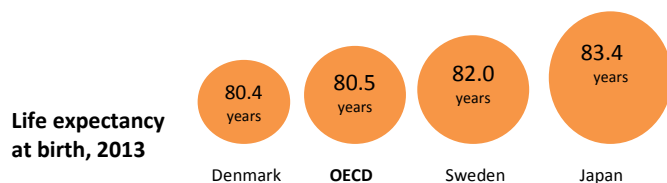


Denmark has a strong and high-performing healthcare system. However, challenges remain when it comes to primary care and prevention. Harmful alcohol consumption and rising overweight and obesity rates among adults suggest a need for targeted public health policies in Denmark. The role of community care will become important to strengthen primary care sector to meet the needs of a growing elderly population and fill gaps in the provision of mental health services.

Improve health outcomes

► Life expectancy in Denmark is relatively low, despite a well-funded health system

Generally, higher health spending is associated with higher life expectancy. Despite having a well-funded and well-functioning health system, Denmark's trailing life expectancy could be explained in large part by other factors such as poor population health.



► Mortality from cancer in Denmark is higher than the OECD average

Denmark has the highest mortality rates for breast cancer in the OECD and the fifth highest mortality rate for colorectal cancer. Although the rates have declined over the past years, challenges in tackling cancer remains.

► What can be done?

- Invest in cost-effective preventive initiatives, such as one-to-one counselling based on individual risk factors
- Develop cancer care programs to improve timely access to high quality treatments for the population as a whole, such as sufficient investments in cancer facilities, professionals, diagnostic and therapeutic technologies and medications

To read more about our work: [Cancer Care: Assuring Quality to Improve Survival](#)

Improve public health

► Despite impressive declines in alcohol consumption, Danes still drink more than the OECD average

Alcohol consumption in Denmark fell by 27% between 2000 and 2013, much faster than the OECD average decline of 6%. Nonetheless, alcohol consumption in Denmark remains above the OECD average, and above that of its Nordic neighbours.



Alcohol consumption in litres per capita (>15 years)

Harmful alcohol use is associated with numerous adverse health outcomes, early retirement and social consequences. It also contributes to premature death, morbidity and disability.

► What can be done?

- Target high-risk population and heavy episodic drinkers through primary care interventions
- Consider the impact of fiscal policies on alcohol consumption patterns – notably, alcohol excise taxation on beer and spirits is lower than for wine in Denmark
- Combine alcohol policies in a coherent prevention strategy to improve impacts, particularly in reaching out to “a critical mass” with greater impact on social norms that drive drinking behaviours

To read more about our work: [Obesity and the Economics of Prevention: Fit not Fat: Tackling Harmful Alcohol Use: Economics and Public Health Policy](#)

► Obesity levels in Denmark are rising

Though 14.2% of the adult population is obese compared to 19.0% for the OECD, the prevalence of obesity is increasing. Among 15-year-olds a decline in the prevalence of overweight and obesity was observed between 2001-02 and 2009-10.



% change in adults' obesity rates 2000 to 2013

% change in 15 year-olds' obesity rates 2000 to 2010

Though Denmark repealed a ‘fat tax’ in 2012, fiscal policies on food consumption can have positive impact. The ‘fat tax’ introduced in 2011 reduced the Danish consumption of taxed products by 10% to 15% in the first nine months, although the demand partially shifted from high price supermarkets to discount stores.

► What can be done?

- Combine effective interventions, such as nutrition labelling, awareness campaigns, food advertising regulations, and weight-loss support in a comprehensive prevention strategy
- Continue efforts targeting children's dietary habits through school-based interventions
- Consider implementing fiscal policies on food consumption as a means to promote healthy diet and lifestyle choices

Reform the primary care sector

► An ageing population is putting Denmark's primary care sector under pressure

Demographic changes and reforms to shift care away from hospitals demand a stronger and modernised primary care sector. The rise in multiple long-term conditions places pressure on the primary care sector to co-ordinate elderly people's care safely and effectively, making best use of resources and avoiding unnecessary hospitalisation.



► Signs that Danish primary care is under-performing

Proper diabetes management in primary and community care settings can prevent deterioration, hospital admissions, and complications including eye and leg and foot problems. In Denmark both diabetes hospital admissions and lower extremity amputations in adults with diabetes are relatively high, which can suggest poor care quality at primary care level.

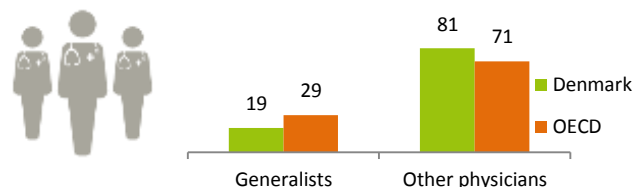
Major lower extremity amputation in adults with diabetes, 2013

Denmark	8.5 per 100 000 population
OECD	6.4 per 100 000 population



► Only 19% of Danish doctors are working as GPs

There are around 3800 GPs currently in practice in Denmark, around 19% of employed physicians. This is relatively low compared to the OECD average albeit comparable to Scandinavian peers.



►► What can be done?

- Set a national vision for how the primary care sector should be delivering high-quality and co-ordinated care. Develop a transparent and formalised programme of continual professional development for all primary care practitioners
- Evaluate and maximise the contribution of the primary care sector, including co-ordination between primary, secondary and community care sectors
- Strengthening the information infrastructure underpinning in primary care

To read more about our work: [OECD Reviews of Health Care Quality: Denmark](#)

Address gaps in mental health care

► The suicide rate has been falling, but excess mortality' from mental disorders in Denmark remains high

The suicide rate has fallen in Denmark, from 26.3 suicide deaths per 100 000 population in 1990, to 11.3 in 2012, below the OECD average of 12. However, excess mortality from mental disorders suggests lower access to and use of mental and physical health care, and poorer quality of care for these patients.

Excess mortality from mental disorders



Excess mortality is a ratio of the mortality rates for patients with a mental disorder compared to the mortality rate of the general population.

► Reducing the burden of mental ill health

Mental health issues are estimated to cost the Danish economy almost EUR 6 billion, equivalent to 3.4% of GDP per year, in lost productivity, healthcare and social spending. People with a mental illness have employment rates 15 percentage points lower and an unemployment rate twice as high as the rest of the population. In Denmark, four in five of those with a mental illness who have a job struggle at work, and disability benefit claims due to a mental disorder are rising, especially for younger adults.

►► What can be done?

- Improve co-ordination between mental health and physical health care
- Make care for mild and moderate disorders like depression more widely accessible
- Develop ways to integrate health and employment services and assure that ongoing social and labour market reforms deliver for people with a mental disorder

To read more about our work: [Making Mental Health Count \(2014\)](#); [OECD Reviews of Mental Health and Work: Denmark](#) and [Recommendation of the council on integrated mental health, skills and work policy](#)