Social determinants and health inequalities
- country report Denmark

Expert Group on Social Determinants and Health Inequalities
26-27 November 2007, Luxembourg

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Research Programme Director
Health behaviour, life style and living conditions
The policy situation regarding action to tackle health inequalities
Results of research creating concern
Risk factors and public health in Denmark

Risk factors and mortality

- Smoking
- Short education
- Physical inactivity
- Alcohol abuse
- Few fruits and vegetables
- Too much fat
- Passive smoking
- Limited social network
- Psykosocial work-stress
- Overweight
- Drug abuse
- Traffic accidents

The Danish National Health Interview Surveys

Conducted in 1987, 1994, 2000 and 2005
Representative on a national and regional level

Interview and self-administered questionnaires
Self-reported health, health behaviour, use of health care, living conditions, values, etc.

2005:
Interviews N=14,566
Self-administered questionnaires N=11,238

Re-interviews with participants from 1994
Register-based follow-up
Occupational level and rate of daily smokers
Danish Health Interview Survey 2005
Education and trend in daily smoking
Danish Health Interview Surveys

A positive trend in a health determinant that go hand-in-hand with widening inequality in its social distribution
Low self-rated health – smoking and physical inactivity
Danish Health Interview Survey 2005
Low self-rated health among low educated - low quality housing and inadequate social network

The Danish Health Interview Survey 2005

![Bar chart showing low self-rated health among low educated individuals with low quality housing and few social relations.](chart.png)

- **Total - low education**: 35.0%
- **Low quality housing**: 50.2%
- **Few social relations**: 54.0%
Ethnicity and health behaviour
Danish Health Interview Survey 2005

A question of differences in social position or culture?
Analyses of the ‘worst off’ respondents of the Danish National Health Interview Survey 2005

Long-standing illness

- Alcohol abusers: 12.0%
- Mentally vulnerable: 46.6%
- Low socio-economics: 48.7%
- Low social network: 7.5%
- Not socially marginalised: 25%
Contact with health care services, past 3 months

- Alcohol abusers: 46.6%
- Mentally vulnerable: 62.2%
- Low socio-economics: 57.7%
- Low social network: 51.1%
- Not socially marginalised: 36.2%
Inequalities in health – country report Denmark

Low or very low self-rated health

- Alcohol abuser
- Mentally vulnerable
- Low socio-economics
- Low social relations
- Not socially marginalised

![Bar chart showing percentages of low or very low self-rated health across different categories.]

- 8.3% Alcohol abuser
- 28.9% Mentally vulnerable
- 35.1% Low socio-economics
- 18.6% Low social relations
- 3.3% Not socially marginalised
Mental illness

- Alcohol abusers: 25.8%
- Mentally vulnerable: 20.2%
- Low socio-economics: 13.7%
- Low social network: 3.5%
- Not socially marginalised: 1%

Inequalities in health – country report Denmark
No participation in organised leisure time activities

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol abusers</td>
<td>34.5%</td>
</tr>
<tr>
<td>Mentally vulnerable</td>
<td>40.9%</td>
</tr>
<tr>
<td>Low socio-economics</td>
<td>48.5%</td>
</tr>
<tr>
<td>Low social network</td>
<td>44.7%</td>
</tr>
<tr>
<td>Not socially excluded</td>
<td>20.2%</td>
</tr>
</tbody>
</table>
Healthy eating habits among people with diabetes, – unpublished results from a Danish regional survey

![Bar chart showing healthy eating habits by education level.]

- High education: 36
- Medium education: 29
- Low education: 23
KRAM – a Danish HIS/HES

- 13 municipalities 2007 and 2008
- Internet based questionnaire – exp. 100.000 responses
- Health examination – exp. 20.000 participants
- Local health promotion activities and campaigns
Motivation to become more physically active among those who are not already active, by years of education

KRAM, results from 1 municipality (N=17.000)
Among those who are motivated but are not already active, respondents with longer education ...

- Are motivated because they want to be fit, look good and as relaxation (lower education: being together and having fun with others)

- Have more suggestions as to what the municipality can do to help them become more active

- Would like more activities with high levels of ‘action’, outdoors and family-oriented (lower education: low-impact, ill-health oriented)
People we don’t reach with existing surveys

- The socially most disadvantaged; the 1-10 % worst off
- People without an address – the homeless, many prostitutes
- People who can’t manage visitors (interviewers) or read and respond to self-administered questionnaires – the mentally ill, severe alcoholics, drug abusers
Health survey of the socially disadvantaged
(Danish name: SUSY UDSAT)

- Cooperation between the Council for Socially Marginalised People and the National Institute of Public Health

- Questionnaire survey – self-administered or with help

- Distributed through shelters, counselling centres, nurses on wheels and various organisations

- Respondents who are socially marginalised and either homeless, drug abusers, prostitutes, mentally ill or alcoholics
Status Nov 2007

Received app. 1.300 questionnaires
Personal Identification Number from 80%

- Report with survey results April 2008
- Qualitative studies spring 2008
- Registry-based analyses autumn 2008
- Final report end of 2008
National health inequalities policies

- National public health programmes aim at reducing social inequalities in health, but without specific, quantitative targets

- Two waves of focus on social inequality in health
  1990’ies: the gradient, illustrating disparities in determinants of health
  2005- : marginalisation, supporting (local) projects on social exclusion

- 2007: ‘New’ government
  - New ministry of ‘Health and health promotion’
  - Health promotion commission
  - Focus on health inequalities – as the most disadvantaged groups and marginalisation

_A shift from tackling inequalities in social position to tackling the most negative consequences on people’s health of the (existing) inequalities?_
New structure for health care and health promotion in Denmark

• From January 1st 2007
  • Health care – hospitals and primary care – is the responsibility of 5 regions
  • Health promotion and prevention outside hospitals is the responsibility of 98 municipalities

• Knowledge-gap on health promotion interventions and best practices at the local level
  • Effectiveness
  • Implementation
  • Organisation
  • Etc.
Municipal health policies

Number of municipalities (N=98)

- Gennemarbejdet/godt i gang
- Vedtaget

<table>
<thead>
<tr>
<th>Category</th>
<th>Gennemarbejdet</th>
<th>Vedtaget</th>
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<tbody>
<tr>
<td>Brede sundhedsbereg</td>
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<td>Samarbejdspartier</td>
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<td>30</td>
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<tr>
<td>Evidens</td>
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<td>11</td>
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Health inequalities projects

The National Board of Health is supporting local model projects:

• Healthy lifestyle among socially vulnerable groups
• Life style and health care services targeted the socially disadvantaged (drug and alcohol addicts and homeless)

Danish participation in EU-project: Determine
http://www.health-inequalities.eu
Thank you