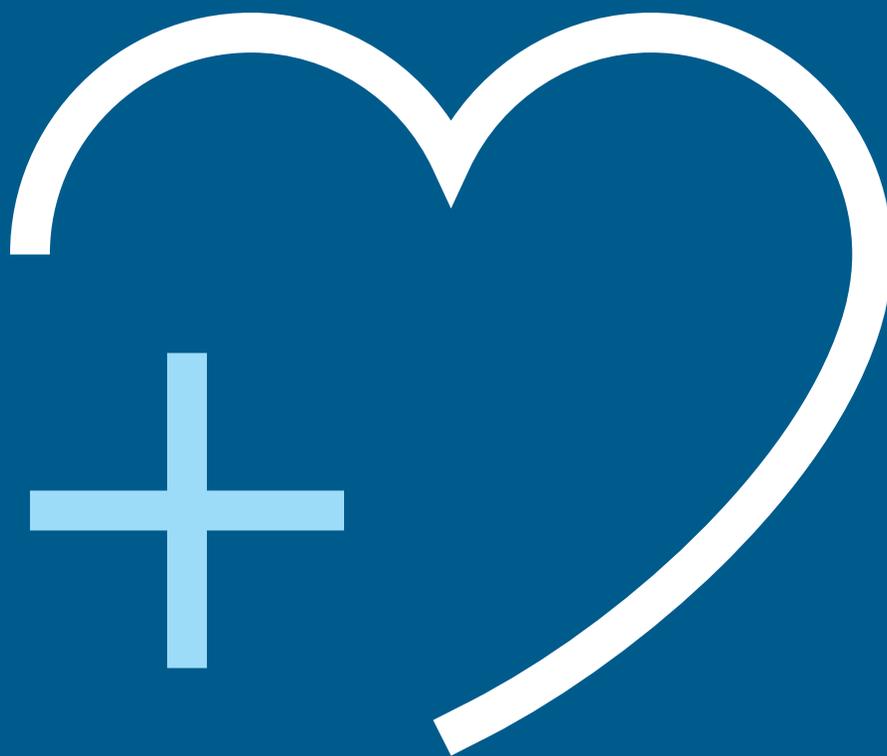


The municipality's work on health promotion packages



DANISH HEALTH
AUTHORITY

Health for all ♥+●

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Foreword

Health promotion and disease prevention are a municipal core task, and the municipalities have unique opportunities for influencing the health and well-being of their citizens. In fact, a lot of municipal core tasks have an influence on the health of citizens.

We are aware of the factors that are of decisive importance for a healthy life, and we know about the risk factors that increase the likelihood of developing disease.

For example, we know that:

- A child's connection to its parents is of great importance for that child's wellbeing throughout childhood
- Motor development in childhood is important for wellbeing
- There is a link between a child's physical activity and its learning
- Cooperation between the school and parents can lead to postponement of the alcohol debut and less alcohol consumption in later life
- Smoke-free school hours and at smoke-free work hours results in fewer smokers
- Easier access to green spaces and cycle paths make children more physically active
- Correct nutrition makes frail adults less vulnerable
- Social communities produce better mental health.

For the most part, we are also aware of the measures that can make a difference to citizens' health. It is these measures that are promoted in the Danish Health Authority's 11 health promotion packages for municipalities.

Section 119 of the Danish Health Act states that the municipalities have responsibility for health promotion and prevention. However, there is no specific description of how the work should be done, and which services should be prioritised. As a service for the municipalities the Danish Health Authority issued the first version of the health promotion packages in 2012. The packages includes technical recommendations for health promotion and prevention based on the best current knowledge. The Danish Health Authority has now updated the health promotion packages with the latest knowledge and is providing recommendations for prioritising the municipalities' prevention work.

There is still a great need for the municipalities to prioritise and carry out their prevention work. This is evident from, among other thing, the results of The National Health Profile¹. In many areas, this can be traced back to the behaviour of Danes in respect to health, and the study shows the continued presence of substantial health inequality.

This introduction to the municipality's work with the health promotion packages is directed at politicians, managers and planners in the municipalities. It is also directed at anyone with responsibility for ensuring that health promotion and prevention are prioritised and planned based on the best knowledge available, and at anyone with responsibility for ensuring a systematic approach and quality in the prevention initiative and for following up on the work done.

Prevention pays for itself in the long term – both for the individual citizen, and for society at large. We hope that the health promotion packages will help maintain and improve health promotion and prevention as an important focus area in all Danish municipalities.

Niels Sandø

Acting Unit Director for Prevention
The Danish Health Authority

Objective

The objective of the Danish Health Authority's health promotion packages is to support the municipalities' highly specialised work on health promotion and prevention and thereby help to promote public health.

Section 119 of the Health Act states that the municipalities have responsibility for health promotion and prevention, though without any specific definition of what health promotion and prevention work the municipalities are required to do.

The Health Act

Section 119 In managing the work of the municipality with respect to its citizens, the municipal council has responsibility for creating frameworks for a healthy lifestyle.

(2) The municipal council establishes preventive and health-promoting services for its citizens.

(3) The regional council offers prevention measures aimed at patients within both the hospital system and in the practice sector, etc. as well as advice, etc. in relation to the work of the municipalities in accordance with (1) and (2).

The Danish Health Authority has therefore drawn up a number of special recommendations to make it easier for municipalities to prioritise and plan. The recommendations are based on the current best knowledge and are described in the 11 health promotion packages, each of which focuses on one factor that is of considerable importance in terms of the health of the individual citizen, e.g. physical activity.

Political and leadership focus and support are essential to the work on health promotion and prevention. Both commitment and action are required in order to get to grips with those health challenges that have the greatest human and social consequences.

The health promotion packages address

- Alcohol
- Physical activity
- Hygiene
- Indoor climate in schools
- Food & meals
- Mental health
- Obesity
- Sexual health
- Sun protection
- Drugs
- Tobacco

Health across committees and administrations

The municipalities have many core tasks that have an influence on the health of their citizens. Since a lot of the recommendations in the health promotion packages therefore concern administrative areas other than the health sector, cooperation across political committees and administrations is of decisive importance for the health of the citizens in the individual municipalities.

When collaborations are established with other administrative areas, it is a good idea to base activities on ways in which prevention work can help with the administrations' core tasks. Below is an explanation of why prioritising work with the health promotion packages is important for the other administrations.

Day care services

The purpose of the Danish Act on Day Care Services is to promote the wellbeing, development and learning of children and young people and to prevent negative social heritage and exclusion.

There is a strong link between the core tasks of the day care services and health promotion and prevention. Healthy children thrive better and have better prerequisites for development and learning. Much of the work that promotes wellbeing and learning will be the same as that which promotes health, e.g. promoting children's motor development, linguistic stimulation and developing social skills.

Most children in Denmark are given places in day care, and the day care services are therefore an important arena in which to work on children's health. The frameworks and content of the day care services have an influence on healthy habits and provide a good opportunity for contact with parents about their children's development – and an opportunity for the early detection of an incipient failure to thrive. Children who are thriving are at a lower risk of developing poor mental health and are better equipped to make healthy choices and form relationships with other people.

Schools

The object clause for primary and lower secondary schools explains that the role of schools is to provide their pupils with the knowledge and skills that prepare them for further education, while also providing them with an understanding of themselves and of society at large and giving them the practical skills they need to navigate the social world.

There is a strong correlation between the objectives of schools and many of the recommendations contained in the health promotion packages. Children's health has an influence on their ability to learn, and their proficiency in school has an influence on their health.

The school also has statutory duties relating to health. Primary and lower secondary schools are required to offer obligatory health and sex education, as well as family education, covering a wide range of health-related subjects. There is also a statutory requirement for education to be organised in such a way that the pupils get to exercise and be active for an average of 45 minutes a day. Obligatory annual measurement of wellbeing among pupils has also been introduced. A good school environment is of decisive importance both for children's mental health and for the development of their proficiency in school.

School is, in general, a key arena for influencing children's mental and physical health – partly because children spend a large part of their waking hours here. Schools are also well placed to create healthy frameworks for pupils that extend beyond the school timetable, e.g. in the form of good cooperation with parents and with local clubs. Clear signals from schools, about e.g. non-smoking, meal policies, alcohol consumption and social cohesion in the classroom, create the best conditions for the health and learning of children and young people.

Social services

The aim of the Danish Social Services Act is to promote opportunities for individual citizens to take care of themselves, or to make the everyday life of citizens easier in order to improve their quality of life. The Social Services Act affects a broad cross section of citizens who need support. The Social Services Act covers a large number of target groups and services, where it is relevant to provide support with prevention and health promotion in order to improve citizens' quality of life. For example, disabled citizens may have extensive problems in relation to wellbeing, health habits and social relations, and this group lives shorter lives on average and has more preventable chronic illnesses than the rest of the population.

Several of the target groups for the Social Services Act have a great need for the services organised within the health area, though, for social reasons or due to their disability, citizens with disabilities often have difficulty making use of the services. It is a good idea therefore to work with health promotion and prevention at the municipality's social level and to target health services at citizens who receive support under the Social Services Act.

Employment

The aim of the Danish Consolidated Sickness Benefit Act is to help ensure that someone who is on sick leave recovers their capacity for work and returns to the job market as soon as possible. The aim of the Danish Active Employment Act is to help unemployed people return to employment and to support people who, due to limited working capacity, have a particular need for help in finding work.

Employment and health are closely connected. The physical and mental health of citizens can often have some significance for their connection to the job market,

just as state of health can have some significance for the length of any period of unemployment and for the number of sick days. Unemployment is in itself a factor in the development of mental and physical illness and alcohol dependence.

At job centres, therefore, there is direct contact with a target group that may benefit greatly from health promotion and prevention, and there are excellent opportunities for targeting relevant services and early detection of any health challenges the citizen may have.

Technology and the environment

The aim of the Danish Planning Act is to ensure that overall planning consolidates the interests of society in respect of land use while helping to protect the country's natural resources and environment, so that social development can take place on a sustainable basis with respect for people's living conditions and preservation of animal and plant life.

At many levels, technology and the environment play a decisive role in terms of structural prevention, e.g. by establishing physical frameworks that ensure meeting venues, easy access to recreational areas and good road and path conditions, thus providing more opportunities for citizens to be physically active in their daily lives.

Culture and leisure

The aim of the Danish Act on Non-formal Education is to ensure that support is provided so that clubs and associations are able to conduct activities for children, young people and adults. This area is characterised by the creation of social clubs and associations sustained by a voluntary workforce. Participation in club or association life – as a volunteer or a member – supports the health of citizens in many ways. A lot of activities are in themselves health-promoting, in the same way as social clubs and associations. Participation by young people in club and association life helps to prevent other risk factors, e.g. tobacco and alcohol. Culture and leisure also help to create vibrant urban environments and recreational areas, which in turn promote movement and support social clubs and associations.

Search across prevention areas

In order to support the work of health across administrations and areas, the recommendations in the health promotion packages are divided into specialist areas on the Danish Health Authority's website..

For more information, go to www.sst.dk/forebyggelsespakker

It is possible to search by, for example, day care services, schools, social services, employment and technology and the environment in order to obtain a general overview of all of the recommendations relevant for implementation in each of the administrative areas.

Health challenges in Denmark

As a politician, manager or planner in the healthcare sector, it is important to be familiar with the overall picture of the health challenges facing citizens in order to be able to justify prioritising health promotion and disease prevention.

The health challenges facing the population can be described in various dimensions, e.g. incidence of disease, hospital admissions, quality of life, years of life lost and mortality. They can also be described in relation to the prevalence of high-risk behaviour, such as smoking and physical inactivity.

The Danish Health Authority has issued three publications describing the health challenges in various dimensions.

"The burden of illness in Denmark in 2015. Illness" shows the prevalence of illness, deaths, years of life lost, hospital admissions, outpatient appointments, casualty ward visits, visits in the primary sector, early retirement, sick days, health economics and lost production, based on 21 selected illnesses². Among other things, the report contains information about the effects of the illnesses on a set of targets for burden of illness – which illnesses cause the most deaths, sick days, hospital admissions, early retirement, etc.

The report shows, among other things, that:

- The five illnesses that most people live with are lower back pain, osteoarthritis, migraine, neck pain and diabetes
- The five illnesses that cause the most sick days are lower back pain, neck pain, migraine, osteoarthritis and anxiety
- The five illnesses that cause the most outpatient hospital visits are diabetes, schizophrenia, breast cancer, depression and anxiety
- The five illnesses that cause most early retirement are anxiety, schizophrenia, lower back pain, depression and stroke
- The five illnesses that are the cause of most deaths are heart disease, lung cancer, stroke, COPD and dementia.

"The burden of illness in Denmark in 2016. Risk factors" links deaths, sick days, hospital admissions, etc. with 12 risk factors, e.g. tobacco. The report contains knowledge about the most significant risk factors selected based on importance for public health, potential for prevention and available data³.

The report shows, among other things, that:

- Smoking, physical inactivity, alcohol, poor mental health and substance abuse are the five biggest risk factors for mortality
- Smoking, physical inactivity, alcohol, poor mental health and substance abuse are the five biggest risk factors for average longevity
- Smoking, physical inactivity, poor mental health, difficulty sleeping and severe obesity are the five biggest risk factors for somatic hospital admissions
- Alcohol, poor mental health, substance abuse, loneliness and difficulty sleeping are the five biggest risk factors for psychiatric hospital admissions
- Smoking, poor mental health, difficulty sleeping, severe obesity and loneliness are the five biggest risk factors for long-term absence due to sickness.

"The National Health Profile (2017)" describes the population's health habits, health, wellbeing and ill health. The survey is conducted every four years, making it an indicator of health in Denmark and of how this develops over time¹. The regional health profiles contain data at regional and municipal levels. The profiles can be found at www.danskernessundhed.dk

Danes' health habits

Table 1 shows selected figures for health habits amongst people aged 16 years and over in an average municipality of 59,000 citizens, of whom about 48,000 are over 16 years of age.

Table 1	No. of people	Proportion as a percentage
Proportion of daily smokers	8,160	17
Proportion exceeding the Danish Health Authority's high-risk threshold for alcohol consumption	3,360	7
Proportion considering themselves physically inactive and insufficiently physically active	13,920	29
Proportion with unhealthy dietary habits	7,680	16
Proportion of severely obese (BMI>30)	8,160	17
Proportion with high stress levels	12,000	25

Citizens need help to change their behaviour

The National Health Profile also asks about citizens' desire to change their behaviour. Table 2 shows selected data for the desire for behavioural change in an average municipality. The figures show that a high proportion of citizens would like support in changing their behaviour – so there is a substantial demand for health promotion and disease prevention.

Table 2	No. of people	Proportion as a percentage
Proportion of daily smokers who would like help to give up smoking	5,957	73
Proportion of people exceeding the Danish Health Authority's high-risk threshold for alcohol consumption who would like to reduce their alcohol consumption	1,109	33
Proportion of people with unhealthy dietary habits who would like to eat healthily	4,300	56
Proportion with severe obesity (BMI>30) who would like to lose weight	4,570	56

Socioeconomic gains

There are socioeconomic gains to invest in health promotion and disease prevention. For society, its citizens' health is of significance for productivity and costs associated with absence due to sickness, loss of working capacity, treatment and care. Illness and poor functional level have considerable consequences for the municipality's economy in both short and long term. A municipality's decision to prioritise health promotion and prevention by implementing the recommendations from the health promotion packages is therefore regarded as an investment.

In practice, this poses challenges in terms of calculating all of the specific gains related to prevention, both because it can be difficult to define what should be included and because it can be hard to place a value on the gains.

However, it is possible specifically to calculate significant additional costs related to illness and reduced functional level, which relate directly to the municipality's economy. These are²:

- Expenses for activity-based co-financing treatment in health sector
- Expenses for nursing and care
- Expenses for treating substance abuse
- Expenses for benefit schemes as a consequence of impact on the capacity for work
- Loss of production
- Expenses for supporting services, e.g. help for families, children, young people and adults.

These expenses are to a large extent directly connected to the presence of risk factors amongst citizens, e.g. smoking, alcohol, physical inactivity and poor mental health. Each health promotion package contains further details of the municipal costs related to each specific risk factor.

Social inequality in health

There is considerable social inequality in health in Denmark¹. This means that health is systematically unevenly distributed across the population, depending on education and income. Social inequality in health primarily means inequality in terms of the risk of becoming ill.

The municipality is able to influence some of the factors of significance for inequality in health across administrations. These factors are⁴:

- Early development in children
- School attendance and upper secondary education
- Health habits
- Working environment
- Community security
- Connection to the job market
- Social vulnerability
- Inequality in use of health services.

In addition to inequality in terms of the risk to become ill, the consequences of illness are also unevenly distributed, meaning that there is a difference in the consequences of illness based on education and income. This is particularly the case with survival, years of reduced functioning and connection to the job market following illness.

Social inequality in health manifests in two ways⁴:

Social gradient

Social gradient means that vulnerability to health risk and illness amongst the population gradually increase as educational level and income decrease. Gradual inequality is also seen relative to the consequences of illness, e.g. groups with lower educational and income levels remain absent from the job market for longer time following illness. Some of the factors that are of significance for the social gradient are education, income, employment status and accommodation status, but also health habits, especially smoking, physical inactivity, unhealthy diet, obesity and alcohol. The social gradient affects a very large proportion of the population, and so even small changes in health habits can be of significance for public health in general, while perhaps not being particularly pronounced in the individual's life.

Vulnerability

Vulnerability refers to health amongst particularly vulnerable groups, such as drug abusers, the homeless and prostitutes. The vulnerability of these groups to health risks and illness is significantly greater than in other social groups, and the consequences of health risks and illness are greater, e.g. with illness resulting in further marginalisation. High mortality is seen to result from causes that can be prevented or treated, e.g. addiction and infectious diseases. Health-promoting initiatives can have great significance for the health of individuals in this group, but since the group comprises relatively few people, they will not have a very great impact on public health as a whole.

Health habits are an important factor in relation to the gradual inequality in health. Social inequalities in smoking and alcohol, as well as in terms of physical activity and diet, can explain approximately 60 per cent of the inequality in mortality. There is a clear trend for health challenges and risk factors to be concentrated amongst citizens with little education or low income. Being a smoker entails a greater likelihood of drinking over the high-risk threshold, and also a greater likelihood of being physically inactive.

Reducing social inequality in health requires recognition that this is a task which spans the municipality's administrations. Early work to improve children's wellbeing is particularly important, but wellbeing during school years, completing upper secondary education and connection to the job market are also very important. It is also important to remember that prevention services must target all citizens in the municipality. This may be of significance, for example, when deciding on where to locate services in the municipality, or how to recruit participants to the services. The publication "Social inequality in health – what can the municipality do?"⁴ provides more details about the factors which play a role for social inequality in health.

Knowledge basis for the health promotion packages

The health promotion packages are based on the current best level of knowledge about Danes' health challenges and about the methods and initiatives to meet these challenges.

Epidemiological research shows that there is considerable knowledge about the factors and risk factors which are of significance for illness and mortality in the population. The Danish Health Authority continually monitors trends in the distribution of these factors at population level. The factors addressed in the health promotion packages are therefore factors of the greatest significance for public health overall, but also for the individual.

The health promotion packages' recommendations moreover build on the current best knowledge about effective initiatives in health promotion and disease prevention. Most of the recommendations are based on literature searches in national and international literature, focusing on documentation of health promotion and preventive methods and initiatives.

In some areas, there is still no research into which specific methods and initiatives are most effective. Some of the recommendations therefore build on the current best knowledge gained from municipal practice and on expert judgement. The Danish Health Authority believes that the recommendations are suitable for an overall municipal prevention initiative. Absence of scientific documentation is therefore not necessarily an indication that a specific initiative is not effective, but only that it has not been sufficiently investigated. Methodology is constantly being developed. A large body of experience has been acquired in the field of prevention, which is considered to be good practice, although this has not yet been backed up by robust scientific documentation.

Prioritisation in the health promotion packages

The health promotion packages focus on 11 factors of great significance for citizens' health. The individual municipality may need to prioritise factors on which to focus first, and there may likewise be a need to set priorities within the scope of a specific initiative in a particular area compared to other initiatives.

When prioritising the factors described in the health promotion packages, particular account should be taken of the following from a public health perspective³:

- Which factors have the greatest impact on mortality?
- Which factors have the greatest impact on ill health, wellbeing and functional level?
- Which factors cause the most hospital admissions?
- Which factors cause the greatest drain on municipal services, such as early retirement or sickness benefit?
- Which factors contribute most to social inequality in health, i.e. inequality in mortality, loss of good years of life and hospital admissions?

The prioritisations should also be based on the number of people affected by a given factor and the severity of its consequences.

All health promotion packages are important and should be given priority in municipal health promotion and prevention. If there is a need to prioritise in relation to the factors described above, the impression is that the starting point should be the following health promotion packages:

- Tobacco
- Physical activity
- Mental health
- Alcohol
- Obesity
- Food & meals
- Drugs.

Prioritisation in health promotion – the packages' recommendations

Overall, the health promotion packages' recommendations encompass the best knowledge concerning municipal health promotion and prevention. The recommendations have been carefully selected and are all essential in order to enable effective municipal action on health promotion and prevention. However, if action areas are to be prioritised, there are three to five recommendations in each health promotion package on which the municipality should focus in particular. These are the recommendations which, according to expert opinion, are most important within each risk factor.

The recommendations are described at basic level **B** and development level **D**. Initiatives at basic level can usually be implemented in connection with performance of existing municipal tasks. The municipality will often have natural access to the target group and arenas for initiatives at basic level. Conversely, the municipality will usually have less experience of initiatives at development level, and there will usually be a need to acquire new expertise or to enter into partnerships.

The recommendations are divided into four categories:

- **Frameworks**, e.g. municipal politicians, action plans, cooperation agreements, physical installations such as cycle paths, etc.
- **Services**, e.g. advice, training, courses, programmes
- **Information initiatives and education**, e.g. teaching in schools, non-formal education, information about municipal prevention services, support for campaigns
- **Early detection**, e.g. identifying citizens at particular risk. Detection can be initiated by the municipality alone or together with other operators.

In general, municipal health promotion and prevention will have the greatest impact if the work is holistic and includes multidisciplinary initiatives, e.g. a combination of both structural and individual-orientated initiatives.

Structural and individual-orientated initiatives

Structural initiatives

Structural initiatives can be defined as health promotion and prevention which, by means of **frameworks, regulation and guidance**, help to influence citizens' health.

- Frameworks may be a matter of influencing by means of physical surroundings, e.g. cycle paths, playgrounds, access to recreational areas and sports facilities
- Regulation involves decisions about citizens' options for choice and action, e.g. smoking at work or at school
- Guidance relates to organisational measures intended to help draw attention to specific areas, e.g. dietary policy at institutions or management plans containing health promotion and prevention targets.

Individual-orientated initiatives

Individual-orientated initiatives are health promotion and prevention initiatives targeting the health of specific groups or individuals. These may be smoking cessation courses, dietary guidance, physical activities in the workplace, instruction of school pupils and health care visits.

Implementation

Systematic implementation determines the impact of the recommendations in the health promotion packages. The municipalities have worked hard on implementation in recent years. The systematic approach and quality of this work was supported by the Healthy City Network and Local Government Denmark's Centre for Prevention in Practice, among others.

The following have been found to be of importance when implementing the recommendations:

- A political vision of what the municipal council wishes to achieve
- An action plan with clear targets for how to achieve the political vision based on data and analyses
- Political and managerial support across administrations
- Multidisciplinary organisation, ensuring coordination
- The knowledge and correct skills and competences to implement the recommendations
- Indicators for and monitoring of the targets in the action plan.

Acquiring inspiration

Inspiration for implementation of the health promotion packages can be found in The Healthy City Network and the Centre for Prevention in Practice.

The Healthy City Network

The Healthy City Network is a member-funded network that offers solid expert knowledge and the opportunity to share specific experience about health promotion and prevention in practice. The network is a member of the WHO's Healthy Cities Network and it supports local public health work by creating synergies in the collaboration between municipalities, regions, national operators, the WHO and civil society.

The Healthy City Network's professional community with its international branches ensures its members practice-orientated development and testing of methods for health promotion and prevention. At the same time, the network acts as a sounding board, allowing members to test and transfer experiences from one local practice to another, or from research to practice.

The Healthy City Network has working groups covering prevention areas of concern to the network's members. These include diet, smoking, alcohol, exercise, mental health, countryside, employment, healthy work-places, early detection and health in the local community.

Read more at www.sund-by-net.dk

Centre for Prevention in Practice

Centre for Prevention in Practice is an expert unit within Local Government Denmark. The centre provides information about knowledge-based prevention initiatives and supports the implementation of these with information days, advice and presentations for the municipalities.

The centre supports the implementation of the Danish Health Authority's health promotion packages and the municipalities' other prevention initiatives, including prevention targeted at patients. The centre also gives municipalities an opportunity to enter into research collaborations with a view to creating new, relevant and usable knowledge in order to carry out the municipal prevention tasks.

Read more at www.kl.dk

Skills and competences

Continual development of managers' and employees' skills and competences is a key element of the quality work carried out in the municipalities, and it will further contribute to qualification of the field of prevention in the future. It is essential to be aware of which factors are most important to public health and how the health of citizens is changing – both as a basis for structural prevention, but also in the individual encounter between citizen and health professional.

There is considerable potential for prevention if employees who have daily contact with citizens have the right expertise. In this way, municipal employees in all administrative areas will be better placed to introduce health promotion and prevention into their core activities and take responsibility for health across the board.

General skills and competences required of managers and employees:

Ledere og planlæggere inden for sundhedsområdet

- Knowledge about the most important health challenges
- Knowledge about social inequality in health
- Knowledge about change management
- Knowledge about what supports health-promoting practice
- Knowledge about the municipality's work across administrations, e.g. alcohol, smoking, food and meal policies.

Health professionals in contact with citizens

- Knowledge about health education methods, including motivation and citizen participation
- Knowledge about what supports health-promoting practice
- Knowledge about detecting failure to thrive, abuse, etc.
- Knowledge about the municipality's work across administrations, e.g. alcohol, smoking, food and meal policies
- Knowledge about options, e.g. referral routes and municipal services.

Managers and employees with no contact to citizens, whose primary field of work is not health

- Knowledge about the most important health challenges
- Knowledge about connection of the specialist area in question and its interfaces to health promotion and prevention.

Employees in contact with citizens, whose primary field of work is not health

- Knowledge about health challenges amongst the group of citizens with whom they work
- Knowledge about detecting failure to thrive, abuse, etc.
- Knowledge about options, e.g. referral routes and municipal services.

Each health promotion package describes other types of expertise which may be required for work with that specific factor.

Monitoring and indicators

Monitoring is essential for documenting the initiative and quality development, and in order to create an overview of implementation of the recommendations in the health promotion packages. The focus should be on whether the recommendations prioritised by the municipality for its work have been implemented with sufficient quality.

Relevant indicators will differ from one recommendation to another. It is recommended that a distinction is made between process indicators and result indicators.

Each health promotion package contains suggestions for example indicators that can be monitored. Each package also describes existing sources at national and municipal levels.

Relevant data sources

The National Health Profile

The health of the Danish population is monitored every four years by the Danish Health Authority and Danish Regions. Both the report and the website show the development in the health, well-being, ill health and health habits of Danes, and their desire to change their health habits. Data are collected at national, regional and municipal levels.

Read more at www.danskernessundhed.dk

The Smoking Cessation Database

The Smoking Cessation Database is a service for all smoking cessation units that wish to evaluate and document their smoking cessation activities. The database is used by smoking cessation units all over the country, which can extract an indicator report and compare results for the registered units. The smoking cessation database has been placed with the WHO CC at Bispebjerg Hospital and Frederiksberg Hospital.

Read more at www.rygestopbasen.dk

Monitoring the municipalities' prevention initiatives

Local Government Denmark and the Danish National Institute of Public Health monitor the municipalities' prevention initiatives by means of a questionnaire-based survey that shows how the municipalities work with and relate to the 11 health promotion packages and "Recommendations for prevention services for citizens with chronic illness". The results can be read in the reports that are issued every other year.

Read more at www.si-folkesundhed.dk

– search for "Monitoring the municipalities' prevention initiatives".

The HBSC (Health Behaviour in School-Aged Children) survey of school-age children:

The National Institute of Public Health at the University of Southern Denmark conducts the survey of school-age children every four years. The survey is part of a network spanning 42 countries in Europe and North America that gathers data on the health, wellbeing, health habits and living conditions of 11-, 13- and 15-year-old school pupils.

The group of approx. 5,000 Danish children provides a picture of the health of children and young people at a national level.

Read more at www.hbsc.dk

The Children's Database

The Danish Health Data Authority is behind the Children's Health Database, which contains data from general practitioners and data reported by municipalities acquired from health and functional examinations. Among other things, the database contains data about tobacco-smoking in the home, duration of exclusive breast-feeding and the child's weight and height.

Read more at www.eSundhed.dk

BørnUngeliv (an information portal for children and young people, previously Skolesundhed.dk)

BørnUngeliv is a platform that provides participating municipalities with the opportunity to conduct surveys of the health and wellbeing of children and young people. Profiles of children and young people are generated based on the questionnaire answers given by parents, children and young people. These then form the basis for a common language and represent a practice-orientated tool for anyone who works with children and young people in the municipality.

BørnUngeliv conducts the following surveys: Young children surveys, school-age children surveys, young persons' profile surveys, teaching environment assessment, the national wellbeing survey and surveys on BørnUngelivPLUS (a multi-disciplinary tool for promoting mental health and for dealing with failure to thrive).

Read more at www.børnungeliv.dk

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The municipality's work on health promotion packages

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The Danish Health Authority has developed a number of health promotion packages that contain technical recommendations for high quality municipal health promotion and prevention. The health promotion packages can be used to prioritise and plan work done by the municipalities.

The series of health promotion packages addresses the following topics:

Alcohol

Physical Activity

Hygiene

Indoor climate in schools

Food & meals

Mental health

Obesity

Sexual health

Sun protection

Drugs

Tobacco

As an introduction to its work with prevention, the Danish Health Authority has produced this publication, "The municipality's work with the health promotion packages".

All of the health promotion packages and recommendations, by target group and specialist area, can be found at www.sst.dk/forebyggelsespakker.

The publications can be ordered from the Danish Health Authority's publications, c/o Rosendahls Lager og Logistik on +45 70 26 26 36.