



Health Promotion in a municipality

City of Copenhagen as case

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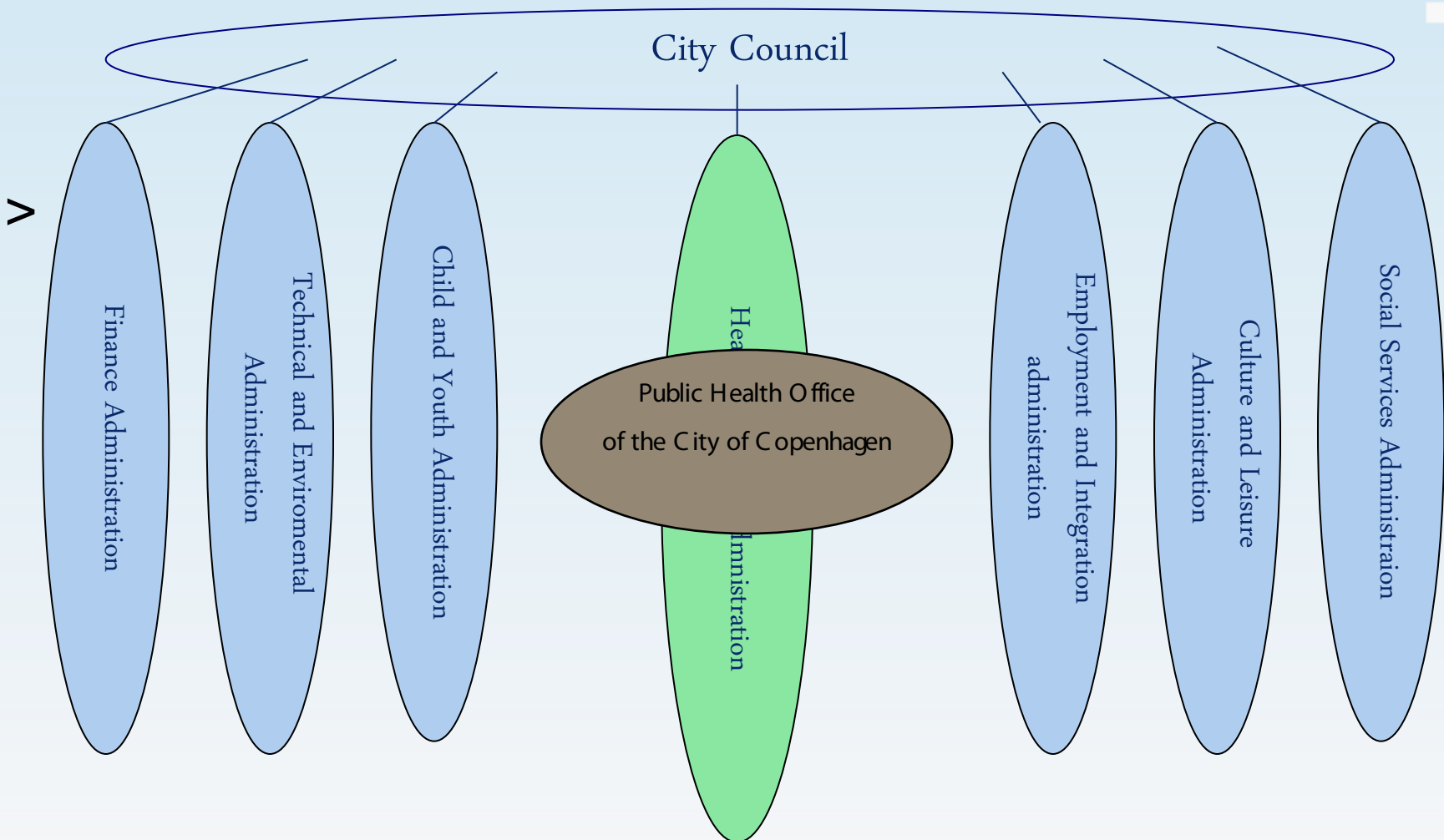
10. februar 2011

CITY OF COPENHAGEN
Health and Care Administration
www.kk.dk





Organisation





Definition of Health and Health Promotion

- > **Health** (WHO 1948 and Ottawa charter 1986): *...a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity* (means to an end – functional terms i.e. resources to live)
- > **Health promotion** (WHO 1986, Ottawa charter): *...the process of enabling people to increase control over, and to improve their health* (including strengthening skills and capabilities of the individual as well as changing social, environmental and economic conditions)
- > **Disease prevention** (WHO 1984): *...Disease prevention covers measures not only to prevent the occurrence of disease, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established*



The Health legislation in Denmark

my translation and selection of relevant part of the Act...

Chapter 35

Disease prevention and health promotion

- > § 119. The local council has the responsibility of creating conditions for a healthy way of living for the citizens in all activities of the municipality
- > **Stk. 2.** The local council is responsible for establishing preventive and health promoting services for the citizens.

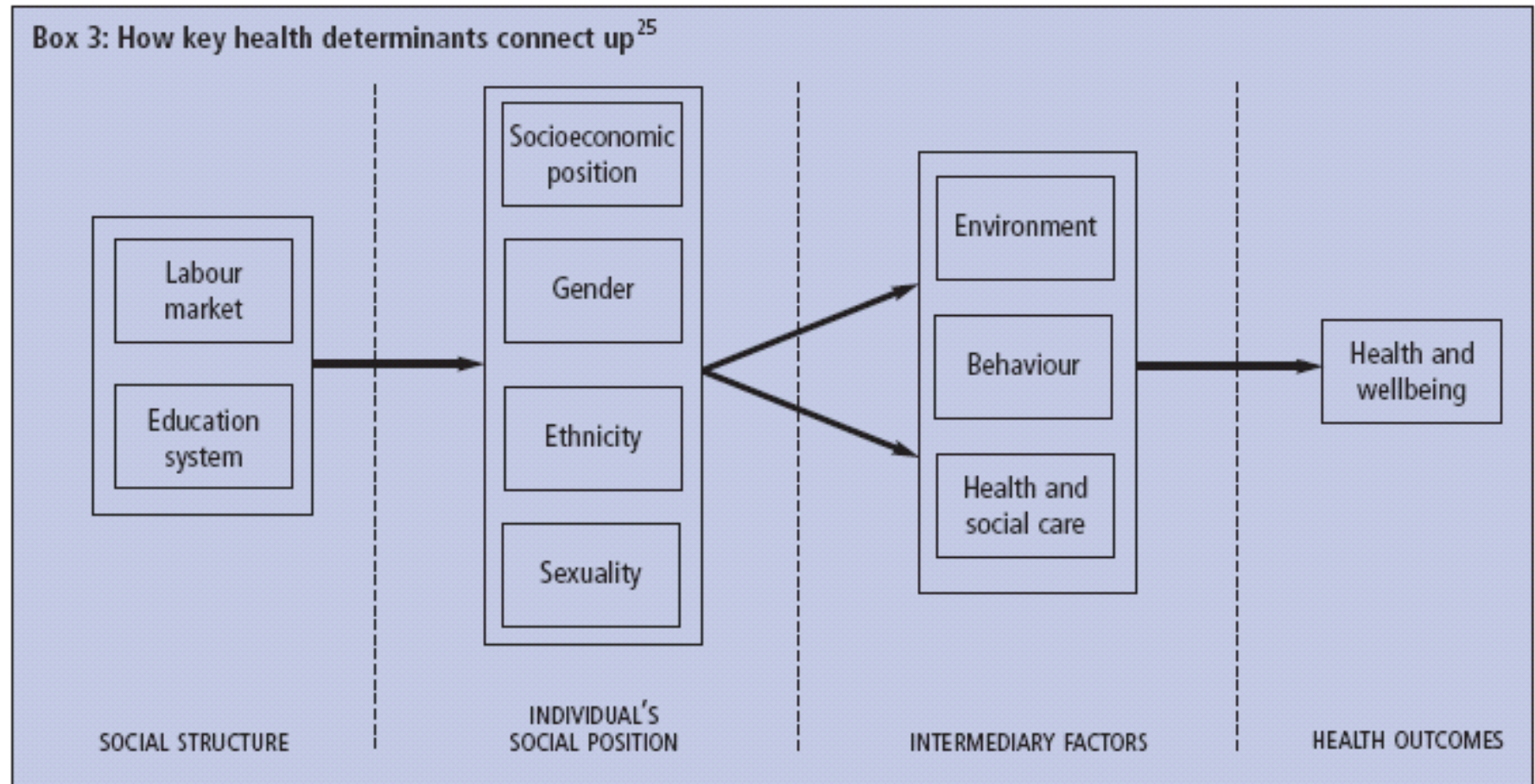
Chapter 36

Preventive and health promoting health services for children and young people

- > Several specific responsibilities of the municipality are defined



Determinants of health





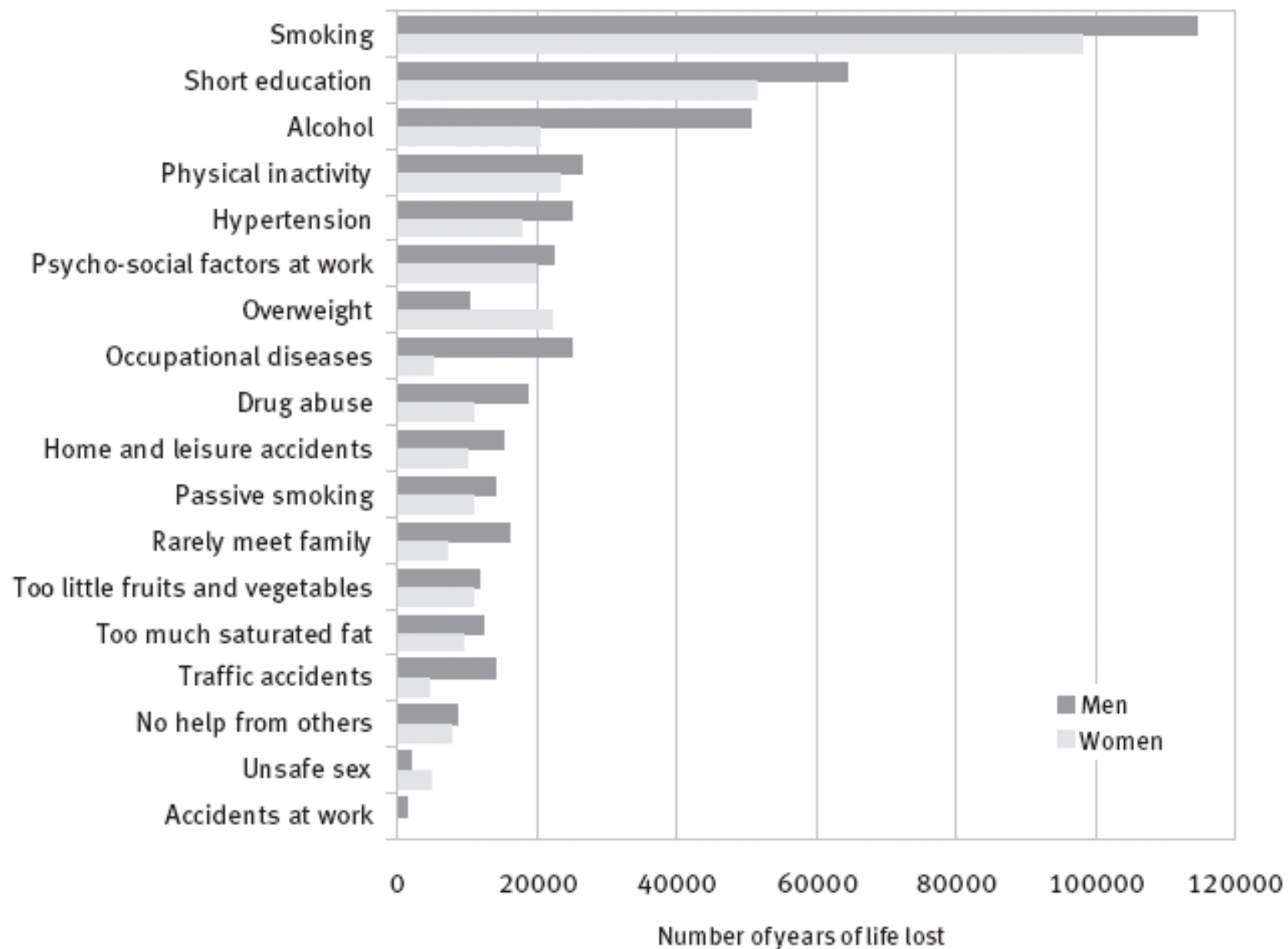
Denmark has fallen behind

	1950	1960	1970	1980	1990	2000	2006
<i>Mænd</i>							
Danmark	69,1	70,4	70,7	71,2	72,0	74,5	76,1
OECD-gennemsnit (simpelt)	64,3	65,8	67,1	69,3	71,6	74,3	76,0
Placering	4	5	5	10	19	19	17
<i>Kvinder</i>							
Danmark	71,5	74,4	75,9	77,3	77,7	79,3	80,7
OECD-gennemsnit (simpelt)	68,7	70,9	73,2	76,0	78,2	80,3	81,7
Placering	6	6	6	14	21	23	20
<i>I alt</i>							
Danmark	70,3	72,4	73,3	74,3	74,9	76,9	78,4
OECD-gennemsnit (simpelt)	66,5	68,4	70,2	72,7	74,9	77,3	78,9
Placering	5	5	6	11	20	20	20

Source: Danish Commission for Prevention, 2009



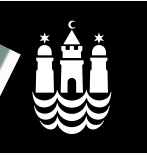
Figure 2 Years of life lost in Denmark related to various risk factors. Annual number of years of life lost for men and women



Illness and their contribution to burden of disease in Copenhagen – including social inequity in health

De 10 (ud af 25) største diagnoser ordnet efter deres bidrag til ulighed i sygdomsbyrden målt som forskellen mellem de to befolkningshalvdele med henholdsvis lang og kort uddannelse samt deres bidrag til gennemsnittet for hele befolkningen. Udtrykt som tabte år i sygdom og død (DALY) per 100.000. Uligheden er målt som forskellen mellem de to befolkningshalvdele med henholdsvis lang og kort uddannelse. (Diderichsen 2006)

		<i>Inequity</i>	<i>Average</i>
1	Kronisk obstruktiv lungesygdom	1189,8	1359,9 (2)
2	Depression	916,7	1375,0 (1)
3	Alkoholisme	510	908,1 (3)
4	Ischæmisk hjertesygdom	405,5	902,7 (4)
5	Lungekræft	360,8	671,2 (6)
6	Stofmisbrug	295,2	296,3 (12)
7	Apopleksi	221,2	758,9 (5)
8	Skitsofreni	195	241,9 (17)
9	Diabetes	175,7	332,8 (10)
10	Mb. Alzheimer /dementia	158	453,1 (8)
	Alle 25 diagnoser	5652	15699



Riskfactors and social inequity in health

Andel af den sociale ulighed og af gennemsnittet af sygdomsbyrden som kan tilskrives specifikke sygdomsårsager Finn Diderichsen (2006) Københavnske data

	Inequity	Average
Tobaksrygning	41,6	16,1
Alkohol	14,0	12,1
Fysisk inaktivitet	12,2	6,6
Overvægt + fedme	7,3	2,5
Kost (Lav frugt og grønt + høj mættet fedt)	4,7	4,0
Psykosocialt arbejdsmiljø	18,4	3,0



How many Copenhageners are at risk

(Age 16 and above ~ 430.000 Copenhageners)

- > 84 % has one or more unhealthy behaviours ~ 375.000 Copenhageners
- > 21 % are smoking ~ 90.000 daily smoking Copenhageners
- > 32 % use alcohol in a risky manner (either more than 14 units/week for women / 21 units/week for men *or* more than 5 units at a time weekly *or* signs of dependency) ~ 133.000 Copenhageners have risky use of alcohol
- > 26 % are physically inactive (less than 30 min. a day moderately active) ~ 110.000 inactive Copenhageners
- > 9% have very unhealthy eating habits (scores regarding, fruit, fish, vegetables and fat) ~ 36.000 Copenhageners.
- > 10% are suffering from heavy obesity (BMI > 30) ~ 43.000 Copenhageners



What are the means?

Three possible strategies:

- Information strategy (campaigns, social marketing)
- High risk strategy (interventions targeting individuals, arena-based)
- Structural health promotion and disease prevention (governing, regulating, frameworks and settings)



Strategies towards inequity in health

	Universal population strategies or environmental strategies	Targeted high risk strategies
<p>”Gradient”</p> <p>The 50 % most unhealthy</p>	<p>Healthy school meals</p> <p>Physical activities in school</p> <p>More green spaces and incentives for active transport</p> <p>.....</p>	<p>Training and nutritional advice on prescription based on screening of biological / measures</p> <p>...</p> <p>.....</p>
<p>Vulnerable groups</p>	<p>Funding school meals for low income groups</p> <p>Funding of memberships' of sports clubs</p> <p>.....</p>	<p>Individual interventions in settings with vulnerable groups</p> <p>.....</p>



Focus has shifted towards “Structural health promotion and disease prevention” and “cross sectional responsibilities”

National Board of Health definition:

...health promotion and disease prevention with through governing, regulating, frameworks and settings has the purpose of creating a healthy promoting environment

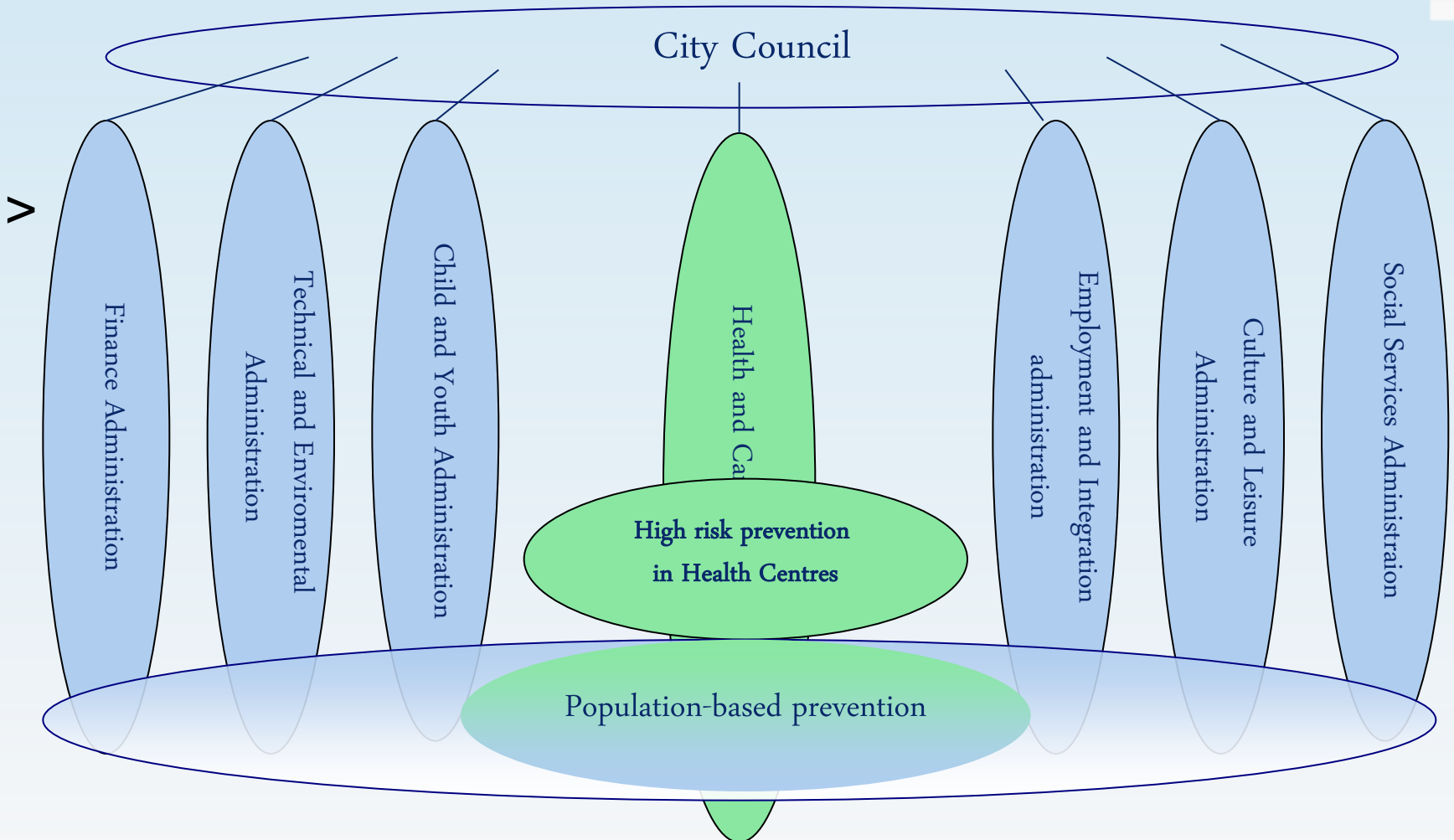
New concepts emerge: Examples are “nudging” and “default”

Working with health cross sectional is a challenge of the future:

coordination, responsibilities, time frame, politics goals & responsibilities & means-goals, core-task of sectors & priority-setting, knowledge and evidence.



Organisation





Health Politic of Copenhagen 2011-2014

"Long live Copenhagen"





Health in all policies

- > Health promotion and prevention as:
- > **The aim** – health is the aim of the intervention
- > **The means** – health is the means to reaching another aim in another sector, e.g. physical activity in school lead to improved learning
- > **Unintended consequences** – health is the unintended/secondary consequence of activities in other sectors, e.g. promoting bicycling to minimize CO2 emissions lead to more physical activity which leads to improved health.



Årlig måling

Temperaturmåling af
københavnernes sundhed

Fysisk aktivitet: *4-årige mål*

- I 2014 skal 1.500 flere børn og unge leve et fysisk aktivt liv

- I 2014 skal 30.000 flere voksne københavnere leve et fysisk aktivt liv

Alkohol:

- I 2014 skal 500 flere 15 årige aldrig have drukket alkohol og 2.500 flere unge skal have sundere alkoholvaner

- I 2014 skal 6.000 flere voksne københavnere have sundere alkoholvaner

- I 2014 skal 1.500 kortuddannede have sundere alkoholvaner

Rygning:

- I 2014 skal 900 flere unge leve et røgfrit liv

- I 2014 skal 25.000 flere voksne københavnere leve et røgfrit liv

- I 2014 skal 3.000 flere kortuddannede leve et røgfrit liv

Vision

... longer lives

.... More healthy years

I 2020 Copenhageners vill have...

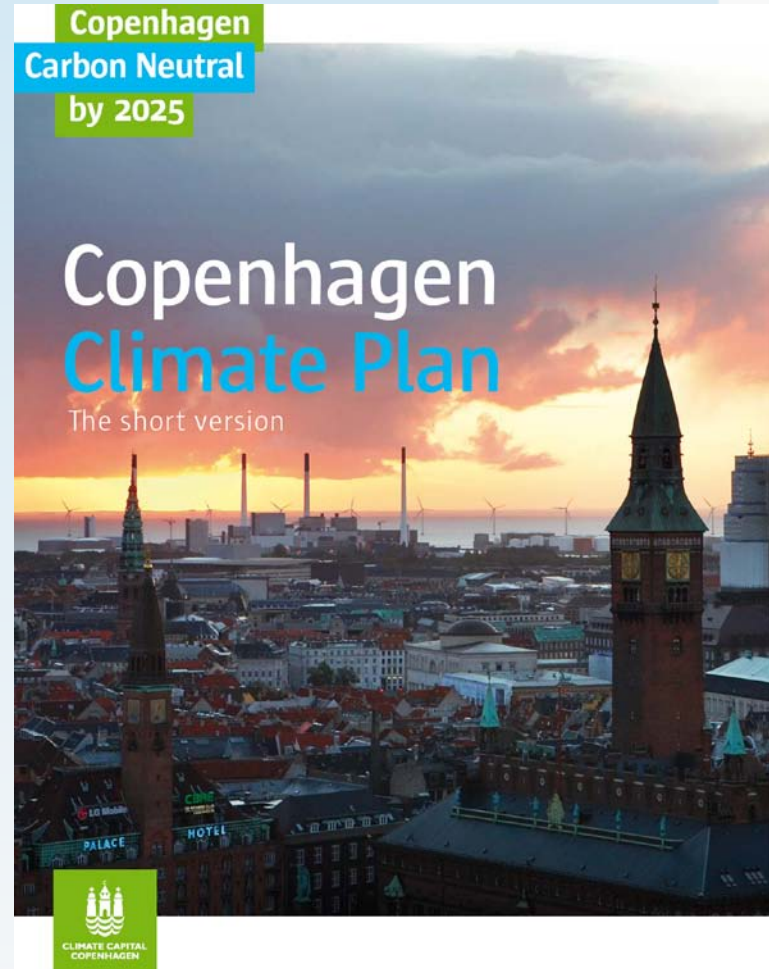
...Equal opportunities in health



The Copenhagen Climate Plan

WE WILL REDUCE CO₂
EMISSIONS BY 20%
BETWEEN 2005 AND 2015.
OUR VISION IS TO BE THE
FIRST CARBON NEUTRAL
CAPITAL IN THE WORLD
BY 2025.

THE CLIMATE PLAN'S GOALS
ARE AN EXTENSION OF THE
CITY'S OTHER GOALS IN
TRANSPORT, HOUSING AND
CONSTRUCTION, HEALTH,
EDUCATION, SOCIAL ACTIVITIES
AND CULTURE.



The Copenhagen Climate Plan

Greener Transport and Pocket Parks

10. februar 2011



TRAFFIC IS NOT THE AREA WHERE GREATEST CO₂ EMISSION REDUCTIONS CAN BE ACHIEVED, BUT IT IS THE AREA WHERE OUR INITIATIVES DO THE MOST FOR OUR HEALTH.

The goal is that 50 % bike for work or education

TRANSPORT INITIATIVE 1:

Yet more people choose to bike – we add new and improved bike paths, green bike routes, bicycle and pedestrian bridges, and better bicycle parking notably near public transport stations.

Pocket parks are small green spaces which help cool the city on hot days and absorb rain on wet days, and which at the same time open possibilities for fun and sports activities to the benefit of Copenhageners and their health.

Two new attractive pocket parks each year.



Health in all policies - implemented in practice

- > Health promotion and prevention in:
 - > Services that are not mandatory by law – Services that the municipality *can* provide for its citizens
 - > Services that are mandatory by law – Services that the municipality *must* provide for its citizens
 - > Environment – the physical structures



Health in all policies - example

- > Service that is not mandatory by law:
- > Activities for lonely citizens from ethnic minorities
- > Social networking based on physical activity rather than sitting, talking, eating cakes



Health in all policies - example

- > Services that are mandatory by law
- > Elderly people who has low mobility are offered practical help, e.g. to do their shopping
- > Assist the elderly to do their own shopping rather than delivering groceries
- > From cleaning to exercise



Health in all policies - example

> Environment

> Public transport for the elderly to go places to take part in activities outside of their homes



Health in all policies - conclusions

- > The healthy life is the easy choice
- > Every citizen will throughout his or her life encounter municipal services that are not mandatory, mandatory services and environment
- > The Strategy is implemented through and within existing municipal activities



Challenges

- > Sectors defined by acts / laws defining very specific areas
- > Sectors priorities according to their main purposes
- > The system of government in Copenhagen do not promote cross sectional politics – and exploitation of the potential
- > Financial situation is rough on areas that are not “have to do areas”
- > Effects and outcome is beyond a four year political period
- > Knowledge- and evidence base is thin in many respects
- > Evaluations of good qualities are rare.
- > Monitoring of behaviors, environment, activities is inadequate
- > Effects can be inferred from knowledge and common sense, but can not be calculated
- > The multi causal chains and complexity of human behavior makes effects uncertain
- > Politicians react on different rationality than scientific knowledse / best practice