

## Title: Assisted Living through Self-support Networks

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### *Abstract*

Scandinavian countries have a renowned welfare system. Most of the service provision is done at the municipal level. This includes primary schools, personal home care, nursing homes etc. Care and health services are provided according to the medical condition of the patient/citizen. On the lowest level the patient lives at home and organizes visits to medical centres herself/himself. When the patient grows older or loses mobility, personal home care is offered. The next step is designated residential care centres built to accommodate the special needs of the patient. On the top level, nursing homes are provided, with 24x7 supervision and medical assistance.

The service provision is threatened by increasing costs caused by a growing number of older people, combined with a potential shortage of manpower. This anticipated future situation is the motivation for municipalities to exploit the innovative use of technology to delay transition from one level of care provision to the next. The aim is to assist impaired citizens and their spouses to live in their own homes instead of moving to a residential care centre or nursing home. Most people prefer to stay in their own homes if they feel safe about their own situation.

Self-support networks may be important for certain groups. In 2002, the municipalities of Nøtterøy and Tønsberg initiated a pilot project aiming to support spouses of citizens having suffered strokes or dementia. Nøtterøy and Tønsberg are both members of a consortium of twelve municipalities (12K). In 2006 the 12K consortium took over the project and renamed it to "Trygghetsnett" (Safety-net). The project has since then been extended to new user groups and more municipalities.

The self-assistance network is built around a web portal providing medical information and practical advice, a discussion forum and a video telephone application. Professional health workers recruit members based on a thorough assessment of the patient involved. Members use the network to discuss problems with other members facing the same situation. Medical personnel assist the network regularly, and monitor the discussion forum to provide assistance.

The presentation will discuss the project, and report on lessons learnt. Among the lessons learnt are: It is very important to understand in detail the context where the technology is to be used. The provision of both training and support is also very important. The technology has enabled the formation of off-line gatherings, while the gatherings have reinforced the network.

### *Biography*

Lasse Berntzen is an Associate Professor at Vestfold University College, Norway. His primary research fields are eGovernment, eDemocracy and public sector innovation. He has worked with the 12K consortium (mentioned above) on projects aiming to provide better services to their citizens. Since 2006, he has been member of the steering committee of the project "Trygghetsnett", described above.

He has been involved in several research projects on national and international level, author and co-author of several conference papers and articles, and program committee member and reviewer for some of the most important conferences within his fields of research. He has been appointed fellow of IARIA, and is also member of ACM, IEEE, AIS and IFIP WG 8.5.

Lasse Berntzen received his Cand. Scient. degree in Computer Science from the University of Oslo. His thesis work focused on object-oriented modelling of workflow processes. Since then, he has worked both as an academic and as an information systems professional. During his professional career, he has written textbooks on computer networks, systems development, and web technology.

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