

# COPENHAGEN



## ADDRESSING HEALTH INEQUALITY IN AN ALREADY HEALTHY CITY

Copenhagen frequently finds itself topping lists of the world's greenest,<sup>22</sup> healthiest<sup>23</sup> and most liveable<sup>24</sup> cities. Therefore, it is unquestionably synonymous with healthy and sustainable living today. However, these accolades are by no means a matter of chance. The fact that half of all commutes are made by bicycle<sup>25</sup> and 96.0% of citizens can walk to parks or beaches in less than 15 minutes<sup>26</sup> is a result of continued collaborative efforts across the city's various departments to make health part of the city's DNA.

'Enjoy life, Copenhagensers!' is the title of the city's latest 10-year health plan, which aims to ensure that all Copenhagensers have an equal opportunity to live longer and enjoy a better quality of life.<sup>27</sup> While this may sound like a relatively easy task in a country with free universal healthcare and a city built for healthy living, Copenhagen is still challenged by the fact that its citizens' life expectancy lags behind the national average<sup>27</sup> and almost half of adult residents have at least one chronic disease.<sup>28</sup>

### ENSURING NO-ONE IS LEFT BEHIND

Copenhagen is especially focused on addressing inequalities in the prevalence of diabetes which, by international standards, is relatively low at 5.1%.<sup>29</sup> However, its prevalence among citizens not employed is 10.2%.<sup>29</sup> Furthermore, research shows that the risk of developing diabetes is especially high in Valby and Brønshøj/Husum (15–18.0%), two less affluent neighbourhoods in the city.<sup>29</sup>

The Diabetes Projection Model for Copenhagen shows that the prevalence of diabetes among adults (aged 20–79) could climb from 5.1% today to 6.0% in 2045 if action is not taken (Figure 4).<sup>30</sup>

While many of the city-level initiatives help to enable healthy living for the general population, there is evidence of inequalities in health, especially among those with a low level of education, without employment or living alone.<sup>31</sup>



Despite few barriers to accessing healthcare services, primary care is often not proactive and cohesive enough to reach and retain some citizens who have type 2 diabetes. Cities Changing Diabetes research from Copenhagen shows that citizens – especially the most vulnerable – do not feel capable of navigating 'the system' (healthcare, social services and institutions in general) and need support in living with diabetes, including finding the energy to prioritise diabetes self-management.<sup>31</sup>

### Policy and action informed by research

Since the research was published in 2015, the findings have been applied to inform the City of Copenhagen's health policies relating to diabetes, in the form of a Copenhagen Diabetes Action Plan.<sup>32</sup> In addition, the research findings have laid the foundation for developing targeted interventions aimed at helping vulnerable populations and thus addressing inequalities in the prevalence of diabetes.

*"Through this programme, the City of Copenhagen wants to take concrete action to increase health equality for its citizens."*

**NINNA THOMSEN, HEALTH AND CARE MAYOR OF COPENHAGEN**

### Supporting programmes for vulnerable populations

The Center for Diabetes opened in Copenhagen in 2016 and is available to people with diabetes in the city via a referral from their general practitioner. Upon entering its doors, patients are welcomed with a range of support activities, including group and individual education, indoor and outdoor fitness classes, and a team of nurses, physiotherapists and dieticians who are committed to helping them improve their health. In addition, a comprehensive health promotion initiative has been implemented in the socially disadvantaged neighbourhood of Tingbjerg. The initiative includes community action research that is being implemented with the assistance of vulnerable youth groups. The young people are engaged in the research process, which includes conducting surveys in their own neighbourhoods. The goal of these programmes is to establish sustained lifestyle changes among vulnerable populations and, thus, minimise health inequality.

### Peer mentoring to support lasting lifestyle changes

Despite the Center for Diabetes' central location and availability of programmes, certain vulnerable populations are less likely to join or are difficult to keep engaged in its programmes. According to the Cities Changing Diabetes research, this is especially true for men over the age of 45 who are not employed and have a limited social network.

Thus, one of the key interventions that have evolved from the Cities Changing Diabetes research is a peer mentor programme. The one-year pilot programme is an essential step in helping to build a peer-to-peer social network for vulnerable men, so that they feel motivated to make lasting lifestyle changes.

The pilot launched in May 2017 in collaboration with the City of Copenhagen, the Danish Diabetes Association and the University of Copenhagen. It aims to reduce inequality in the development of diabetes and its complications among the most vulnerable people with type 2 diabetes.

The programme will be based in the newly established Center for Diabetes and will recruit and connect mentors and mentees based on their proximity to one another. Approximately 100 people with diabetes will participate in the pilot programme, which will be evaluated by the University of Copenhagen. The vision is to ultimately scale up the project to reach more people and integrate it into Copenhagen's standard health offerings.

### LOCAL PROGRAMME PARTNERS

- City of Copenhagen
- University of Copenhagen
- Danish Diabetes Association
- Steno Diabetes Center Copenhagen

**10.0% OF ADULTS LIVING IN THE GREATER COPENHAGEN AREA HAVE OBESITY.<sup>33</sup>**



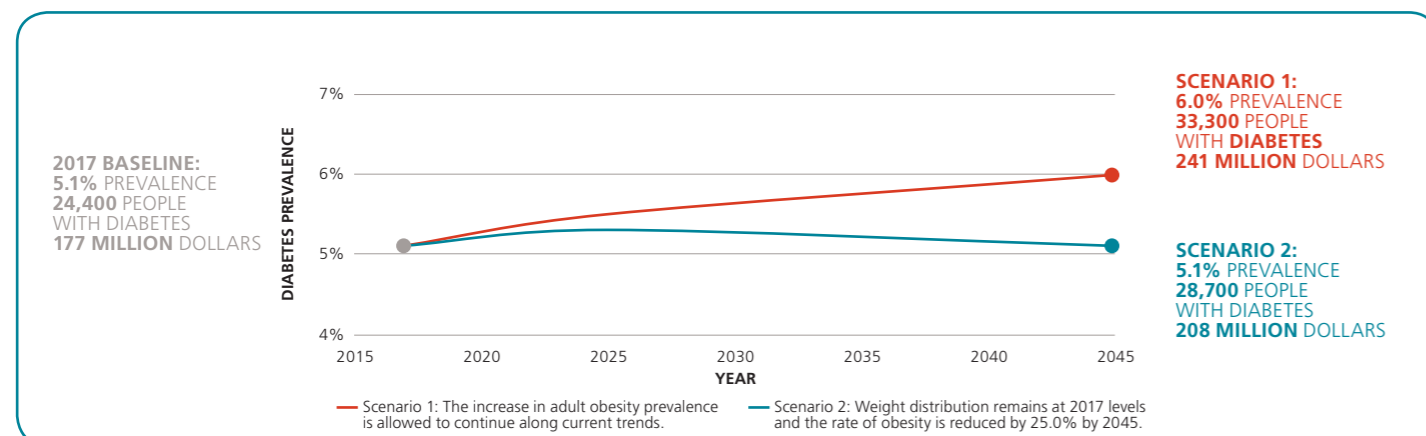
### MEET MICHAEL<sup>16</sup>

- 51-year-old man
- Unemployed and lives with his girlfriend
- Overweight and is at high risk of type 2 diabetes.

Michael lives with his girlfriend Anna who was recently diagnosed with type 2 diabetes, and he believes the diagnosis will have a positive and healthy effect on them, as they now have a reason to make healthier choices. However, being unemployed is a great stress in his life. Sometimes being unemployed gets too much for him. When this happens, Michael's motivation with regard to eating healthier weakens, and he ends up using food as a comfort: "If you're having an emotional downturn because you have difficulties finding a job, then somehow you eat more compulsively, and maybe you eat more than what's good for you." Being overweight makes Michael feel at risk of developing diabetes. However, he does not give it any thought during his everyday life, as thinking about it makes it unbearable on top of all his other issues.

**FIGURE 4: DIABETES PREVALENCE IN COPENHAGEN, 2017–2045 (ADULTS AGED 20–79)<sup>30</sup>**

If we reduce obesity by 25.0% by 2045, 4,600 cases of type 2 diabetes can be avoided, and 33 million dollars in healthcare expenditure saved



**NOTE:** The baseline prevalence of 5.1% among adults (20–79 years) in 2017 is based on Rule of Halves research conducted in Copenhagen in 2015.<sup>29</sup>