

Social determinants and health inequalities

- country report Denmark

Expert Group on Social Determinants and Health Inequalities

26-27 November 2007, Luxembourg

Tine Curtis, PhD
Research Programme Director
Health behaviour, life style and living conditions



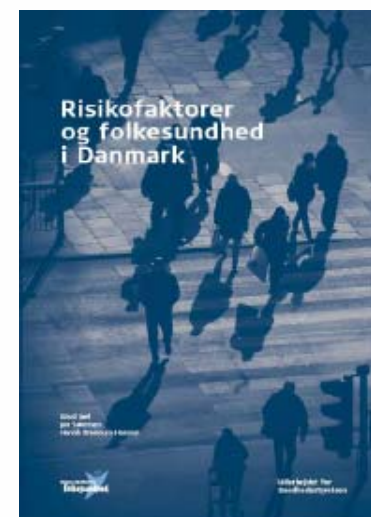
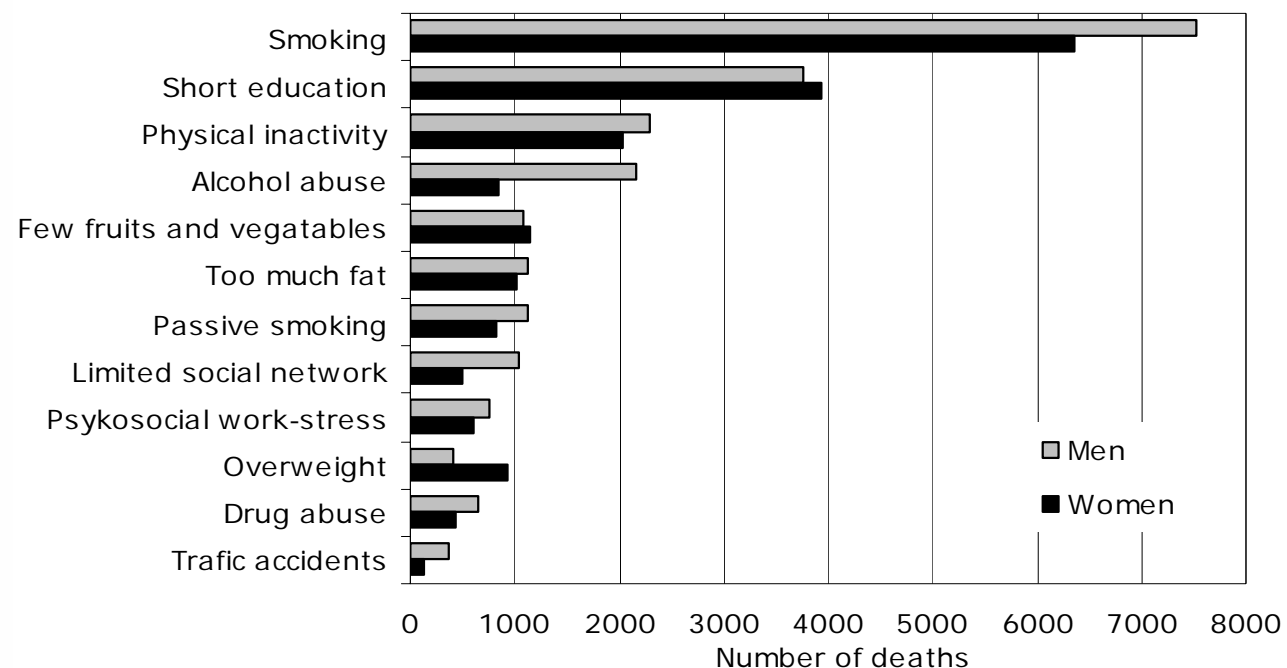
National Institute of
Public Health
University of Southern Denmark

The policy situation regarding action to tackle health health inequalities

Results of research creating concern

Risk factors and public health in Denmark

Risk factors and mortality



Juel K, Sørensen J, Brønnum-Hansen H, 2006

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

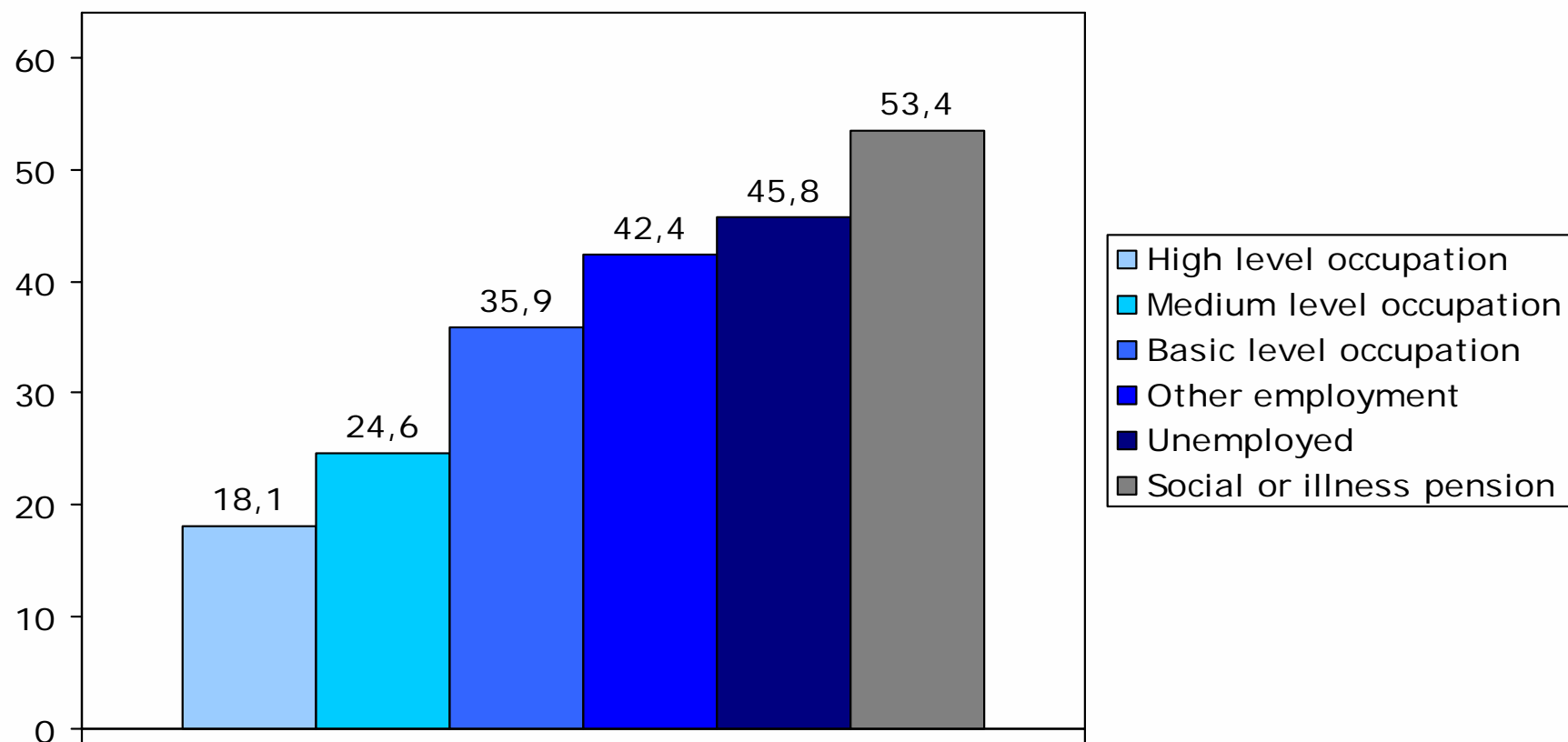
Self-administered questionnaires N=11.238

Re-interviews with participants from 1994

Register-based follow-up

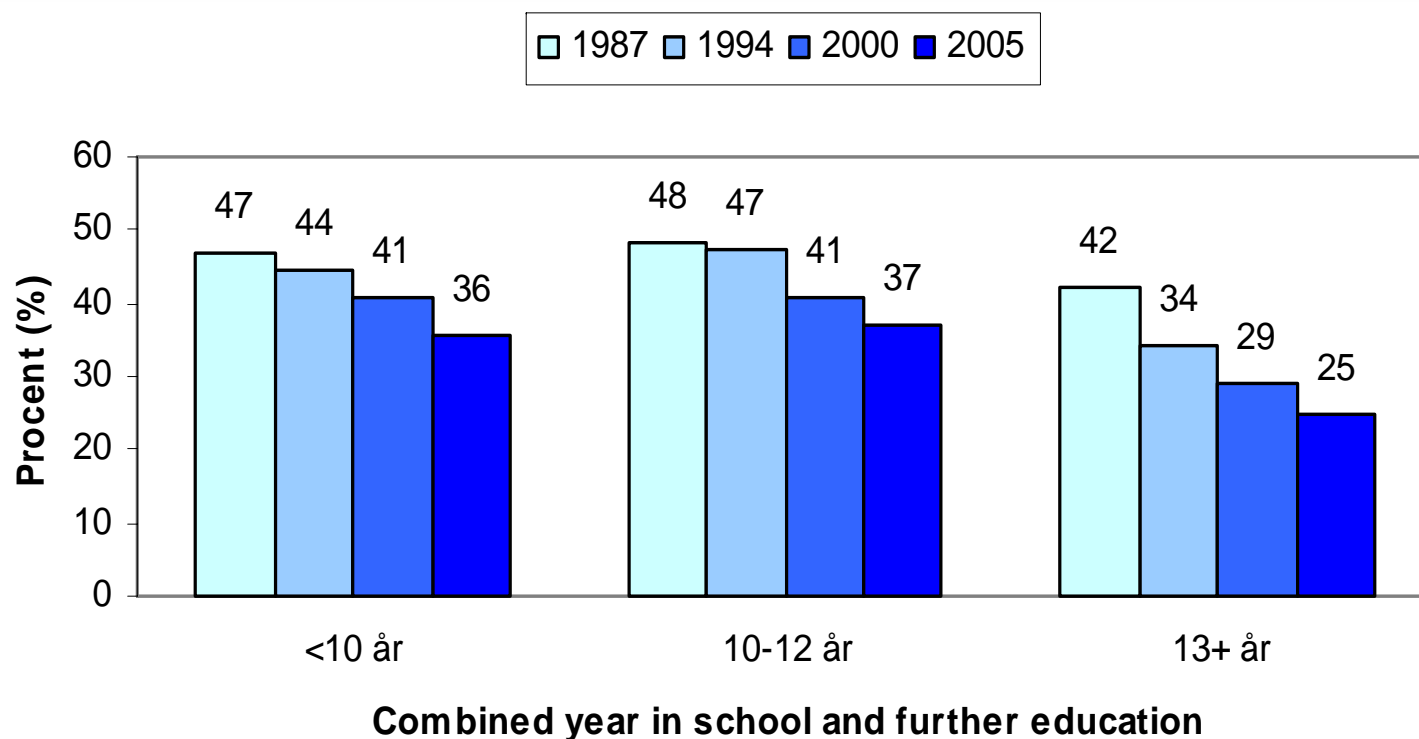
Occupational level and rate of daily smokers

Danish Health Interview Survey 2005



Education and trend in daily smoking

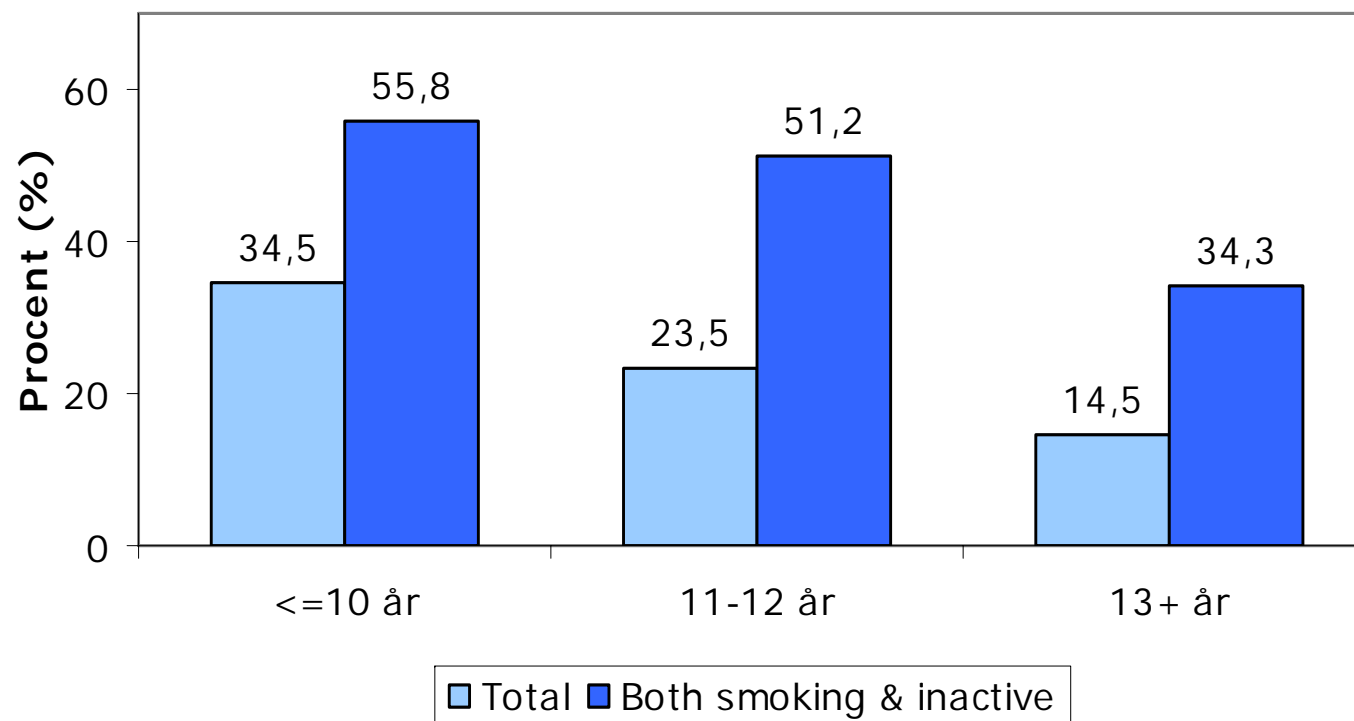
Danish Health Interview Surveys



A positive trend in a health determinant that go hand-in-hand with widening inequality in its social distribution

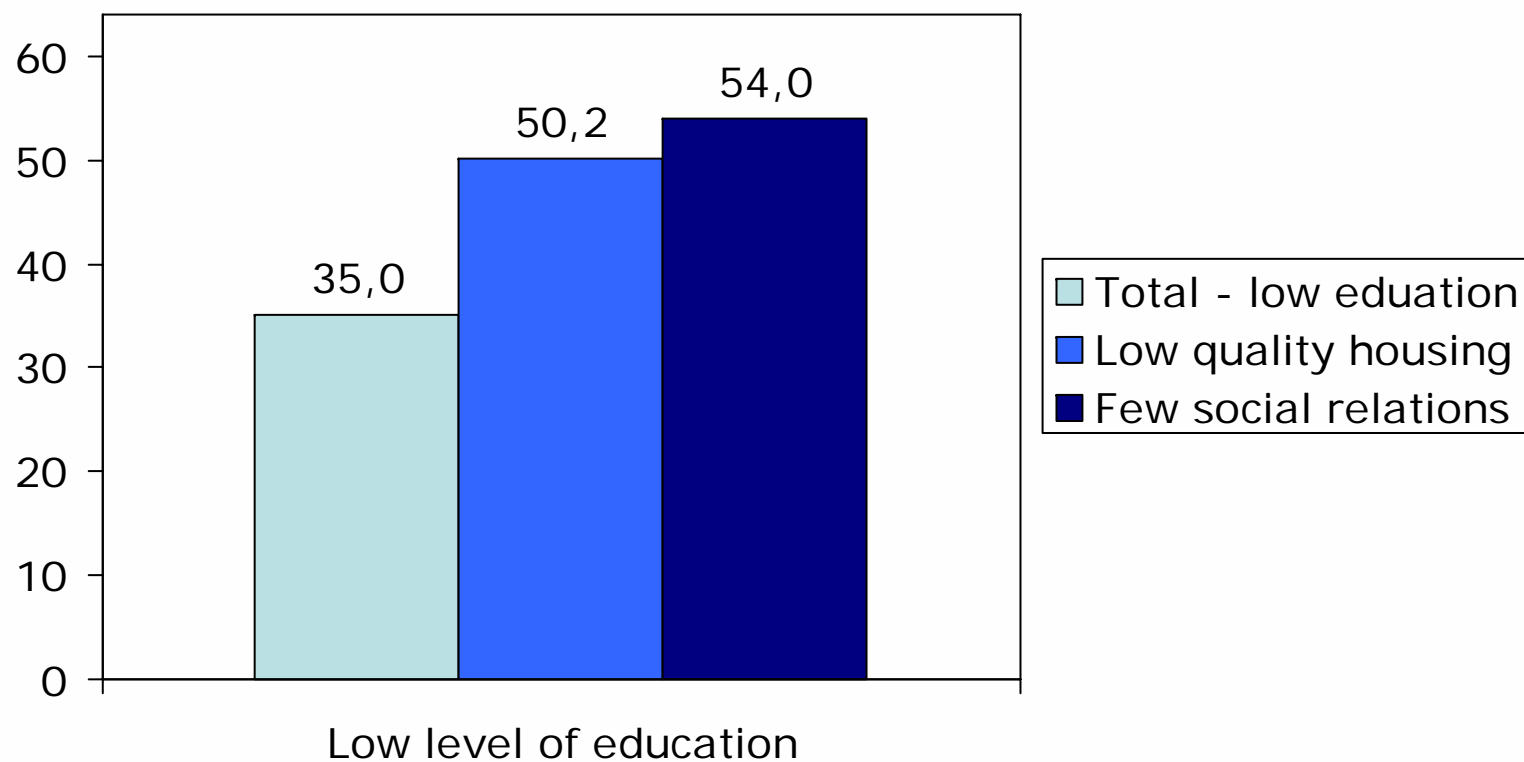
Low self-rated health – smoking and physical inactivity

Danish Health Interview Survey 2005



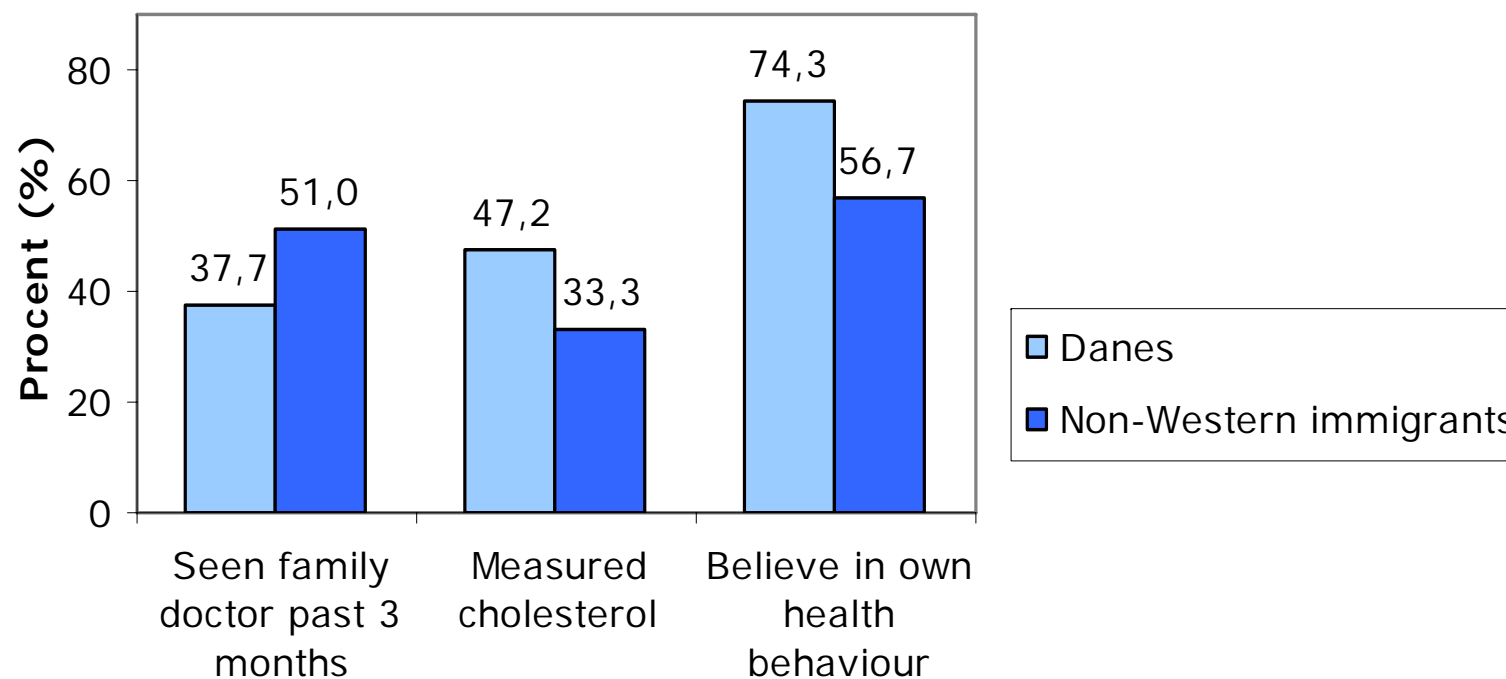
Low self-rated health among low educated - low quality housing and inadequate social network

The Danish Health Interview Survey 2005



Ethnicity and health behaviour

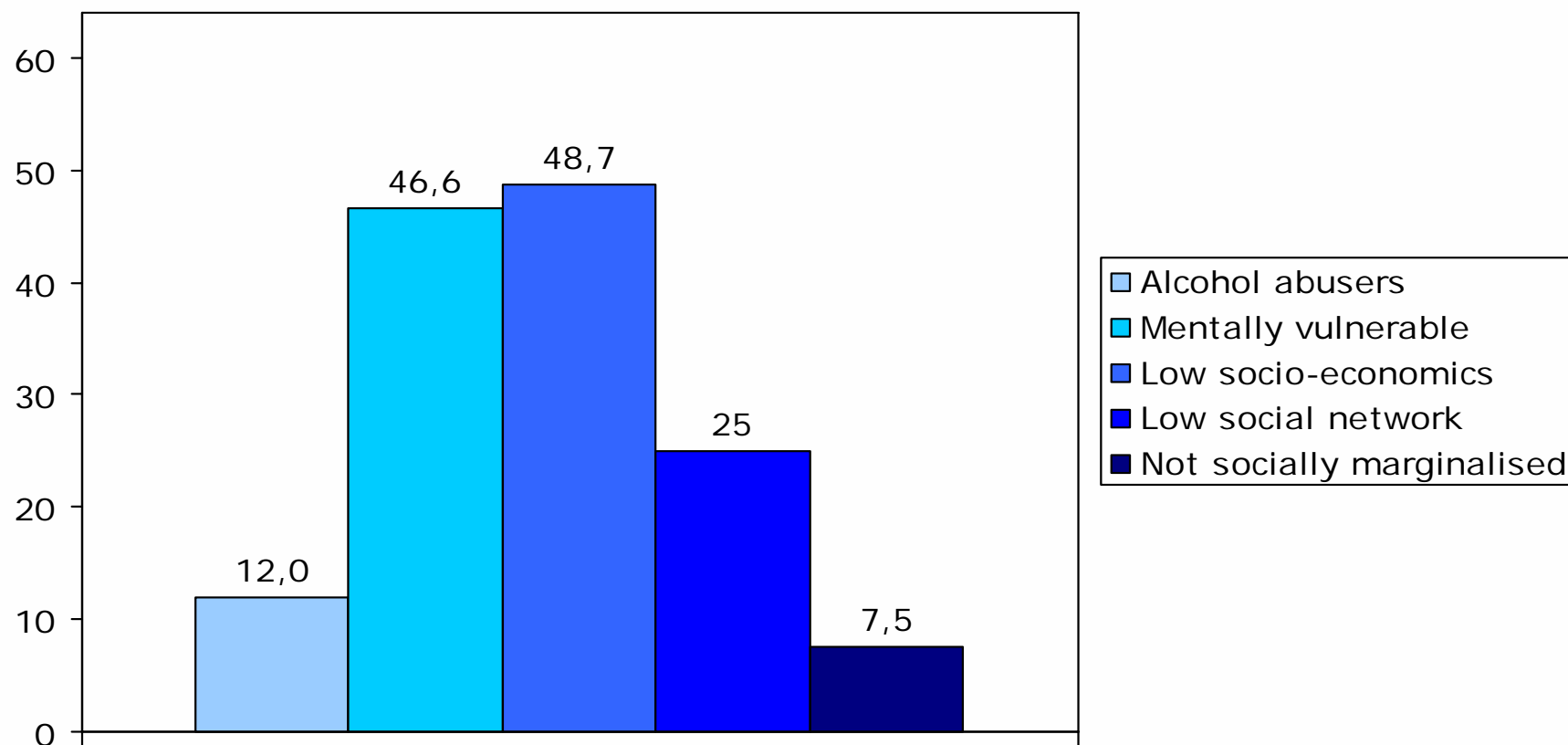
Danish Health Interview Survey 2005



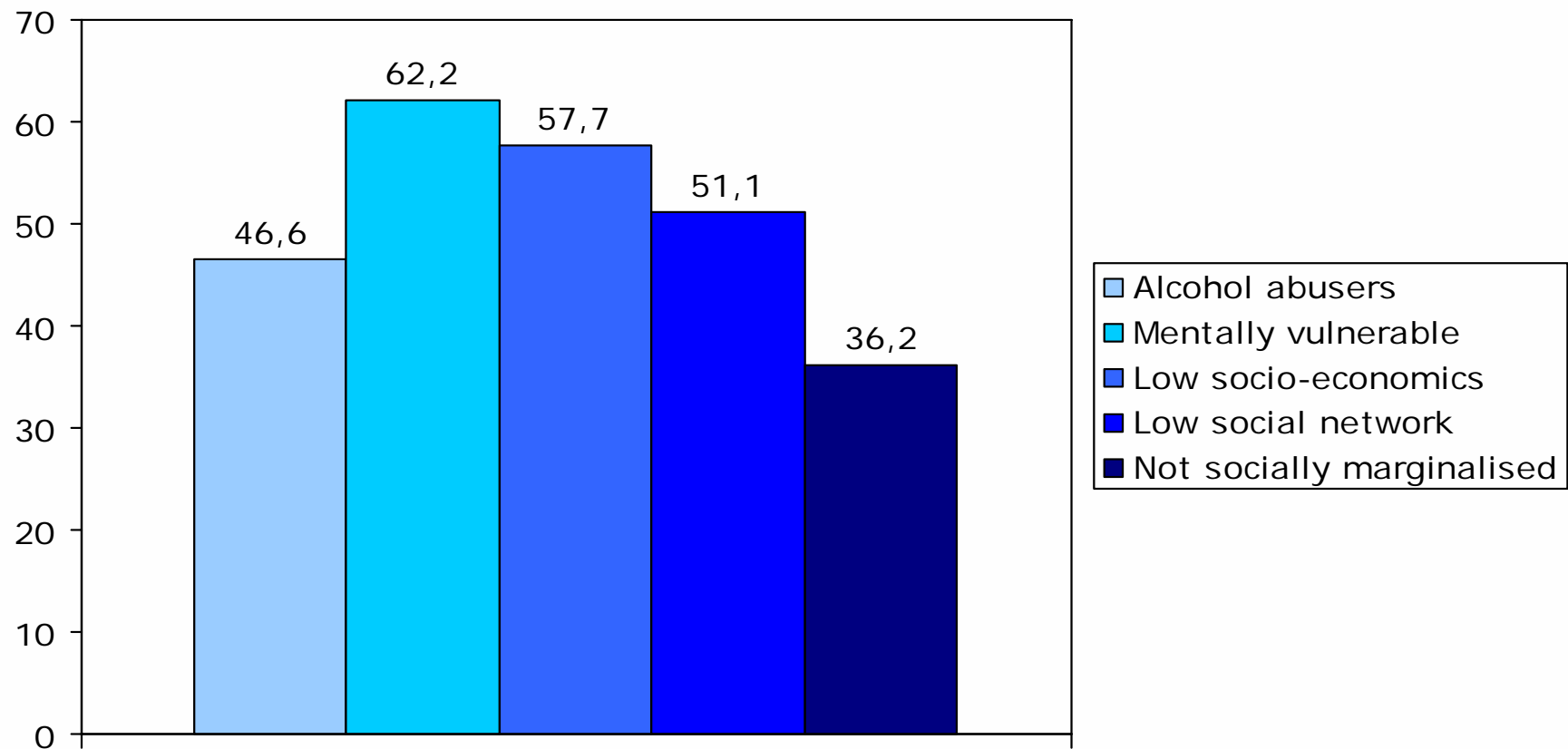
A question of differences in social position or culture?

Analyses of the 'worst off' respondents of the Danish National Health Interview Survey 2005

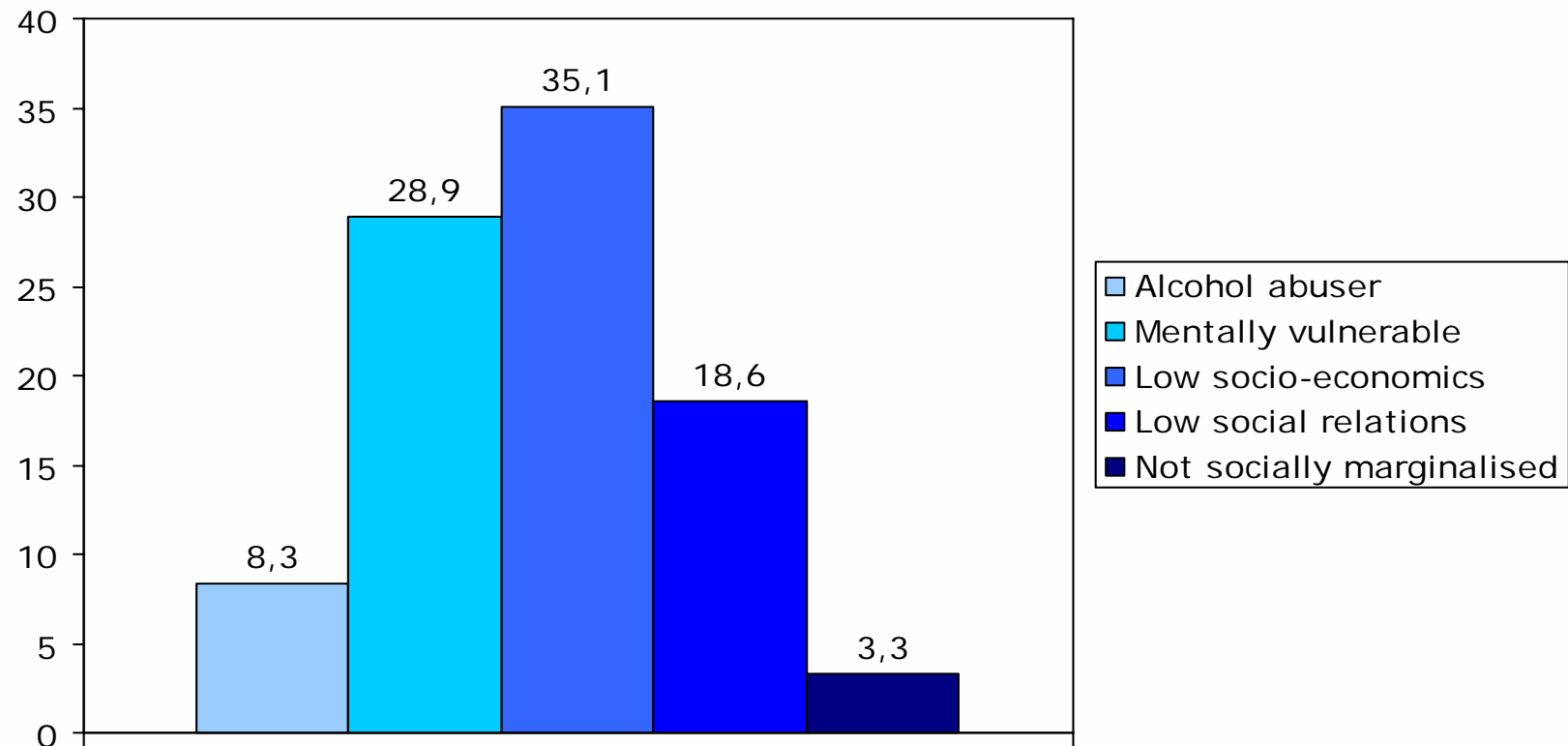
Long-standing illness



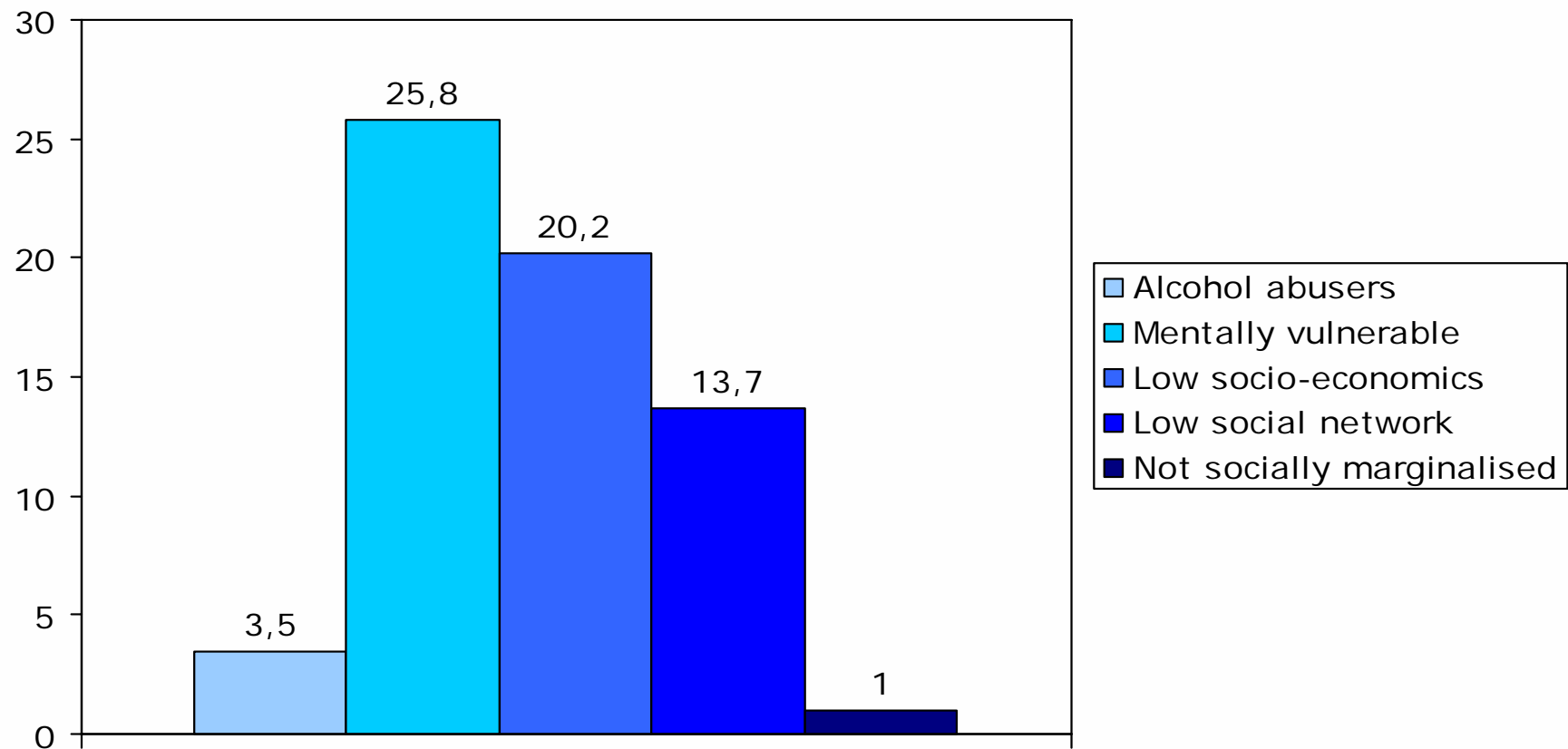
Contact with health care services, past 3 months



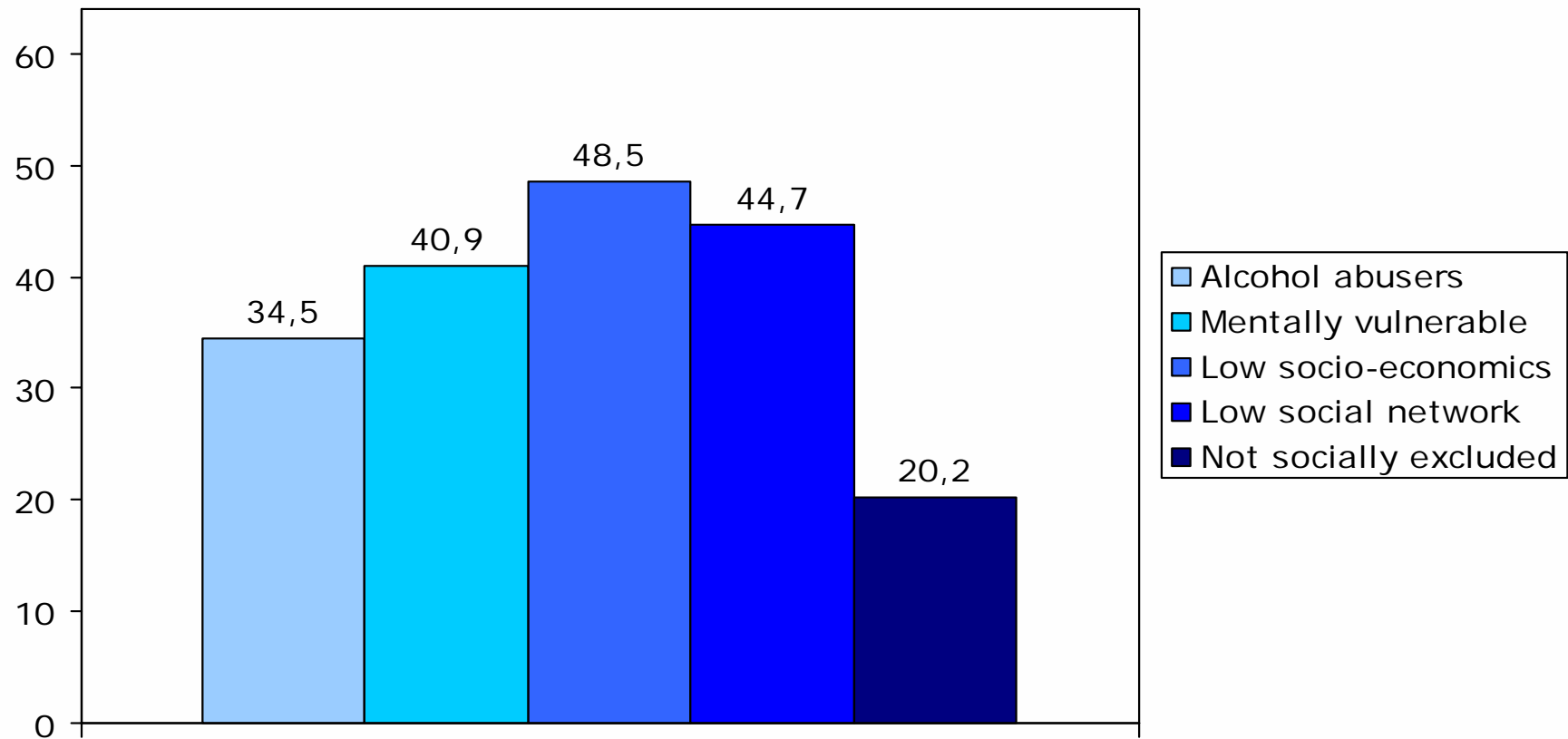
Low or very low self-rated health



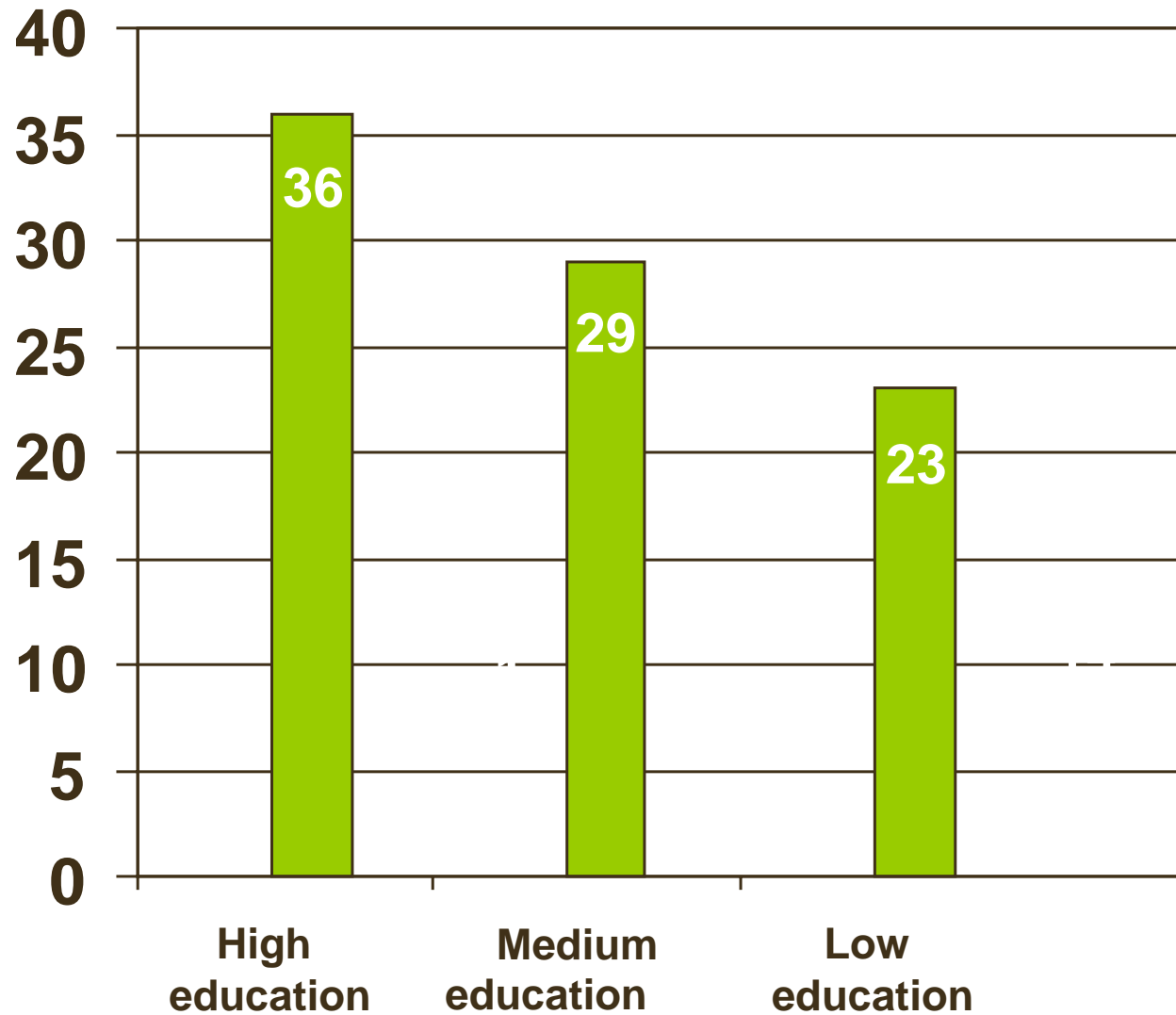
Mental illness



No participation in organised leisure time activities



Healthy eating habits among people with diabetes, – unpublished results from a Danish regional survey

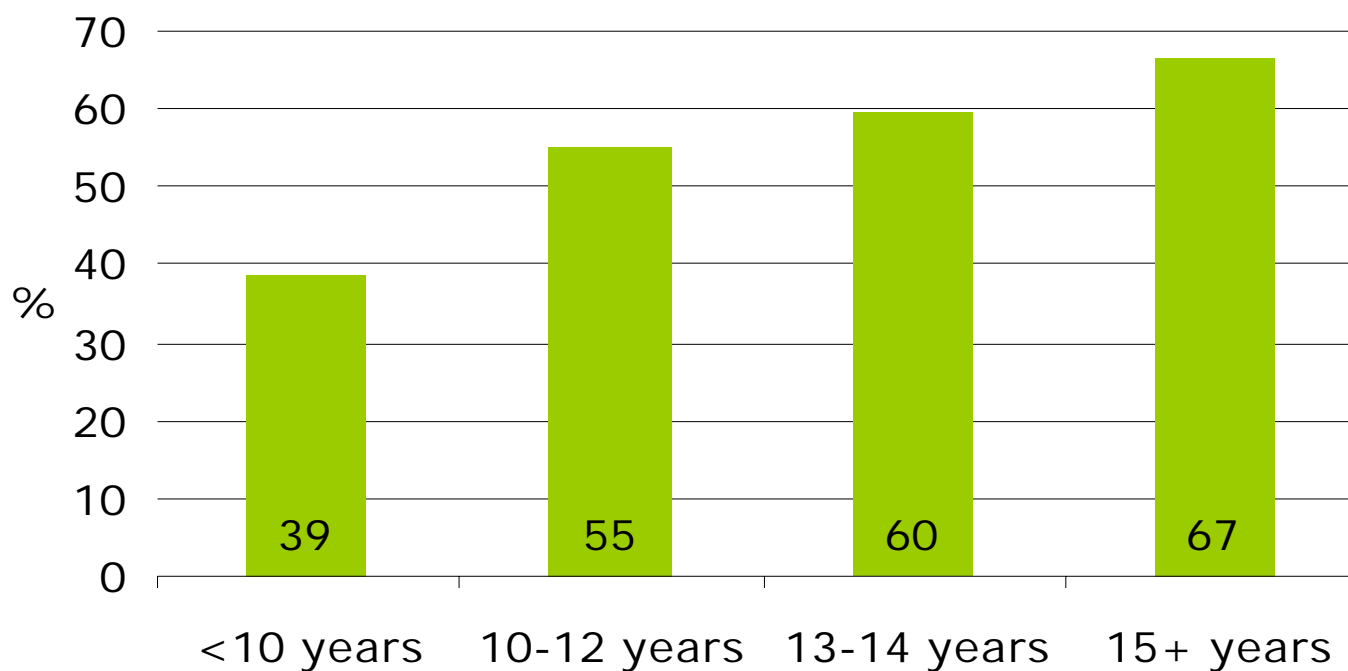


KRAM – a Danish HIS/HES

- 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

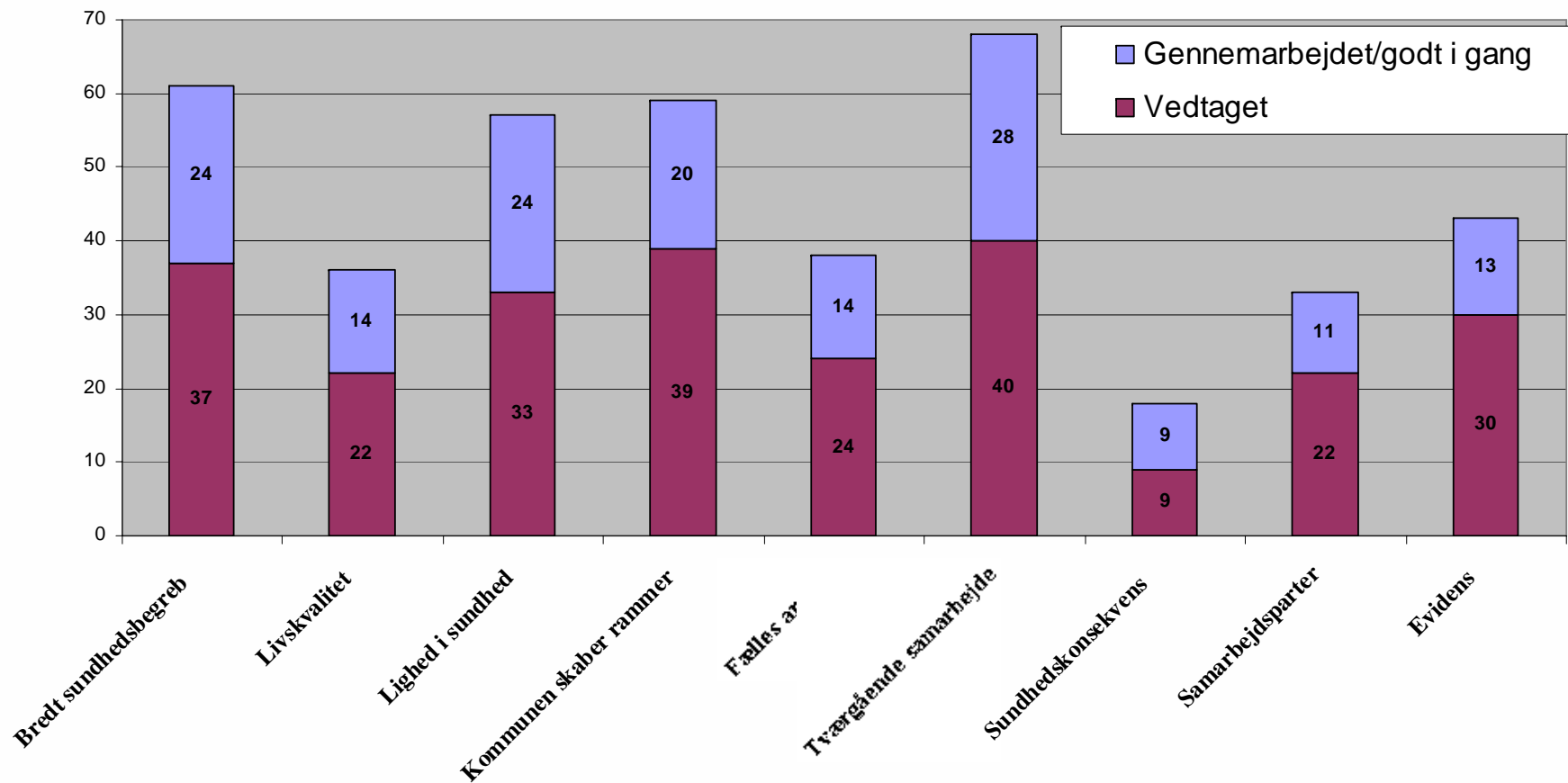
A shift from tackling inequalities in social position to tackling the most negative consequences on people's health of the (existing) inequalities?

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

Numer of municipalities (N=98)



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

This paper was produced for a meeting organized by Health & Consumer Protection DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.