

CONFERENCE REPORT

 Nordic Welfare  
Centre

# Preventing dementia in the Nordics

---

Evidence-based measures  
across the life course



# Contents

Opening session .....	3
Setting the scene for dementia prevention .....	5
Research and current evidence on dementia prevention .....	11
Strategic management and governance .....	15
New report on policy and practice in the Nordic countries .....	18
Examples of Nordic practices in dementia prevention .....	22
Concluding remarks .....	27
About the publication .....	28

This publication is also available online in a web-accessible version at:  
[https://nordicwelfare.org/pub/Preventing\\_dementia\\_in\\_the\\_Nordics/](https://nordicwelfare.org/pub/Preventing_dementia_in_the_Nordics/)



Photo: iStock

## Opening session

Currently, an estimated 500,000 people in the Nordic countries live with dementia, and the numbers are steadily rising. Globally, more than 50 million people have the condition.

On 4 September 2024, the Ministry of Health and Social Affairs in Sweden organised, in collaboration with the Nordic Welfare Centre, a conference in Stockholm on dementia prevention to showcase many promising research results and methods aimed at preventing or delaying the onset of the disease.



Photo: Yanan Li / The Royal Court of Sweden

The conference was inaugurated by Her Majesty Queen Silvia of Sweden, who has long been an advocate for dementia research. In 1996, she launched the Silviahemmet Foundation to enhance the education and training of staff working with dementia patients.

In her inaugural speech, Her Majesty the Queen identified dementia as one of the biggest, most complex, and challenging health issues facing humanity today.

– In Sweden alone, between 20,000 and 25,000 people are diagnosed with a dementia disorder each year. This means that every day, at least 55 men and women are affected by an incurable disease. The knowledge of having a serious illness turns life upside down and can come as a shock, not only for the person diagnosed but also for their relatives and loved ones.



Photo: Magus Liljegen

Her Majesty The Queen also highlighted recent developments in dementia research, emphasising the preventive measures that have proven effective in preventing or delaying the onset of the disease. She noted that it is never too late or too early to start reviewing one's lifestyle habits to help prevent dementia.

– For a long time, dementia was perceived as something that could not be influenced. However, recent research reveals that certain lifestyle habits have a significant impact on cognitive functions and can even provide some protection against dementia, Her Majesty the Queen stated.



Photo: iStock

## Setting the scene for dementia prevention

The first session of the conference presented current dementia trends on a broad scale from global perspectives to personal experiences.

World Health Organization statistics and guidelines were presented by Stefania Ilinca, Technical Officer at WHO, and were brought home by a deeply personal story by Pia Knudsen, Dementia Ambassador from Denmark, who lives with the disease. The session began with an introductory speech by Anna Tenje, Swedish Minister for Older People and Social Security, who outlined the situation in Sweden.



Photo: Magus Liljegren

---

## **Anna Tenje, Minister for Older People and Social Security in Sweden: Introduction**

Minister Anna Tenje highlighted a common trend across the Nordic countries of an ageing population living longer and healthier lives.

– This is a very positive development, but it also comes with new challenges, dementia being one of them. The growing number of people with dementia will put increasing demands on our health and social services.

Minister Anna Tenje emphasised recent advances in dementia research and notable breakthroughs in prevention, citing the FINGER study, which Professor Miia Kivipelto later discussed in detail during her keynote speech at the conference. The minister noted that the current Swedish national strategy for dementia primarily focuses on care, but efforts are underway to develop a new strategy with a broader scope.

– One focus of the new strategy is the prevention of dementia, as we now understand that certain lifestyle choices can influence the disease. Although dementia cannot be entirely prevented, in some cases its onset can be delayed.

The minister also shared an example of a prevention model already in use in the Swedish municipality of Lidingö. The Träna Hjärna programme (Train Your Brain) is aimed at people over 65 years of age to maintain and prolong their everyday independence, general health, and quality of life.

---

## Stefania Ilinca, Technical Officer, WHO Regional Office for Europe: The WHO recommendations on dementia prevention and brain health promotion

Dementia is a global emergency, and the World Health Organization is working extensively to address this crisis. In 2024, for the first time, the number of people aged over 65 in Europe will surpass those under the age of 15. By 2050, the population aged 80 and over in Europe is expected to nearly double. Stefania Ilinca, Technical Officer at WHO, emphasised the need for increased focus on extending healthy lifespans.

– It is a sign of societal progress that we are living longer lives. However, it is within the oldest age group that we observe the limitations of the policies we have implemented. While it is very positive that populations are ageing, it is concerning that we are not ageing healthily.

Stefania Ilinca notes that dementia is just one of many factors, though still a very important one, when it comes to years lost to disease. Alzheimer's and dementia are the seventh leading cause of death globally and the fourth in high-income countries. Projections suggest they may soon become the third. Women represent the majority of both people living with dementia and those providing care for them.

– It is crucial to focus not only on the prevention of dementia but also to address the inequalities embedded in every aspect of the disease, from exposure to risk, access to diagnosis and treatment, to the quality of care. Gender is just one of these inequalities.

”

**It is never too late, regardless of brain disorders, to invest in maintaining functioning, dignity, and independence.**

– Stefania Ilinca, Technical Officer, WHO Regional Office for Europe

Stefania Ilinca said that estimates place the global financial burden of dementia at nearly 1.3 trillion US dollars, with half of these costs borne by families providing informal care.

– In the presence of a considerable and growing burden of dementia and in the absence of a disease modifying treatment, it is essential to step up prevention efforts, encourage the development of a positive narrative focused on health promotion, and invest in high-quality care.

The current WHO guidelines for dementia prevention date back to 2017 and are aimed at health care professionals. These guidelines are currently being updated and expanded, incorporating new research data, with the revised version expected to be published in 2026.

– We are fortunate to have a very dynamic field of research. For most risk factors, there is strong evidence regarding what needs to be done, but unfortunately, this is not implemented universally.

Stefania Ilinca points out that there is often a false sense of dichotomy between the period before and after a dementia diagnosis. Once dementia has begun, it is mistakenly believed that the opportunity for prevention has passed.

– But brain health exists on a continuum. Just as we define health as not merely the absence of disease, brain health is not simply the absence of brain disorders.

Stefania Ilinca reminds us that everything beneficial for the body is also good for the brain, at all stages of life. Early interventions are crucial, and efforts should be focused on improving health and preventing the conditions that lead to functional decline. Even in the presence of disease, the emphasis should remain on functioning, as there is still much that can be done.

– It is never too late, regardless of brain disorders, to invest in maintaining functioning, dignity, and independence. The aim of long-term care should not only be to compensate and assist, but very explicitly to prevent, mitigate, and reverse functional decline wherever possible.

Stefania Ilinca says that, in many regards, the WHO views the Nordic countries as front runners in these areas and considers them a good example to follow.

– We can do a lot to prevent dementia, but we can also do a lot to prevent a dementia diagnosis from being a sentence to a life not lived to its fullest.



---

## **Pia Knudsen, Dementia ambassador, Alzheimer, Denmark:**

### **The importance of preventive measures – a personal story**

The conference took a more personal tone as the next speaker, Pia Knudsen, shared her own experience of living with dementia. While she acknowledged that she is not an expert in dementia research or policy, she still considers herself an expert on dementia in the most profound sense.

– I am 61 years old and have been living with Alzheimer's for the past four years.

Pia Knudsen says she has always been inspired by young people. For most of her career, she worked as a Folk High School teacher, specialising in visual art and design. She is also an artist, whose work has been exhibited in various locations across Denmark and throughout Europe.

– When I look back at my life before the diagnosis, it was playful and carefree. I took life for granted and did not hesitate to book holidays abroad a year or two in advance. I was certain I would remain a teacher for the rest of my life.

Before her diagnosis, Pia Knudsen began noticing changes and felt increasingly stressed. As time went on, things worsened, and despite having a good life, she felt an overwhelming sense of sadness. Her doctor, suspecting dementia, referred her to a neurologist. Then followed a ten-month period of uncertainty before the diagnosis was confirmed.

– It was dementia. I was shocked. I hadn't seen it coming, even if we have it in my family. I couldn't believe it was true.

Pia Knudsen describes her initial feelings after the diagnosis as if she were watching her life unfold like a movie, overwhelmed with fear and grief about all the things she would miss out on. Her life also changed in very tangible ways.

– My boyfriend left me. I was fired from the job I loved. My boss didn't believe I could handle my duties, and it felt as if dementia was branded on my forehead, signalling that I wasn't the same person today as I was yesterday.

Pia Knudsen says that loneliness has become a new condition of her life. As the disease progresses, it becomes increasingly difficult to fill her life with positive experiences. She describes the feeling as claustrophobic, as the part of her brain where creativity once thrived seems to shrink by the minute. She finds it harder to engage in conversations, which makes her appear distant. Despite this, she feels fortunate to live in Aarhus, a city with well-developed services for people at early stages of dementia, although accepting help has been a challenge for her.

– My life began to regain its sense of purpose, when I finally gathered the courage to join the municipality's training programme, Demenshjørnet. It's where I exercise both my body and mind several times a week and I've formed strong friendships with the people there. I met the right people at the right time, who truly saw me and my potential – not just the disease.

Pia Knudsen says many doors have opened since then, and her life has changed – for better or worse. She believes it's mostly for the better, highlighting the meaningful friendships she has formed with others in the same situation.

– My life, in general, has regained its sense of meaning. It is invaluable to be a part of communities that understand life has an expiration date. As a result, I cherish each day.

As a dementia ambassador, Pia Knudsen says she regularly meets influential people and appears in the news. She has created a new role for herself as a spokesperson for people living with dementia. She is particularly keen to highlight the vital role of dementia services and points out that these services are lifesaving for people who have lost many things that previously filled their lives with meaning.

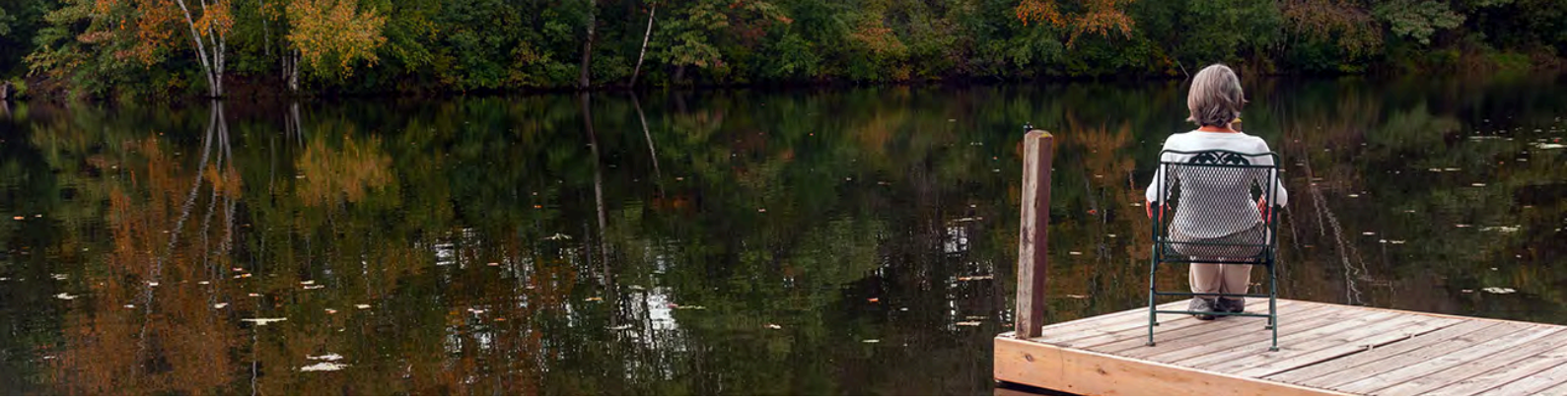


Photo: iStock

## Research and current evidence on dementia prevention

The keynote speaker at the conference was Professor Miia Kivipelto from Karolinska Institutet in Sweden. In her speech, she detailed the current global dementia landscape, emphasising the 14 modifiable risk factors identified by the Lancet Commission on dementia. Professor Kivipelto also highlighted the FINGER study, which demonstrates how addressing multiple lifestyle factors can significantly reduce the risk of cognitive decline.

---

## **Miia Kivipelto, Professor, Karolinska Institutet, Sweden:**

### **Keynote lecture: Preventing dementia and promoting brain health**

– I believe we are facing what can be called a dementia epidemic. It is a global challenge that requires global solutions.

Keynote speaker Professor Miia Kivipelto made clear the immense scale of the disease, reminding everyone in the room that over 50 million people currently live with dementia, a figure projected to exceed 150 million by 2050. The number of individuals with mild cognitive impairment is even higher, and those carrying the pathological proteins amyloid and tau in their brains – which puts them at risk of developing dementia – could be ten times greater.

– This is a very exciting time in Alzheimer’s research, as we will soon be able to measure amyloid and tau with a simple blood test. I believe this will be a game-changer.

Professor Miia Kivipelto stated that early identification of individuals at risk of developing Alzheimer’s or dementia holds significant potential for both preventing and delaying the onset of the disease. Additionally, prevention could save societies a substantial amount of money. A five-year postponement of the onset of the disease could reduce the number of patients by up to 50%.

– It is never too early and never too late to reduce the risk of dementia. We should prioritise brain health throughout the entire life course.

In her keynote speech, Professor Miia Kivipelto presented the latest report from the Lancet Commission on dementia, published in July 2024.

– The good news is that the potential for prevention is greater than previously believed. Age and genetics still play a big role, but 45% of all dementia seems to be linked to modifiable risk factors. We should be ambitious about prevention.

The Lancet Commission now identifies 14 modifiable risk factors, with high LDL cholesterol and vision loss being the new additions to the list. The previous 12 risk factors from a life-course perspective, from early age to later life, remain: diabetes, high blood pressure in midlife, obesity in midlife, physical inactivity, depression, smoking, low education, hearing loss, traumatic brain injury, high alcohol consumption, social isolation, and air pollution.



**Protective factors include a healthy diet, education, and physical, mental, and social activity. Implementation could be achieved through policy changes at a societal level making healthy choices easier.**

– Miia Kivipelto, Professor, Karolinska Institutet, Sweden

– Protective factors include a healthy diet, education, physical activity, mental activity, and social activity. Implementation could be achieved through policy changes at a societal level, making healthy choices easier. Individually tailored interventions are also important.

Professor Miia Kivipelto has been leading the FINGER research consortium for many years. FINGER is a large, randomised trial showing that cognitive impairment can be prevented by simultaneously addressing multiple modifiable risk factors, including nutrition, exercise, cognitive training, social activities, and vascular risk monitoring in older adults.

– I think the FINGER captures most of the modifiable risk factors presented by the Lancet Commission. The intervention took two years, and now we have been following the participants 11 years, so we start to have a lot of long-term evidence and data.

The results from the FINGER study show significant cognitive benefits, with global cognition increasing by 25%. The intervention also led to improved health in many other areas, highlighting that what works as dementia prevention also serves as prevention for a range of other health problems, including cardiovascular diseases, chronic diseases, and functional decline.

– The good news is that this type of intervention may help to slow down metabolic ageing, and long-term effects are achievable. The impact of lifestyle changes continues even after a dementia diagnosis, providing further evidence to support the idea that it is never too late for preventive measures.

On average, the FINGER study participants saw a reduction of 500 euros per person per year in health care service costs, reflecting substantial potential savings at a societal level.

One important finding was that the dropout rate in the intervention study group from 2015 was very low. This is an indication of why the FINGER model has become popular to implement in practice. The intervention is feasible.

– The Nordic countries are leading the science field, and I believe we can also lead the implementation efforts through collaboration.

#### 14 potentially modifiable riskfactors for dementia

		Early Life	Mid life	Late life
Less education	5 %	x		
Hearing loss	7 %		x	
High LDL cholesterol	7%		x	
Depression	3%		x	
Traumatic brain injury	3%		x	
Physical inactivity	2%		x	
Diabetes	2%		x	
Smoking	2%		x	
Hypertension	2%		x	
Obesity	1%		x	
Excessive alcohol intake	1%		x	
Social isolation	5%			x
Air pollution	3%			x
Visual loss	2%			x
<b>Total</b>	<b>45%</b>			

**Reference:** Livingston, G., et al (2024). Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. *Lancet (London, England)*, 404 (10452), 572–628.  
Transformed figure, Nordic Welfare Centre, November 2024



Photo: iStock

# Strategic management and governance

---

## Panel discussion: Leading the way in dementia prevention – from research to policy and implementation

### Panelists:

- Taru Koivisto, Deputy Director General of the Ministry of Social Affairs and Health in Finland
- Elsa B. Fríðfinnsdóttir, Senior Adviser, Ministry of Health in Iceland
- Frida Nobel, Senior Medical Officer at the National Board of Health and Welfare in Sweden
- Knut Lönnroth, Chief Medical Officer of the Government of Åland.

As representatives from the health authorities of Finland, Åland Islands, Iceland, and Sweden gathered for a panel discussion, one of the first questions raised was whether the new research findings on dementia prevention call for stronger action from the governments of the Nordic countries.

– We have a long tradition of disease prevention and promoting health and well-being. We always base the implementation of various policy actions on the latest research. We have robust databases and resources that underpin our policies, and new information is continuously incorporated. This approach will continue in Finland as we develop new policies and their implementation in the future, says Taru Koivisto, Deputy Director General of the Ministry of Social Affairs and Health in Finland.

The same is true for Iceland, notes Elsa B. Fríðfinnsdóttir, Senior Adviser, Ministry of Health in Iceland.

– We actually have a dementia prevention action plan from 2020, and we're now beginning a revision.

Elsa B. Fríðfinnsdóttir specifies that the Lancet Commission's 14 modifiable risk factors for dementia offer many benefits beyond simply preventing dementia and should therefore be widely implemented across various governmental health promotion programmes.

– I believe our authorities and governments often work in silos, and we need to break away from this approach and adopt a broader perspective.

”

**The public needs more information about dementia prevention. Lifestyle risk factors should be strongly emphasised.**

– Taru Koivisto, Deputy Director General of the Ministry of Social Affairs, Finland

Sweden is working on a renewed dementia strategy. Frida Nobel, Senior Medical Officer at the National Board of Health and Welfare in Sweden, says the ongoing development of the national dementia strategy places significant emphasis on prevention.

– Prevention is a key focus in the new strategy, largely based on recent research findings from the FINGER study and the 14 risk factors identified by the Lancet Commission.

Further, Frida Nobel points out that many of the risk factors for dementia are also risk factors for other diseases. Dementia prevention aligns with broader health prevention efforts, which echoes the views of Elsa B. Fríðfinnsdóttir.

Knut Lönnroth, Chief Medical Officer of the Government of Åland, agrees. He says the new scientific findings have already been incorporated into a new public health strategy, as well as a new programme for senior citizens in Åland.

– Prevention is at the core, providing additional momentum to the entire health promotion agenda. Health trends among the younger population are generally concerning, and greater emphasis needs to be placed on exercise and diet. This is also closely linked to dementia prevention in the long term.



When focusing on dementia risk prevention, Taru Koivisto notes that both positive and negative trends are present in society simultaneously.

– Some lifestyle risk factors are on the rise, such as obesity. However, there are also positive trends: young people today drink and smoke less. On the other hand, middle-aged people currently face many risk factors, and as they age, these problems may in future become more significant.

Taru Koivisto emphasises that much more effort is needed to identify different population groups facing varying risk factors.

– We need to target different sectors of society, not just the health care sector, but also social services, education, and nutrition professionals.



Photo: Sofia Sabel, imagebanksweden.se

## New report on policy and practice in the Nordic countries

The Nordic Council of Ministers aims for the Nordics to become the world's most integrated and sustainable region by 2030. Nordic cooperation is key to this goal, and sharing dementia prevention initiatives is a part of this collaboration.

The conference presented the new report Dementia prevention in the Nordics, arising from the Nordic Welfare Centre's dementia prevention project, which was initiated by the Swedish Ministry of Health and Social Affairs and funded by the Nordic Committee of Senior Officials for Health and Social Affairs.

---

### Grete Kjelvik, Postdoctoral Researcher, Ageing and Health, Norway: New Nordic report on dementia prevention in the Nordics

The report Dementia prevention in the Nordics was presented by Postdoctoral Researcher Grete Kjelvik, the lead author who headed a team of experts in the process. The report provides an overview of dementia prevention work in the Nordics.

– The development in the field of dementia prevention has exploded in the last 10–15 years, with the number of scientific articles increasing remarkably every year, Grete Kjelvik says.

The research draws attention to the need for a holistic approach to dementia prevention, emphasised by the WHO statement that what is good for the heart is also good for the brain. Grete Kjelvik also highlighted the FINGER study, first published in 2015, which was the first in the world to demonstrate that lifestyle interventions can prevent dementia in older adults, as well as the evidence-based life-course risk factors presented by the Lancet Commission in 2017, 2020, and 2024.

The Nordic report is based on scientific evidence, grey literature, and interviews conducted both individually and within a reference group of experts from the Nordic countries.

– Each of the Nordic countries has its own approach to dementia prevention. While all have national dementia plans, they do not place much emphasis on primary prevention, nor do they provide clear recommendations on how to reduce the risk of dementia.

Nevertheless, the Nordic societies are structured in a way that promotes health and reduces the risk of developing dementia in many ways. Legislation and regulations cover areas such as smoking and alcohol control, as well as strong educational and health care systems.

There are also targeted initiatives for dementia prevention at both national and local levels within the Nordic countries.

The report identified four key barriers and opportunities for the implementation of preventative measures for dementia: lack of public knowledge, challenges in reaching different subgroups with health information, insufficient financing and resources for preventative initiatives, and competing priorities within the health care system.

The report also identified areas for improvement in strategy implementation. There is a clear need to concentrate on raising awareness, both generally and among more vulnerable groups.

– The implementation of practices should focus on making healthy choices easy for everyone, promoting brain health and supporting cognitive function throughout the entire lifespan.

The report also underscores the need for further collaboration and the enhancement of knowledge sharing on dementia prevention.

– Dementia is a significant global challenge, and dementia prevention needs to be a key focus in the Nordic region in the coming years.

Grete Kjelvik emphasised that there is common lifestyle factors linked to the prevention and risk reduction of many diseases.

– This calls for a holistic approach to dementia prevention. The Nordic countries need a long-term strategy for dementia prevention, and it must be clearly integrated into the broader work on preventing other non-communicable diseases.



**The Nordic countries need a long-term strategy for dementia prevention, and it must be clearly integrated into the broader work on preventing other non-communicable diseases.**

– Grete Kjelvik, Postdoctoral Researcher, Ageing and Health, Norway

---

## Comments on the report

Taru Koivisto, Deputy Director General of the Ministry of Social Affairs and Health in Finland and Michaela Prochazka, Coordinator for Elderly Affairs at the National Board of Health and Welfare in Sweden, was invited to comment on the report *Dementia prevention in the Nordics*.

– This report is very good and comprehensive. It is important to have recommendations on how to progress, as the issue is becoming increasingly important for the future in all the Nordic countries. The report provides a strong knowledge base and highlights the opportunities for dementia prevention, says Taru Koivisto.

Koivisto notes that the Nordic countries share many similarities, and the report provides recommendations for strengthening cooperation. The promising evidence of the potential to prevent dementia is something that must be considered and implemented across the Nordic countries.

– The recommendations in the report are certainly worth supporting. Raising awareness among health care professionals, from doctors and teachers to politicians, is crucial. Also, the public needs more information about dementia. Lifestyle risk factors should be strongly emphasised in lifestyle counselling.

Taru Koivisto stresses the importance of different sectors of society collaborating in dementia prevention, including NGOs and civil society.

– I look forward to us seizing this opportunity and putting the recommendations into practice. In the Nordic countries, we are very practical, and this presents a real opportunity for us to make it happen, Taru Koivisto says.

Michaela Prochazka, identified the report's contribution to collective knowledge.

- It will undoubtedly help us learn from each other to improve dementia care across the region.

Michaela Prochazka mentioned the similarities between the Nordic countries and the prevention work that is already carried out.

- Nordic countries, including Sweden, have implemented various evidence-based policies and practices targeting modifiable risk factors for dementia, as highlighted by key studies such as those by the Lancet Commission and WHO guidelines. While there is clear progress, the report highlights areas for improvement, particularly in raising awareness and ensuring that healthy lifestyle choices are accessible to all segments of the population.

Michaela Prochazka observes that each Nordic country can draw valuable insights from the broader Nordic context to enhance its national dementia prevention efforts. She also emphasises the importance of communication in dementia prevention work.

- Reaching diverse subgroups within the population, such as immigrants, minority groups, and those with lower health literacy, remains a challenge. This highlights the need for targeted communication strategies and the adaptation of public health messages to effectively engage these varied audiences, as indicated in the report.



Photo: iStock

## Examples of Nordic practices in dementia prevention

The conference concluded with five examples of how preventive measures have been put into practice across different Nordic countries.

---

### **Elsa B. Fríðfinnsdóttir, Senior Adviser, Ministry of Health, Iceland: Dementia prevention and Health-Promoting Communities in Iceland**

In Iceland, considerable focus has been placed on promoting health at the community level, encouraging communities to create conditions that support both individuals and groups in maintaining their well-being.

The Health-Promoting Community is a comprehensive approach developed by the Directorate of Health in collaboration with municipalities, public institutions, and non-governmental organisations. It is based on the Ottawa Charter for Health Promotion, Health in All Policies, Healthy Cities, and Health-Promoting Schools, developed by the World Health Organization. The concept was established in 2013, with Reykjavík being one of the first to adopt it. Today, over 96% of Iceland's population live in communities that follow this approach.

Elsa B. Fríðfinnsdóttir, Senior Adviser at the Ministry of Health in Iceland, highlights successful Icelandic efforts in preventing cardiovascular disease, with a significant 80% reduction in coronary heart disease deaths among Icelanders aged 25 to 47 over the past 25 years. Notably, three-quarters of this decline is attributed to lifestyle changes.

– As we know, the same preventive measures for cardiovascular disease also apply to dementia: maintaining a healthy diet, staying active, and minimising smoking and alcohol consumption, among other factors.

Elsa B. Fríðfinnsdóttir points out the importance of measurable goals, collected at the community level, as the foundation for new policies that are subsequently implemented and evaluated. Local communities need to allocate funding that prioritises health and well-being.

– This is an ongoing process. The main goal of healthy communities is to take a systematic, data-driven approach to creating environments that promote healthy behaviour, lifestyle, and well-being for all. This includes areas such as dementia prevention.

---

## **Kajsa Paniagua Iacobi, Public Health Planner, Angered Hospital, Sweden: The LeVa health promotion and lifestyle counselling model**

The report Dementia prevention in the Nordics stresses that preventive measures and raising awareness are particularly important in vulnerable groups. Kajsa Paniagua Iacobi presented a model practice of how to reach groups with an immigrant background and low socioeconomic status.

Within the municipality of Gothenburg in Sweden, there are significant disparities in living standards, evident in both annual income and health outcomes. The LeVa 'To live' clinic focuses on public health in the north-eastern part of Gothenburg, where many residents from lower socioeconomic backgrounds live.

– LeVa started as a pilot project in 2021 and is now fully operational. Our aim is to reduce health inequalities, support individuals in making healthy lifestyle choices, and promote health while preventing illnesses that would increase pressure on the health care system, society, and the individual, Kajsa Paniagua Iacobi states.

Although LeVa does not focus specifically on preventing or treating dementia, the healthy lifestyle promoted by the clinic, centred on everyday behavioural changes, could in many cases be beneficial for dementia prevention.

– Unfortunately some services such as monitoring blood cholesterol that were offered during the pilot project, have been dropped in the implemented model due to lack of resources.

Smoking, a sedentary lifestyle, unhealthy eating habits, and unemployment are some of the factors more prevalent among the LeVa clinic's clientele compared to

the general population. They also tend to seek health care less frequently.

To be more accessible, the clinic operates with two key focuses: clinical work and community collaboration. They offer drop-in hours to accommodate clients with limited digital skills. The clinic delivers its services free of charge, requires no referral, and provides translators for non-Swedish speakers. Additionally, they actively work to build trust within the community through outreach efforts and community co-creation. One example of co-creation with the residents in Angered is organising walking groups where people come together to walk in safe company and environments.

– Our challenges as health promoters are to build trust, reduce barriers, and encourage people to seek our services, as well as to engage with our clientele and ask what matters to them. It is crucial to involve the target group in the planning process of the clinic, says Kajsa Paniagua Iacobi.

---

## **Annika Tetrault, Coordinating Ward Nurse, The Wellbeing Services, County of Ostrobothnia, Finland: Seniors' Advisory Services, Ostrobothnia**

The bilingual region of Ostrobothnia in western Finland has established a Seniors' Advisory Services unit to target clients aged 65 and over who do not have regular health care services. Additionally, a FINGER network is being developed across the 14 municipalities in Ostrobothnia.

– The Ostrobothnian Seniors' Advisory Services, in its current form, has been operational since the beginning of this year. It is still a work in progress, coordinating ward nurse Annika Tetrault says.

The objectives of the new Seniors' Advisory Services are to shift the focus from 'sick' care to health care, support well-being and functional capacity, identify early risk factors for developing chronic illnesses, and prevent common age-related diseases, such as dementia.

– We aim to provide low-threshold support with easy access to our telephone advisers. Our goal is to offer lifestyle advice based on the FINGER model for brain health, arrange group meetings, and provide individual health check-ups.

The conclusions drawn from the project so far indicate that while many services are available, the challenge lies in ensuring that both staff and clients can access them. Clients in need of lifestyle changes can be identified by the Seniors' Advisory Services and can be referred to the appropriate programmes.



Additionally, a greater need for cooperation has been identified. Collaboration and communication between the Wellbeing County (a regional administrative body), municipalities, and other stakeholders must be improved, and the FINGER model needs to be actively integrated into daily work and activities.

– We are developing a shared digital service platform to make it easier to find activities and groups. We are also providing information internally to health care staff about the FINGER model, among other things, Annika Tetrault says.

---

## **Wilhelmina Hoffman, President, Swedish Dementia Centre, Sweden: FINGER-abc**

Implementing new research-based models in the health care system is challenging and takes considerable time. The Swedish Dementia Centre, a government-funded national centre, serves as a bridge between authorities and academia on the one hand, and dementia patients and health care staff on the other.

– We aimed to make the national dementia guidelines more practical by launching a web-based learning portal in 2010. We now offer more than 15 web-based learning programmes and have successfully spread the dementia guidelines across Sweden, notes the president of the Swedish Dementia Centre Wilhelmina Hoffman.

Hoffman says the centre has recently developed a free web-based programme aimed at the public, in collaboration with Professor Miia Kivipelto, to promote the FINGER model in Sweden. The programme was launched in June 2024 to raise awareness of dementia prevention and promote brain health through the FINGER model. It was funded by Her Majesty Queen Silvia's Foundation for Research and Education.

– The programme focuses on the core components of the FINGER model: healthy eating, physical activity, brain training, social engagement, and a health check-up. While we all know that each of these is beneficial on its own, the results are significantly better when all are done together.

The programme takes around 1.5 hours to complete and features animations, expert-led videos, and detailed texts.

– The programme will also be translated into Finnish and English. We need to spread these fantastic preventive methods as widely as possible throughout society.

---

## **Tina Normann Andersen, Manager, Municipality of Aarhus, Denmark: Demenshjørnet**

The Danish city of Aarhus has branded itself as a dementia-friendly city with three key missions: to raise awareness and understanding of dementia, foster collaboration and partnerships with civil society, and offer dementia-friendly activities. The Dementia Corner, Demenshjørnet, which provides activities for people living with dementia, opened in 2014.

– The Dementia Corner is part of Aarhus municipality, where dementia prevention is a high political priority. It is aimed at people in the early stages of dementia, those with mild cognitive impairment, and their relatives.

Manager Tina Normann Andersen says that the Dementia Corner focuses on preventing the progression of the disease. It offers training courses, education, and counselling for relatives, promoting brain health and slowing the progression of the disease.

– The training courses offer three weekly sessions of approximately three hours each over a period of 16 weeks. A course includes physical exercise, cognitive training, and cognitive stimulation therapy. The training is individually tailored and organised in groups to promote social connections and supportive relationships.

The municipality of Aarhus is dedicated to addressing the individual needs of residents living with dementia at different stages, which necessitates close cooperation between various departments within the city.



Photo: iStock

## Concluding remarks

In her closing remarks at the conference, Anna Tenje, Swedish Minister for Older People and Social Security, was enthusiastic about the day's events and stressed the importance of further spreading the knowledge that was presented.

– I feel truly inspired by today's speakers, their stories, and the excellent ambassadors. The education should continue at every level of society – local, regional, and national – and through international cooperation as well. It's essential that the rapidly advancing science in this field is shared and trickles down to all levels of society.

Minister Anna Tenje remarked that if there is one key takeaway from the conference, it is something Her Majesty also emphasised in her inaugural speech:

– It is never too late to start prevention. And it is definitely never too early, either.

An edited and subtitled version of the conference Preventing dementia in the Nordics is available on the [Nordic Welfare Centre's YouTube channel](#).

- [Part 1 of the conference Preventing dementia in the Nordics](#)
- [Part 2 of the conference Preventing dementia in the Nordics](#)

# About the publication

## Preventing dementia in the Nordics: Conference report

The conference Preventing dementia in the Nordics: Evidence-based measures across the life course was held in Stockholm on 4 September 2024. The conference was part of the programme of the 2024 Swedish Presidency of the Nordic Council of Ministers. It was organised by the Swedish Ministry for Health and Social Affairs in collaboration with the Nordic Welfare Centre.

Published by Nordic Welfare Centre ©  
December 2024

Author: Sebastian Dahlström, freelance journalist  
Project manager: Pia Nevala Westman  
Publisher: Eva Franzén

Cover photo: iStock  
Layout: Agger Grafisk Design

ISBN: 978-91-89787-13-1  
<https://doi.org/10.52746/SIMH2921>

### **Nordic Welfare Centre**

Box 1073, SE-101 39 Stockholm  
Visiting address: Svensksundsvägen 11A  
Telephone: +46 8 545 536 00  
[info@nordicwelfare.org](mailto:info@nordicwelfare.org)

### **Nordic Welfare Centre**

c/o Folkhälsan  
Topeliuksenkatu 20  
FI-00250 Helsinki  
Telephone: +358 20 741 08 80  
[info@nordicwelfare.org](mailto:info@nordicwelfare.org)