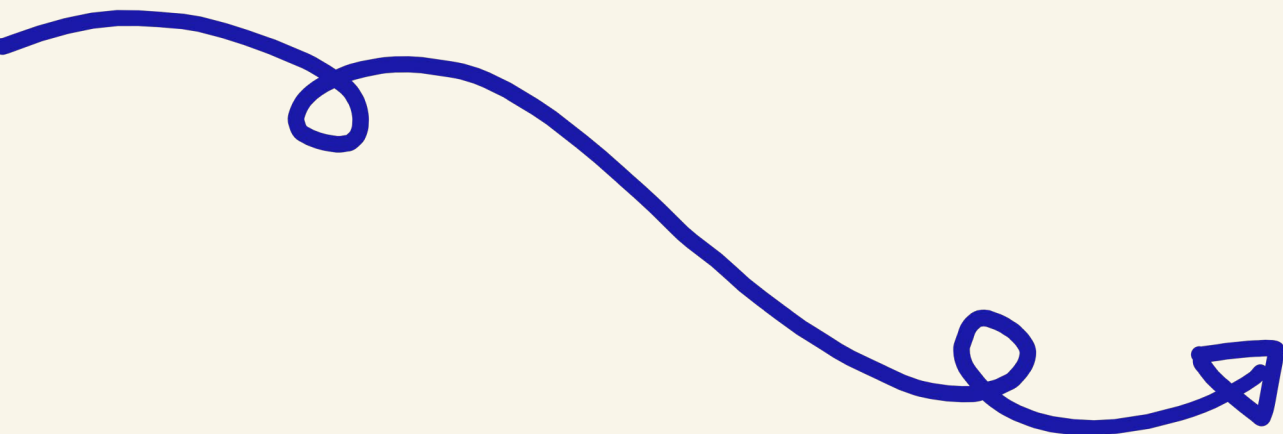
02

Research Methods

A variety of methods were used in the research process. Our aim was to understand the context regarding the older adults in Finland, the existing healthcare system, and stakeholders' perceptions on continuity of knowledge from different perspectives. This section describes how we narrowed down our focus from continuity of knowledge in healthcare to preventative care.

Desk Research

First, we conducted desktop research to get a broad overview of the relevant context in Finland. The topics included the aging population and older adults, the development of digitalization, and the healthcare systems and their reform. In addition to examining secondhand material on the Finnish context, we also examined the cases of other countries in terms of healthcare and digital services, including countries with an obvious trend of ageing population, such as Japan, and countries with a similar social context to Finland, such as Norway.

Roundtable Discussions

After having a basic understanding of the topic context, we cooperated with our partner to have a round table discussion. The aim of the discussion was to collect the view of continuity of knowledge from the partners' perspective and align our perception on the brief and outcome. We talked about basic terms and understanding of the project, the ageing population and healthcare systems, and digitalization and digital services.

Figure 1: Roundtable discussion with partners

Netnography

As the research topic involves digital services and information communication, users are more likely to express their views using internet mediums, such as online forums and social media. Therefore, we conducted netnography research aiming to collect users' discussion and reflection on the current

Figure 2: The process of netnography

healthcare services and related digital tools. We gathered statements from X (Twitter), Reddit and Suomi24 that are related to Finnish healthcare, health platforms, and care for older adults. Key findings were derived from thematic analyses of the data
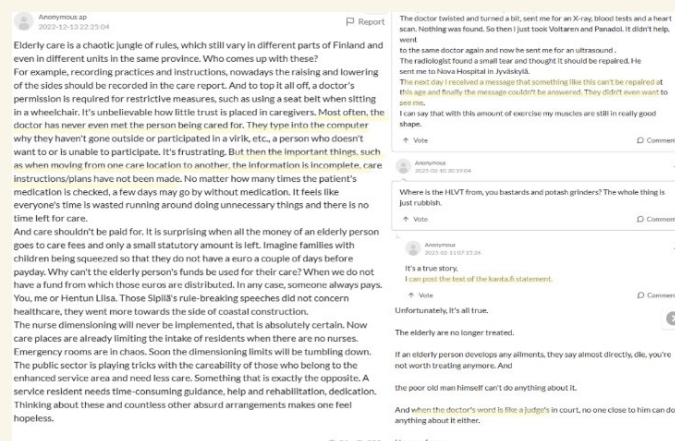
Semi-Structured Interviews

As multiple stakeholders are involved in healthcare for older adults, it is essential to gather perceptions and needs from different perspectives. Through roundtable discussions we understood the partners' perceptions of continuity of knowledge and the current state of the healthcare system, as well as the current Kanta services and the usage of its data. At this step, the purpose of research is collecting data regarding patients' experiences and barriers in care systems, professionals' interaction with patients and their peers, and Kanta's perspective on data policies and digital future. Aiming at this, we conducted semi-structured interviews with various participants, including doctors, nurses, and administrative personnel as professionals, older adults and their family members as service users, and Kanta personnel as service clients.

Category	Participants	Interviews
Users	Older adult	7
	Older adult's family member	1
Professionals	Doctor	2
	Nurse	4
	Administrative personnel	3
Partners	Kanta personnel	1

Table 1: The overview of interviews

Field Trip to Raasepori Hospital

Having obtained a certain understanding of how the healthcare system works, it is important to connect these understandings to the real physical healthcare environment. Field research also has the potential to provide us with findings from observing the behavior

Figure 3: The field trip to Raasepori Hospital

of healthcare professionals and patients, as well as their interactions with tools. Therefore, we took a field trip to visit the Raasepori Hospital, including its day unit, dialysis and rheumatics emergency department, and geriatrics rehabilitation ward. We had the chance to talk with professionals and patients in a real medical scenario, contributing to more authentic insights.

Mid-term Presentation and Ideation Session

During the mid-term presentation, the preliminary frameworks of findings were presented to our partners and evaluated for authenticity and potential. Subsequently, in the ideation session, we introduced our preliminary insights. The partners envisioned possible future directions based on the insights and their corresponding "How Might We" questions. At this step, we gained valuable feedback to guide us in refining the framework and finalizing the proposals. During this session, our partners showed preference for focusing on the social phenomenon that a large proportion of older adults live alone and how it can be responded to by care systems. The interactivity of Kanta services is also addressed. This urged us to center on preventative care that is more related to older adults' daily life scenarios and give more consideration to how Kanta can play a role in it.

Figure 4: Photograph from the ideation session

03

Insights

This chapter presents the most significant insights gathered in the research phase of the project. Beginning with a theoretical overview of preventative care in the Finnish healthcare system, it narrows down to the perspectives of patients 65+ and professionals within it.

Insight 1:

Elderly individuals who live alone and have limited social engagement are at increased risk of developing more serious health conditions that go unnoticed


In our visit to the Raasepori Hospital, we also visited the Geriatric Ward for rehabilitative care for older adults, where elderly patients reside on hospital premises to recover from illnesses and treatments under nurse supervision. Rehabilitation from severe illnesses such as cancer or other serious infections is rare as opposed to recovery from chronic lifestyle-induced problems. Nurses have told us that many of the older adults that come in have been eating or sleeping poorly for some time, and often come in with poor health, such as dizziness and poor mobility, and multiple chronic illnesses due to their advanced age. One of the causes, the nurses believe, is the lack of social engagement experienced by older adults and social isolation, especially in more rural settings. We wondered thus if preventative health could play a greater role and looked at the prevalence of elderly loneliness.

Today, significant portions of the elderly population in Finland live alone due to family structural changes and increasing geographic mobility of younger generations. In 2019, 47% of older adults aged 75+ lived alone. Living alone is even higher for older adults who are older. For women aged 80+, 60% lived alone versus 40% for those aged 65-79; respectively for men it is 30% for those 80+ versus 24% for those 65-79 (Martikainen et al, 2016). The current trends are expected to continue unchanged into the mid-2030s (ibid.). The phenomenon of isolation amongst older adults will, with high probability, continue to intensify given the increasing aging of the Finnish population.

Anecdotally, nurses and other professionals we spoke to suggested societal cultural changes have also shifted towards more individualistic social relations and reduced communal bonds. Anttila, Selander & Oinas (2020) investigated social isolation using the Finnish Time Use Survey, and found that daily time spent alone across all age groups has increased from 1987 to 2010 by 124 minutes on average, and corresponding time spent with family and friends has decreased by 100 minutes. For older adults, we expect that less social engagement with social relations or family means reduced structures to provide healthy daily habits. Limited engagement further reduces the chances that poor lifestyle habits or at-risk health conditions are noticed and addressed early on and can exacerbate the effects of existing chronic illnesses.

As a result, for some elderly, health conditions are allowed to fester only until they become severe enough to be noticed by healthcare. Enabling expression and detection of healthcare and well-being needs of the older adults could strengthen preventative health interventions and reduce the severity of healthcare needs especially in light of an aging population.
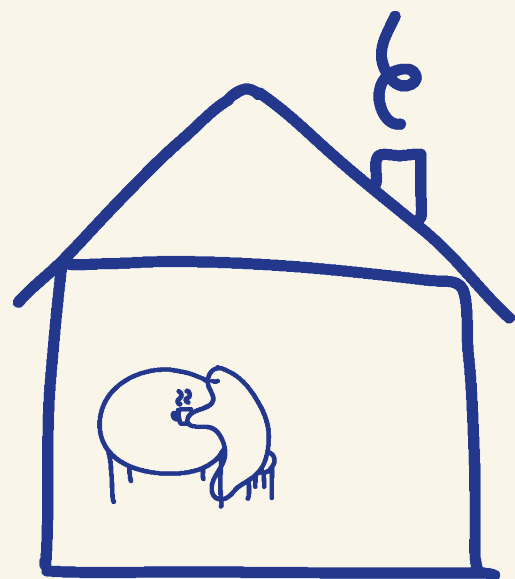
Insight 2:

The "missing middle" of preventative care

Following our initial insight discovery of isolated seniors and the implications on their health and wellbeing, we became interested in further exploring the experience of preventative care for the elderly.

The Finnish National Program on aging recognizes the importance of preventative health plays for an aging population. The policy recommendations suggest maintaining functional capacity of older adults can reduce up to 50% of overall healthcare needs (Ministry of Social Affairs and Health, 2020b). Overall Finnish preventative healthcare approach towards elderly adults focuses on maintaining functional capacity, or the ability to live independently, manifested as active aging and rehabilitative work, social care such as activities and recreation, supported by complimentary strategies to preserve independence including home care services, assisted living, and health promotion (ibid.).

At a more medical level, medical screenings and vaccination programs are provided, that aim to "identify persons who suffer from a particular disease or are at high risk of developing it", including for various forms of cancer (Ministry of Social Affairs and Health, n.d.). Municipalities like Helsinki further offer senior counselling services like Senior Info that can direct seniors to resources, as well as health check-ups.

Yet, in an interview with a health professional, she described low-threshold conversational based counselling services for the elderly are rare within the broader healthcare system. For the elderly who may experience more "mundane daily life problems", they do not meet the high threshold criteria to access nurses and social workers. Traditionally, the third sector, voluntary and non-profit organizations engaged in civic work, has played a role in engagement with older adults for counselling and early prevention of health risks, but their role has also been reduced due to budget cuts. The interviewee further states "although strategically the government speaks of preventative healthcare, actions on the ground do not reflect this direction" (Personal communications, April 2025).

While we could not verify independently the experiences of elderly accessing counselling services, several corroborating sources suggests difficulty doing so. A 2024 study from THL showed that the subjective perceived unmet need in accessing social

worker guidance and counselling increased from 2018 to 2020, where ~50% of respondents felt their needs were unmet (Ilmarinen, Aalto, & Muuri, 2025).

In 2025, The Ministry of Social Affairs and Health announced that health and social service organizations will lose up to 20% of funding due to cuts (Kangas, 2024), while social and health sector organizations will lose up to one-third of their funding from 2024 to 2027 (Yle News, 2024). Although some regions in Finland have implemented proactive health screenings for older adults at age 75, such as in Turku's Senior Health Clinic, however, programs vary regionally, and follow-ups thereafter are self-initiated.

While preventative healthcare interventions such as screenings are important, we hypothesize there is a possibility for expansion of preventative care and addressing "the missing middle". "The missing middle" illustrated below (fig. 1) is an expression formulated by our team, describing a gap in human interactions situated between policy-level prevention, such as health promotion, and medical preventative practices such as screenings, that helps address mundane daily life challenges.
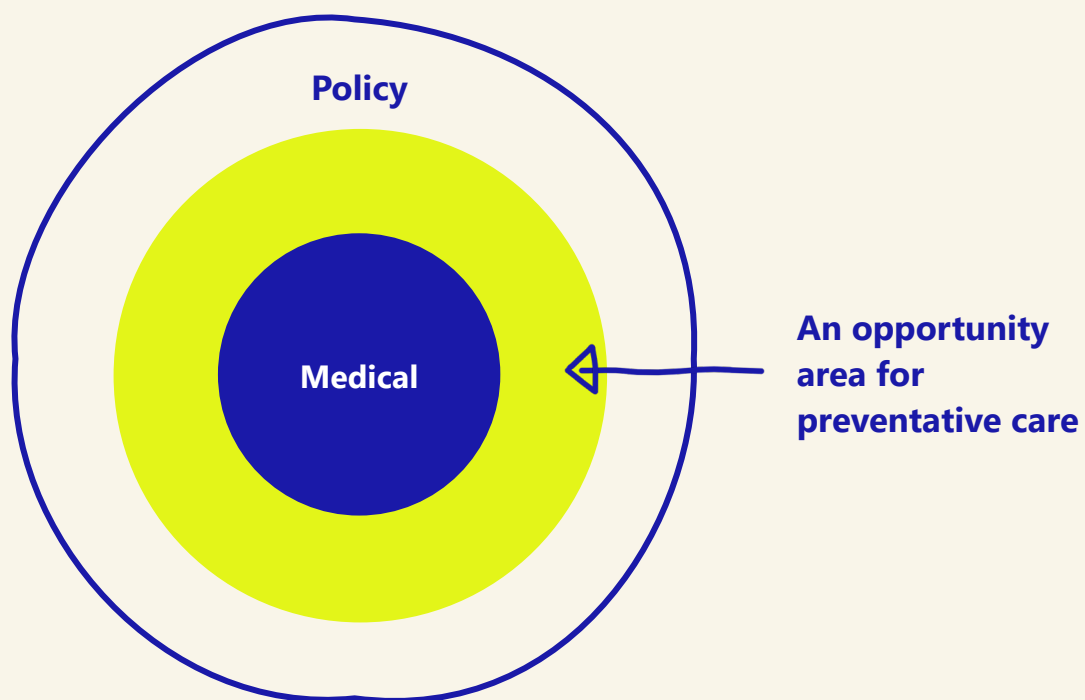

Figure 5: The missing middle

04

Vision & Entry points

As we explored opportunities for intervention, we identified that preventative care needs to be understood broadly. It should go beyond medical treatment and expand its role to support citizens' everyday wellbeing. In this context, well-structured and accessible healthcare data repositories become essential because they enable early detection and risk identification. According to Raghupathi & Raghupathi (2014), integrating diverse sources of data, including electronic health records and sensor data, the repositories can reveal patterns and trends that support early intervention, health management, and evidence-based decision-making. The proactive, data-driven approach is key to shift from treatment-focused model toward a long-term prevention.

To enable the new vision of preventative care in Finland, Kanta has a unique position. As a national health data repository, Kanta integrates information across healthcare providers. Furthermore, Kanta is trusted by citizens (Kujala et al., 2022). The credibility makes Kanta well suited to support people in managing their health more actively. By combining wide data access with public trust, Kanta can help both healthcare professionals and citizens make better decisions. In this way, Kanta can play a central role in shifting the Finnish healthcare system from a reactive model to a more proactive and preventative one.

Therefore, for our team, we envision **a future healthcare system would focus on preventing people from needing medical care and decreasing the severity of needs of people who do**, through early awareness of issues, integration of data, and proactive outreach to citizens.

The following sections present the entry points of the shift, and how our project partner, Kanta, and other actors can be part of it.
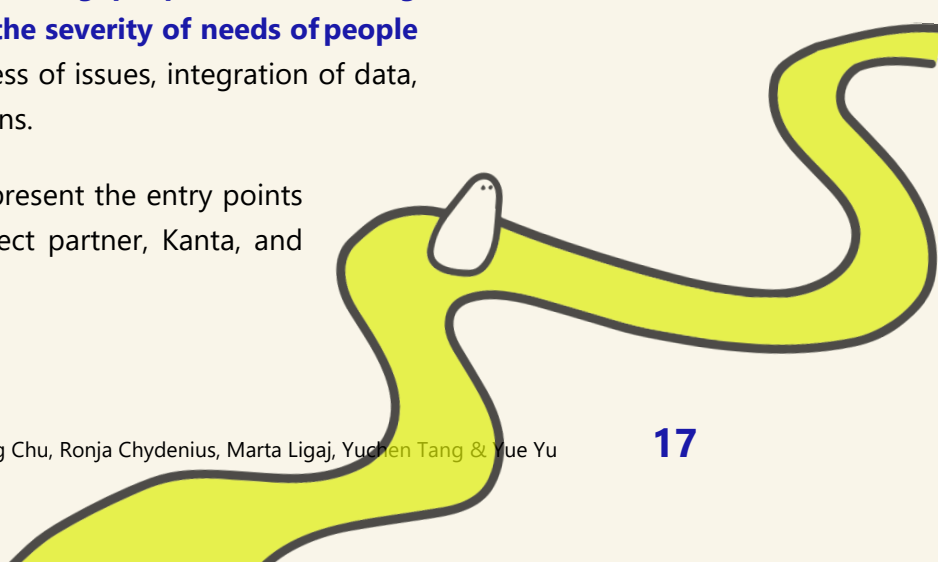
Defining Kanta as a care tool

Kanta is a Finnish national health data system which connects fragmented healthcare data across the country. In Finland, healthcare data is owned by various public and private providers. Each municipality operates its own platforms and databases. For example, residents in the Uusimaa area use Maisa and professionals use Apotti. In Western Uusimaa area, residents use Lunna, and professionals use Lifecare. Similarly, private healthcare providers also maintain their own systems. The fragmentation leads to scattered data which cannot be accessed across regions and providers. This also leads to barriers for older adults to access medical services (Wahlbeck et al., 2008). Kanta addresses this fragmentation by centralizing data systems. Although it does not own the data itself, it acts as a central platform that collects and display information from various providers. Through OmaKanta, the citizen-facing interface, individuals can access their medical records vaccination history, laboratory result, etc.

Additionally, Kanta also connects Finland to the broader European Health Data Space, which supports international data exchange. Figure 6 illustrates the diverse landscape of digital services in the Finnish care system. It highlights the complexity and fragmentation Kanta aims to integrate.
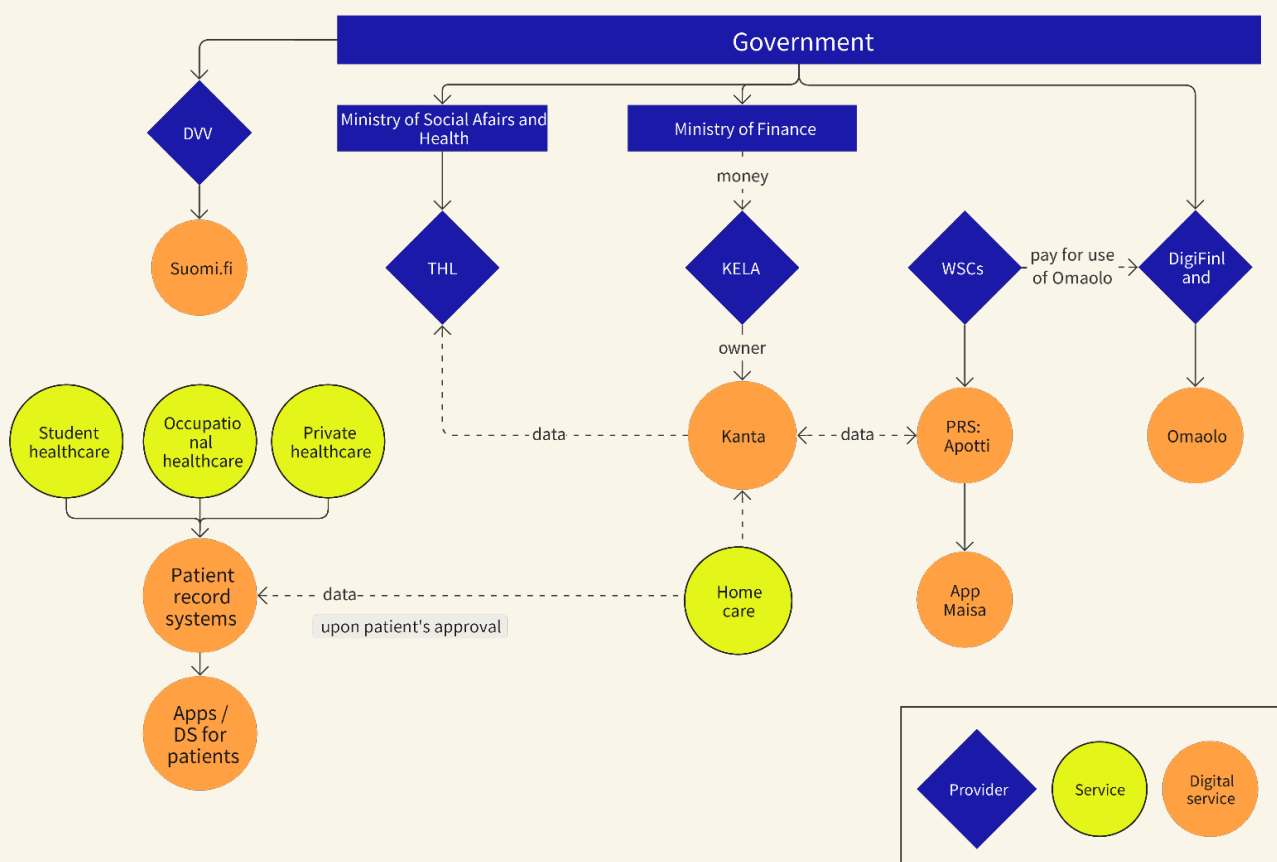

Figure 6: The diverse digital services in Finnish elderly care.

Currently, OmaKanta is used mainly as a storage and access point for medical records and prescriptions when healthcare events happen (Jormanainen et al., 2023). As a result, we proposed that Kanta could expand its role through shifting from a reactive data system to a proactive care tool. If Kanta is a care tool, it can support the current system transfer from treating illness to supporting health. It can also focus on early prevention that the current system is not built to offer.

Today's healthcare system is not built to support the broader demands of care. Professionals are often overburdened and often lack the resources to address broader preventative needs. A survey by Tehy (2024) revealed that 64% of social and healthcare professionals in Finland reported a decline in occupational wellbeing. Many of them cited that understaffing, time pressure, and heavy administrative burden are major stress factors.

As one administrative personnel we interviewed explained: *"There's some data that's mandatory (e.g., recipes, summary), but the rest relies on the healthcare professional."* This quote highlights that the data relevant to preventative care, such as lifestyle details, is often only documented if professionals have time and capacity to do so. Another example from a nurse who said: *"All practical information is not included in the medical summary, like when they should be contacted, when to reserve their next appointment, and how to take their medication."* This also emphasizes how current systems prioritize treating illness rather than comprehensive care. As one administrator told us:

> **"**
>
> *When you work in the healthcare field, you only have time to put the fire down. There is no possibility to think about what we can do so that there won't be this fire." (Interviewee, Administrate personnel 4)*
>
> **"**

Although dealing with broader care needs remains challenging for the current healthcare system, Kanta has potential to bridge the gap. For example, Kanta can help detect early signs of social isolation, provide health education, and remind a caregiver to check in before a medical care event occurs. With Kanta's expanding role, it is possible to reduce the burden on professionals and offer citizens supportive interventions.

The following sections describe how Kanta, along with other actors in the care system, can respond to the new vision of preventative care.

ENTRY POINT 1:

Balancing Dialogue Channels

As elaborated in the previous section, Kanta can play the role of a care tool in the transition to a new preventative care system. In order to achieve this shift, an important step is to improve communication channels, both to citizens, from citizens, and in dialogue with citizens.

In providing information to citizens, Kanta holds the potential to optimize the channel of information delivery, using media that meet users' needs. Digitalization has become a trend in healthcare information services, and digital tools bring many benefits, such as ease of access and secure storage of data. Kanta is characterized as a digital services platform and a digital database in the healthcare system. However, we discovered in our field research that older adults reflected that they felt a greater sense of trust and felt more taken care of when given physical information packages in the mail or handed by real people, such as nurses.

> *We are given information packages in the mail or handed by the nurse who visits. It leaves me feeling trusting and taken care of. I keep all the papers in one place, so I can study them later. "(Interviewee, Older adult 2 & 3)*

It is also reported by a study from Helsinki University Hospital (HUS) in 2023 that among the 1000 older adult participants over the age of 75, 15% did not use digital health services or felt barriers to doing so due to a lack of digital skills or finding digital equipment and services difficult to use (Hiltunen et al., 2024).

Therefore, we proposed that the usage of digital information channels and analogue channels should be balanced. Non-electronic channels, such as physical media and human interactions, still hold the advantage of being tangible and intuitive to increase the trust of older adults in the current social context. Accommodating the current digital capabilities while transitioning them to more sophisticated tools is a critical step in the shift towards a care tool.

Kanta

ENTRY POINT 2:

Learning Through Dialogue

In dialogue, we propose Kanta data, and the design of Kanta and health services can be strengthened through dialogue.

Through the netnography research, we found that older adults had negative feelings when their experience in the healthcare process was not taken seriously by the professionals, and the method of providing feedback and the person receiving and processing the feedback was not clarified. Research has also indicated that, according to the perceptions of older users, the digital channels were not designed with sufficient consideration of their digital capabilities, as well as their diverse physical and mental needs. Through dialogue between Kanta and older users, care services can be more effectively developed by taking older adults' experiences and knowledge into consideration.

" *It's true that things are getting worse all the time, when you can't even talk to a real person on your phone, but have to press a button at any time for any ailment. Old people don't keep up with that, when digital things are often difficult for them." (Netnography, Anonymous)* "

Through dialogue, Kanta can gather not only users' feedback, but also more care related data that helps early discovery of health risks. We propose that there are everyday data sources that inform Kanta to formulate care plans for preventative care.

We discovered through our field research that the opportunities for older adults to engage with healthcare establishments on mundane life situation needs, and counselling conversations about life situations were insufficient. These interactions convey daily life data to professionals, which can reveal important early warning signs. In addition, existing counselling focuses on one-way information delivery to older adults about possible resources, while there is still a high threshold to engage nurses and social workers.

Therefore, developing the space for dialogues regarding daily life situations helps uncover hidden vulnerabilities, since conversations can raise concerns not urgent enough for healthcare, but relevant for preventative health, for example, loneliness, financial insecurity, and functional needs.

ENTRY POINT 3:

Empowering Members of The Community to Check-In

Going back to the story of Tuuli who is living alone, we might ask how could healthcare respond to the fact that significant portions of the Finnish elderly population live alone, and an aging population that will increase the proportions of older adults in society?

From our insights, we believe that decreasing social engagement decreases the structures in everyday life that provide for healthy habits but also delays the early awareness and support needed to manage at-risk health conditions. Addressing these conditions early on can be an important component of preventative healthcare for the elderly. Senior Health Clinics as was implemented in Turku and the PORI75 health-screening model implemented in the Satakunta Wellbeing Service County (Kanninen et al., 2023) serve as inspirations of proactive screening for the elderly who are aged 75 and above. Yet these measures have not been implemented nationwide. An interview with a healthcare professional (personal communication, April 2025) further suggested that later follow-ups with social workers require self-initiation and can increase the barriers to accessing support. As noted in our insights section, the role of the third sector in engaging with the elderly has also been reduced.

Against this backdrop, we propose the question: what if the role of who engages with the elderly and who can inform healthcare of potential individuals at-risk can be expanded? While many older adults live alone, they nevertheless interact with a variety of municipal services and community functions. We take inspiration from France's "Veiller Sur Mes Parents" (Watch Over my Parents) and the United Kingdom's "Community Health and Wellbeing Workers" initiative (CHWW).

In "Veiller Sur Mes Parents", French postal workers can check in upon elderly individuals as a service subscription and includes a weekly visit and report. The service is mostly subscribed to by people who live far from their parents (Whiting, 2018). In CHWW, often local residents are recruited, trained, and paid to become community health workers to watch over 120-150 households. A visit is paid once per month to help address wider determinants of health, such as financial hardship or loneliness. Results have shown residents benefiting from the service accessing care earlier and in more appropriate forms. (Campbell, 2025).

These examples show principles of leveraging existing community resources to provide awareness and support for accessing health services. Kanta can further support such types of preventative care as a database streamlining supportive analytics and administrative tasks.

05

Reflection

The *Continuity of Knowledge* project has offered our team a profound learning experience about the complexity and fragility of preventative care in an aging society. Entering the project, we expected to explore digital services and data continuity. What we soon discovered was a human need for *continuity of care* that includes a care presence, trust, and everyday noticing.

One of the most striking insights came from our fieldwork: hearing how many older adults fall through the cracks of care, because the system lacks *dialogue.* The missing middle emerged not just as a policy or service gap, but as a relational one. We were surprised by how much of the system's inertia comes not from lack of data or tools, but from deeper structural and cultural issues: the decline of third sector, professional silos, high threshold access to care, and a limited role for citizen voices. These are not problems that better interfaces or improved data sharing can solve. In fact, the overreliance on digital tools risks further alienating those most in need, those who are isolated, digitally excluded, or experiencing cognitive decline.

This led us to question the original brief. Can a system like Kanta, that is designed as a data repository, truly evolve into supporting continuity of care without redefining its purpose, governance, and boundaries? Are we projecting design optimism onto a problem that is fundamentally political and social? We grappled with the limits of what design can do in this space, especially within the timeframe and scope of this course. Moreover, working within institutional expectations meant that we had to temper more radical ideas in favor of incremental, feasible shifts. This balancing act between systemic critique and institutional alignment sometimes constrained our ability to advocate for more ambitious change.

Despite these tensions, we believe our project gave valuable insights. Our proposal offers potential entry points, and a reframing of prevention as also a social matter. If nothing else, it urges decision-makers to acknowledge that prevention starts not with metrics, but with relationships. And that care is not just a task for healthcare professionals, but a shared responsibility woven into the fabric of everyday life.

Ultimately, the value of our proposal lies in repositioning care as a shared, proactive responsibility, and encouraging Kanta to take an active role as a care tool. We offer a new lens for Kanta and Kela to see themselves as enablers of care ecosystems that support aging with dignity, agency, and connection. While implementation would require further co-creation and policy alignment, our design exploration suggests that shifting how we think about prevention can open new paths toward a more compassionate and resilient healthcare system. Looking ahead, we believe that meaningful systemic change will require more than technical solutions. It will require collectively reimagining that it means to care.

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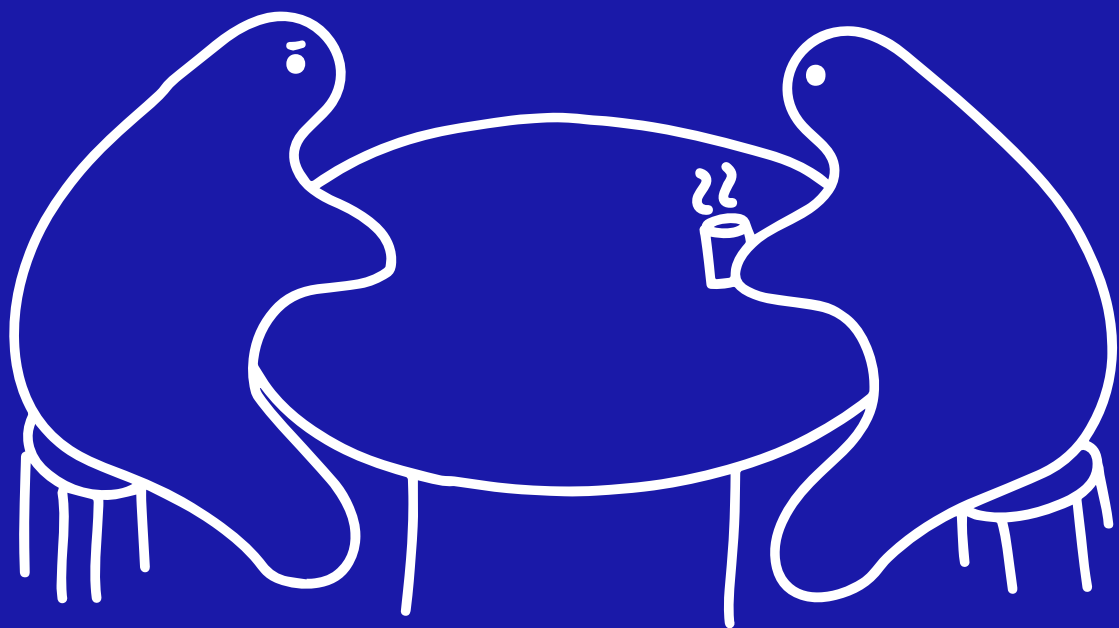
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Conclusion

Through our project, we have peered inside the current state of preventative care for the elderly in Finland. Our field research identified two key insights, namely, that of the unobserved elderly population and the implications on health due to social isolation, and the 'missing middle' of health channels to help address mundane life challenges not severe enough to merit medical attention. While other insights emerged from the field research and were drawn on to formulate our entry points, these two insights formed the framework of our vision for preventative care which should provide early awareness, integration of data, and proactive outreach to citizens.

To help achieve this vision, we rooted our entry points for change on Kanta. We believe Kanta has a pivotal role to play being an already trusted national data repository which can be leveraged to become a preventative care tool. First and foremost, our field research identified that while digitalization is the trend, Kanta communications should work with capabilities of seniors and not abandon entirely analogue forms of communication. Our insights identified a 'missing middle' and we suggested that hidden health vulnerabilities as well as user-feedback can be learned from being in dialogue with the elderly. Finally, we propose a rethinking of who can play a role in informing healthcare given the prevalence of social isolation amongst seniors, and therefore an expansion in the users of Kanta and what data is received.

Throughout the last 12 weeks, our work showed just some of gaps in information flow between elderly citizens and healthcare that could contribute to better care outcomes. By 2060, 1 in 3 Finns will be over the age of 65, making the case for preventative care and increased healthcare value ever more significant. We are hopeful our work inspires new thinking on where continuity of knowledge can be strengthened in healthcare.

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