

## **Declarations of Contents, Health - Municipal indicators**

### **0 Administrative Information about the Statistical Product**

#### ***0.1 Name***

Health - Municipal indicators

#### ***0.2 Heading***

Social conditions, health and justice

#### ***0.3 Responsible Authority, Office, Person, etc.***

*Statistics Denmark, Population*

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#### ***0.4 Purpose and History***

The general purpose is to maintain a national set of indicators, which aim at creating coherent, simple and concise statistical data on the health-related efforts carried out by the municipalities and their derived effects. The project originates from an agreement with regard to municipal finances for 2006. The documentation projects are embedded in the Steering Group for Cross-Public Sector Cooperation.

The indicators were selected in April 2009 in cooperation with an external consultant, the Ministry of Finance, the Ministry of the Interior and Health, the National Association of Local Authorities in Denmark, Danish Regions and the National Board of Health. Statistics Denmark and the National Board of Health are responsible for collecting, processing and publishing the indicators. The first indicators were published on 18 June 2010, and in May 2011 most indicators were updated, while the remaining indicators were published in September 2011. In November 2011 indicators regarding chronic diseases will be expanded. Subsequently, the indicators are published annually in May.

Only a limited number of indicators were updated in May 2012, due to a postponement of the indicators from The National Institute for Health Data and Disease Control.

#### ***0.5 Users and Application***

Among the users of the indicators are the ministries, government agencies, municipalities, regions, municipal organisations, trade unions, interest groups, consulting firms, private businesses, researchers and students.

The indicators are mainly used for purposes of planning, analyses, reports, research activities, public debate and legislative work.

## ***0.6 Sources***

Data sources at Statistics Denmark

- Municipal Accounts
- Register of Population Statistics
- Data on district nurses from the municipalities

Data sources at the National Board of Health

- Children's Database
- National Register of Alcoholic Treatment
- National Register of Drug Addicts Receiving Treatment
- National Register of Patients
- National Register of Diabetics
- National Register of Rehabilitation according to the Health Act
- National Health Profile 2010

## ***0.7 Legal Authority to Collect Data***

Data are collected in accordance with section 140 of the Danish Health Act and section 6 of the Act on Statistics Denmark, cf. Consolidated Act no. 599 of 22 June 2000.

Furthermore, specific consolidated acts linked to each register.

## ***0.8 Response burden***

For indicators relating to the municipal area of health, the response burden is equal to zero, as all data are already collected by the National Board of Health and by other public authorities, or are collected from administrative registers.

## ***0.9 EU Regulation***

No EU legislation.

# **1 Contents**

## ***1.1 Description of Contents***

The indicators monitor municipal health conditions in 6 areas. Prevention and health advancement, rehabilitation following discharge from hospital, home nursing care, alcohol abuse, drug abuse and children's health.

Before providing a description of each individual area, an overview of all indicators is given below.

Prevention and advancement

1.1 Net current expenditure on health advancement and prevention (DKK per inhabitant)

1.2 Target groups for which the municipalities have made specific offers and activities by different action areas

1.3 Citizens smoking daily (percent)

1.4 Citizens drinking more than the recommended limits by the National Board of Health (percent)

1.5 Citizens stating, that they are physically active (percent)

- 1.6 Citizens eating at least 6 pieces (600 grammes) fruit/vegetables per day (percent).
- 1.7 Person having received hospital services due to selected chronic diseases (per cent)
- 1.8 Chronically sick persons (number per 1,000 inhabitants), at present, diabetics only
- 1.9 Overweight children aged 6-16 (per cent), published under children's health indicator 6.4

#### Rehabilitation following discharge from hospital

- 2.1 Net current expenditure on rehabilitation and maintenance rehabilitation (DKK per inhabitant)
- 2.2 Rehabilitation programmes (number per 1,000 inhabitants)
- 2.3 General rehabilitation programmes in relation to total number of rehabilitation programmes (pct.)
- 2.4 Visits concerning outpatient rehabilitation (number per 1,000 inhabitants)
- 2.5 Waiting time for rehabilitation (number of days)

#### Home nursing care

- 3.1 Net current expenditure on home nursing care (DKK per inhabitant)
- 3.2 Recipients of visits by district nurses (number per 1,000 inhabitants)
- 3.3 Visits by district nurses per recipient per month, by type of service.
- 3.4 Preventive hospitalization of recipients of visits by district nurses by cause and region (percent)

#### Alcohol abuse

- 4.1 Net current expenditure on alcohol addiction treatment distributed by outpatient and inpatient treatment (DKK per person receiving treatment)
- 4.2 Persons receiving treatment of alcohol abuse distributed by outpatient and inpatient treatment (number of persons per 1,000 inhabitants)
- 4.3 Causes for terminating treatment of alcohol abuse distributed by outpatient and inpatient treatment (per cent)

#### Drug abuse

- 5.1 Net current expenditure on drug addiction treatment distributed by outpatient and inpatient treatment (DKK per person receiving treatment)
- 5.2 Persons receiving treatment of drug abuse (number of persons receiving treatment per 1,000 inhabitants distributed by outpatient and inpatient treatment)
- 5.3 Causes for terminating treatment of drug abuse (per cent)

#### Children's health

- 6.1 Net current expenditure on municipal health care for children aged 0-16 (DKK per child aged 0-16)
- 6.2 Contacts with the health visitors for infants aged 0 (number of infants aged 0)
- 6.3 Infants who are breastfed for more than 4 months after birth (per cent)
- 6.4 Overweight children aged 6-16 (per cent), relate to both children's health and prevention and health advancement

### ***1.2 Statistical Concepts***

The contents of each individual indicator are described below.

*Indicator 1.1 Net current expenditure on health advancement and prevention per inhabitant*

The indicator shows the municipal net current expenditure in account 4.62.88 of the accounting plan (Health advancement and prevention) per number of inhabitants in the municipality on 1 July of the year. Inhabitants living in Christiansø are excluded.

The municipalities may have registered expenditure on preventive and health-advancing activities in other accounts.

*Indicator 1.2 Target groups which the municipalities have made specific offers for by different effort areas*

The basis for this indicator is an electronic survey carried out in the spring of 2011. The questionnaire was forwarded to all 98 municipalities, and answers were received for 78 municipalities.

The indicator presents for which target groups the municipality has chosen to carry out specific efforts by these 11 action areas:

- Smoking
- Alcohol
- Obesity
- Exercise
- Food (Diet)
- Drug misuse
- Unsafe sex
- Accidents (e.g. fall)
- Mental health
- Environmental factors
- Chronical diseases

distributed to the following 6 target groups:

- Citizens in general
- Impaired senior citizens
- Children and young people
- Citizens with chronical disease
- Groups with special needs
- Other

Indicator will be updated every second year.

*Indicator 1.3 Citizens smoking daily (percent)*

The indicator is based on the national health profile ("Den nationale sundhedsprofil 2010"), which is a survey covering the adult population health and ill health carried out in 2010. A total of 177,639 persons equivalent to 59.5 percent replied. The indicator is enumerated to the national and regional level, and effect for non-response has been taken into account. For further information regarding the survey see the report (in Danish) "Den nationale sundhedsprofil 2010".

The indicator is based on the persons who have answered "yes, every day" on question no. 13 in the survey.

Question 13. Do you smoke?

1. Yes, every day
2. Yes, at least once a week

3. Yes, less often than once a week
4. No, I have stopped smoking
5. No, I have never been smoking

The next update of the indicator is in 2014 and hereafter every fourth year.

*Indicator 1.4 Persons who drink more than the recommended limits by the National Board of Health (percent).*

The indicator is based on the national health profile ("Den nationale sundhedsprofil 2010"), which is a survey covering the adult population health and ill health carried out in 2010. A total of 177,639 persons equivalent to 59.5 percent replied. The indicator is enumerated to the national and regional level, and effect for non-response has been taken into account. For further information regarding the survey, see the report (in Danish) "Den nationale sundhedsprofil 2010".

The indicator is based on the answers to question no. 24 in the questionnaire, to which it is possible to answer within the categories beer, wine/dessert wine and spirits on each weekday with specification of number of drinks.

The indicator is presented both for persons who exceed the low-risk limit and the high-risk limit.

The National Board of Health's limit for low-risk is 14 drinks per week for men and 7 drinks per week for women.

The National Board of Health's limit for high-risk is 21 drinks per week for men and 14 drinks per week for women.

The next update of the indicator is in 2014 and hereafter every fourth year.

*Indicator 1.5 Citizens stating, that they are physically active (percent)*

The indicator is based on the national health profile ("Den nationale sundhedsprofil 2010"), which is a survey covering the adult population health and ill health carried out in 2010. A total of 177,639 persons equivalent to 59.5 percent replied. The indicator is enumerated to the national and regional level, and effect for non-response has been taken into account. For further information regarding the survey, see the report (in Danish) "Den nationale sundhedsprofil 2010".

The indicator is based on the persons, who have answered "yes" to one of the first three answer categories in question no. 35 in the questionnaire.

Question 35. If you look at the latest year, which statement would you say is most suitable as a description of your physical activity in your leisure time?

1. Exercise hard and practice competition sports regularly and several times a week.
2. Exercise sport or do heavy garden work or the like at least 4 hours a week.
3. Walk, bike or other light exercise at least 4 hours a week (including Sunday strolls, light garden work, cycling and walks to the job)
4. Read, watch television or make other sedentary occupations

The next update of the indicator is in 2014 and hereafter every fourth year.

*Indicator 1.6 Citizens who eat at least 6 pieces (or 600 grammes) fruit/vegetables per day (percent)*

The indicator is based on the national health profile ("Den nationale sundhedsprofil 2010"), which is a survey covering the adult population health

and ill health carried out in 2010. A total of 177,639 persons equivalent to 59.5 percent replied. The indicator is enumerated to the national and regional level, and effect for non-response has been taken into account. For further information regarding the survey, see the report (in Danish) "Den nationale sundhedsprofil 2010".

The indicator is compiled on basis of a cross-tabulation of the answering options for questions no. 30 and no. 32. In this way the proportion solely indicates citizens, who summed up have consumed at least 600 grammes fruit and vegetables per day.

Question 30. How often do you eat the following type of vegetables as accompaniments?

Answering options:

1. More than 1 a day
2. 5-7 times a week
3. 3-4 times a week
4. 1-2 times a week
5. Less often/never

Question 32. How many "portions" fruit do you usually eat?

Answering options:

1. More than 6 a day
2. 5-6 a day
3. 3-4 a day
4. 1-2 a day
5. 5-6 a week
6. 3-4 a week
7. 1-2 a week
8. None

Data have to be treated with the reservation, that persons (1) have not answered with an exact amount, and (2) have not answered directly to how many portions vegetable one has consumed. Furthermore, the consumption of juice is not comprised in this indicator.

The next update of the indicator is in 2014 and hereafter every fourth year.

#### *Indicator 1.7 Persons having received hospital services due to selected chronic diseases*

NEEDS TO BE UPDATED FROM NOVEMBER 2011

The indicator shows the share of persons who have received hospital services due to diseases related to diabetes, e.g. action diagnosis - the most important diagnosis while receiving hospital services in relation to the background population. The statistics only cover persons for whom hospital services have been terminated in the National Register of Patients.

Diabetes diagnoses are defined by means of the following diabetes diagnoses (ICD-10 codes): DE10, DE11, DE12, DE13, DE14, D024, DH360. The indicator does not distinguish between type I and type II diabetes.

This indicator will be extended by including other chronic diseases over time.

*Indicator 1.8 Chronically sick persons (number of persons per 1,000 inhabitants)*

NEEDS TO BE UPDATED FROM NOVEMBER 2011

The indicator shows the number of diabetics per 1,000 inhabitants on 1 July of the year based on the National Register of diabetics, which is established on the basis of already existing registers, respectively, The National Register of Patients, The Register of Health Insurance Statistics, The Register of Medicines operated by the Danish Medicines Agency and The Central Population Register. The indicator does not distinguish between type I and type II diabetes.

A detailed description of data extracts appears from the publication entitled "The National Register of Diabetics, New figures from the National Board of Health. Year 13 No. 01, January 2009

This indicator will be extended by including other chronic diseases over time.

*Indicator 1.9 (equal to 6.4) Overweight children aged 6-16 (per cent)*

See description under Indicator 6.4.

*Indicator 2.1 Net current expenditure on rehabilitation and maintenance rehabilitation (DKK per inhabitant)*

The indicator shows the municipal net current expenditure in account 4.62.82.001 of the accounting plan (Municipal rehabilitation and maintenance rehabilitation) per number of inhabitants in the municipality on 1 July of the year. Inhabitants living in Christiansø are excluded.

It is impossible to make a distinction between expenditure on rehabilitation and maintenance rehabilitation in the municipal accounting plan.

The differences in the municipalities' practice of using the accounts on this detailed level make it difficult to compare this indicator between municipalities.

*Indicator 2.2 Rehabilitation plans (number per 1,000 inhabitants)*

The indicator shows the number of rehabilitation programmes, which have been prepared for citizens in the municipality per 1,000 inhabitants in the municipality. The population number is compiled on 1 July of the year. The unit of the indicator is rehabilitation programmes. This implies that if several rehabilitation programmes have been prepared for a person over a period of time, the person in question is counted several times.

The basis of the indicator is data reported by Danish hospitals to the National Register of Patients. Danish hospitals are responsible for preparing rehabilitation programmes before a patient is discharged from hospital. It is possible to prepare rehabilitation programmes for, respectively, general rehabilitation programmes, specialized rehabilitation and own rehabilitation. The present statistics only provide data on general and specialized rehabilitation. Hospitals are legally obliged to report data on rehabilitation programmes.

*Indicator 2.3 General rehabilitation programmes in relation to the total number of rehabilitation programmes (per cent)*

The indicator shows the ratio between the number of prepared rehabilitation programmes for general rehabilitation in relation to the total number of rehabilitation programmes for the citizens in the municipality. The municipalities are responsible for conducting the general outpatient

rehabilitation. The regions are responsible for conducting the specialized outpatient rehabilitation.

The basis of the indicator is data reported by Danish hospitals to the National Register of Patients. Danish hospitals are responsible for preparing rehabilitation programmes before a patient is discharged from hospital. It is possible to prepare rehabilitation programmes for, respectively, general rehabilitation programmes, specialized rehabilitation and own rehabilitation. The present statistics only provide data on general and specialized rehabilitation. Hospitals are legally obliged to report data on rehabilitation programmes.

*Indicator 2.4 Visits concerning outpatient rehabilitation (number per 1,000 inhabitants)*

The indicator shows the number of dates on which a service was provided concerning the area of rehabilitation per person, i.e. the number of dates where at least one service has been registered. If several services have been provided for the same person on the same date, the data is only counted once, and thereby it is only counted as one visit. The statistics cover both general and specialized rehabilitation.

The basis of the indicator is data reported by Danish hospitals to the National Register of Patients and data reported by the municipalities to the reporting system operated by the National Board of Health. The municipalities are responsible for conducting the general outpatient rehabilitation. The regions are responsible for conducting the specialized outpatient rehabilitation. However, the general rehabilitation can be conducted at a public hospital, if this has been agreed with the municipality.

*Indicator 2.5 Waiting time for rehabilitation (number of days)*

The indicator shows the waiting time (number of days) for general rehabilitation for citizens. The indicator is compiled partly as the average number of day for the waiting time and partly as the median value for the waiting time of the number of days. The waiting time refers to the period between the date for the rehabilitation programme, which is entered on the National Register of Patients and the date for the first time a service was provided concerning rehabilitation. The 2 contacts are matched via the CPR number (civil registration number provided for each individual citizen of Denmark) and via the type of service provided concerning rehabilitation (general or specialized).

However, these 2 criteria do not ensure that a homogeneous matching of a service provided concerning rehabilitation and the first service provided, which is part of the programme, is conducted. In order to justify this assumption, it has been necessary to make a delimitation of the cases involved in waiting time for rehabilitation, which are included in the calculation of average and median.

The basis of the statistics is the CPR numbers with rehabilitation programmes initiated in the statistical year in question. These are matched with the CPR number with a maximum of one service provided concerning rehabilitation of the same type in the period from the 4th quarter of the previous statistical year to the end of the statistical year. This implies that if a CPR number has more than one general service provided concerning rehabilitation, the CPR number in question is excluded from the statistics. This ensures that the probability of performing a correct matching via the CPR number and type of rehabilitation is

enhanced. Cases of waiting time involving a negative waiting time on the basis of the above-mentioned matching are excluded from the statistics. The remaining cases of waiting time make up the final primary data for the calculation of average and median. Approximately 50 pct. of the total number of cases is excluded from the statistics for 2008. The number of cases is increased concurrently with an improved registration practice.

Against the background of the above-mentioned delimitation of the indicator, the figures are subject to margins of uncertainty. To this added a number of factors giving rise to uncertainty. Consequently, the register-based waiting time also includes professional causes resulting in waiting time, e.g. if rehabilitation cannot be initiated until healing of wounds, and the waiting time thus arising when the person in question either states that he/she is not physically or mentally ready to receive rehabilitation or decides on own initiative to opt for a different offer of rehabilitation than the one offered by the municipality in which the person resides. Finally, there may be a time lag from when the rehabilitation programme was signed until it is received by the municipality.

Registration in the area of rehabilitation is in its initial phase. The validity of the indicator will be improved concurrently with improvements in the registration practice.

Danish hospitals are responsible for preparing rehabilitation programmes before a patient is discharged from hospital. It is possible to prepare rehabilitation programmes for, respectively, general rehabilitation programmes, specialized rehabilitation and own rehabilitation. Hospitals are legally obliged to report data on rehabilitation programmes. The municipalities are responsible for conducting the general outpatient rehabilitation. The regions are responsible for conducting the specialized outpatient rehabilitation.

*Indicator 3.1 Net current expenditure on home nursing care per inhabitant*

The indicator shows the municipal net current expenditure per annum in account 5.32.32.004 of the accounting plan (Home nursing care) per number of inhabitants in the municipality on 1 July of the year. Inhabitants living in Christiansø are excluded. The differences in the municipalities' practice of using the accounts on this detailed level make it difficult to compare this indicator between municipalities.

The distinction between home nursing care (according the Health Act) and home care (according to the Service Act), may be unclear due to the practice conducted by the municipalities, the grey area may give rise to uncertainty with respect to delimiting home nursing care.

*Indicator 3.2: Recipients of visits by district nurses by age per 1,000 inhabitants.*

The indicator states the average number of recipients of visits by district nurses per 1,000 inhabitants.

The basis for the indicator is monthly data from the municipalities regarding district nurses. Data are received via the so-called EOJ-systems (in Danish EOJ is the abbreviation of "Elektroniske Omsorgs Journaler") to Statistics Denmark regarding the recipients of visits by district nurses. The indicator is compiled yearly. Data for only a part of the year 2011 are included in the first publishing of the indicator in September 2011, and the indicator does not consist of each

municipality. The indicators regarding district nurses are still in the process of being developed.

For the first three months (January to March) the number of inhabitants (the denominator) is the average of the population per December 31 and March 31. For the months April to June the number of inhabitants the average of the population per March 31 and Juni 30 and so forth.

It is expected, that the quality of the indicator will increase over time.

*Indicator 3.3: Visits by district nurses per recipient per month by type of service*

The basis for the indicator is monthly data from the municipalities regarding district nurses. Data are received via the so-called EOJ-systems (in Danish EOJ is the abbreviation of "Elektroniske Omsorgs Journaler") to Statistics Denmark regarding the visits by district nurses. The indicator is compiled yearly. Data for only a part of the year 2011 are included in the first publishing of the indicator in September 2011, and the indicator does not consist of each municipality. The indicators regarding district nurses are still in the process of being developed.

Visits by district nurses can be carried out by other personnel than educated nurses, if the service is delegated to another personnel group.

The date and hour for the visit by district nurses is rounded to the nearest hour, thus a visit to the same person on the same day within the same hour could be reported as two visits, e.g. at 1.10 p.m. and 1.15 p.m., and the times for the visits are rounded to the nearest hour (1 p.m.) and thus counted as only one visit.

On the basis of this it is compiled how many visits each recipient gets on average per month for the period with valid data.

The data from the municipalities include services by type of service. Preliminary studies show that for the time being it is difficult to compare the distribution to types of services between the municipalities due to differences in the way they distribute types. Similarly, preliminary studies show that the municipalities' registration of delegated nurse services to other personnel groups differs. Therefore, it is difficult to compare the indicator between municipalities.

It is expected that the quality of this indicator will be increased over time.

*Indicator 3.4: Preventive hospitalization of recipients of visits by district nurses (percent)*

The basis for the indicator is monthly data from the municipalities regarding district nurses from January 2011 in combination with the Danish hospitals reports to the National Register of Patients on preventive hospitalizations.

The point of reference is the persons (each with unique identification number), who have received visits by district nurses in the first three months of 2011. These identification numbers are merged with information from the National Register of Patients delimited to include the following disease groups defined by the ICD10 classification:

- Anaemia (DD50-53)

- Fractures (fall at home, fracture) (DS02, DS12, DS22, DS32, DS42, DS52, DS62, DS72, DS82, DS92)
- Gastroenteritis (DA09)
- Cystitis (DN30, except DN303 og DN304)
- Respiratory diseases (Chronic obstructive pulmonary disease (COPD), pneumonia, other chronic condition) (DJ12-15), DJ18, DJ20-22, DJ40-47)
- Obstipation (DK590)
- Dehydration (DE869)
- Decubitus (bedsore) (DL89)
- Causa socialis (DZ59, DZ74-DZ75)

The action diagnosis used in the Register of National Patients, which the patient is assigned when discharged is the action diagnosis for the complete hospitalization sequence.

Approximately one half of the municipalities have reported data on nursing visits in the first quarter of 2011. Data are therefore only presented on the relevant municipalities and not on regions or for the whole country.

The results must be considered with reservations. The reports to the so-called "EOJ-system" is in the process of being developed, and data for all municipalities are not yet available. Furthermore, the distinction between nursing visits (according to the Health regulation) and home care (according to the Service regulation) can be uncertain in the practice of the municipalities. The grey area between the mentioned implies an uncertainty in the delimitation of nursing visits and therefore also in this indicator.

*Indicator 4.1 Net current expenditure on alcohol addiction treatment distributed by outpatient and inpatient treatment (DKK per person receiving treatment)*

The indicator shows the sum of municipal net current expenditure per annum in account 5.38.44.001 (day treatment), 5.38.44.002 (inpatient treatment) and 5.38.44.003 (outpatient treatment) of the accounting plan in relation to the number of persons receiving treatment of alcohol abuse in the municipality. Inpatient treatment expenditure is the sum of account 5.38.44.001 and 5.38.44.002. Data on the number of persons receiving treatment are extracted from the National Register of Alcoholic Treatment, see indicator 4.2. Municipalities, where the number of persons in treatment is less than 5, are not presented.

The differences in the municipalities' practice of using the accounts on this detailed level make it difficult to compare this indicator between municipalities.

*Indicator 4.2 Persons receiving treatment of alcohol abuse distributed by outpatient and inpatient treatment (number of persons receiving treatment per 1,000 inhabitants)*

The indicator shows the number of persons receiving publicly financed treatment of alcohol abuse, defined by the number of persons enrolled for treatment in the year in question, and the number of persons enrolled in previous years and who are still receiving treatment in the year in question. Persons in outpatient treatment cover persons in day treatment as well as outpatient treatment. Persons, who have received treatment of alcohol abuse in 2 municipalities, will be counted in both municipalities.

The basis of the indicator is made up by the data reported by the treatment centres to the National Register of Alcoholic Treatment, which was set up in 2006. It is legally compulsory to report all publicly financed alcohol treatment to the National Register of Alcoholic Treatment. In accordance with the Health Act, it is legally compulsory to report the CPR number to the Register. Consequently, clients, who do not want to state their CPR number, are registered with an anonymous client number. Subsequently, the number of persons receiving treatment is an approximate figure and is compiled in such a manner that figures cover the number of unique CPR numbers plus client numbers. The number of persons receiving treatment of alcohol abuse may be underestimated due to the lack of data reporting to the Register.

*Indicator 4.3 Causes of terminating treatment of alcohol abuse distributed by outpatient and inpatient treatment (percent)*

The indicator shows the causes of discharge (estimated in percent) for the persons who have terminated their publicly financed treatment of alcohol abuse in the year in question. The possible causes of discharge are: Finalized treatment, terminated at own request, failure to keep appointment, transferred to other institution, death, migrated and other causes.

The basis of the indicator is made up by the data reported to the National Register of Alcoholic Treatment, which was set up in 2006. It is legally compulsory to report data on all publicly financed alcohol treatment to the Register. The figures may be underestimated due to the lack of data reporting to the Register.

*Indicator 5.1 Net current expenditure on drug addiction treatment distributed by outpatient and inpatient treatment (DKK per person receiving treatment)*

The indicator shows the municipal net current expenditure per annum in account 5.38.45.001 (day treatment over 18 years) and 5.38.45.002 (inpatient treatment over 18 years) added 5.38.45.092 (own payment) of the accounting plan in relation to the number of persons receiving treatment of drug abuse in the municipality (i.e. in relation to indicator 5.2) distributed by outpatient/day treatment and inpatient treatment. Data on the number of persons receiving treatment are extracted from the Register of Drug Addicts Receiving Treatment, see indicator 5.2. Municipalities, where the number of persons in treatment is less than 5, are not presented.

The differences in the municipalities' practice of using the accounts on this detailed level make it difficult to compare this indicator between municipalities.

*Indicator 5.2 Persons receiving treatment of drug abuse distributed by outpatient and inpatient treatment (number of persons receiving treatment per 1,000 inhabitants)*

The indicator shows the number of persons receiving, respectively, outpatient/day treatment and inpatient treatment, defined by the number of enrolled persons receiving treatment in the year in question and persons, who were enrolled in previous years and who are still receiving treatment in the year in question.

Persons, who have received treatment of alcohol abuse in 2 municipalities, will be counted in both municipalities.

The basis of the indicator is made up by the data reported to the National Register of Drug Addicts Receiving Treatment. In connection with the reform

of municipalities in Denmark in 2007, when municipalities were made responsible for treatment of drug addiction, the registration practice was changed. Data for 2008 may still be affected by the transition to the new system of data reporting.

*Indicator 5.3 Causes of terminating treatment of drug abuse (percent)*

The indicator shows the causes of discharge (estimated in percent) for the persons who have terminated their publicly financed treatment of alcohol abuse in the year in question. The possible causes of discharge are: Finalized treatment, terminated at own request, failure to keep appointment, transferred to other institution, death, migrated and other causes.

The basis of the indicator is made up by the data reported to the National Register of Drug Addicts Receiving Treatment. In connection with the reform of municipalities in Denmark in 2007, when municipalities were made responsible for treatment of drug addiction, the registration practice was changed. Data for 2008 may still be affected by the transition to the new system of data reporting.

*Indicator 6.1 Net current expenditure on municipal health care for children and young people aged 0-16 (DKK per inhabitant aged 0-16)*

The indicator shows the municipal net current expenditure per annum in account 4.82.89 (municipal health services) of the accounting plan per number of inhabitants aged 0-16 in the municipality on 1 July of the year. The number of inhabitants living in Christiansø is excluded.

*Indicator 6.2 Contacts with the health visitors for infants aged 0, (per inhabitant aged 0)*

The indicator shows the number of visits made by the health visitor during the infant's first year of life. If an infant is not entered in the Children's Database, the infant is not covered by the statistics.

The indicator is compiled as the average of the number of visits made by a health visitor during the infant's first year of life and who is entered in the Children's Database. During the first year of life, all days of the infant until his/her one-year birthday are registered. The number of direct visits is not reported, but only height and weight measurements. It is assumed that a visit has been made for each height and weight measurement. However, any data reports on the infant's birthday are excluded (birth weight).

The basis of the indicator is made up by the Children's Database, which was set up in 2009. At present, only few valid figures are available for a very low number of municipalities. Consequently, it is impossible, at present, to compile this indicator for regions and all Denmark.

Data are only reported for a municipality, when coverage is at least 40 pct., i.e. a registration has been made for 40 pct. of the children in the municipality.

*Indicator 6.3 Infants who are breastfed for more than 4 months after birth (percent)*

The indicator shows the number of children who were breastfed for more than 4 months. If a date for when breastfeeding of an infant ceased is not entered in the Children's Database, the infant is not covered by the statistics. This implies that infants for whom a date has not, by mistake, been registered for when breastfeeding has ceased, and infants, who are breastfed for a longer time than that in which the infant visits were made by the health visitor, are subsequently

excluded from the statistics. Breastfeeding is taken to mean full breastfeeding where the infant has only been given mother's milk.

The basis of the indicator is made up by the Children's Database, which was set up in 2009. At present, only few valid figures are available for a very low number of municipalities. Consequently, it is impossible, at the moment, to compile this indicator for regions and all Denmark.

Data are only reported for a municipality, when coverage is at least 40 pct., i.e. a registration has been made for 40 pct. of the children in the municipality.

*Indicator 6.4 (equal to 1.9) Overweight children aged 6-16 (percent)*

The indicator shows the number of overweight children, who are 6 years old and up to and including 16 years of age seen in relation to the total number of children in the same age group.

The share of overweight children is compiled on the basis of sex- and age-related distribution for overweight, see the clinical guidance in Danish only *Opsporing og behandling af overvægt hos førskolebørn* (Dansk Selskab for Almen Medicin i samarbejde med Fonden for Tidsskrift for praktisk lægegerning, 2006, [http://www.dsam.dk/files/9/overvaegtige\\_boern\\_2006.pdf](http://www.dsam.dk/files/9/overvaegtige_boern_2006.pdf)). The figures for the limits are obtained from <http://www.enletterebarndom.dk/>.

The basis of the indicator is made up by the Children's Database, which was set up in 2009. At present, only few valid figures are available for a very low number of municipalities. Consequently, it is impossible, at the moment, to compile this indicator for regions and all Denmark.

Data are only reported for a municipality, when coverage is at least 40 pct., i.e. a registration has been made for 40 pct. of the children in the municipality.

## **2 Time**

### **2.1 Reference Period**

The reference period is the calendar year in which the activity took place. As far as population information is concerned, data are used as of 1 July as an expression of the mean population.

### **2.2 Date of Publication**

The statistics are published annually and were published for the first time on 18 June 2010, with 2008 as reference year for those indicators for which data from the Children's Database are not used as source. In future, it is expected that the statistics will be published annually. However, a few indicators are only published every 4th year, see section 2.4. After September 2011, it is intended to publish statistics in May of each year.

NEEDS TO BE UPDATED FROM NOVEMBER 2011

### **2.3 Punctuality**

The indicators are usually published without any delay in relation to the pre-announced date of publication.

### **2.4 Frequency**

Annual statistics are published for the following indicators 1.1, 1.7, 1.8, (1.9), 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 3.3, 3.4, 4.1, 4.2, 4.3, 5.1., 5.2, 5.3, 6.1, 6.2, 6.3, 6.4.

Statistics are published every 4th year for the following indicators 1.2, 1.3, 1.4, 1.5, 1.6.

### **3 Accuracy**

#### ***3.1 Overall accuracy***

The accuracy varies from indicator to indicator, depending on the coverage and quality of the primary statistical data that are available. A further description is given for each indicator in section 1 (Contents).

The accuracy varies from indicator to indicator, depending on the data coverage. The indicators are generally considered to be accurate.

#### ***3.2 Sources of inaccuracy***

Some indicators are based on sources whose coverage is for the time being low, e.g. the Children's Database, which was set up during 2009. The coverage of indicators based on municipal accounts is very high, while the registration practice may vary from municipality to municipality.

The sources of inaccuracy for each individual indicator are described in detail in section 1 (Contents).

Data collection and data processing:

The National Board of Health and Statistics Denmark collect and exchange data from registers and municipal accounts once annually. Data on home nursing care will be collected monthly. A probability check of the data that have been collected and exchanged is conducted by the National Board of Health and Statistics Denmark.

#### ***3.3 Measures on accuracy***

It is impossible to estimate an overall measure on inaccuracy. See section 1 (Contents), where an assessed measure on inaccuracy is provided for each indicator.

### **4 Comparability**

#### ***4.1 Comparability over Time***

It is generally possible to compare the statistics over time. If this is not the case, it will be indicated in section 1 (Contents).

#### ***4.2 Comparability with other Statistics***

Some indicators are based on other statistics, which are either published or available from the registers maintained by the National Board of Health. For example, comparable statistics concerning rehabilitation with respect to health data are published by the National Board of Health at: [www.sundhedsdata.dk](http://www.sundhedsdata.dk)

Several indicators are based on several other statistics that are already published, e.g. the municipal accounts and population statistics.

#### ***4.3 Coherence between provisional and final statistics***

The indicators are revised backwards in time, provided the primary statistical data are revised and improved.

## **5 Accessibility**

### **5.1 Forms of dissemination**

- StatsBank Denmark: [www.statistikbanken.dk](http://www.statistikbanken.dk) (Social conditions, health and justice, Health - Indicators, The tables SUIK11-SUIK61)
- Nyt fra Danmarks Statistik (News from Statistics Denmark), Indicators for health
- Theme page for health: [www.dst.dk/sundhed](http://www.dst.dk/sundhed)
- National Board of Health at: [www.sst.dk](http://www.sst.dk)
- Health data at: [www.sundhedsdata.sst.dk](http://www.sundhedsdata.sst.dk)

### **5.2 Basic material: Storage and usability**

The primary statistical data are stored by the National Board of Health as well as by Statistics Denmark. Reference is made to the data sources used, which are frequently available at a more detailed level. For example, data in the National Register of Patients are available at personal level with CPR number, which can subsequently be matched with other information stored by the National Board of Health. The primary data on net current expenditure in the municipal accounts (except for a few cases) are available from the tables in StatBank Denmark REGK31 and REGK53 at: [www.statistikbanken.dk](http://www.statistikbanken.dk). From May 2011 data are collected directly from the division of public finances in Statistics Denmark.

### **5.3 Documentation**

The basis and contents of the indicators are described in the present Declaration of Contents.

Documentation of the registers maintained by the National Board of Health is available from the website of the Board. Other documentation available from the website is, e.g. specific information on the National Register of Patients, including the rules governing registration of patients, registration of rehabilitation programmes of the Contents for basic registration of hospital patients that applies at any given time.

### **5.4 Other Information**

Other information on the indicators is available from the website of the National Board of Health.

The background of the indicators and the central key figures and results are available from the website of the Ministry of the Interior and Health [<http://sum.dk/Tal-og-analyser/Centrale%20noegletal%20og%20resultater.aspx>]

Otherwise, other information is not available.