If Nordic Health Report 2023

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Foreword

People are facing challenges from many perspectives, such as security, environmental, financial, and health. This, and our day-to-day lives, affect us and our perceived health, especially our mental health.

As the leading insurance company in the Nordic region, If P&C Insurance has an important function in the everyday lives of our 3.9 million customers. As a part of our general work within social responsibility, we work for a safer society by preventing accidents and illness, healthy workplaces and by sharing information.

Healthcare and social security systems need to meet needs and challenges of society. People place increasingly high demands on these systems when it comes to accessibility, quality and compensation levels. Either the systems need to adapt, or people and companies will find complementing solutions to fill the gap.

Private healthcare and private financing are hot topics in politics, but it is clear that we are dealing with a question of how private funding can complement public funding in the future, not if. It is not a matter of adapting to the changed environment but also adjusting the how, thinking new and working smart together. The change has already started.

For If, it is important to understand human attitudes and behaviours. In this Nordic Health Report 2023, we gather insight into peoples' perceived health and financial security, and we cast a light on this in the Nordics: Sweden, Norway, Finland and Denmark.

It is about people and their perceived health in different stages of life. It is about the public systems. And it is about our role as an insurance company.

We hope you will find this report useful!

Kristina Ström Olsson
Nordic Health Strategist at If

Summary

Eight out of ten experience negative stress

Times are challenging. A war is raging in Europe. We are dealing with inflation, high energy prices, a looming recession, all while facing long-term challenges such as climate change. The volatility is not only affecting the economy, the security situation and the environment on a macro level. It affects us and our health.

The Nordics are characterised by populations that perceive themselves as having good health and high living standards. Unfortunately, high prosperity does not mean we are free from stress and worries, nor from illness and accidents. Globally, mental illness is a big challenge, and the Nordics are no exception.

Our Nordic survey, conducted by Kantar Sifo, shows that many people are stressed – too many. And almost half, 47 percent, of people in the Nordic countries are more worried about their finances today than a year ago.

In our survey, we see similarities between the countries, but also significant and relevant differences.

FOUR IN TEN SUFFERING PROLONGED STRESS – WOMEN ARE MORE AFFECTED

More than eight in ten respondents have experienced negative stress. Four in ten have, at some point, experienced stress for more than six months. This is serious. Prolonged stress increases the risk of working with less capacity and of more sick leave. Women are more exposed to stress, including prolonged stress and problems with mental wellbeing that affect work ability, especially in Sweden.

Other groups that are more exposed to stress and problems with mental health that affect work ability are young people and people with weak finances, especially in Norway. Common stress symptoms in the Nordics are sleeping problems, anxiety, irritation and problems with concentration.

Almost half of the respondents – 46 percent - say that a lack of work-life balance is the main trigger for the stress in their daily lives. In Finland, relatively many – 31 percent – say that private life is the main trigger. In Denmark, however, relatively many - 28 percent - say that work life is the main trigger.

MANY HAVE VULNERABLE PRIVATE FINANCES

Besides work-related health, private life also affects perceived health. The results of the survey show that 18 percent do not think that they are living in a financially equal relationship. This can be a financial

> *The work environment is a very important factor for health and wellbeing. A well-functioning work environment, with good leadership and inclusion, sets the basis for a healthy work life – and life in general," says Kristina Ström Olsson.*

challenge if something happens. Even if both parties agree that the relationship is not equal, this can create major financial problems if the family's income changes; for example, if one party suddenly finds him or herself without a job. Here, it is important to plan for worse times in good times together.

INCREASING HEALTHCARE PRESSURE MAKES PEOPLE LOOK FOR COMPLEMENTING SECURITY

When it comes to social security systems and healthcare systems, there are challenges in providing enough security for people, both in economic terms and in terms of accessibility to healthcare. At the same time, there are strong positive trends which are changing healthcare, like digitalisation, self-monitoring, and new treatments - the possibilities to live long and healthy lives are better than ever before.

However, the results of the survey indicate that only 45 percent trust the public healthcare system to provide quick access to care if they are affected by illness or non-acute injury. Among young people aged 18-29, only 30-40 percent feel trust.

–"Trust is highest in Norway and lowest in Finland. The role of personal insurance is becoming more important because of ageing populations and increasing strains on national healthcare and social security systems," says Kristina Ström Olsson.

The demands on healthcare and medical services will increase as the Nordic populations age and require more care and support. Long waiting times and the unpredictability within public healthcare systems are explanations as to why employers in particular need supplementary healthcare insurance for themselves and their employees. However, this topic is debated from time to time, primarily in Sweden and Norway. It is of great value that prerequisites for personal insurance are good, so people and companies can secure health and work ability.

At If, we are experts on risk – identifying, assessing and preventing risks. Our data makes it possible to see trends that others cannot see. We want to share what we see, and as an important stakeholder in an important area – safety for individuals and businesses. Raising awareness around wellbeing, healthy-eating habits and the importance of sleep and recovery must be elevated and promoted effectively in society. Early treatment and prevention will help save lives, but also help manage the costs involved with healthcare services.

DEFINING THE REPORT

In this report, we present and analyse the results from our Kantar Sifo survey. We cast a light on Sweden, Norway, Finland and Denmark - the Nordics. We look at stress levels, mental health and wellbeing, but also financial security, since they are closely connected. We also undertake a comparative study on the healthcare systems and parts of the social security systems in the Nordic countries.

Finally, we describe our role as an insurance company in the healthcare ecosystem and as a complement to the social security system. We help individuals and business with different kinds of personal insurance to increase their security in areas such as pregnancy, children, accident, illness, healthcare and more. We put a lot of emphasis on prevention.

In this report, we place focus on the human perspective of healthcare, especially on the health and mental health effects of stress and financial insecurity.

The Nordic Health Survey 2023

Key findings from the survey

For humans and businesses to flourish, several prerequisites need to be in place. We all need a feeling of security and meaning. Throughout life, we face wonderful experiences but also worse ones. And as an employer, you need to get results and income. Without that, human capital, and a chance to plan the next period, it is hard to get your business going.

As If strives to give people the confidence today to shape their tomorrow, we want to learn more about peoples' behaviours, attitudes, and feelings, and to raise awareness around health and wellbeing. By looking at the population in the Nordics, we take the temp on stress, perceived health and financial security.

We asked Kantar Sifo to conduct this big survey in Sweden, Norway, Finland and Denmark.

The aim of the study is to uncover the prevalence of negative stress[1] in the population, what triggers negative stress, how this affects those experiencing stress and their work ability, and who they turn to to resolve the situation. The report also addresses the population's trust in the public healthcare system, peoples' interest in paying for private health services and feelings about their financial situation and financial equality.

[1] Negative stress in this report is defined as stress that affects quality of life and/or work ability in a negative way.

This report is based on responses from 4,032 people in the Nordics between 13 and 24 October 2022. Norway (n=1 016), Sweden (n=1 005), Denmark (n=1 005) and Finland (n=1 006). The results are weighted for gender, age, and location to represent the population's attitudes.

1) Eighty-four percent have experienced negative stress

2) Four in ten have been stressed for a longer period (more than six months)

3) The main trigger for stress is the combination of work life and private life

4) The most common stress symptoms are poor sleep, irritation, anxiety and problems with concentration

5) Forty-two percent feel their work ability is affected by problems with mental wellbeing

6) When experiencing mental ill-health, fourty-seven percent turn to their doctor/psychologist for help. Thirty percent turn to family. Twenty-two percent turn to a friend. Sixteen percent turn to their manager and three percent to HR at work. Twenty-six percent do not seek help. [multiple answers possible]

7) Twenty-three percent are concerned about getting ill and being on sick leave for a long period

8) Forty-five percent trust the public healthcare system to provide quick help when experiencing problems with illness or non-acute injury, fourty-two percent does not. Thirteen percent do not know or do not want to answer

9) Half of the Nordic population is more worried today about their finances than one year ago

10) Seventy-one percent have saved a specific amount of money for unexpected expenses

11) Eighteen percent say they are not living in an equal relationship, among the seventy-one percent that are in a relationship and share household finances with another person

12) Four in ten would consider paying for health services that can prevent illness for them

Many are suffering from prolonged stress

Negative stress

An overwhelming proportion have experienced negative stress

84%

OF THE NORDIC POPULATION EXPERIENCE NEGATIVE STRESS TO VARYING DEGREES

An overwhelming part nine in ten of the Nordic population, almost nine in 10, experience negative stress to varying degrees. Almost half of the respondents experience negative stress regularly or quite often. Only one in three experience negative stress occasionally but seldom.

There is a big difference between ages and countries. When looking at people aged 60 and over, only 17 percent of Danes experience negative stress regularly or now and then, while their neighbours in Sweden (25 percent), Norway (29 percent) and Finland (30 percent) are more stressed.

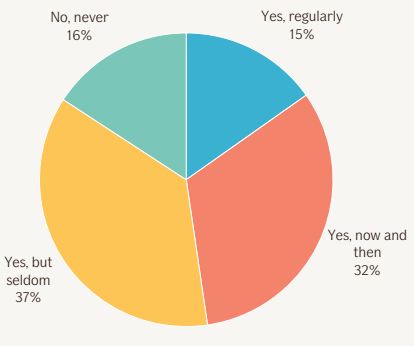
Denmark seems to be the country where the fewest people feel negative stress. Danes seem to be more relaxed about everyday life than in the other Nordic countries. This applies irrespective of age. Compared with Sweden, Norway and Finland, many more Danes never feel negative stress – every fourth. Still, four in 10 Danes experience negative stress regularly or now and then, compared with half of Swedes, Norwegians and Finns. Some reasons could be that Danes experience more security through the social safety net.

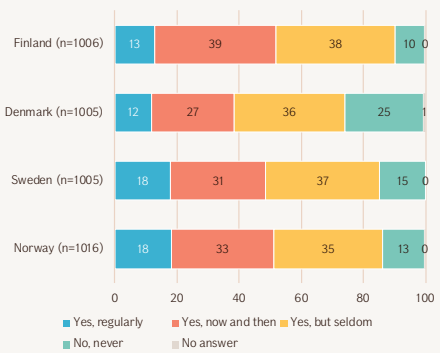
"Danes seem to be more relaxed about everyday life than in the other Nordic countries."

Analysing the age groups, we see that the younger you are, the more stressed you are. Among people aged 18-29, about 65 percent experience negative stress regularly or now and then. This is even more common in Finland (75 percent) and Norway (70 percent), and a little less common in Sweden (62 percent) and Denmark (54 percent), although still high. Only 4-7 percent of young people never experience negative stress.

Do you experience negative stress?

(n=4032) Percent.





Many are suffering from prolonged stress

Poor sleep and irritation are the main symptoms of negative stress

Negative stress occurs to varying degrees among people in each of the Nordic countries. This may be due to cultural differences, but also external factors such as the countries' economic situations, post-pandemic effects, the perception of a tense geopolitical situation, access to healthcare services, the provision of school and leisure schemes for children and young people, etcetera.

Out of those experiencing negative stress, we also asked if they experienced any of the related symptoms: problems with concentration, poor sleep quality, anxiety, pain, irritation, memory loss, or other.

Most people experience sleep problems (61 percent) and irritation (54 percent) when suffering from negative stress. The top three symptoms for Swedes and Norwegians are sleep, anxiety and irritation. For Finns, the top three are sleep, irritation and anxiety, while for Danes they are sleep, memory loss and irritation. Problems with concentration comes in at fourth place in all of the Nordics. While Norwegians stands out on anxiety (62 percent) and Finns on irritation (60 percent), the Danes stands out on memory loss (54 percent). The Swedes do not stand out on any of the symptoms.

As mentioned, Denmark stands out in that its population seems to be less exposed to negative stress, or less susceptible to external stressors, compared to people in the other Nordics. Conversely, the Finns experience the greatest degree of negative stress, while the situation for the populations of Norway and Sweden is quite similar.

> ***Most people experience sleeping problems and irritation when suffering from negative stress.***

We also know that there is a link between problems with poor sleep quality and fatigue (tiredness/exhaustion), problems with alertness, perceptual motor skills and attentiveness. This is well known in sectors such as industry and transport, where there is shift work, but it is not necessarily a given that they will be considered in corporate occupational safety and risk management. A person's physical and cognitive performance is substantially decreased by fatigue, which can be defined as a reduced mental or physical state of alertness and as a chronic or acute state of exhaustion.

The most common cause of fatigue is insufficient or poor sleep quality. This affects quality of life and work ability. Sleep deprivation is a major risk factor for injury; a fatigued worker has an approximately 62 percent higher risk of accidents.[2] When combined with other workload factors, the risk of human error becomes significant. If you work in shifts and you are affected by fatigue, it may be necessary to review the arrangement of working hours and the timing of sleep within the circadian rhythm.[3]

For sleep problems in general, luckily there are tricks that can be used to relax and sleep well at night. Waking up refreshed promotes energy and health.

[2] Uehli, K., Mehta, AJ., Miedinger, D., Hug, K., Schindler, C., Holsboer-Trachsler, E., Leuppi, JD. & Künzli, N. 2014. Sleep problems and work injuries: a systematic review and meta-analysis. Sleep Med Rev. 18(1). S. 61–73. Link: https://doi.org/10.1016/j.smrv.2013.01.004

[3] Source: Research by Tuomas Kaleva, University of Oulu, Finland. Note: This result is from research financed by the August Ramsay Foundation, a part of If.

Many are suffering from prolonged stress

It is not usually a problem to occasionally sleep badly on some nights. It is when the sleep problem becomes prolonged that it not only affects everyday energy and risks at the workplace, if you are in a physically active sector, but when it also affects the immune system and increases the risk of lifestyle-related diseases such as diabetes and depression.

Since most people experiencing negative stress have sleeping problems – we want to give some advice on how to sleep better:

1. Prioritise daily physical activity

Exercising increases the need for sleep and the body gets rid of stress. It can also improve sleep quality and the length of sleep. Stop training an hour before bedtime, at the latest.

2. Establish a bedtime routine

Reduce activity and avoid food that is hard to digest. Prepare clothes and other things for the next day.

3. Dim the lighting

Dimmed or no lighting makes it easier to slow down. Avoid lights from the outside. Avoid electronics that can interfere with falling asleep.

4. Lower the bedroom temperature

During sleep, our body temperature drops, and lowering the temperature in the bedroom can help the body wind down for the night. Ventilate the room or turn down the radiators.

5. Wait for sleepiness

If you're tossing and turning in bed because you can't fall asleep, you might as well get up again, but keep the lights dim and activity low.

6. Cut down on coffee and alcohol

Caffeine is often found in coffee, tea, sports drinks and chocolate, and the effect can linger for many hours after consumption. Alcohol often impairs quality of sleep and can lead to awakenings at night.

[4] Kopplingen mellan levnadsvanor och hjärt-kärlsjukdom i Sverige, IHE Rapport 2021:5

Lifestyle habits can make a big difference

There are many factors that contribute to good health and wellbeing. Among them are physical activity, nutrition, getting enough sleep, recovery, relaxation, prioritisation, healthy workplaces and feelings of meaning.

According to the WHO, around 30 percent of all cancer cases and as much as 80 percent of all coronary artery disease and stroke cases could be prevented through a healthy lifestyle.

Not to diminish the other factors above, there are other important lifestyle factors to consider when it comes to nutrition and physical activity. The graph below takes the temp on this among adolescents and adults in the Nordics.

When the Swedish Institute for Health Economics (IHE) on behalf of the Swedish Heart Lung Foundation estimated the proportion of cardiovascular disease in Sweden among people aged 25-84 that can be attributed to lifestyle factors, they found that unhealthy diet was the main source of lifestyle issues that impacted the overall results. Almost half of the cases of ischaemic heart disease (46 percent) and 15 percent of the cases of stroke were associated to diet. In the study they found the two most problematic diets were an overconsumption of sodium and a low diet in whole grains.[4]

Did you know that our Nordic traditional, and quite heavy, dietary with potatoes and meat are not so healthy? Meta studies show that the Mediterranean dietary is the best for our health. The Mediterranean dietary emphasizes fruits and vegetables, legumes, whole grains, olive oil, nuts, seeds, and some meat and fish.

Looking at the graph on next page, we can see that we need to eat more fruit. The recommendation from the World Health Organization (WHO), which is supported by research, is to eat at least 500 grams of fruit and vegetables daily.

Many are suffering from prolonged stress

The Danes are 'green' in that adolescents eat enough fruit and vegetables, but the Danes also have a red alert for physical activity in adolescents. They also have many smokers (24 percent). We know that smoking is a risk factor for various non-communicable diseases.

Good nutrition and daily exercise are not the only keys to success, but they can help recovery from a stressed life situation. Balanced nutrition and greens give you energy and strengthen the immune system.

We need to find the drivers and nudge our adolescents towards more daily exercise. Norway seems to be best in class on an overarching level, while the biggest challenge seems to be daily exercise among adolescents. According to the WHO, more than 80 percent of the world's adolescent population is insufficiently physically active (compared with one out of every four adults). They may be getting smarter behind their screens, but they are not getting healthier.

PHYSICAL ACTIVITY IMPROVES OVERALL WELLBEING AND CONTRIBUTES TOWARDS[5]

- Preventing and managing non-communicable diseases such as cardiovascular diseases, cancer, type 2 diabetes and reducing the risk of overweight.
- Reducing the symptoms of anxiety and depression
- Enhancing thinking, learning and judgment skills
- Ensuring healthy growth and development in young people

Exercising for 60 minutes a day at a moderate to high intensity is a good way to promote health.

Physical activity also promotes the body's wellbeing such as[6]

- cardiovascular and lung capacity,
- muscle strength,
- skeletal strength,
- agility,
- speed,
- mobility,
- responsiveness, and
- coordination.

5,6 Source: the WHO (2013). Global Action Plan (2013-2020) for the Prevention and Control of Non-Communicable Diseases.

To a large extent, it comes down to *finding ways to do the physical activity. It has a positive effect on our mood, in part through the release of endorphins and other feel-good hormones. Physical activity can be seen as a medicine for mental illness without being a pill.*

The primary thing is to become active and get 'hormone secretion' and all the other positive processes that take place in the body during everyday exercise. These hormones make you feel better mentally, which in turn makes you relax and thus also relaxes tense muscles. When the tension or pain has its root in stress, the basic problem cannot therefore be remedied through massage or other manual treatments.

It is also about finding ways and activities that create continuity. The choice of everyday exercise is better guided by interest and motivation, rather than finding the 'right' type of activity. The 'right' everyday exercise is the one that gets done, as continuity is crucial for the secretion of the 'feel-good-hormone'.

Gunnar Skough,
Physiotherapist at If in Sweden

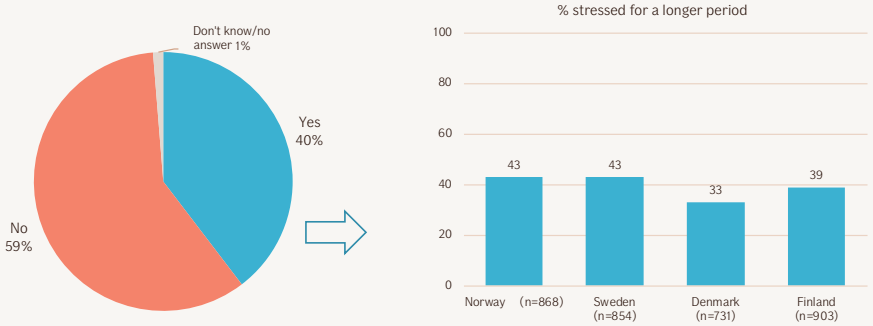
Physical activity and nutrition in the Nordics

Country	Sweden	Norway	Finland	Denmark
Vegetable consumtion adults				
Vegetable consumtion adolescents				
Fruit consumtion adolescents				
Fruit consumtion adults				
Physical activity adolescents				
Physical activity adults				
Biggest risk factor. percent (EU no in paranthesis)	Tobacco 14 (17)	Dietry 14 (17)	Dietry 18	Tobacco 24

Source: Status in Health in EU 2021
Green is good, yellow is not that good, orange is quite bad, and red is an alarm.

Four in ten have experienced prolonged stress

When asking how many have experienced a longer period (more than six months) of negative stress, we see high rates that are worrying. In Sweden and Norway, a bigger proportion have been stressed for a longer period than the Finns. Fewer Danes have been stressed for a longer period.



Many are suffering from prolonged stress

More women are affected by stress

Women seem to be stressed to a greater extent than men in all of the Nordics. Although this is not a new trend, it is worrisome. It may be related to the fact that women often have greater responsibilities in the home[7] such as the day-to-day running of the household, the following-up of children and the supervision of sick parents, in addition to being at work.

The greatest gender difference in terms of experiencing prolonged stress is in Sweden. Here, half of women and 36 percent of men have this experience. In Sweden, prolonged stress is most common among 45–59-year-old people (52 percent) and in Northern Mid-Sweden (47 percent).

In Norway, almost half of women have experienced prolonged stress, 48 percent, compared to 'only' 37 percent of men. We also see a higher rate in the northern part of Norway (Tr.lag/Nord-Norge, 49 percent), so it is quite like Sweden. In Norway, however, we see a higher rate for low-income earners (56 percent) and for young people.

In the case of Norway, it is obvious that problems with prolonged stress are greatest among people younger than 30 (59 percent). This result corresponds with the OECD's latest report on the effects of the pandemic on young people's mental health, where Norway sticks out with a rate of depressive symptoms among young people (18-29 years old) which increased from under 9.5 percent in 2019 to above 42.5 percent in August 2021.[8]

> ***The greatest gender difference in terms of experiencing prolonged stress is in Sweden.***

The pattern in Finland is similar to that in Sweden, but at a little lower level, with 43 percent of women and 34 percent of men experiencing prolonged stress. Among the 45-59-year-olds, the percentage is 48, compared to young people 18-29 at 42 percent. In Finland, there are no big regional differences, varying from 41 percent in Helsinki-Uusimaa and Pohjois- ja Itä-Suomi, to 35 percent in Länsi-Suomi and 38 percent in Etelä-Suomi.

In Denmark, the corresponding figures are 36 percent of women and 29 percent of men who experience prolonged stress, and 40 percent among 45–59-year-olds. Regional differences in Denmark show that prolonged stress is more common in Nordjylland (38 percent) than in other parts, compared to 'only' 30 percent in Midtjylland.

There are no distinctive signs of more prolonged stress in the capital cities.

Another interesting pattern is that the level of stress depends on income level in every country except for Sweden, where 41-45 percent have been stressed for a longer period regardless of income level and

[7] Example from Sweden: https: www.scb.se/pressmeddelande/kvinnor-lagger-mer-tid-pa-hushallsarbete--man-pa-fordon-och-reparationer
[8] OECD: Health at a Glance 2022

Many are suffering from prolonged stress

”When experiencing negative stress, the body and mind send signals that something is wrong – signals that we should not ignore”

education. In the other countries, a much higher proportion of low-income earners had felt negative stress for a longer period.

Norway shows the biggest difference, with 56 percent of low-income earners and 36 percent of high-income earners experiencing prolonged stress. The corresponding figure for Finland is 45/30 percent and for Denmark it is 40/28 percent. Again, Danes are less stressed in both income categories compared to its neighbours, but there is a significant difference due to income level. Prolonged stress is noticeably lower among those with higher incomes. The explanation lies, of course, not only in income, but also in the kind of work and work environment.

MENTAL HEALTH IS STILL AFFECTED IN THE WAKE OF THE PANDEMIC

The pandemic affected peoples' health in different ways. An international survey[9] has shown that 30 percent of Swedes were depressed or had symptoms of depression in March/April 2020. A year later, in March and April 2021, If commissioned a survey conducted by Syno International in Sweden and YouGov in Norway, Denmark and Finland which showed how the pandemic affected people's health. People had gained poorer health, increased weight, less exercise, a more sedentary lifestyle, and a generally less healthy lifestyle from the first year of working from home.

The negative health effects are significant in all of the Nordic countries, but they vary from country to country. In Denmark, more people, 47 percent, felt negatively affected than in the other countries. In Norway, 42 percent, in Sweden, 33 percent and in Finland, 31 percent felt that their health was negatively affected during the pandemic. Among young people, symptoms of anxiety and depression more than doubled in several European countries during the pandemic[10]. You will get more analysis on mental health after the pandemic later in this report.

[9] OECD Health Statistics 2021
[10] OECD: Health at a Glance: Europe 2022
[11] State of health in the EU 2021

FINNS BETTER OFF BY THRIVING ON SOCIAL DISTANCE?

The survey also showed that remote work had a negative effect on many employees' health. The negative health effects were more obvious in Norway and Denmark, where restrictions were strict. At the same time, Finland seemed to have the least negative effect on perceived health throughout the period.

Finland reacted quickly to the pandemic, and throughout this period it had significantly stricter restrictions than Sweden. Nevertheless, the negative mental-health effects seemed to be less severe. Finns have a high level of technological maturity, high trust in the authorities and, according to social psychologist Nelli Hankonen at the University of Helsinki, Finns thrive on social distance.

On the other hand, only 54 percent of Finns in the lowest income group have a good perceived health compared to 81 percent in the highest income group. This is a big difference and above the EU average. This reflects larger differences in health behaviour among Finns, depending on their financial situation.[11]

PAY ATTENTION TO STRESS SIGNALS

When experiencing negative stress, the body and mind send signals that something is wrong – signals that we should not ignore. These need to receive attention. Often, we shut our eyes and ears to the signals, but it is of great importance to listen to them and change habits or other things in life, and sometimes professional support may be necessary.

To keep up health and work ability, and to get back to work faster, the person needs to get help or change their lifestyle habits at an early stage. From as early as 1-2 months of sickness absence due to mental illness, it is hard to get back to work.

Mental health in the OECD during the Covid-19 pandemic

Good perceived mental health is important in order for people to be able to live healthy, productive lives, and it is one of the UN's Sustainable Development Goals: Goal 3 Health and Wellbeing.

Substantial mental health impacts have been observed during the COVID-19 crisis, when OECD populations experienced significant disruption to the way they live, learn and work. In March and April 2020, recorded levels of anxiety and depression in the general population were higher in almost all countries compared to previous years.

Source: OECD, 2021

Where mental health status was tracked throughout the pandemic, it improved in the period of June to September 2020; this coincided with lower case rates of COVID-19 and fewer infection-containment measures. People who were unemployed or experiencing financial difficulties reported higher rates of anxiety and depression than the general population. Young people's mental health was also hit particularly hard during the pandemic, with the prevalence of symptoms of anxiety and depression rising dramatically, especially in late 2020 and early 2021.

Without effective treatment or support, mental health problems can have a devastating effect on people's lives. While there are complex social and cultural reasons which affect suicidal behaviours, suffering from a mental health problem also increases the risk of dying by suicide.

Many are suffering from prolonged stress

Trying to balance private life and work life is a trigger for stress

From the knowledge that many people experience negative stress, it becomes important to look for causes. Often, we talk about the root cause coming from work life or from private life. It is the combination of work and family life that triggers negative stress for most people. The distribution is virtually equal between people who believe stress is only due to their private lives versus those who believe it is only due to their work lives.

It is no surprise that the combination of private and work life mainly triggers negative stress. Finding work-life balance is a well-known challenge, and previous surveys from If show that the pandemic both triggered this challenge further for some people and reduced stress for others. Many families with small children experienced better life balance, not having to rush to and from school/nursery and the office.

In Denmark, work life is more often the main trigger compared to the other countries, especially Norway, where quite few people see work life as the root cause of negative stress.

In Finland, on the other hand, fewer people see the combination of work and private life as a problem. Relatively more Finns see private life as the main trigger for negative stress. We can see a clear pattern in Finland whereby low and medium-income earners, to a greater extent, see private life as the main trigger, while high-income earners say work life.

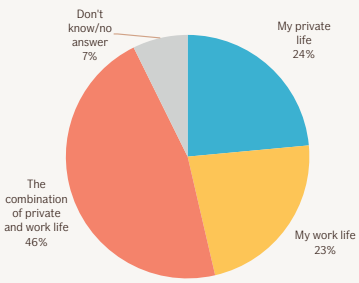
47%
IN DENMARK FELT THAT THEIR HEALTH WAS NEGATIVELY AFFECTED DURING THE PANDEMIC

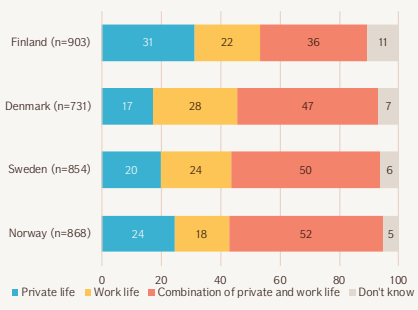
42%
IN NORWAY FELT THAT THEIR HEALTH WAS NEGATIVELY AFFECTED DURING THE PANDEMIC

33%
IN SWEDEN FELT THAT THEIR HEALTH WAS NEGATIVELY AFFECTED DURING THE PANDEMIC

31%
IN FINLAND FELT THAT THEIR HEALTH WAS NEGATIVELY AFFECTED DURING THE PANDEMIC

What mainly triggers your stress?
(Those who have experienced negative stress: n=3356) Percent.





Stress affects work ability – employer responsibility

Psychosocial risks arise from poor work design, organisation and management, as well as a poor social context of work, and they may result in negative psychological, physical and social outcomes such as work-related stress, burnout or depression. Some examples of working conditions leading to psychosocial risks are:

- Excessive workloads
- Conflicting demands and lack of role clarity
- Lack of involvement in making decisions that affect the worker and a lack of influence over the way the job is done
- Poorly managed organisational change, job insecurity
- Ineffective communication, lack of support from management or colleagues
- Psychological and sexual harassment, third-party violence

When considering the demands of a job, it is important not to confuse psychosocial risks such as excessive workload with conditions where, although stimulating and sometimes challenging, there is a supportive work environment in which workers are well trained and motivated to perform to the best of their ability. A good psychosocial environment enhances good performance and personal development, as well as workers' mental and physical wellbeing.

Workers experience stress when the demands of their job are excessive and greater than their capacity to cope with them. In addition to mental health problems, workers suffering from prolonged stress can go on to develop pain or more serious physical health problems, such as cardiovascular disease or musculoskeletal problems.

For the organisation, the negative effects include poor overall business performance, increased absenteeism and presenteeism (workers turning up for work when they are sick and unable to function effectively) and increased rates of accident and injury. Absences tend to be longer than those arising from other causes and work-related stress may contribute to increased rates of early retirement. Estimates of the cost to businesses and society are significant and run into the billions of euros at a national level.

Source: The European Agency for Health and Safety at work

Our perceived health and wellbeing not only affect our own energy and life quality, but it also affect our ability to work.

Our perceived health and wellbeing not only affect our own energy and life quality, but it also affect our ability to work. If an employee does not feel well, the employer faces an issue with this, both in terms of handling the health situation and the work situation.

This is also a matter of long-term sustainability. One of the UN sustainable development goals is SDG No. 3: Health and Wellbeing. Sub-goal 3.4 is to: "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing." Here, we all have a responsibility: you and I as individuals, businesses and society.

As part of If's general work on social responsibility, we work for a safer society by preventing accidents, incidences of injury and long-term sick leave due to illness, and by sharing information

As an insurer, we play a key role in helping society to function properly by contributing to, and helping enable, greater freedom of action.

Mental ill-health is a global challenge, but there is a lot we can do about it. In the Nordics, it is possible to come a long way by establishing a healthy work life for all involved: employers, employees, public and private actors and wider society. Reasons for negative stress at the workplace can be, for example, excessive workload, lack of involvement in setting the pace of work or processes, lack of role clarity, ineffective communication or cooperation.

Stress affects work ability – employer responsibility

Many people have felt their work ability has been affected by mental health issues

A high proportion of the Nordic population – four in ten - have felt their work ability has been affected by problems with mental wellbeing. This is a clear sign of a risk leading to long-term sick leave.

When you are present at the workplace, or at least not on sick leave, even though you are having problems with your mental health that affect work ability and productivity, this is called presenteeism. Presenteeism, like absenteeism, is a challenge for the individual, and for societies. Long-term stress can be hidden for so long, and it can sometimes even be hard for the person affected by ill-health to be conscious of the signs.

An EU survey on mental health during and after the pandemic reinforces the image of the Danes as being more robust. They have the lowest share of adults at risk of depression in 2020-2022 among the EU-countries and, in contrast to many other countries, the risk was lower during the pandemic than it was after. During spring 2022, the percentage of adults at risk of depression was around 40 percent in Denmark, 50 percent in Finland and about 55 percent in Sweden, which was also the EU average.[12]

YOUNGER PEOPLE STRUGGLE MORE

The younger you are, the more you struggle, it seems. Fifty-four percent of people under the age of 30 struggle/have struggled with mental ill-health, compared to only 21 percent of people over the age of 60. When it comes to mental ill-health affecting work ability, young people seem to be more affected than women as a group, compared with prolonged stress, where women stick out.

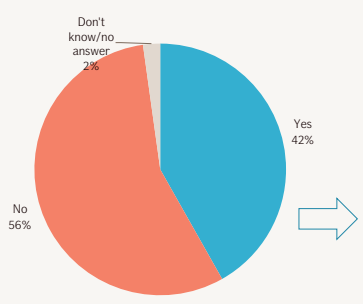
In Sweden, factors such as place of residence, level of income and education do not seem to affect the extent to which mental health problems affect work ability. In Norway, the results are similar, although on a slightly higher level. Mental health problems seem to be a greater challenge in Norway. We also see a greater difference due to income in Norway. People with low incomes struggle much more.

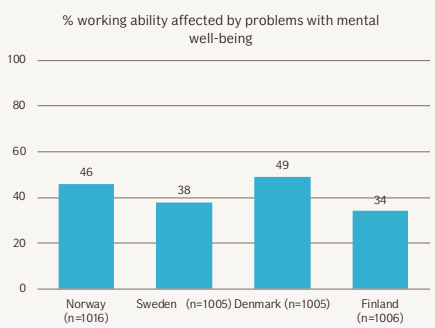
Although stress levels are high in Finland, the pattern is different when it comes to mental health problems among Finns which affect work ability. People struggle less with mental health problems affecting work ability compared to the other Nordics. This is the case for both men and women in Finland. And although the numbers are still high, people under the age of 30 struggle less with mental health problems (44 percent) compared to Sweden (54 percent), Norway (63 percent) and Denmark (70 percent).

It is hard to tell whether the Finns and Swedes are better at coping with their stress or if there is a hidden presenteeism challenge here.

Has your working ability ever been affected by problems with your mental wellbeing*?

(n=4032) Percent.





TIPS FOR A HEALTHIER WORK LIFE

- A lifestyle change can boost your health and make a difference, leading to new habits that enhance wellbeing and improve mental health. Start from what feels most important to you. This could be, for example, focusing on recovery, e.g. better sleeping habits or discussing workload with your manager.
- Everyday exercise is central to both physical and mental health. This could be a lunchtime walk or taking more exercise breaks during the workday.
- Mental recovery is vital for health and wellbeing, and a good first step is to take a break every day, to reflect. With conscious presence, we can more easily avoid excessive stress and capture the day with a positive feeling.
- Health and wellbeing depend not only on how you take care of yourself, but also on your interactions with other people. We all need, to some extent, a sense of meaning and context. Nurture your social relationships, both for your own health and for the sake of others.

INCOME LEVEL AFFECTS MENTAL WELLBEING

It seems that high income is an important factor in the promotion of the Finns' mental health. 'Only' 23 percent of high-income earners in Finland consider that their work ability has been affected by problems with mental wellbeing, compared to 37 percent in Sweden, 44 in Norway and 51 in Denmark. On the contrary, a relatively high proportion of low-income earners in Finland are affected (47 percent).

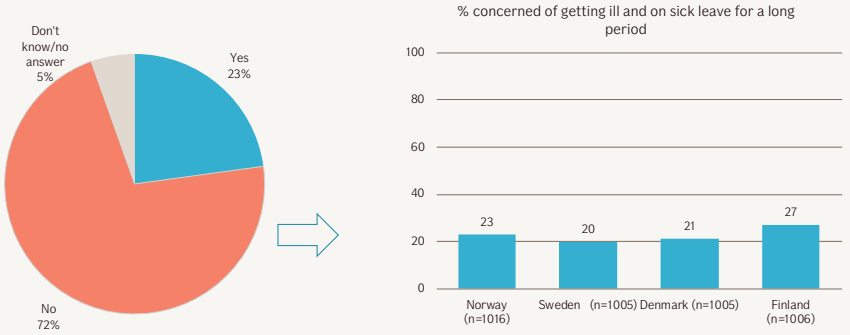
[12] Source: OECD: Health at a Glance Europe 2022. Note: Norway is not included in the data.

Stress affects work ability – employer responsibility

Hardly one in four are worried about getting ill and being on sick leave for a long period

Are you concerned about getting ill and being on sick leave for a long period?

(n=4032) Percent.



Denmark really sticks out for the worse when it comes to mental health problems affecting work ability, and it is quite a contrast to the issue of stress, where Danes seem to be less stressed. Among high-income earners, more than double the ratio feel/have felt that their work ability has been affected by mental ill-health compared to Finns. It seems that a high income provides Finns with greater peace of mind compared with the Danes.

Nor is a high level of education a positive driver among Danes when it comes to mental health and, except for people over 60, more than half (54-70 percent) of Danes struggle regardless of education level.

Women struggle a bit more than men, the number is highest in Denmark at 52 percent and lowest in Finland at 39 percent. The same pattern applies for men but on a lower level, at 45 percent for the Danes and 29 percent for the Finns. The Swedes and Norwegians are in between these numbers.

ONE IN FOUR DOES NOT SEEK HELP WHEN EXPERIENCING MENTAL ILL-HEALTH

When experiencing lighter problems with mental wellbeing, it can be valuable to talk to someone who you trust: your family, a friend, your manager at work, human resources at work or other colleagues.

Who people turn to varies, and we will soon take a dive into this.

When experiencing negative stress or mental health problems, it is important to stop and reflect on the situation. What is bothering me and what can I do about it? If the root cause of the problem lies in work life, it is vital to speak with the manager, or HR, to plan what can be done to improve the health situation.

We all have a responsibility to thrive in a healthy workplace for ourselves and our colleagues, including the manager, but the employer has a legal, long-going responsibility to minimise the risks of accident or ill-health due to work and the workplace.

”Still, only 16 percent of employees in the Nordics turn to the manager when experiencing lower work ability due to mental health problems”.

In Denmark, 21 percent turn to the manager, compared to 18 in Sweden, 15 in Norway and only nine percent in Finland. It is more common to turn to family or friends.

Thirty-seven percent of Swedes turn to a professional in the healthcare system, compared to 61 percent of Finns. In Norway and in Denmark, it is 46 percent.

What is even more startling about the results is that many people do not seek help at all. This is most common in Norway (31 percent), Denmark (27 percent), Sweden (26 percent) and in Finland, where 17 percent do not seek help.[13]

We can handle some of life’s ups and downs with support from our own networks and through our own efforts. It is good to have regular dialogue with your manager about health, wellbeing and performance. If you have difficulties that persist over time and affect how you function in everyday life, and you have tried to get better through your own efforts and support from your network without getting better, then it may be good to seek professional help.

“It is good to have regular dialogue with your manager about health, wellbeing and performance.”

Thomas Tobro Wøien,
Psychologist at Vertikal Helse, a part of If

By seeking help at an early stage, if accessible, it is easier to get a fast recovery and to achieve mental wellbeing, and at the same time decrease the risk of sick leave and reduced quality of life. Despite these rather high rates of mental health issues, not that many individuals are worried about the risk of sick leave.

As many as 72 percent of people in the Nordics are not worried about sick leave for a long period. Only 21-27 percent are concerned. It is, of course, good not to go around worrying, but it is still good to be conscious and reflect on one’s life situation and health now and then. It is always of value to be conscious of one’s own health and wellbeing and to change behaviours or seek help when signs of ill-health appear.

One challenge in the Nordics, however, is the accessibility of psychologists or similar in public healthcare. The waiting times can be very long.

[13] Source: If’s Kantar Sifo survey October 2022.

Stress affects work ability – employer responsibility

HEALTHY EMPLOYEES ARE THE EMPLOYER'S RESPONSIBILITY

The employer has a far-reaching responsibility in the Nordics in terms of preventing accidents and ill-health because of work. Employers have the obligation to:

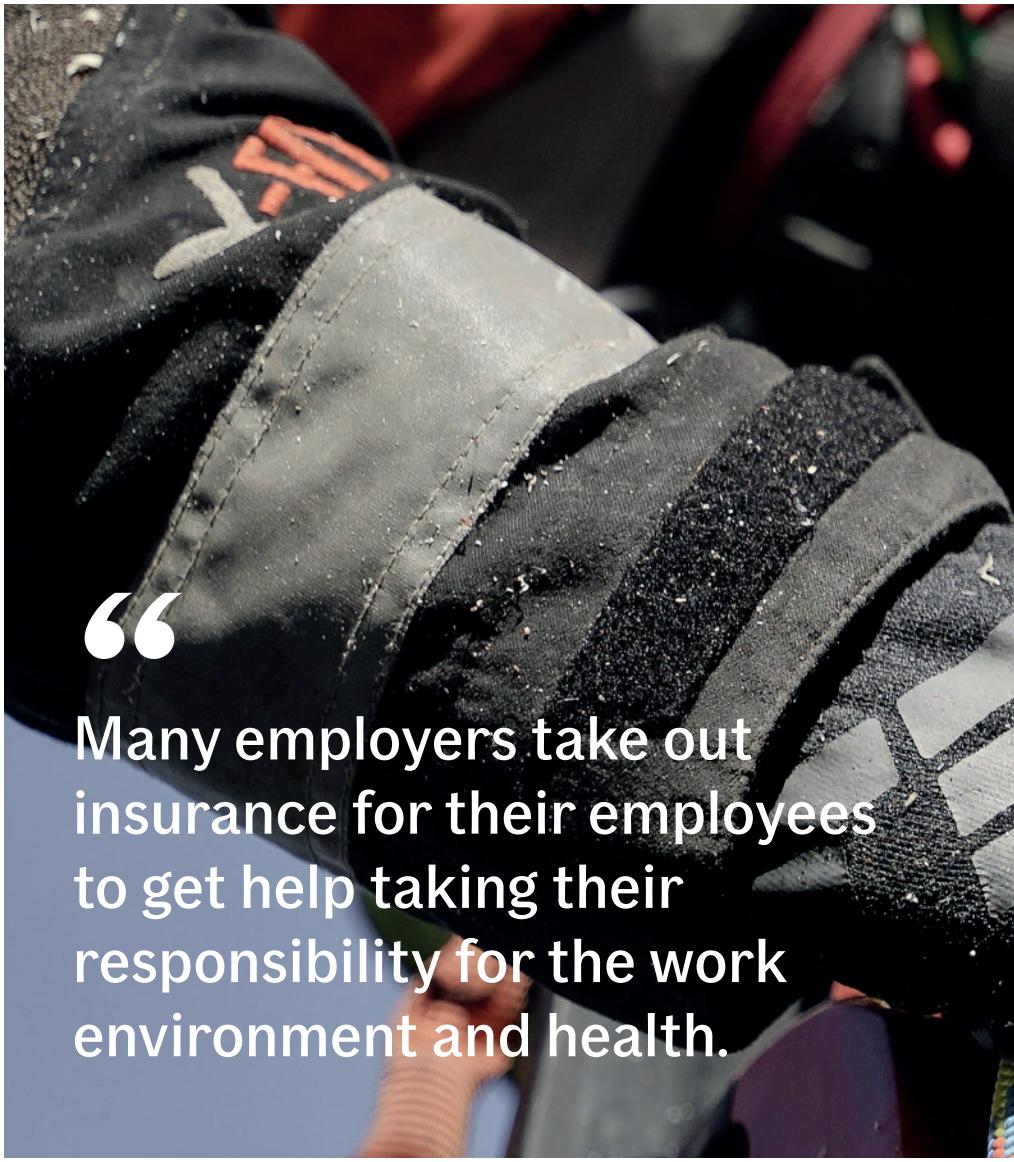
- observe the law and look after their employees' safety and occupational health
- provide their employees with a written account of the central conditions of work
- promote a good and safe work environment, boost the performance of employees in their work and contribute towards their occupational development.

A company's values and the expectations it places on behaviour are often reflected in the company's code of conduct. It is not required by law to have a code of conduct, but this document helps to improve company culture.

Authorities such as the work environment authorities must contribute by ensuring that companies carry out systematic health, environmental and safety work.[14] The authorities may impose various sanctions on the employer if they find that occupational health and safety legislation is being ignored.

In Sweden, the work environment law (AML) says that the employer must have the knowledge to plan, lead and control the business so that it secures a good work environment and minimises the risk of accidents and ill-health. No matter whether the employer has one or 3,000 employees, they must stay by the employee's side if he or she is at risk of, or is on, sick leave.

In Sweden, there is a medical assessment which says that if there is a risk of the employee being on sick leave for more than 60 days, the employer is obliged to establish a rehabilitation plan within 30 days. Responsibility for the work environment is the same when it comes to hybrid work. The employer also has a responsibility to communicate with the employee when they are on long-term sick leave and to help the person get back to work.



Having employees on sick leave can be associated with difficulties around how to act and provide support within this responsibility, but also with high costs for the employer. It takes a lot of resources and can be hard to plan, adapt the work environment, rehabilitate staff and find temporary workers, in addition to the economic responsibility of sick pay, etcetera. If managers were to gain more knowledge about mental health and how to act to support employees who are struggling mentally, more sickness absence could be prevented.

Many employers take out insurance for their employees to get help taking their responsibility for the work environment and health. It is important that employees have fast access to healthcare, or at least within the legislated care guarantee period, when getting sick or injured. Otherwise, there is a risk of a longer rehabilitation period and worsened health condition, in addition to the risk that individuals will face challenges

[14] For example: The Norwegian Labour Inspection Authority and the National Institute of Occupational Health in Norway, the Finnish Institute of Occupational Health, the Danish Working Environment Authority and the Swedish Work Environment Authority.

Stress affects work ability – employer responsibility

managing their private finances.

Today, many employees expect their employer to take their corporate social responsibility seriously. This includes company values, psychological safety, opportunities for remote work, as well as preventive health and wellbeing services, to mention just a few examples of what factors will make the difference to your employees or a potential candidate looking to join your company. It is a matter of both employee and employer responsibility to create a work environment that thrives in a healthy manner, for example by reducing the risk of accidents and health issues, including mental health risks.

Advice for employers

- Pay attention! Are there warning signs among your colleagues and employees? Early intervention can ultimately provide a greater chance for rapid recovery. Reach out to your HR contact, and help others find the support they need, for example, through health insurance, the Work Environment Agency and help them connect with local services.
  For example, in Sweden, the public telephone counselling service number is 1177.
- Encourage health at the workplace! Promote employees' physical and mental health through transparent and coaching leadership, facilitate everyday exercise and encourage employees to take breaks during workday. Inspire each other, for example via walk-and-talk meetings, don't forget to join these yourself!
- Be clear with your expectations! When working in the modern hybrid model (e.g. in the office and remotely), it is important that employees know what is expected of them. An unclear situation can otherwise become a breeding ground for stress.
- Care for your employees! Prioritize regular check-ins with each employee and seek to discuss topics that your employee is looking to share, rather than just focusing on the work tasks at hand. Ask questions and learn what makes each employee thrive and grow?
- Be prepared! Secure proper insurance protection for your employees, create a work environment that is both ergonomic and pleasant for the company and its employees to work in. As an employer, you have a far-reaching responsibility, regardless of where the workplace is located.

Stress affects work ability – employer responsibility

Challenges in the Nordic healthcare systems

In the Nordics, people experience a rationing of healthcare services and lower real compensation in social security benefits over time. This means that the individual increasingly must take more personal responsibility by having to pay more out of pocket for this or spend more time caring and planning for their financial security. This trend also affects employers who need to care for their employees' security from both a health perspective and from a financial-security point of view.

The Nordic public healthcare systems have problems relating to accessibility, and the guaranteed waiting time period is not seldom exceeded. The Covid-19 pandemic worsened the situation through long waiting times for treatment and elective surgeries, although in Denmark the waiting times are shorter. Even so, many people are still waiting for specialised care or surgery for longer than the guaranteed period. It is important to bear in mind that accessibility was already a problem long before the pandemic.

> ***More than four in ten do not trust the public healthcare system to provide quick help if they have a problem with illness or injury***

We have seen a trend over the last 10 years towards an increasing share of private providers, and the number of people with supplementary/complementary healthcare insurance. Is the rise of healthcare insurance a symptom of long waiting times, and a system which is not offering enough security to citizens and companies? Or is it a symptom of the public system being too unpredictable? Or both?

In the Kantar Sifo survey, we asked participants about their trust in the public healthcare system. The results are worrying.

Only 45 percent trust that they will receive help quickly from the public healthcare system if they have a problem with illness or a non-acute injury. This is a problem that needs to be taken seriously.

Trust seems to be lower in Finland, Sweden and Denmark than in Norway. The least trust in the public healthcare system is to be found among people aged 18-29. Only 30-40 percent in this group feel trust. The number is lowest in Sweden and highest in Denmark. In Denmark, however, the lowest level of trust is to be observed among people aged 30-44, at 34 percent.

In Sweden, low-income earners, people living in Småland and people over the age of 60 feel more trust than others. In Norway, medium-income earners, people living in Sör-/Vestland and people aged 60 and over feel more trust. In Finland, people with a low level of education, people living in Northern and Eastern Finland and people aged 60 and over feel more trust. In Denmark, people with a low level of education, people living in Southern Denmark and people aged 60 and over feel more trust. In all the Nordics, trust is lowest among young people aged 18-29, except in Denmark where people aged 30-44 feel the least trust.

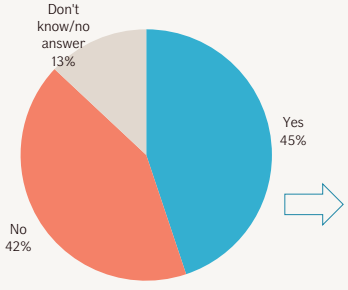
Digitalisation has opened new ways of contact, making it possible to talk to a doctor over the phone or via video link the same day. This may have contributed to positive effects in the attitudes towards the public healthcare systems.

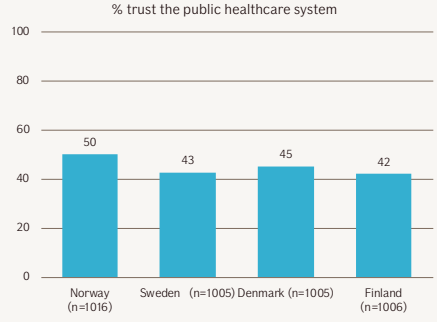
Lack of trust, of course, affects how you act when you need healthcare. While some people just accept the fact and do not do anything, others push more to get the healthcare they are entitled to. The role of private health insurers has become more significant over time due to increasing strains on national healthcare systems. Long waiting times and unpredictability in public healthcare are two known reasons for the high demand on supplementary healthcare insurance. People need predictability around if and when they can get help.

It is of great value that the prerequisites for personal insurance are good, so people and companies can secure health and get extra financial security.

Do you trust the public healthcare system to give you quick help if you have a problem with illness or injury?

(n=4032) Percent.





Stress affects work ability – employer responsibility

> The role of private health insurers has become more significant over time due to increasing strains on national healthcare systems.

Increasing worries for household economy

Almost 50 percent of the Nordic population is more worried about their private finances today

Increasing worries for household economy

Much has happened in the world over the last year and people face many challenges – their own and others – that can cause worry. One of these is the fast rate of inflation we have experienced since spring 2022. Energy prices have increased and the same is true for fuel, food and other consumer products. This, together with a worsened security situation, climate change and the after-effects of the pandemic, represents trends and uncertainties that affect the population of the Nordics.

Many small and medium-sized enterprises (SMEs) also worry about the situation in the world and the economy. Another worry among SMEs is falling sick and having to go on sick leave. In small companies, mental health is often a bigger focus area than physical safety. There are also worries about not being correctly insured.

Although the Nordic people are among the 10 happiest in the world[15], we obviously also stress and worry about things. And considering everything that has happened in the world recently, the following findings are hardly surprising.

Many people, about half of the respondents in all of the Nordics, are more worried about their private finances today than they were a year ago. Women worry more about their finances than men across the Nordics. And younger people are more worried than older people. In Sweden and Denmark, however, people aged 30-44 are more worried than people under 30.

Only in Sweden is there a considerable difference between the sexes, at 58 percent for women and 43 percent for men. Overall, people are a bit more worried in Sweden, but the difference between the countries is small. On the other hand, there are hardly any differences between income levels, nor between levels of education.

In Finland and Denmark, the difference between low and high-income earners is big. For example, the difference is 57/30 percent between low-income/high-income earners in Finland and 59/39 in Denmark. An EU survey shows that people with financial difficulties have a 30-point higher risk of depression than people who do not[16].

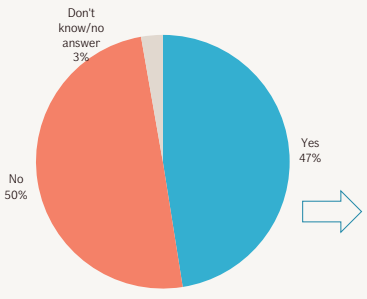
In insecure times, it can be more important than ever to save extra money for unforeseen events. But have people in the Nordics thought about that?

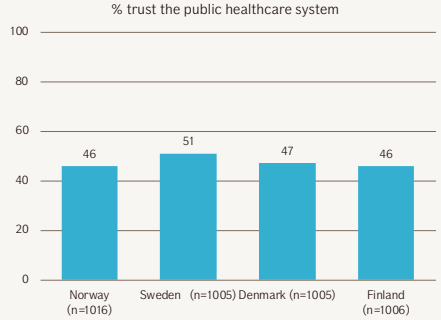
[15] Source World Happiness Report 2022, Ranking: Finland (1st), Denmark (2nd), Sweden (7th), Norway (8th)

[16] Source: OECD: Health at a Glance: Europe 2022

Are you more worried about your private economy now than you were a year ago?

(n=4032) Percent.





Increasing worries for household economy

71 percent have saved a specific amount of money for unexpected expenses

We see that quite a high proportion, seven in ten, have saved a specific amount of money for unexpected expenses. Still, every second person is more worried about their private finances today than a year ago.

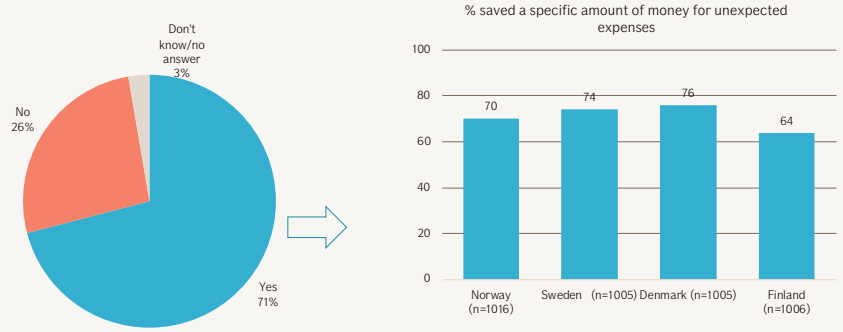
It is always of value to have a specific amount of money saved for unexpected expenses and in the current time of high inflation, energy prices and other uncertainties, this is now even more important. But of course it can be hard. And considering the shaky situation in the world and the global economy, among other things – which highly affect small economies such as the Nordics - it is no wonder we are a bit worried about our household economies. One in four people in the Nordics have not saved a specific amount of money for unexpected expenses.

Finns seem to have savings to a lesser extent than in the other countries. Among low-income earners, 52 percent have saved a specific amount. This is less than in Sweden and Denmark, which are each at 71 percent, and also Norway (61 percent). Among high-income earners, the figure is 84 percent in Finland and Denmark. This is higher than Sweden (78 percent) and Norway (74 percent).

Among young people aged 18-29, 59-68 percent have extra savings for unexpected expenses. This is lowest in Finland and highest in Denmark. Fewer young people have extra savings than in other age groups, and this is reflected in the finding that more of them worry about their private economies today than a year ago.

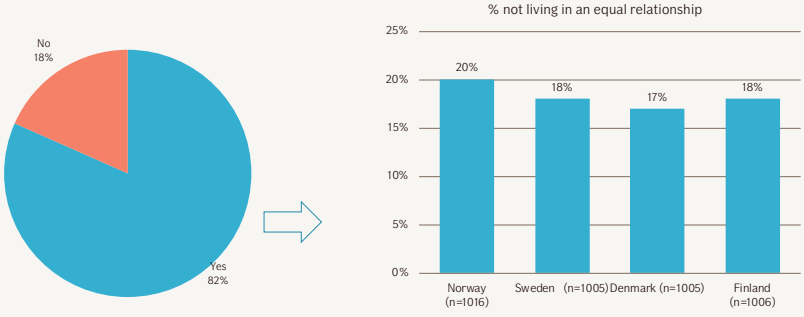
Have you saved a specific amount of money for unexpected expenses?

(n=4032) Percent.



If you live in a relationship with shared economy, do you feel that you are living in an equal relationship, when it comes to responsibility for the household's economy, savings and insurance?

(n=4032 of which 2742 live with someone or/and share household finances with someone) Percent



Finns have the lowest levels of household debt compared to their neighbours (156 percent of net disposable income, compared with 203 for Sweden, 241 for Norway and 255 percent for Denmark)[17].

In Denmark, more people overall have a specific amount saved for unexpected expenses, including around 70 percent of people under 30 (68 percent), and low-income earners (71 percent).

More women than men have saved a specific amount for unexpected expenses, but there are no significant differences between men and women; they seem to be prepared to almost the same extent in each respective country.

But does that mean that men and women feel equal in their relationships? We asked them.

NEARLY ONE IN FIVE FEEL THAT THEY DO NOT LIVE IN AN EQUAL RELATIONSHIP

Comment: 29 percent of respondents answered I am not in a relationship or do not share a household economy with anyone. Those respondents are excluded from this analysis.

Most people experience their relationship as equal in terms of how responsibility is shared concerning household finances, savings and insurance. Hopefully that also means that those who live under equal conditions have gone through their finances and what measures needs to be taken in order to create sufficient financial security.

It is worrying that as many as 18 percent say they live in a financially unequal relationship. Even if both parties consider themselves to agree on the relationship not being financially equal, this can create major financial problems if family income changes; for example, if one party is suddenly left without a job and an income. Therefore, it is very important to inform yourself about what security you have and what needs to be in place so that both parties have a solid, long-term financial plan in place. Support is available to find.

[17] Source: OECD, National Accounts at a Glance, 2021

Increasing worries for household economy

40%

OF THE NORDIC POPULATION WOULD CONSIDER PAYING FOR HEALTH SERVICES THAT CAN PREVENT ILLNESS

Women worry more about their finances than men across the Nordics

Here, the difference is striking between income levels. For example, among high-income earners, 86 percent in Finland and 73 percent in Norway say they live in an equal relationship, while among low-income earners, only 31 percent in Norway and Finland, and 34 percent in Sweden, say the same. Here, it is even more important to talk about and plan the household economy.

There are no significant differences between how men and women responded, or between people in different regions, with the exception of Copenhagen, where fewer people experience a financially equal relationship. And the younger you are, the lower the level of equality, according to the survey.

PREVENTIVE SERVICES TO SUPPORT HEALTH IS VITAL FOR MANY

When we asked the respondents if they would consider paying some extra money to get help with health services to prevent illness, and to support their work ability - many said yes, they would.

Four in ten would consider paying for health services that could prevent illness. Thirty-four percent say they would not consider that and twenty-six percent say they do not know if they would. Of course, it can be hard to know what is available out there, what is the best option to choose and what results one could expect from a particular service. Health services can be anything from exercise and private training to nutritional advice, work environment counselling or mental health phone counselling, and so on. And sometimes you can receive these services through your employer.

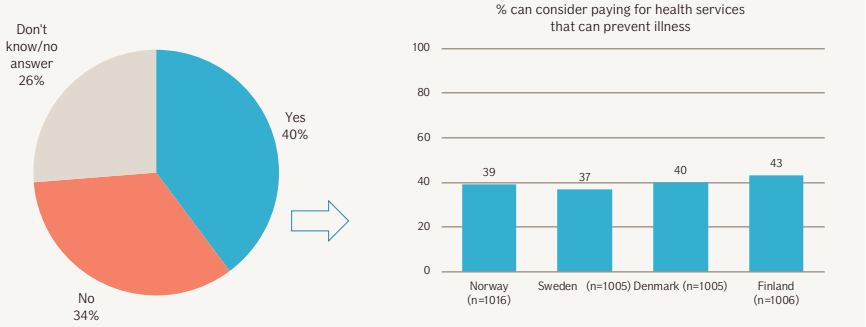
As an insurance company, we are looking at ways to support our customers to live a life of health and wellbeing, and for our employers to support their employees.

When comparing the countries, we can see that more Finns consider paying for health services, 43 percent in total. This is especially the case for high-income earners (54 percent), people with a high level of education (50 percent), and people under 30 (49 percent). The ratio is also high among people over 60 (47 percent).

In Sweden, people who live in Stockholm, high-income earners and people over 60 are a bit more positive (42-43 percent) than others. In Norway, high-income earners are also more positive but there are no direct differences depending on place of residence. In contrast to Sweden, the youngest in Norway are much more positive towards paying for health services than people over 60. The same pattern can be seen in Denmark, however on a slightly higher level.

Would you consider paying for health services that can prevent illness for you?

(n=4032) Percent.



Healthcare systems in the Nordics

> “Today, we know that early interventions and prevention are vital for health and wellbeing.

THE FOLLOWING ARE ALL COMMON TO THE NORDIC HEALTHCARE SYSTEMS FROM AN INTERNATIONAL PERSPECTIVE:

- Comprehensive social protection for all citizens
- Tax-based healthcare system
- To a high extent, public healthcare providers
- All acute hospitals are public
- Relatively low out-of-pocket payments
- The patient-fee element is low
- Relatively low share of voluntary healthcare insurance (Denmark is an exception), although this is increasing over time

Common to all the Nordic countries is that they all have comprehensive social protection for all citizens. The healthcare systems are all publicly funded, primarily tax-based, so-called Beveridge systems. They use population-based registers and the unique identification of all citizens, based on personal identity numbers that support a well-functioning healthcare system.

The demography, economy, values, traditions and sizes of the countries explain quite a lot about how their healthcare or social security systems have been formed and the differences between them. This sometimes makes it hard to compare the systems or replicate a system from one country in another. The Nordics have quite similar prerequisites in this sense, but there are differences that give us insights.

Public financing stands for a lower share in Finland and out-of-pocket payments are higher due to higher levels of individual responsibility for financing healthcare needs.

Today, we know that early interventions and prevention are vital for health and wellbeing, yet preventive health still stands for an almost invisible amount of total public healthcare expenditures. Healthcare insurance has shown a rapid increase of insureds in the Nordics,

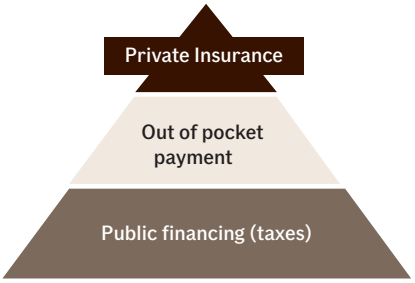
Healthcare systems in the Nordics

Private patients cannot receive care covered by their private health insurance at public hospitals

although this has not been as fast in Sweden as it has been in the other Nordics. In Finland, about 24 percent have healthcare insurance (HCI). In Denmark, the figure is 40 percent, while in Norway it is 13 percent and in Sweden it is seven percent.

HCI is voluntary in all countries and contributes resources to the health ecosystem, making it possible for more people to get access to healthcare. One characteristic of HCI is fast access to healthcare.

Triangle of Healthcare financing in the Nordics



As we can see in the chart above, public healthcare financing stands for a strong base. Above that, out-of-pocket payments stand for quite a small part, from a global perspective, at 13-17 percent. And financing from HCI stands for an even smaller part; for example, in Sweden, it is 0.8 percent, in Norway, it is 0.4 percent and in Denmark, it is 2.5 percent.

That state has overarching responsibility for regulations and the governance of different actors in all the Nordics. In Denmark and in Norway, the state's influence has increased in recent years. Hospital structure and organization are similar in the Nordics. Regional authorities are responsible for both the financing and operations of the hospitals, except in Norway, where a state enterprise organization manages the hospitals.

According to data from 2020, only Finland has fewer (3.5) practising doctors per 1000 inhabitants than the average for OECD countries (4.0). Norway is top among the Nordics at 5.1. The availability of nurses is much higher in Norway, at 18.0 practising nurses per 1000 inhabitants, and in Finland, which has four nurses per doctor (13.6). The figure is lower in Sweden (10.9) and in Denmark (10.1), but these countries are still above the average of 8.3.[18]

In Finland, municipalities are responsible for organising and financing healthcare, while in Sweden it is the regions that are responsible. Private patients cannot receive care covered by their private health insurance at public hospitals.

Results within planned, specialised healthcare are good, when compared globally, but publicly financed healthcare has problems with unpredictability and long waiting times.

Waiting times for a hip and knee replacement in 2019, as a percentage and an interval (number of days)

[18] Source: OECD Health at a Glance 2022

Healthcare statistics in the Nordics:

Country	Sweden	Norway	Finland	Denmark
Population (millions [1])	10.45	5.4	5.53	5.84
Number of housholds (1000)[2),3),4)]	4 832	2 546[3)]	2 767[4)]	2 757
Healtcare cost (% of GDP)[5)]	11.5	11.4	9.6	10.5
Providers of preventive health (% of total health exp.)[6)]	1.7	2.2	0.2	1.7
Public financing in healthcare (%) [7)]	85.6	85.6	79.1	85.4
Out of pocket payments (%) [8)]	13.4	13.7	16.4	12.4
Good perceived health among adults (%) [9)]	76.0	74.7	68.3	69.6
Population with Health Care Insurance (%)	7	13	24	40

Sources:

1, 2) Statista.com (from the year 2021)

3) SSB in Norway (2022)

4) Statistics Finland (2020)

5) OECD Health database (2022), observe that for Finland (2021)

6) OECD Health database (2020) observe that other public and private primary and specialized healthcare providers can provide with preventive health within their budget.

7) OECD Health database (2021), observe for Finland (2020)

8) The OECD Health Database (2021), observations for Norway and Finland (2020)

9) OECD Health at a Glance 2021 (2019)

Waiting times, percentage and number of days

Country	From specialist assessment to treatment, % waiting more than 3 months, hip	Knee, %	Mean number of days, hip and knees 2019 (change 2019-2020 in parentesis)
Sweden	29	48	100-150 ▲
Norway	71	82	150-200 ▲
Finland	34	45	50-100 ▲
Denmark	10	14	0-50

Source: OECD Health statistics 2021 and 2022

Healthcare in Sweden

Sweden offers comprehensive publicly funded social provision to meet the needs of its citizens for healthcare throughout the life cycle, and all Swedish residents are covered for healthcare services.

The national government is responsible for regulation and supervision. The base of the healthcare system is primarily financed by local tax revenues and direct transfers from the national government. In addition to admissions to hospital, the individual pays a fee when using healthcare services. The fee has an annual cap per year to reduce the burden from heavy users of healthcare services. Pharmaceuticals have a separate fee cap for the user.

Historically, there has been a long process of decentralisation of responsibility and authority within the hospital sector, providing great freedom and autonomy for the 21 counties (regions) to make decisions. Sweden has a decentralised model with autonomy among regions and municipalities and the counties have responsibility for financing, purchasing and providing healthcare services. (Norway and Denmark have taken away this intermediate level. And they have a higher share of private providers, although these are mainly publicly financed.)

The counties oversee primary as well as specialist and psychiatric healthcare, whilst the 290 municipalities are responsible for caring for people with disabilities and providing rehabilitation services, home care, social care for children and adults, elderly care and school healthcare.

As the chart of healthcare statistics in the Nordics above shows, public financing stands for 85.6 percent and out-of-pocket payments for 13.4 percent. About 700,000 persons, seven percent, of the population have voluntary healthcare insurance that finances about 0.8 percent of the healthcare expenditures in Sweden.

The legislated care guarantee period in the public system in Sweden varies depending on where in the process the patient is.

Rights and deadlines:

- Contact with a primary care clinic the same day
- A medical assessment by a licensed healthcare professional within three days
- First visit to a specialist clinic within 90 days (from the day the patient receives a referral)
- Treatment/elective surgery started within 90 days from meeting the specialist

There are problems of long waiting times between the first visit to a specialist and treatment/elective surgery due to low productivity. In many cases, the legislated care guarantee period is exceeded, without consequences for the region. Comparisons show that Sweden has a lower level of productivity than the rest of the Nordics. Data shows that 'only' 679 consultations were made per doctor in Sweden in 2016, while the number was 975 in Norway, 1196 in Denmark and 1310 in Finland. When assessing productivity, research and educational achievements within the healthcare system are counted, and these explain part of the picture but not all. One trend is that low-income earners use primary care to a greater extent and healthcare in hospitals, whilst high-income earners use more specialist, open care. [19]

[19] Source: Vem vårdar bäst? En ESO-rapport om svensk sjukhusvård i ett jämförande perspektiv av Clas Rehnberg (2019)

Healthcare in Finland

The Finnish healthcare system is based on public healthcare services to which everyone residing in the country is entitled. In addition, numerous private healthcare services operate in Finland.

Municipalities are responsible for organising and financing healthcare. A municipality can organise services by providing them itself, in collaboration with other municipalities or by purchasing services from private companies or from organisations.

Health services are divided into primary healthcare and specialised medical care. Primary healthcare services are provided at municipal health centres. Specialised medical care is usually provided at hospitals. Municipalities form hospital districts that are responsible for providing specialised medical care in their area.

Private health services complement municipal services, providing more than a quarter of all social and health services in Finland. Private service providers, meaning companies, independent practitioners, organisations and foundations may all sell their services to municipalities, to joint municipal authorities or directly to clients. Private operators provide both primary healthcare and specialised medical care services. In Finland, private health services are partly subsidised by public funds since the Social Insurance Institution of Finland, Kela, pays reimbursements for medical expenses, at least up until 2023.

Rights and deadlines to access healthcare services:

- A patient should get access to primary care within one day during office hours
- Specialised medical care within three weeks from getting a referral. The government has a plan to shorten the mandatory limits for non-urgent treatment in primary care from three weeks to one week (when implementing the health reform)
- Treatment must be provided within six months from the assessment.
- For mental health services for children and adolescents below the age of 23, the limit is six weeks for primary care and six months for specialist care.

As the figure Healthcare Statistics in the Nordic shows, public financing stands for 79.1 per cent and out-of-pocket payments for 16.4 percent. About 24 percent of the population have taken out voluntary health insurance.

The organisation of public healthcare, social welfare and rescue services will be reformed in Finland (sote). The responsibility for organising these services will be transferred from municipalities to wellbeing services counties from 2023. The key objective of the reform is to improve accessibility and the quality of basic public services throughout Finland. Under the reform, a total of 21 self-governing wellbeing services counties will be established in Finland. In addition, the City of Helsinki will be responsible for organising health, social and rescue services within its own area. Also, the Kela reimbursements for medical expenses have changed from 1 January 2023. Most Kela reimbursements for private medical treatment have been removed.

Those requiring help have the right to receive healthcare services within the time set by legislation. However, as in Sweden, there are problems with long waiting times for not-acute doctor treatment and surgery. The latest If Finnish Health Barometer[20] shows that the number of people who are worried about whether there are enough treatment personnel available in the public sector has increased by 13 percentage points compared to last year's result. Most respondents feel that is it more difficult to access non-acute treatment and that the quality of public healthcare has decreased during recent years. The If Finnish Health Barometer also shows that the use of remote doctor services has increased significantly during Covid-19. These services are mostly provided by the private sector and are very advanced in Finland [21].

[20] Note: An If-study conducted 2022 by YouGov among Finnish people on various health issues.
[21] Sources: Healthcare system in Finland - EU-healthcare.fi, Front page | Soteuudistus, Health Barometer (If)

Healthcare in Norway

In Norway, the national government is responsible for hospital and specialist healthcare services, which are organised through four regional health authorities (RHAs) which are in charge of hospital and pharmacy trusts in their region.

Municipalities are responsible for primary care and public healthcare, including services such as general practitioners (GPs), maternity and child health centres, school health services and immunisation centres, in addition to long-term care and social services. The role of the counties is limited to providing dental care for children and vulnerable people in the population.

The healthcare system is financed by tax revenues from national and municipal sources and payroll contributions to the national insurance scheme, which is shared between employees and employers. Assessment and treatment is covered through a publicly funded health service. Funding is provided through direct and activity-based grants to the various health services. Public financing stands for 85.6 percent and out-of-pocket payments about 14 percent. Voluntary healthcare insurance finances around 0.4 percent.

In addition to hospital admissions, the individual citizen pays a deductible fee when using the services. The deductible has a maximum amount which a citizen can pay per year.

The Norwegian healthcare system consists of two main parts: Primary health services and specialist health services, and these have different principals in contrast to Sweden.

PRIMARY HEALTHCARE

This is the part of the health service that belongs to the municipalities and is closest to the inhabitants. Here you will find general practitioners (GPs), emergency wards and nursing homes.

The GP is a patient's first contact with the health services when facing illness or injury. All residents are entitled to a specific GP, but Norway is currently facing a shortage of GPs. As of 1 September 2022, 235,000 Norwegian inhabitants do not have a GP[22], and many municipalities are struggling to recruit doctors. GPs take care of the diseases and issues that do not require specialised treatment and they are usually the ones who refer patients to specialist health service when needed. Outside of office hours for GPs, it is the out-of-hours services that act as a patient's first point of contact with the health services.

SPECIALIST HEALTH SERVICES

This section includes somatic and psychiatric hospitals, medical specialists and rehabilitation institutions, among others. The specialist health service is divided into four regions: Northern / Central/Western/South-Eastern Norway Regional Health Authority, Each of the regions is responsible for the hospitals and medical specialists that belong to that region.

Rights and deadlines:

- The specialist health service must respond to the patient within 10 working days upon receipt of a referral
- If you are entitled to an assessment and/ or treatment, the response must include a deadline for when this will take place.
- In the event of a breach of this deadline, you must be offered an alternative treatment centre within the deadline, if you wish.

[22] Source: Norwegian Medical Association

Healthcare systems in the Nordics

One of the main challenges in Norway is long waiting times for assessment and treatment in the specialist health service, and hospitals in particular. It is important to point out, however, that patients with an acute need or a severe illness (such as cancer) will be prioritised. This is the same across all of the Nordics.

For other groups, patients wait on average two months for their first appointment with a specialist. However, waiting times have been relatively constant in recent years and throughout the pandemic. At the same time, there has been an increase in the number of people who receive help, although the waiting times have been more or less the same[23].

Another issue in Norway relates to the approval of new medicines. In Norway, access to new medicines is controlled by Beslutningsforum. They perform a cost/benefit analysis of every new medicine. This process takes time. The time period between a new medicine being approved on the European market and being made accessible for Norwegian patients is increasing. A recent report showed that a patient in Norway will get access to a new medicine in 414 days following approval by the EMA. In Denmark, the same medicine is approved after 176 days, or in less than half the time[24].

If's Health insurance in Norway gives patients access to the same medicines if they are approved by the EMA, and the medicine is available to buy as an off-label purchase.

Another fact that sets Norway apart from the other Nordics is that the Norwegian healthcare system has, as mentioned above, a much higher rate of practising health professionals, both doctors and nurses, per 1000 people.[25]

The number of people who have health insurance is increasing. As of today, the number is about 700,000[26], or about 13 percent of the population.

[23] Source: Directorate of Health
[24] Source: IQVIA
[25] Sources: Eurostat Database and OECD Health at a Glance
[26] Source: Finance Norway

Healthcare in Denmark

Denmark has universal coverage and examination, and healthcare treatment is mainly covered by the public system. The Danish healthcare system is, to a large extent, financed by taxes and it has a decentralised organization.

Denmark has universal coverage and examination, and healthcare treatment is mainly covered by the public system. The Danish healthcare system is, to a large extent, financed by taxes and it has a decentralised organization. The regions in Denmark do not collect taxes by themselves, they receive financing from the state (80 percent) and municipalities (20 percent).

The national government is nowadays responsible for regulation, supervision and some planning and quality monitoring. The regions are responsible both for the operation of publicly owned hospitals and for agreements with private primary and specialised clinics.

The merger of regions and municipalities as a part of the administrative reform in 2007 seems to have increased hospital productivity (mainly due to fewer bigger hospitals). At the same time as the reform came in, sickness absence rates dropped, but the reason for the drop was the economic downturn rather than the reform. In Denmark, the healthcare system is strongly centralised regarding in-hospital care. Primary care manages the healthcare to be provided at this level. The Danske Kvalitetsmodel has standardised and accredited patient flows, and these operate even outside of working hours.

Many employees have health insurance paid by their employer and a large part of the population also has private insurance through Sygesikringen Danmark. Sygesikringen Danmark only covers a part of the payments for treatment, but it also covers dental treatment in part, which is not covered by health insurance and partly covered by the public system. There is no deductible for public healthcare in Denmark, and seldom for services from healthcare insurance.

No co-payments are required for primary care visits or inpatient hospital care, or specialist visits referred by a GP. Co-payments apply to partly covered services including outpatient medicines, dental services and physiotherapy. However, subsidies exist for these services. Approximately four in ten Danes purchase complementary healthcare insurance to cover cost-sharing. In addition to this, nearly one-third of Danes hold supplementary healthcare insurance, which provides expanded access to private providers and elective services, most often as a fringe benefit offered by employers.

GPs provide primary care and play, as the first point of contact, a gatekeeping role in relation to further examination, hospital care and most specialist care. About 46 percent of GPs are self-employed. All residents are entitled to a GP, but at the same time, there is a shortage of GPs. It can be especially difficult to find a GP in the areas away from the larger Danish cities.

The specialist health service, including hospitals, is divided into five regions: Region Nordjylland, Region Midtjylland, Region Syddanmark, Region Sjælland and Region Hovedstaden. Each of these regions is, like in Norway, responsible for the hospitals and medical specialists that belong to that region. The regions are responsible for defining and planning the delivery of healthcare services. The municipalities are responsible for health promotion, disease prevention, rehabilitation, home care and long-term care.

Healthcare systems in the Nordics

Approximately 4 in 10 Danes purchase complementary healthcare insurance to cover cost-sharing. In addition to this, nearly one-third of Danes hold supplementary healthcare insurance, which provides expanded access to private providers and elective services.

In Denmark, there is a guarantee of treatment within 30 days for surgery, for example. It is up to the GP to inform the patient about this and to reply on their behalf. However, this guarantee has been terminated from time to time; for example, in cases where all the money allocated to the guarantee has been spent.

One of the main challenges in Denmark is long waiting times for specialist health services and hospitals. An example of this is orthopaedic back surgery, where the waiting time for examination and surgery is between 14 and 72 weeks.[27] Despite this, the waiting times for elective surgeries are shorter in Denmark than in the rest of the Nordics.

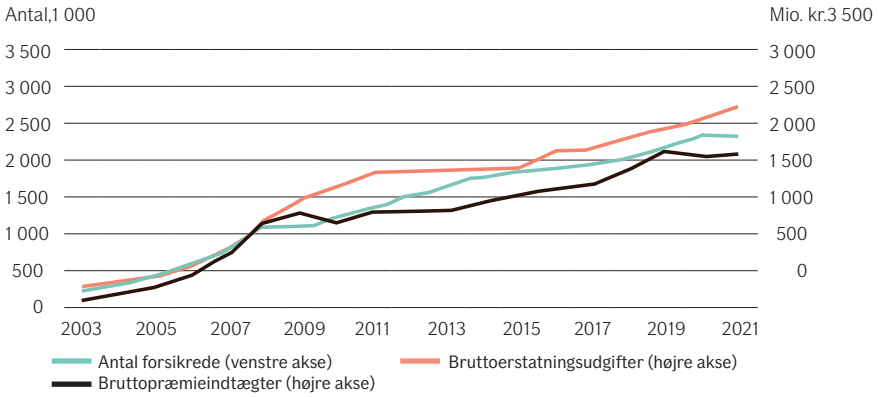
During the Covid-19 pandemic, waiting times increased due to pressure on the public system. Afterwards, a large number of nurses went on strike and this increased waiting times even more.

The number of people covered by health insurance is increasing and the latest number of insured persons, from 2021, is approximately 2.3 million. That is about 40 percent of the population.[28] However, voluntary healthcare insurance only stands for about 2.5 percent of healthcare financing in Denmark. Public financing stands for 85.4 percent and out-of-pocket payments for about 12 percent.

Only in Denmark is healthcare within primary care and specialist care, free of charge, although you need to pay to see a psychologist or physiotherapist. For comparison, in Sweden you pay a fee (SEK 200-400 with a yearly cap) on all primary and specialist care, including psychologists and physiotherapists, and this is the same in Norway.

[27] Source: eSundhed.dk 21 November 2022
[28] Source: Forsikring og Pension

Number of insured persons, premiums and claims costs



Anm: Databrud i 2016, antal fosikrede i 2003-2016 er ikke direkte sammenlignelig med antallet fra og med 2016.

Green line: Number of insured persons (left axis)
Black line: Gross written premiums (right axis)
Red line: Claim costs (right axis)

Social security systems in the Nordics

Differences between the countries according to differences in employer responsibility, see each respective country's subsection below.

Similar characteristics:

- High employment rate
- Rather extensive economic protection for employees through the social security system
- Employers have a broad responsibility for the physical, organisational and psychosocial work environment
- Child benefits, both when it comes to parental leave and child benefits for households with children. Plus, entitlement for small children to a place in daycare facilities/guaranteed daycare availability.
- Broad contribution during universal studies. Many schools do not charge a fee, and the student receives a study benefit and, on higher studies, a loan from the government as well.

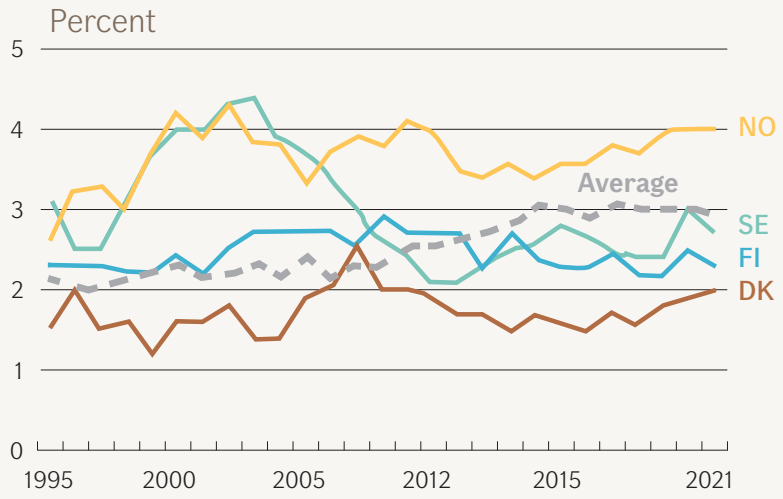
High sick-leave rates in the Nordics, when compared internationally, can partly be explained by the high employment rate. In Denmark, the average sick-leave rate is more or less the same for men as it is for women. In the other Nordic countries, sick leave rates are much higher for women.

The graph shows different patterns of sick leave in the Nordics between 1995 and 2021. It is often said that countries with generous systems have a stable development. Sweden, however, has been known for its widely varying numbers over time, and one explanation for this is due to changed regulations and changed assessment criteria to bring the numbers down. Nowadays, the trend has become a bit more stable. It does not really say that people have improved their perceived health. And the rate is still at quite a high level.

Norway had a similar pattern between 1995 and 2005 but has stayed at an even higher level. One explanation for this could be that Norway has a higher number of older employees – and therefore a higher risk of sick leave – and that the risk of losing your job when you have been sick for a long time is lower in Norway compared to the other Nordic countries[29].

Finland has quite a stable rate of sick leave rate over time. Denmark has weaker employment protection for employees[30] and lies well below other Nordic countries, except for its peak in 2007. It could be that good economic times explain the high level of sickness absence, as when times got worse in the following years, there was a distinct increase in unemployment. This may explain the sharp decrease in sickness absence.

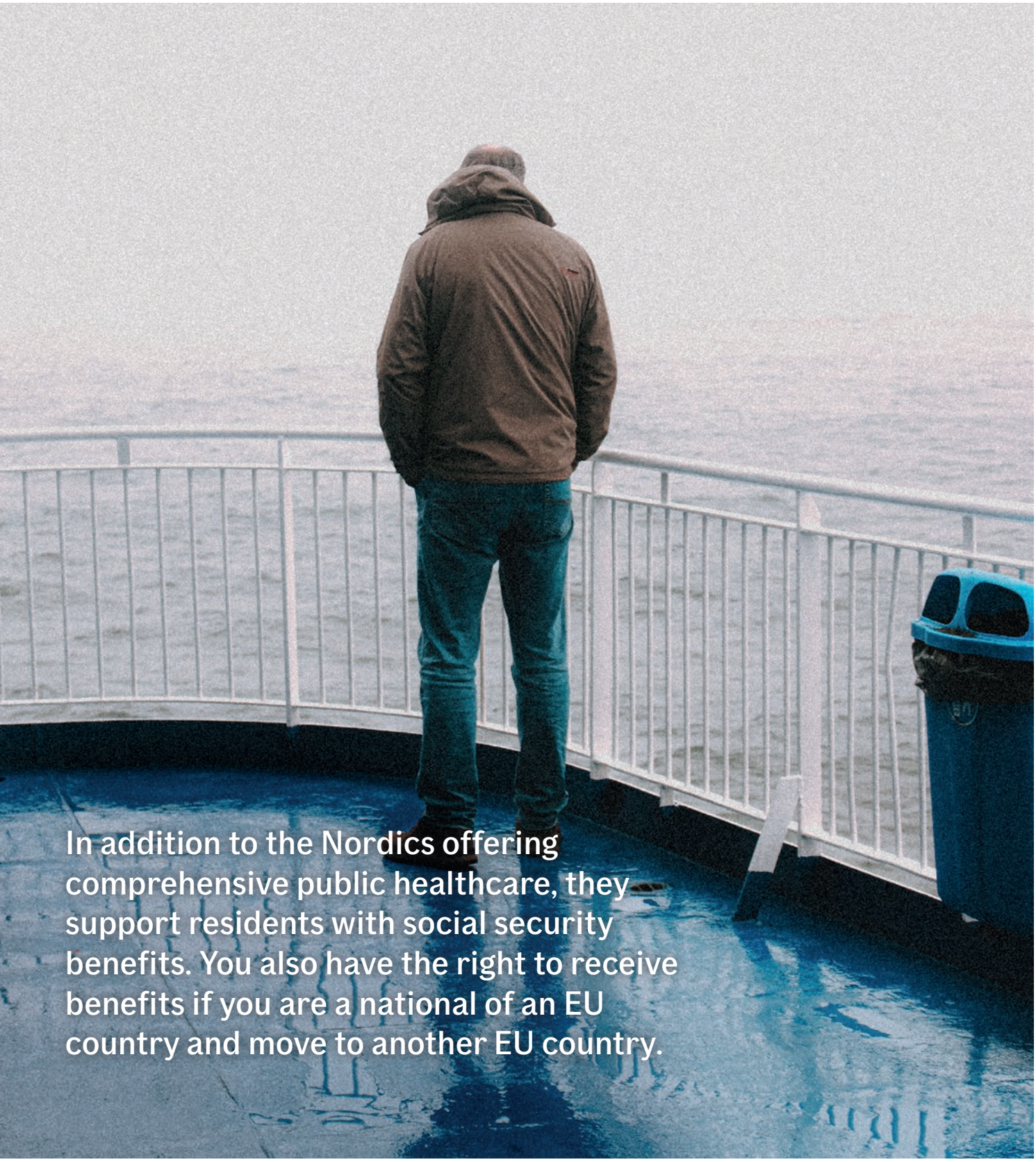
Sickness absence, average rate, 1995-2021



Comment: Countries NO=Norway, SE=Sweden, FI=Finland and DK=Denmark.
Source: The Swedish Social Insurance Agency, Short analysis 2022:4

[29] Source: www.ssb.no/arbeid-og-lonn/artikler-og-publikasjoner/norges-sykefravaer-passerte-sveriges-og-nederlands-etter-lovendringer
[30] Source: Swedish Social Insurance Agency, short analysis 2022:4

Social security systems in the Nordics



Social security in Sweden

When talking about the social security system in Sweden, we often mention the three levels from where contributions originate. The pension system (outside the government budget) and unemployment benefits is also within the social security system. In this report, we concentrate on benefits connected to injury, sickness, disability, child benefits and the like.

The social security Eco-system:

Comment:
Private level: private insurance and group insurance

Occupational level: collective agreement insurance and other occupational economic safety nets

Puplic level: national public social insurance

NATIONAL-LEVEL-BASED PUBLIC INSURANCE (BASE OF THE PYRAMID)[31]

This part of the system covers, with few exceptions, everyone either living or working in Sweden and benefits are administrated and paid out by the Social Insurance Agency. The benefits give support in many different life-changing situations. An important part of the social security system is providing support in the event of an employee being ill or injured.

During sick leave, the employee receives compensation from sick pay that the employer is obliged to pay out for the first 14 days (from day two). From day 15, the employee receives sickness benefit from the Social Insurance Agency. In the event of long-term illness, the employee can receive activity or sickness compensation (at a lower level than for short term sickness). Depending on the length of the sickness or injury, different levels of benefits are applied.

A person who sustains an injury at their workplace can receive compensation from the general workers compensation insurance, which is paid out by the Social Insurance Agency. The insurance covers all employees, self-employed individuals and contractors. Employers have an obligation to report work injuries to the Social Insurance Agency and the Swedish Work Environment Authority.

One part of the public insurance gives financial benefits when becoming a parent, whether you are carrying the child yourself or adopting. You may be eligible for benefits for parental leave before the child is born or before you bring your adopted child to Sweden, and if you get sick during this period.

Once the child is born, both parents are eligible for a benefit for staying at home and a monthly financial support will be paid out, which is for the care of the child. Parental insurance makes it financially possible for parents to be at home with their child when they are born, and the days are valid until the child reaches the age of 12. The parental benefit is paid for a total of 480 days per child.

A benefit called child benefit is paid out until the child reaches the age of 16. If the child has a disability or a long-term illness, a childcare allowance for children with special needs and a cost allowance may be paid out, and in the event of short-term sickness or injury, the parents will receive a financial allowance for staying at home, covering loss of income.

OCCUPATIONAL-BASED INSURANCE (INCLUDING COLLECTIVE AGREEMENT INSURANCE)

Many employers in Sweden also pay occupational-based insurance on behalf of their employees. These benefits can be seen as a complement to the national-level-based insurance coverage to help employers attract and maintain employees. These benefits typically include some or all of the following: occupational pension, life insurance, accident insurance, long-term disability insurance and healthcare insurance.

If the company is not bound by a collective agreement with a trade union, or if it has not signed a collective application agreement, the company does not have to offer a supplementary pension and insurance plan to its employees. However, these employers can buy solutions from an insurance company to provide extra coverage for them and their employees.

PRIVATE INSURANCE SOLUTIONS (FOR INDIVIDUALS AND COMPANIES)

Besides the insurance coverage provided by the state and the employer, private insurance solutions can either be purchased to top up the existing coverage or to provide insurance coverage if you are not part of the working population. This can be signed as a group insurance policy or as private individual insurance.

[31] Note: This report excludes pension and elderly care systems from the discussion, focusing instead on the working part of the population.

Social security in Norway

In Norway, you are covered for those events in life in which not having a safety net can entail a greater financial burden. For example, this may be in the event of childbirth, illness, sick leave or disability. For calculations of financial aid, the term basic amount (G) is used in many contexts. This amount is adjusted annually in line with wage growth elsewhere in society[32].

ILLNESS, SICK LEAVE AND SICK PAY

If you are an employee and you become ill, you are covered by your employer for the first 16 days. From the 17th day of illness, the public system takes over responsibility for wages up to 6G[33], but not for longer than 365 days. If you have a salary above 6G, then a different scheme applies. Some get this gap covered via employers, others have covered this gap via insurance. Smaller companies often buy sick pay insurance.

If you are self-employed, the public system covers up to 80 percent of 6G from the 17th sick day. The risk in the early days of any illness must therefore be covered by the individual. However, there are various insurance schemes that can be subscribed to via the Norwegian Labour and Welfare Administration (NAV), or through an insurance company.

After 52 weeks of sick leave, you are no longer entitled to sick pay. If you have still not fully recovered after this period, the alternatives will be a work assessment allowance or disability benefit.

DISABILITY

Disability benefits will be the next safety net for people who have a permanent disability due to illness or injury. The ability to work must be reduced by at least 50 percent. If you are receiving work assessment allowance (AAP), the corresponding requirement is 40 percent, and if the reduced ability to work is due to an occupational injury or illness, the claim is 30 percent. The maximum coverage one can get is 66 percent of your average income over the last five years[34].

OCCUPATIONAL INJURY

Insurance in the event of an occupational injury is a statutory insurance in Norway, and all employers are obliged to take out workers compensation insurance for their employees. The intention of the scheme is to provide compensation for illnesses or injuries that affect the employee in connection with work. This applies regardless of who is responsible for the injury or illness.

The insurance is bought through private insurance companies, and it entitles the company to a tax deduction[35]. As it is a statutory insurance, its content is relatively similar from company to company. To differentiate their offerings, insurance companies often offer various forms of extensions to the insurance. This could be coverage for travel to/from work, leisure accidents or for diseases that are not recognised as occupational diseases.

PARENTAL BENEFITS

This benefit is intended to cover a loss of income during the period when one is at home with a child after birth or adoption. The scheme applies to both the mother and father, but the first six weeks are reserved for the mother. The ordinary benefit provided via the state is up to 6G. Many employers will nevertheless cover any loss of wages that exceeds the coverage provided by the state.

Furthermore, these parental benefits must be withdrawn before the child reaches the age of three. Parents can also choose whether they want parental benefits for 49 weeks at 100 percent of the benefit rate, or 59 weeks at 80 percent of the benefit rate. If you have twins, or even more children, the period of parental benefits will be adjusted upwards[36].

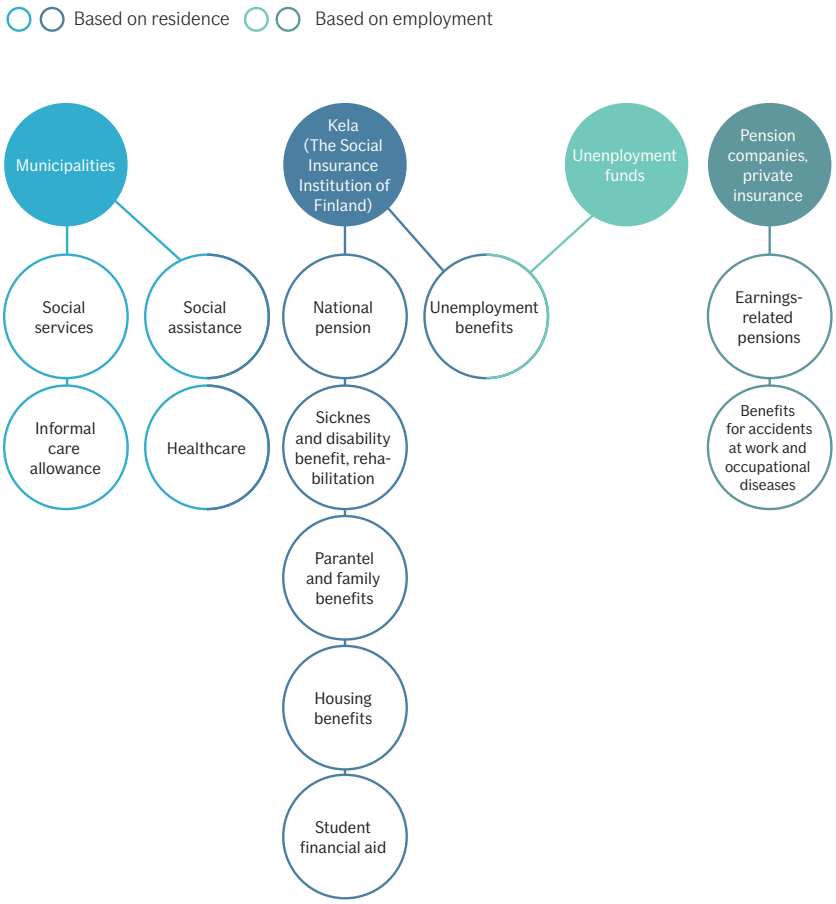
CHILD BENEFIT

All parents who live in Norway, with children who are permanently resident with them, are entitled to child benefit. Child benefit is paid until the child is 18 years old. The contribution is intended to cover the expenses associated with having children. The size of the child benefit is determined by the Parliament. The amount did not change between the years 1996 and 2019. In recent years, between 2019 and 2021, it has been adjusted upwards for children under the age of six[37].

[32] Source: The National Insurance Act.
[33] Note: As of 01/05/22, the basic amount (G) equals NOK 111,477; Source: NAV.
[34] Source: NAV
[35] Source: Lov om yrkesskadeforsikring
[36] Source: NAV
[37] From 01/01/22, the rate is NOK 1676 per month, for children under six years of age, and NOK 1054 per month for children aged 6–18. Source: NAV, Child Benefit Act

Social security in Finland

In Finland, the social security system aims to guarantee sufficient economic security in all life situations. The social security system consists of services and cash benefits that provide financial security.



The Finnish social security system provides basic financial security in situations where a person is unable to provide for himself or herself. The system provides benefits and services in the following situations: old age, work disability, illness, unemployment, childbirth, death of the family breadwinner, rehabilitation or studies.

Overall, the Finnish social security system covers those who live in Finland on a permanent basis and those who work in Finland. In certain situations, persons who stay abroad can also be covered by the Finnish social security system. The system provides employers with compensation for the costs associated with employee sick leave, family leave and occupational healthcare.

For example, workers' compensation insurance is mandatory in Finland. All employees must be covered by this occupational injury insurance.

In Finland, the Social Insurance Institution (Kela), the municipalities, the unemployment funds, pension companies and other insurance providers implement the social security system. Some social security benefits are based on previously earned income or employment and some benefits are not dependent on incomes or previous employment. The social security system is financed through taxes and insurance contributions.[38]

[38] Source: Social security in Finland | About Kela | Kela. Read more: Support and benefits - Ministry of Social Affairs and Health (stm.fi)

Social security in Denmark

In Denmark, the social security system covers life events such as maternity leave, illness, sick leave, disability and unemployment, when you need extra economic safety.

SICKNESS BENEFIT AND DISABILITY PENSION

The sickness benefit supports you as an employee when you become ill and you are unable to work. The sickness benefit has a cap[39]. The employer is responsible for paying out the sickness benefit for days 1-30. Or, if you are unemployed, the unemployment fund will pay the sickness benefit during the first 14 days of sickness. After that, the local authority will pay the benefit.

The disability pension supports people who have a permanent disability due to illness or injury.

OCCUPATIONAL DISEASES AND ACCIDENTS AT WORK

A personal accident, where there is causality between the work-related accident or exposure and the injury, disease or death, can entitle a person to compensation. Other conditions that may entitle a worker for compensation would be: occupational diseases through to physical or mental diseases because of work or working conditions. A minimum of a five percent permanent injury is required to get compensation for permanent injury. A minimum of a 15 percent permanent incapacity due to the injury or disease is required in order to receive compensation for a permanent loss of earning capacity.

Compensation is paid through workers compensation insurance which is mandatory for all employees and the insurance premiums are paid by the employer.

HOME CARE SERVICE

If a person has temporary or permanent physical or mental impairments, or special problems that mean the person is unable to carry out personal and practical tasks at home, it is possible for them to receive home care[40].

PARENTAL AND CHILD BENEFITS

As a parent you may be entitled to maternity benefit for pregnancy, childbirth and adoption. From 2 August 2022, new rules apply. Basically, 48 weeks with compensation are granted after birth and these are equally distributed between the parents, with 24 weeks going to each. Out of those 24 weeks, one of the parents can choose to transfer up to 13 weeks to the other parent. Previously, parental leave was 32 weeks each (a total of 64 weeks).

If you and your child live in Denmark as permanent residents, you are entitled to child benefit. Child benefit is paid until the child is 18 years old. Your child cannot be supported by the public at the same time.

[39] The cap is around DKK 4465 per week 2022, up to a maximum of DKK 19,351 per month and a maximum of 90 percent of the income compared to the last 24 months (2022).

[40] Examples of such practical help would be a meals service or personal care.

Personal Insurance – a complement to the public commitment

> Focus is placed on offering the right help and interventions at an early stage, to allow health and work ability to thrive.

In the Nordics, If offers various personal insurance (PI) products and many of these provide financial security when the national social security system is insufficient. These policies cover the medical costs of illness or accidents. The insurance plans can either be purchased directly from the insurance companies, individual insurance, or they can be taken out by the company offering it to their employees, or through membership of an association or trade union (group insurance). We make sure that all private customers and employees, within the 195,000 companies that are covered by our personal insurances, are correctly insured and that we support them through different life stages.

THE PURPOSE OF PERSONAL INSURANCE IS TO PROVIDE MORE SECURITY

For example, personal insurance may provide compensation for permanent injuries, loss of work ability, certain serious diagnoses and death. **Illness and accident insurance** offers financial security in the case of an accident or serious illness, while **life insurance** pays compensation in the case of a death. Our child insurance has 24/7 coverage, and we also offer pregnancy insurance. We also have insurance products on certain markets which are unique to that country. The purpose of our personal insurance products is to provide more security to individuals, families and businesses.

In addition to these personal insurances containing financial coverage, we also offer healthcare insurance, which includes healthcare advice, fast access to private healthcare and coordination when needed – all to promote health and work ability. Private health insurers provide individuals or groups with services to complement the public commitment. The role of private health insurers is becoming ever more significant because of Europe's ageing populations and the increasing strains on national healthcare systems.

Common types of private insurances are accident insurance, illness and accident insurance and child insurance, primarily covering the consequences of long-term disability, but also life insurance and loss of income insurance. The latter is especially important in higher income segments, where the national-based coverage does not compensate for salaries above a fixed ceiling. These insurance products provide important financial safety in the event of an accident or illness that leads to long term sickness or permanent disability.

Voluntary healthcare insurance

(HCI) is offered in all of the Nordics. Private health insurers provide individuals or groups with services to complement or supplement the public commitment. These policies cover the medical costs of illness or accidents. In some cases, they include other elements, such as critical illness or disability cover.

HCI provides the same planned, specialised care that is offered by the publicly financed system, but through a separate agreement between the insurance company and the provider. The insurance companies also offer preventive services and rehabilitation under HCI. Focus is placed on offering the right help and interventions at an early stage, to allow health and work ability to thrive.

SPECIFIC TO HCI IN THE NORDICS:

- Only private providers
- Complement/supplement on top of the public commitment
- An important security and support for employers and their employees
- Support and early interventions, helping people prevent sickness, injury and sickness absence

Denmark stands out when it comes to HCI, as four out of every 10 Danes in the population have this insurance. In comparison, the Swedish HCI contains more planned specialist care then the Danish.

In Denmark there are options for HCI, both complements and supplements to the public commitment.

Personal Insurance – a complement to the public commitment

The purpose of our personal insurance products is to provide more security to individuals, families and businesses

HERE ARE SOME INVESTIGATIONS BEING MADE INTO THE EFFECTS OF HEALTHCARE INSURANCE:

- Sweden: Insurance Sweden, Sjukvårdsförsäkring - varför och för vem? (2017)
- Sweden: An impact measurement of private healthcare insurance carried out by the Confederation of Swedish Enterprise shows that sickness absence is 20 percent lower in companies that take out healthcare insurance for their employees. Source: Telge Jansson & Partners AB on behalf of the Confederation of Swedish Enterprise: ”Undersökning om samband mellan företagens hälsofrämjande och rehabiliterande aktiviteter inklusive försäkringstjänster och sjukfrånvaron” (2008-04-11)
- Sweden: the Confederation of Swedish Enterprise; Sjukvårdsförsäkring: Tilläggsfrågor i Företagarpanelen, april 2021 (2021-10-04)
- Norway: Virker Helseforsikring 2018 (Virker helseforsikring (forsikringsforeningen.no)) Survey done at University of Oslo, 2018. The report finds that the number of sick-leave days in companies with health insurance decreases by 0.5 percentage points compared to companies without health insurance

Occupational insurance

Occupational insurance exists in all of the Nordics, but in Sweden there is only public occupational insurance, whereas in the other Nordics, it – the workers' compensation insurance - is monitored through the insurance companies. It is mandatory for workers' compensation insurance to cover all employees, including full-time and part-time employees. The workers' compensation is governed by the Employment Accidents Insurance Act and can compensate for injuries resulting from an accident at work or an occupational disease.

Pregnancy insurance and Child insurance

We also offer economic protection during pregnancy through free pregnancy insurance or pregnancy insurance, and protection for the child after birth. Child insurance can be bought after the child is born. One important value of child insurance is that it provides coverage in the form of financial compensation in the event of accidents, and a high level of financial security in the case of permanent disability due to illness or accident. This situation could otherwise result in

Personal Insurance – a complement to the public commitment

Early treatment and prevention will help save lives, but also help manage the costs involved with healthcare services

considerable difficulties handling one's financial situation in life.

Child insurance is offered by If in all of the Nordics and is an area where the coverage rate is relatively high in all the Nordics. For example more than 50 percent of all children in Sweden have an individual or group child insurance.

The individual child insurance solutions are more extensive than the group insurances in terms of the level of benefits. However, both of them cover benefits for illness, accident and permanent disability resulting in work disability. Most child insurances can be kept until the age of 25, and thereafter the insurance company will usually offer illness and accident insurance for adults without a health declaration requirement.

TIMES ARE CHALLENGING FOR PEOPLE

Times are challenging. The health status of the Nordics is obviously also a challenge, and so too is providing enough security for people, both in economic terms and in terms of accessibility to healthcare.

Ultimately, the demands on healthcare and medical services will increase as the Nordic populations age and require more care and support. Raising awareness around wellbeing, exercise, healthy-eating habits and the importance of sleep and recovery must be elevated and promoted effectively in society.

There are strong positive trends changing healthcare, such as digitalisation, self-monitoring, and new treatments, and the possibilities to live long and healthy lives are better than ever before. We cannot solve the system challenges without collaborating or using the strengths of different actors and parts of society.

Let us solve this challenge together!

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