

## 1. INTRODUCTION

Danes do not live as long as the citizens of the countries we normally compare ourselves with, and many people live for years with ill health, which affects the individual's quality of life and also has economic consequences.

Every day, the municipalities and regions work to improve the health of Danish citizens, and in this work, knowledge is a crucial element. Which health behaviour do the citizens have? How healthy do they feel? What do they feel bothered by? How often are they in touch with a doctor? And do they thrive in general?

The purpose of the Danish National Health Profile 2013 is to provide an overview of the health, morbidity and well-being of the adult population in Denmark. At the same time, the survey highlights the developments in recent years in the field by including data from the first national health profile survey that was made in 2010.

The report presents selected areas of the questionnaire 'How are you?' carried out by the five Danish regions and the National Institute of Public Health during 2013. All results from the survey are publicly available and can be found in the national database at [www.danskernessundhed.dk](http://www.danskernessundhed.dk) (in Danish only).

The survey was conducted in all municipalities and regions at the same time, and it gives the municipalities and regions a good opportunity to follow the health developments locally and regionally.

The data collection is based on a questionnaire that was distributed to 300,450 citizens aged 16 or over. A total of 162,283 citizens (54% of the respondents) answered the questionnaire.

Participants had the opportunity to answer the questionnaire in writing or electronically on the Internet. In each section of the report, a brief description of methodology, questions and possible answers within each area is given.

### 1.1. Brief summary of results

#### **Self-rated health**

More than eight out of ten Danes believe that they have a very good health. Men generally assess their health better than women, and young people better than older people. The groups rating their own health as relatively poor are singles, early retirees and 'other inactive' as well as citizens with primary school as the highest educational level.

#### **Smoking**

Since 2010, the proportion of daily smokers decreased from 20.9% to 17.0%. The decline occurred in all age and education groups.

More men (18.6%) than women (15.5%) are smoking, and for both sexes there are most smokers in the group of people aged from 45 to 64 years.

There is a major difference in the proportion of smokers in relation to the level of education. 26.2% of people with primary school as the highest educational level are smoking, while the figure is only 7.1% for people with higher education.

A total of 8.8% of smokers who do not smoke daily are exposed to second-hand smoke at least half an hour a day. The proportion is somewhat higher for young people aged from 16 to 24 years (13.8%).

Three out of four smokers want to quit smoking. Especially the younger age groups want to stop smoking, and in particular young women (from 16 to 34 years), where 85.0% want to quit.

### **Alcohol**

The proportion of Danes who drink more than the lower risk guidelines (14 units for men and 7 units for women per week) has fallen from one in four to one in five since 2010. The largest decrease is seen in the group of young men (from 16 to 24 years), whose share has fallen from 38.3% to 28.4%.

The proportion of Danes who drink more than the high-risk limit declined from 10.6% to 8.5%. The decline has come for both men and women, but the largest drop is seen in the group of young men (from 16 to 24 years) from 22.0% to 14.4%. Among men, the proportion that exceeds the high-risk limit is highest among those with primary school as the highest educational level in the age group from 25 to 44 years, while the proportion is highest among those with a higher education aged 65 or over.

Since 2010 there has been an increase in the number of people indicating that they do not drink alcohol at all during a typical week. Especially for young men (from 16 to 24 years), there was an increase from 11.7 to 17.5%. For women of the same age, the share increased from 13.3% to 17.0%.

Significantly more men (38.8%) than women (20.6%) drink five or more drinks on the same occasion regularly (every month). Among young people (from 16 to 24 years), the proportion is 60.9% for men and 53.3% for women.

### **Diet**

More men (18.6%) than women have unhealthy eating habits (9.5%). There is a significant correlation between the level of education and an unhealthy diet. Thus, 4.6% of citizens with higher education have unhealthy eating habits, compared to 24.8% of people who have completed primary and lower secondary level of education.

Among the Danes who have unhealthy eating habits, only one in seven assesses the diet to be unhealthy. This applies to both men and women.

### **Physical activity**

A total of 29.2% of the adult population are moderately or severely physically active during leisure time, and generally more men than women are physically active. A total of 16.4% of the adult population engage in sedentary leisure activities (such as reading or watching television). Among people engaging in sedentary leisure activities, two-thirds would like to be more physically active. The higher the education level, the greater the proportion of people who would like to be more physically active.

### **Weight**

The survey shows that 47.4% of the adult population are moderately or severely overweight (BMI  $\geq$  25) and one in seven is obese (BMI  $\geq$  30). In all age groups, men (54.0%) are more overweight than women (41.0%). The proportion of severely overweight is highest in the group of people aged from 55 to 64 years. There is a clear correlation between severe overweight and level of education, thus 22.7% of those with primary school as the highest level of education are severely overweight, compared with 7.2% of those with higher education.

Nearly twice as many women (10.1%) aged from 16 to 24 are underweight compared to men (5.7%) of the same age.

### **Several simultaneous risk factors**

Unhealthy diet, smoking, alcohol, sedentary leisure activities and severe overweight have a health impact, and the risk of contracting a number of diseases increases significantly when multiple risk factors are present at the same time. Among men, 5.6% have three or more of these risk factors at the same time, while the figure for women is 3.0%. The higher the educational level the citizen has, the fewer the number of risk factors.

### **Physical health**

In all age groups, the proportion of people with poor physical health is greater among women (12.0%) than among men (8.0%). And the proportion increases overall with increasing age for both men and women. There is a clear link between poor physical health and highest educational level attained, so that the proportion decreases with an increasing level of education.

### **Mental health**

Women of all ages report having poorer mental health than men. Among women aged from 16 to 24 years, the figure is almost twice as high (17.5%) as for men (8.2%) of the same age. It seems that the share of people with poor mental health is increasing in all age groups from 2010 to 2013 but overall only by 0.7 percentage points.

The proportion with high stress levels is higher among women than men, and for both men and women the smallest share is found in the age group from 65 to 74 years. In terms of professional position, the group of 'other inactive' represents the largest share.

### **Morbidity**

A total of 34.9% of Danes have one or more long-term illnesses. This applies to slightly more women (36.4%) than men (33.3%) and the proportion increases with age. The proportion who has a long-term illness decreases with an increasing level of education.

The specific diseases and disorders that are frequently indicated are allergy (22.7%), osteoarthritis (19.7%), hypertension (18.4%) and migraine or frequent headaches (14.5%).

In total, 37.6% of the adult population have been very bothered by pain or discomfort in the last 14 days. The proportion is higher among women (43.8%) than among men (31.3%). The percentage decreases with an increasing level of education. The most common types of very annoying pain or discomfort are: fatigue (15.8%), pain or discomfort in the arms, hands, legs, knees, hips or joints (15.3%), and pain or discomfort in the back or lower back (13.9%).

### **Contact to own doctor**

Eight out of ten adults in Denmark have consulted their own doctor within the past 12 months. More women than men have been to the doctor.

Some of these people have received medical advice about their health. Among severely overweight people, 46.7% of men and 41.7% of women received advice on weight loss. Among daily smokers, 37.6% of men and 34.1% of women received advice on how to quit smoking, and among people with unhealthy eating habits 12.5% of both men and women received advice about changing their diets. The greatest difference in men and women is found in those who received advice on reducing their alcohol consumption. Here, 17.4% of men received advice compared to only 6.9% of women.

### **Social relations**

In sum, 5.7% of the adult population often or sometimes feel lonely, even though they most want to be with others. There is a slightly higher proportion of women (6.1%) than men (5.3%), who often feel lonely. The Danes who are most often feeling lonely belong to the group of 'other inactive' (17.8%) and early retirees (15.2%). The smallest proportion is seen among married people (2.5%).

### **Good years of life**

Average life expectancy in Denmark increased from 2010 to 2013 for both men and women, in Denmark as a whole and in each of the five regions. Good years of life are illustrated by three indicators: the proportion of excellent, very good or good self-rated health, the proportion with no history of disease and the proportion of good mental health. For all three indicators, the proportion of expected good years of life for a 16-year-old man or woman, respectively, is unchanged or decreased slightly from 2010 to 2013. Thus, the increasing life expectancy is only to a certain degree followed by a corresponding increase in good years of life.