Treatment of heart disease - consistently high level of quality in treatment of ischaemic heart disease in Denmark

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The Swedish National Institute of Public Health

Public health Policy Report 2010

Public health of the future – everyone’s responsibility

The overall aim of public health is to create the social conditions for good health on equal terms for the entire population. That was the main objective when the Swedish National Institute of Public Health created the Public Health Policy Report 2010. The report represents how conditions for health in Sweden have developed, focusing on the period 2004–2009, what measures have been undertaken in the public health field and recommendations for future measures. The report constitutes a foundation for public health policy decisions and was presented to the ministry department in November of this year.

The Swedish parliament has adopted 11 public health targets in order to guide public authorities at all levels in their public health work. The 11 targets are: 1. Participation and influence in society; 2. Economic and social prerequisites; 3. Conditions during childhood and adolescence; 4. Health in working life; 5. Environments and products; 6. Health-promoting health services; 7. Protection against communicable diseases, 8. Sexuality and reproductive health; 9. Physical activity; 10. Eating habits and food; and 11. Tobacco, alcohol, illicit drugs, doping and gambling.

During the last decades the overall health in Sweden, measured in life expectancy, has improved and many health problems have decreased over time. However, there are disparities in health between various groups. For example, people with a low level of education or low income tend to have a shorter life expectancy and worse self-reported health. In order to achieve equal social conditions for good health for all, continued active work is needed. There are several reasons for creating good conditions for better health, for example: all people are equal and every individual should have the possibility to achieve good health, and unhealthy living habits and accidents cost society at least SEK 120 billion each year.

The three strategic areas are described in detail below:

Good Living Conditions is focused on providing all people with the opportunity of having a good start in life. This can be promoted by improving the environment in the home, in preschool and in school, as well as by achieving a level of education that provides the possibility of finding work, and financial conditions for achieving self-sufficiency. Good Living Conditions also includes the possibility to have a participatory and influential role in society. Hence, the factors in Good Living Conditions are fundamental to health and the conditions for health throughout life that are established in childhood. During 2004–2009 no significant improvements have been achieved. However, changes in this strategic area take time, which is why it is important to monitor the development over a longer period. Future measures should focus on providing children with resources for their future lives. Such measures should focus on making sure that children finish school with pass marks that in turn will increase their possibilities of finding work. There is also a need to create good social and economic conditions for all. This includes increasing transfers of money to single parents and strengthening efforts for people outside the labour market. In addition, the institute proposes that health-promoting health care on equal terms should develop and be provided to all.

Health-promoting Living Environments and Living Habits is focused on the physical and psychosocial environments in which we work, live and spend our leisure time. Few improvements have been made...
within this strategic area during the period 2004–2009. Analysis of previously implemented measures shows that there is a need to strengthen the health-promoting element of the environments in which we live. Hence, we propose that community planning should be more health orientated, such as creating a safe and attractive environment that promotes physical activity. Furthermore, we propose that the concept “health-promoting workplace” should be introduced to more organizations and a broader offering of food where people can choose alternatives that are good for their health. We have also noticed that there is a need to clarify the roles and tasks of the actors that have an influence on future public health. The Swedish National Institute of Public Health therefore proposes that the government develops national strategies for sexual and reproductive health and rights, physical activity and good eating habits, and for harm prevention work.

The objective of the third strategic area Alcohol, Illicit drugs, Doping, Tobacco and Gambling is focused on reducing the use of tobacco and harmful alcohol consumption, to contribute to an illicit-drug and doping-free society and to reduce harm from excessive gambling. Between the years 2004 and 2009 the trend has been positive with regard to alcohol and tobacco use. With regard to illicit drugs, doping and gambling, there are no reliable data on trends; however, there are signs that use is increasing. Several measures focusing on alcohol and tobacco have shown good results and these actions should continue. It is important to adopt legislation to changes in the globalizing world, and to continue effective supervision and controls. We also propose raised prices and limited marketing on alcohol and tobacco. In addition, a focus on adolescents and young adults is needed to prevent use of illicit drugs and doping and to reduce the risk of gambling dependence.

There are many actors in the society that have an important influence on the future of public health. Public health practice needs to be coordinated on a national, regional and local level. For this reason the Swedish National Institute of Public Health proposes a greater application of health impact assessment and more evaluation of measures conducted with the aim of promoting public health. The institute also proposes that the government appoints a national public health management group consisting of representatives for authorities and government ministries.

The public health of the future is everyone’s responsibility – from parliament and the government to the individual citizen.

The National Institute for Health and Welfare in Finland (THL)

The National Institute for Health and Welfare (THL) is a research and development institute under the Finnish Ministry of Social Affairs and Health.

THL works to promote the well-being and health of the population, to prevent diseases and social problems, and to develop social and health services. It is the statutory statistical authority in health and welfare and maintains a strong knowledge base within its own field of operations. THL is also responsible for the application of this knowledge.

THL has a wide range of tools to carry out its responsibilities: research, follow-up and evaluation, development, expert influence, official tasks and international cooperation. It serves the scientific community, actors in the field, and decision-makers in central government and municipalities, as well as serving the broader society.

THL started operating on 1 January 2009, after the merger of the National Public Health Institute (KTL) and the National Research and Development Centre for Welfare and Health (STAKES).

THL’s functions:

- To promote the welfare and health of the population
- To prevent diseases and social problems
- To develop social and health services

THL’s headquarters are located in Helsinki. It also has satellite offices in Jyväskylä, Kuopio, Oulu, Tampere, Turku and Vaasa. THL has a total staff of about 1,300 and is subject to the performance guidance of the Ministry of Social Affairs and Health.

Examples of recent research press releases from THL

People with schizophrenia say their quality of life is relatively good

People with schizophrenia rate their own quality of life as relatively good. Moreover, people suffering with long-term severe mental disorders often give their own quality of life a higher rating than do outside observers.

“It seems to be the case that schizophrenia involves adaptation to the condition to an extent that improves people’s perception of their own quality.
of life. In some cases, this can be a problem and cause people to endure unreasonable conditions. The situation is made worse by the fact that this is a patient group that generally has problems in standing up for their rights without active support,” says senior researcher Samuli Saarni at THL.

Symptoms of depression and anxiety are not associated with a similar ability to adapt. As a consequence, people who suffer from anxiety disorders such as social or general anxieties or long-term depression may rate their own quality of life even lower than people with schizophrenia.

Source:

**Reasons for an observed rise in narcolepsy studied by group of experts**

A group of Finnish experts is at work to uncover the reasons behind the observed rise in cases of narcolepsy among children, and whether there is a causal link with Pandemrix pandemic influenza vaccine. In Finland this year, there have been 35 reports of children and adolescents with narcolepsy on the THL register for adverse events following immunization (AEFI).

Research on the subject comprises both epidemiological and immunological studies. Matching the data for confirmed cases with nationwide data on pandemic influenza vaccinations will enable a comparison of the risk for developing narcolepsy among people who received the pandemic influenza vaccine and subjects who did not.

Immunological studies aim to establish whether the immune response to the pandemic influenza vaccine has any characteristics that might explain the link with narcolepsy.

By October, a total of less than 100 cases of narcolepsy following pandemic influenza vaccination had been reported to the registers for adverse events following immunization in EU member states. The highest numbers were found in Finland and Sweden.

**Fifth annual meeting of IANPHI held in Atlanta**

The fifth annual meeting of the International Association of Public Health Institutes (IANPHI) was held at the beginning of November. The meeting attracted participants from nearly 50 countries. The annual meeting was held in Atlanta and jointly hosted by IANPHI and the Centers for Disease and Control and Prevention. At the annual meeting, Dr Teija Kulmala was named the new secretary general of IANPHI. She will continue to develop the organization’s operations further in cooperation with the IANPHI secretariats in Helsinki and Atlanta.

IANPHI has established a position for itself in international forums and its membership is growing. During the annual meeting, 11 new members were welcomed, raising total membership to 77 institutes from 72 countries.

Source: www.ianphi.org

**The Norwegian Institute of Public Health (NIPH)**

**Recent research from the NIPH**

Here is a summary of recent research findings from the NIPH. For full details please visit http://www.fhi.no/english.

**Overweight children have different eating patterns than normal weight children**

Overweight children reported more frequent intake of healthy foods such as fruit, vegetables, fish, brown bread and potatoes as well as low-energy cheese and yoghurt compared with normal weight children. This comes from a recent study from researchers at Telemark University College and the Norwegian Institute of Public Health.

Source: http://www.fhi.no/eway/default.aspx?pid=238&trg=Area_5954&MainArea_5811=5895:0:15,4988:1:0:0:0:0:MainLeft_5895=5954:0:15,4988:1:0:0:0:0:Area_5954=5825:86713:1:5955:1:0:0:0

**Living cells, environmental contaminants and chemicals**

How do living cells react to environmental contaminants and chemicals? This is the topic for the doctoral dissertation by researcher Nur Duale at the Norwegian Institute of Public Health. Duale studied the effects of three substances; acrylamide in food, OMC! used in sunscreen and cisplatin, which is used to treat cancer.
Clear association between cerebral palsy and low Apgar score

Cerebral palsy (CP) is the most common neurological disability in children, and is diagnosed in approximately two children per 1,000 in Western countries. A strong correlation between the Apgar score and CP in children with normal birth weight has previously been seen, although such a relationship has been uncertain in children with low birth weight. A new study from the NIPH shows a clear association between CP and Apgar score in children with both normal and low birth weight. The results are published in the British Medical Journal.

Source: http://www.fhi.no/eway/default.aspx?pid=238&trg=MainLeft_5818&MainLeft_5818=5825:86663::0:5967:1:::0:0

Food and environmental contaminants in the blood

The concentrations of the environmental contaminants dioxins and PCBs in human blood can be calculated based on what is eaten combined with information about other lifestyle factors. Oily fish contributes most to the intake of PCBs and dioxins in most people, since this is a food that is commonly eaten. The calculations were done as part of the recent doctoral dissertation for clinical nutritionist and researcher Helen Engelstad Kvalem at the Norwegian Institute of Public Health.

Source: http://www.fhi.no/eway/default.aspx?pid=238&trg=MainLeft_5812&MainLeft_5812=5825:86663::0:5967:1:::0:0

Smoking can damage sperm cells

Substances in cigarette smoke can damage spermatozoal DNA. New research from the Norwegian Institute of Public Health shows that sperm can sustain lasting DNA damage. Spermatozoa with damaged DNA are, however, still able to fertilise eggs.

Source: http://www.fhi.no/eway/default.aspx?pid=238&trg=MainLeft_5812&MainLeft_5812=5825:86663::0:5967:1:::0:0

Migration, health and well-being among adolescents

Ethnic background is an important background factor in social epidemiology. There is relatively little research on migration and health in Europe, and very few studies have focused on adolescents. The international collaborative Health Behaviour in School-aged Children (HBSC) study included...
questions about ethnic background in the surveys from 2006 and 2010. The Danish HBSC team recently published a report on health, well-being and health behaviours by migration status. The 2006 HBSC survey in Denmark included 11-, 13- and 15-year-old students in a random sample of schools, including 236 immigrants, 449 descendants, and 5,500 ethnic Danes.

The main conclusion is that similarities are more prominent than differences between immigrants, descendants and ethnic Danes. There are, however, a few substantial differences, for example: ethnic Danish youths drink alcohol much more frequently than immigrants and descendants; immigrants and descendants have less regular meal patterns than ethnic Danes. Immigrants and descendants suffer from more indicators of low well-being, e.g. more often feel unsafe at school.

Source:

**Smoking and obesity decrease survival rate after breast cancer diagnosis**

Breast cancer is the malignant disease with the highest incidence rate among Danish women. The influence of several modifiable lifestyle risk factors on breast cancer incidence has been studied in numerous studies, but only few studies have investigated whether these factors influence survival after breast cancer diagnosis.

In this study we included 528 women participating in the Copenhagen City Heart Study who experienced a breast cancer diagnosis after inclusion in the study. These women were followed from time of diagnosis until death to study the influence of several lifestyle factors: smoking, obesity, alcohol intake, physical inactivity and use of hormone replacement therapy. During follow-up 61% of the women died.

Smokers had increased mortality compared with women who had never smoked. Ex-smokers also had increased mortality, but this difference was not significant. Women with a body mass index (BMI) above 30 had significantly increased mortality compared with women who had a BMI between 20 and 25. Women with a BMI below 20 and BMI between 25 and 30 had increased mortality, but these differences were not significant. The other factors were not significantly associated with mortality.

Source:

**The cost of violence against women**

The World Health Organization has called attention to the need for systematically presenting evidence of the costs of interpersonal violence in all societies. A number of international studies have reported that the consequences of violence are extremely costly. The estimation of the costs has used a broad range of categories of costs and has been based on different methodology. Most studies have calculated the costs by extrapolating survey data to stipulate the costs of the health services, lost productivity and reduced quality of life.

The Danish national registers enable the identification of a well-defined population of women exposed to physical violence and a reference population of women not exposed to violence. We identified 20,842 individual women aged 16–64 who during the period 2002–2005 reported exposure to violence to the police, died directly due to violence and/or contacted an emergency department due to intentional injuries, and compared the annual healthcare costs of these women to 2,106,588 women aged 16–64 who were not identified as victims of violence. The costs comprised both direct costs due to injuries and attributable health costs calculated by comparing the precise costs of contacts to somatic and psychiatric hospitals, contacts to primary health care and of medicine prescription among victims of violence and non-victims. Similarly, we calculated lost productivity and income consequences related to violence. The costs in the judicial system were calculated by exact information on number of police reported cases, wages and consumption per hour in police investigation, court procedures and costs in the correctional service. Costs of violence against women also
comprise the running of shelters for battered women and the budget for national action plans to combat violence against women. Including all these costs, we calculated that the costs of violence against women in Denmark amount to about €70 million per year.

Source:
Report in Danish:
http://www.si-folkesundhed.dk/Udgivelser/B%C3%B8ger%20og%20rapporter/2010/Voldens_pris.aspx

Summary in English:
http://si-folkesundhed.dk/Udgivelser/B%C3%B8ger%20og%20rapporter/2010/Voldens_pris.aspx
Contact: khl@si-folkesundhed.dk

Death by drowning in Denmark – report

Statistics and comprehensive analyses of all drowning fatalities in Denmark were published in a report by the National Institute of Public Health in cooperation with TrygFonden A/S and the Danish Swimming Association. The major aim was to present data on unintentional drowning in order to efficiently plan future prevention of drowning by evidence-based knowledge about risk factors for coastal, public and private swimming pool drowning. The report presents the trends in drowning in Denmark during the period 1970–2008 and a detailed description of all cases of drowning in 2001–2008, based on a review of death certificates. The circumstances of events before the drowning, including possible health problems, alcohol and drug consumption and attempts at rescue are described. In addition, information was retrieved from reports on rescue operations at sea, police reports and media reports.

Source:
The report is published in Danish with an English summary, available at http://www.si-folkesundhed.dk/upload/drukned%C3%B8dsfald_i_danmark_2001-2008_final-standard.pdf. Contact: ham@si-folkesundhed.dk

Prevention of sexual abuse of children – intervention in the municipalities and prevention through teaching in schools

Sexual abuse of children and adolescents is preventable and must be prevented. Denmark has endorsed a national action plan to combat child sexual abuse. It includes a strengthening of local intervention and improved service for abused children and their families. The aim of a recent project by the National Institute of Public Health was to examine community-based efforts to prevent and treat all forms of child sexual abuse and to investigate the current efforts to prevent child abuse through school-based sexuality education.

The report describes the results of a survey conducted among a representative sample of Danish municipalities and focus group interviews of personnel in selected social services that document the preparedness of the municipalities to meet cases of sexual abuse of children and to provide counselling for the families. According to national policies, all municipalities should base their intervention on guideline directives that have been set forth by the Ministry of Social Services. However, a large number of municipalities lack a plan that ensures good practice in the handling of cases of abuse and in preventing abuse from taking place. The report presents models for handling that might be implemented in the municipalities.

The report also describes the current training at teachers’ colleges and in the Danish public schools in issues related to prevention of child sexual abuse. It is concluded that teachers lack sufficient training in a number of relevant topics, such as sexual development, children’s and adolescents’ access to counseling (e.g. hotlines) and strategies to avoid unwanted or forced sexual relationships. Hence, based on these findings, the report recommends compulsory training in sexual education in teachers’ colleges and fixed teaching in sexual-related topics in the mandatory school system by trained teachers.

Source:
http://www.si-folkesundhed.dk/upload/forebyggelse_af_seksuelle_overgreb_p%C3%A5_børn_final.pdf. Contact: khl@si-folkesundhed.dk

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