



Extract from the report to the  
Public Accounts Committee on  
disease prevention at the  
population level

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## I. Introduction and conclusion

1. This report concerns disease prevention and health promotion (in the following referred to as disease prevention), i.e. activities designed to prevent that healthy people contract specific diseases. The responsibility for disease prevention at the population level was transferred to the local governments of the municipalities in connection with the municipal reform in 2007. The report addresses the role of the Ministry of Health and Prevention in regard to providing a framework for disease prevention, monitoring of the area and knowledge sharing with the municipalities. The report also looks at the regions' obligation to counsel the municipalities on disease prevention at the population level. Rigsrevisionen initiated the study in July 2012.

2. The purpose of disease prevention activities at the population level is to prevent the onset of diseases that will require life-long care and/or admission to hospital. Smoking, nutrition, alcohol and physical activity (the SNAP factors) are all factors that have an impact on the prevalence of a number of common illnesses like, for instance, cancer, type 2 diabetes, lung diseases and cardiovascular diseases. Several of these diseases are chronic and may require life-long care, loss of quality of life for the individual patient and premature mortality. To this should be added the social costs of an unhealthy lifestyle reflected in expenditure for treatment, and expenditure relating to loss of productivity due to sickness absence, early retirement or premature mortality.

3. The overall objective of the study is to assess how the Ministry of Health and Prevention, the Danish Health and Medicines Authority and the regions underpin the disease prevention activities of the municipalities. The report answers the following questions:

- Does the Ministry of Health and Prevention contribute to establishing a framework for the municipalities' disease prevention activities at the population level?
- Does the Ministry of Health and Prevention follow up on the disease prevention activities at the population level?
- Is the Danish Health and Medicines Authority and the regions ensuring that the municipalities have access to relevant and useful information on disease prevention?

The purpose of **disease prevention at the population level** is to avert disease and injury. For instance, the municipalities may launch action plans focused on nutrition, smoking, alcohol and physical activity.

**Health promotion** aims at improving the health of the individual and the public health, in general. Creating settings that increase the health and well-being of the citizens in general, for instance by providing opportunities for physical activity, is one way of doing this.

In this report, the term prevention includes both prevention and health promotion.

Frameworks promoting healthy lifestyle address the physical environment, the well-being of people in different environments and options to make healthy choices. A healthy setting could include opportunities – in-house and outside – for physical activities at nursing homes, in schools and day-care institutions, and establishing working place alcohol and smoking policies or an exercise policy for children in the municipal schools or day-care institutions.

#### The Health Profile

**Reports** provide data on the Danes' well-being, health and diseases. The reports present the results of questionnaire surveys carried out among the citizens of Denmark.

The Health Profile Reports provide the municipalities with information on

- the number of citizens who smoke daily and want help to stop
- the number of citizens who drink above the guideline set by Government and wish to reduce their alcohol consumption
- the number of citizens who are physically inactive and want to become more active.

## MAIN CONCLUSION

The municipalities are responsible for providing settings that promote a healthy lifestyle and for making disease prevention and health promotion programmes available to the citizens. Among the eleven municipalities that were included in Rigsrevisionen's study, several were well on their way to fulfil this obligation, but others had not come that far. The individual municipalities are facing different challenges in the public health area; in some municipalities, relatively many citizens may be smokers and/or overweight. In the opinion of Rigsrevisionen, it is important that the municipal prioritisation of disease prevention at the population is based on the specific challenges facing each municipality and national recommendations on the effectiveness of various measures.

The Ministry of Health and Prevention and the regions have in the period 2007 to 2012 launched several initiatives to promote public health through disease prevention in the areas of nutrition, smoking, alcohol and physical activity; a disease prevention commission was set up in 2008, which made several recommendations, and in 2009 the then government presented a *Health Package* according to which the government's goal was to increase the average life expectancy in Denmark by three years within the subsequent decade.

The Danish Health and Medicines Authority has developed excellent tools to underpin the municipal planning and prioritisation of activities in the area. In 2011, the municipalities gained access to data on the citizens' health and well-being through the Health Profile Report worked out by the Danish Research Centre for Prevention and Health. In 2012, the Danish Health and Medicines Authority developed so-called health promotion packages with recommendations on the effectiveness of various preventive measures. The Ministry of Health and Prevention has allocated funds to a centre – *Centre for Disease Prevention in Practice* – which under the leadership of Local Government Denmark (the interest group and member authority of Danish municipalities) and starting in 2013 – will support and monitor the implementation of the health promotion packages in the municipalities.

In the period 2007 to 2012, the foundation for the ministry's establishment of the framework and follow-up activities has, however, been weak; the Ministry of Health and Prevention has not define overall targets for the development in public health, nor has it, on a regular basis, followed up on the municipalities' performance in this respect.

Overall, Rigsrevisionen is of the opinion that defining targets for public health and more intensive follow-up on initiatives could contribute to increasing the transparency of the development in public health and underpin the prioritisation of disease prevention activities at the population level, both nationally and in the individual municipalities.

### Rigsrevisionen recommends that

- the Ministry of Health and Prevention should increase its influence on the municipalities' disease prevention efforts through involvement in the definition of national public health targets;
- the Ministry of Health and Prevention should maintain its focus on and emphasize the risks of not implementing SNAP prevention measures – as it is done in the Health Promotion Packages;
- the Ministry of Health and Prevention should contribute to collecting information on the expenditure for prevention measures on the population level in order to increase the transparency of the prioritisation in the area;
- the Ministry of Health and Prevention should – in collaboration with the municipalities – establish a basis for more systematised collection of data that can be used to follow up on the effect of disease prevention measures implemented in the municipalities;
- the regional level should – in dialogue with the municipalities – clarify the scope and contents of the disease prevention counselling provided by the regions, for instance in the health care agreements, to ensure that the municipalities know what to expect from the regions;

### Health Care Agreements

The regions and the municipalities enter mandatory agreements on the distribution of responsibilities and their collaboration in six areas. These areas include, in addition to prevention and health promotion, for instance also social services for people with mental disorders.

The main conclusion is based on the following sub-conclusions:

*Does the Ministry of Health and Prevention contribute to establishing a framework for the municipalities' disease prevention activities at the population level?*

The Ministry of Health and Prevention has been involved in establishing the framework for the municipalities' disease prevention initiatives. The ministry has, for instance, recommended evidence-based actions concerning nutrition, smoking, alcohol and physical activity in the so-called Health Promotion Packages, which were issued by the Danish Health and Medicines Authority in 2012.

The Ministry of Health and Prevention and Local Government Denmark have in April 2013 established the *Centre for Disease Prevention in Practice*. The centre will counsel the municipalities on implementation of the Health Promotion Packages and monitor the implementation of the recommendations made in the packages at the local level.

In the years 2007 to 2012, Denmark had no national public health targets concerning nutrition, smoking, alcohol and physical activity.

The principle of municipal co-funding of health-care expenditure is based on the fact that municipal expenditure for health care is closely related to the number of hospitalised citizens. The municipalities are encouraged to initiate disease prevention measures to reduce the expenditure for hospitalised citizens.

The municipal co-funding of hospital expenditure contributes to providing an incentive for the municipalities to be active within disease prevention at the population level. Yet, co-funding is not a strong incentive, because the economic gains from reducing the burden on the health care system are relatively long-term.

Another economic incentive for launching measures in the municipalities is the opportunity to apply for government allocation funds for disease prevention. The study showed that the extent to which the municipalities apply for these funds vary.

*Does the Ministry of Health and Prevention follow up on the disease prevention activities on the population level?*

Public health and changes in the behaviour in relation to nutrition, smoking, alcohol and physical activity at the population level are monitored by the Ministry of Health and Prevention through the Danish Health and Medicines Authority and the Danish National Institute of Public Health, among others.

The Ministry of Health and Prevention did not, in the years 2007-2012, follow up systematically on the disease prevention initiatives launched by the municipalities. The ministry did, however, map the disease prevention activities initiated by the municipalities in 2008.

The Ministry of Health and Prevention takes part in the systematic follow-up on the effect of the various smoking cessation programmes, but does not follow up on the effect of municipal initiatives in relation to nutrition, alcohol and physical activity.

*Is the Danish Health and Medicines Authority and the regions ensuring that the municipalities have access to relevant and useful information on disease prevention?*

The Danish Health and Medicines Authority provides guidance and counselling to the municipalities through campaigns, publications and other activities, like, for instance, conferences, theme days and dialogue meetings. The counselling is provided mainly in the form of knowledge dissemination, recommendations and guidelines.

The regions provide guidance and counselling to the municipalities through theme days, seminars, coordination of networks and other local counselling activities.

The municipalities use the counselling and guidance provided by the Danish Health and Medicines Authority and the regions, respectively, and they consider it relevant and useful. The municipalities emphasise the Health Profile Reports as a useful tool for monitoring and planning disease prevention activities. The contents of the counselling provided by the regions vary and so do the municipalities' counselling requirements.