KuPA for people with dementia: 1 trained KuPA-specialist = health promotion for 3 families with dementia

Steinkjer, Norway
Heidi Wang
https://www.youtube.com/watch?v=p-ordSKtvvc
Year Founded: 2008
Organization type: hybrid
Project Stage: Growth
Budget: $1 million - $5 million
Website: http://www.noen-as.no/

Project Summary

Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

Thirty years ago mongoloide people were hidden in institutions, even in Europe. Look now, there are no one being mongoloide, just people having downs syndrome. People who are working, living independently in own homes. It is hardly the syndrome that has changed, but the society's ability to understand and include them as resources in own lives and society. What if the world takes on knowledge and is changing its attitude to people with dementia the same way? Let's get startet, let the change begin.

WHAT IF - Inspiration: Write one sentence that describes a way that your project dares to ask, "WHAT IF?"

What if dementia was not scarier than the flu?

About Project

Problem: What problem is this project trying to address?

The number of people with dementia is increasing worldwide and with dementia comes ailments such as anxiety, depression and inactivity. The world does not know how to handle an increasing number of elderly people needing severe care.

Solution: What is the proposed solution? Please be specific!

As there are now solutions in sight curing dementia or preventing it to occur, we have a third option: Constructing and practicing health promoting services, research already published, based on how to understand dementia and how it affects the person and what he/she needs to cope with living with dementia. Based on efforts we have made, there are unheard gains in approaching this global problem the salutogen way, rather than the pathogen way.

Awards

2009 Leading Light Diploma; 2011 Social Entrepreneur of the Year FERD; 2011 Dementia award of the year; 2012 Female Entrepreneur of the Year Innovation Norway; 2013 Nominated for AERNA Woman of the Year

Example: Walk us through a specific example(s) of how this solution makes a difference; include its primary activities.

A daughter ordered a subscription for KuPA as an alternative to her both parents, having Parkinson and dementia, moving into a nursing home. Having 4 hours of tailored KuPA-based activities service/week, her parents were able to live at home for two more years. Anne, who was performing the services, was formerly unemployed due to health failure. She now works 55 hours/month for the family.

Impact: What is the impact of the work to date? Also describe the projected future impact for the coming years.

• 120 unemployed people are trained for solutions-oriented, person-centered dementia-care • In 2014 we launched the KuPA method • The project is creating impact within 13 communities in MidNorway, where 300 families have signed up for a subscription. • Research results by SINTEF and HiNT are documenting KuPA as a knowledge-based method, shown to have health promoting effect in a pilot study

Spread Strategies: Moving forward, what are the main strategies for scaling impact?

The KuPA-method is being presented to the Ministry of Health in Norway in November 2015. The KuPA-method is being launched nationwide with 1200 KuPA-workers and 4000 persons with dementia, who subscribe to the service once they are diagnosed. A model based on the KuPA-method will be launched abroad, first in Scandinavian countries and England, before other continents. A report benchmarking KuPA will have its launch in England, has been produced by MedTech, University of Nottingham.
Financial Sustainability Plan: What is this solution’s plan to ensure financial sustainability?
We are accounting on growth in private market and 1.2 euro an issue to reach new shareholders as we are preparing for public markets. A business plan for 2016-2018 is in progress.

Marketplace: Who else is addressing the problem outlined here? How does the proposed project differ from these approaches?
Approaches are made to increase the level of care in nursing homes (t.ex Aktivitetsdossetten). Others are meeting the need of relief with for family members of dementia patients (t.ex Grønn omsorg). Noen AS is changing the fundamental approach towards people with dementia; tailored-based health care at home, focusing on maintaining functions, and preventing additional diseases.

Team

Founding Story
Told by the founder: When I asked local authorities for activity services for my father, having dementia but being physically very fit, the answer often was; that’s a good idea! – Someone should do something about it. “Someone” never came knocking on my door, so I created a company and named it “Someone” (Noen – No) and started selling services to families who asked the same questions I used to ask. As winning the Annual Social entrepreneur prize, I started believing in worldwide changemaking by research and standardizing the practice into training-models, technology and methods. And here we are.

Team
Noen AS has three departments: 1. School/training . led by Torunn Skogen, nurse specialized in counselling 2. Service (based on moduls from the KuPA-method) (Prescriptions and singelorders) - led by Ingunn Vesterdal, office manager and political scientist. Regional departments employing 33 trained concellors 3. R&D, strategy and growth, led by Heidi Wang, founder Outsourced: Accounting, marketing, Management for hire: SOCentral, Oslo Norway (leading business development 2016-18) Board: Ellinor Wessel Pedersen, leading accountant with Helse Midd.Norge Joar Bergin, former employee and Board member Nasjonalforening for folkehelsen, dementia department. Heidi Wang, founder/business developer/relative Spreading strategy is planned to be handeled by a new company with its own board.

CO-CREATION IDEA: Please offer a brief description of how you imagine a win-win partnership with Boehringer Ingelheim to better serve unmet needs in health. (Hint: Please mention the underlying business model envisioned that would make such a partnership sustainable.)
My co-creation idea is having BI support further development of the KuPA model abroad. Success internationally is depending on rapid moves into new markets. Having internal resources in adapting services, organization and technology to new markets, is critical and I really would like to start a dialog with BI about these opportunities. .

NEEDS: Based on your response above, please specify which of the following resources, operations or expertise by Boehringer Ingelheim you imagine leveraging to actualize the proposed co-creation opportunity. Please check all that apply. (Hint: while financing is often critical to scale, we are also interested in understanding what other assets or expertise could be leveraged).

EXPLANATION OF NEEDS: Please explain your choices in more detail.
Mainly I see co –creating with BI as our step to a smooth penetration in international markets. With BI we might have access to competence for preparing the business model, adapt the services and technology before introducing the solution in selected markets. It is important to me that success is measured in health, social change and financial results.BI might be a partner who share these interests and will find further partners to help us succeed.

OFFER: What are the main assets you may contribute in a co-creation partnership with Boehringer Ingelheim that would better serve unmet needs in health?
Deep understanding of an unmet need in a specific market/context, Access to and established trust with customers/beneficiaries, Insights into pricing and financing of health products/services, Insights into marketing, Insights into distribution, Insights into behavior change.

FOCUS AREAS: Which of the following best describes the main focus of your project? (select all that apply)
Holistic solutions that work across the entire care continuum (including education, prevention, detection, treatment, management, follow-up), Models that engage other industry players (e.g., nutrition, athletic, mobility organizations).

SECONDARY ENTRY FORM

Please share what your organisation and Boehringer Ingelheim will Co-Create together
Our co-creation is improving the KuPA model into a market oriented, valuable social innovation, minoring the cost of dementia at an individual basis and in society; training specialists worldwide to perform a new health service by guiding and teaching patients and their peers to better cope while living with dementia or cognitive impairment, or people being at risk for having it, to avoid further development. We will: co-create a model for training technology to be used in education and support in service to find partners who join a network and co-finance the KuPA-model .

Please specify what your Co-Creation will result in:
a new product, a new service, a new distribution channel, a new market/customer group.

If you selected “other” above, please explain:
Please provide a 1-2 sentence summary of your Co-Creation idea
We plan to make ICT tools for education and support in a structured and targeted health service. When succeeding in making software with universal standards, we will be able to train persons who each can train 3-6 people living with dementia and their families.

How does this project link to the core mission of your organisation?
Our core mission is to reach out to as many families with dementia as possible. An ICT tool on digital media can enable numbers of users of the new service, by enabling effective education and certification opportunities and secondly, create a network based in a co-financing model. BI has already opened doors to new customers in Norway, BI has the ability to open to new market channels for NOEN, since our service needs to be purchased by the family members, awareness among Neurologists, Psychologists and Geriatric doctors will help NOEN to scale it’s work

**Beyond social impact, how does this project link to Boehringer Ingelheim’s core business?**

Lead and learn: the KuPA-model is an early approach that advocates a new understanding of persons with dementia and living with dementia and will provide those involved with valuable information about the group. Value through Innovation: BI is leading new innovations in health. Persons with dementia is a growing group we need more information about to provide appropriate healthcare and pharmaceuticals. As well technology and service-providing is a growing industry as health promotion is becoming a demanded service.

BI would experience a business model that has direct access/contact to the end customer (patient), showing a commitment to beyond the pill therapies for patient care

**What are the specific inputs and actions that each side will contribute to this Co-Creation idea based on each of your unique competencies and experiences?**

My organization will contribute:
- Research results in marketing, service design, health promotion, and welfare technology
- 7 years of experience in co-working with R&D, partners and families
- an ongoing business and training arena
- an engaged entrepreneur and changemaker
- valuable partners

Boehringer Ingelheim will contribute:
- Partners with assimilar interests
- Marked development competence
- Product development competence
- Finance
- Ongoing technology-programs with partner
- A broker role between Noen and technology partners

**Please describe the potential revenue model for this Co-Creation idea.**

Income: education, certificates from the KuPA-specialists, Share of Prescriptions to public and private clients, licensing to end users; KuPA specialists and clients

**What possible risks or challenges do you foresee?**

- Standardizing might be difficult due to different cultures and systems
- Industrial players might be too strong when the market is mature (but could also represent possible partners and increased implementation)
- Time to market

**Is there anything else you would like to share about your Co-Creation idea?**

I would more like to be a small partner in a big success, rather than a big partner in a minor success. There are strong indications showing it is most realistic to transfer the model to other groups of patients eg. retarded children and grown ups.

**How much input do you hope to receive from Boehringer Ingelheim?**

I’d like to implement together, I mostly need strategic advice.

**If you selected “other” above, please explain:**

I am really exited upon realizing innovation by matching the existing KuPA-model with new technology from BI-partners.

**Besides Boehringer Ingelheim, what other types of partners might be valuable to carrying out your Co-Creation idea, and why?**

- Research organizations are valuable to document the value and impact. There is no empiri showing it is possible to stop degeneration of the dementias disease or allowing people to live longer. Research is telling us that activity and social and cultural support increases their chances to live independently for longer periods of time with the positive according consequences for peers and society. For instans we could look to Marte Meo method as a successful method using person centered approach. This method sadly has limited prevalence and limited application. Due to large contextual constraints around this user domain, empiri on new methods and models are strongly requested by private and public sector. Insurance companies are interested in distribution. Governmental health administration is important to implement and/or legitimize the model and method. Clients and employees are important in user based development.
- New technology is to be provided by BI partners. In this model, BI would essentially act as a broker between NOEN and the partner companies to make this connection, BI would be providing the technology and the scientific expertise to NOEN and NOEN (with its now added capacity) would join in the data collection/information gathering process for/with BI for dementia patients (which is very valuable).

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Source URL: https://changemakers.net/makingmorehealth/entries/kupa-people-dementia

Links