

Healthy ageing in Denmark

Demographic data

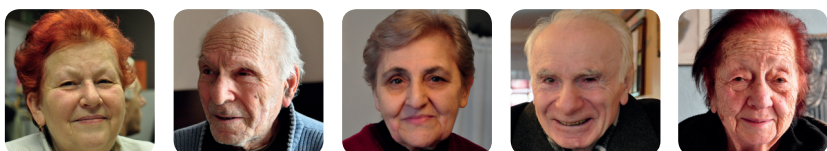
Total population	5 550 000
Percentage of population aged 65 and over	16.5%
Percentage of population aged 80 and over	4.1%
Median age	40.6
Average annual growth rate	0.477%
Fertility rate	1.85 children per woman
Life expectancy at birth	Female 80.5 / Male 76.0

Source World population prospects, the 2010 revision. New York, United Nations, Department of Economics and Social Affairs, 2010 (http://esa.un.org/wpp/unpp/panel_population.htm, accessed 16 March 2012)

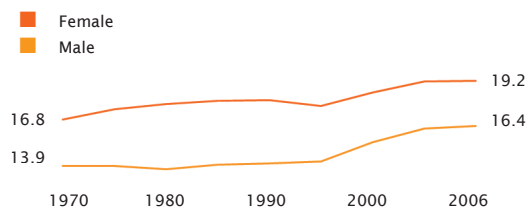


"What I like most about my age? My life experience gives me a deeper understanding of music and literature!"

Lena Lund, 73

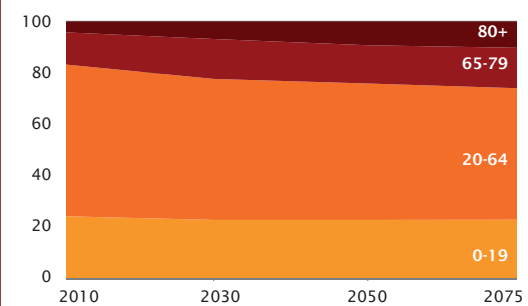


Life expectancy at age 65 (in years)



Source HFA Database

Distribution of population in broad age groups (%)



Source World Population Prospects, the 2010 Revision

Demographic trends

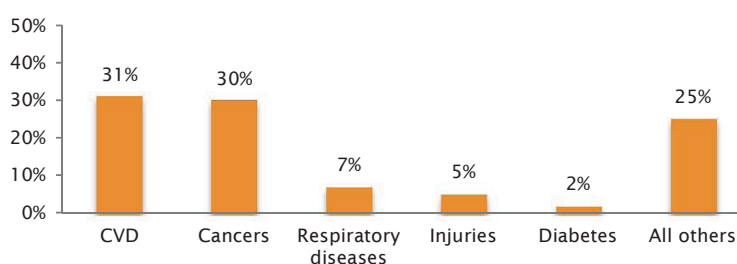
Life expectancy at birth in Denmark has been increasing steadily since 1950.¹ This is due in part to moderate gains in longevity: whereas a 65-year-old man living in Denmark in 1970 could expect to live to the age of 79, and a 65-year-old woman to the age of 81, those born just one generation later and having reached the age of 65 in 2006 could expect to live 2.5 years longer.² The country's median age also continues to climb, leading to an old-age dependency ratio in 2010 of 27.8 dependents (aged 65 years and over) per 100 persons of working age (aged 20-64). This ratio is expected to increase sharply in the coming years, reaching 54.2 dependents per 100 persons of working age by 2100. The population aged 80 and over has accordingly expanded, from 52 000 in 1950 to 228 000 in 2010, and is projected to reach an estimated 545 000 by 2050.³ These trends present opportunities and challenges for Danish society and the country's health care system.

Challenges and achievements

Noncommunicable diseases

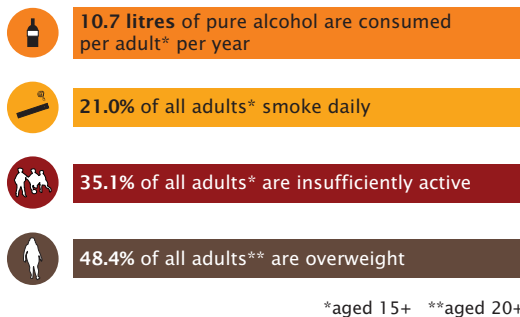
Like other countries in the WHO European Region, Denmark is facing a rising epidemic of noncommunicable diseases. Cancer, cardiovascular disease, diabetes and respiratory diseases together account for an estimated 70% of all deaths. The total burden of these four major noncommunicable diseases, calculated in age-standardized DALYs, was estimated in 2004 to be 4 176 years of well-being lost per population of 100 000.⁴ Noncommunicable diseases are linked to modifiable risk factors – high blood pressure, tobacco use, harmful use of alcohol, high blood cholesterol, overweight, unhealthy diets and physical inactivity. Rates of these risk factors are high in Denmark. Taking action to address these risks now will help people retain good health into later years and

Proportional mortality, all ages (% of total deaths)



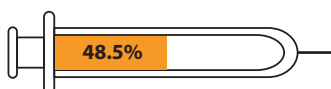
Source WHO Noncommunicable diseases country profiles 2011 Denmark

Risk factors for noncommunicable diseases



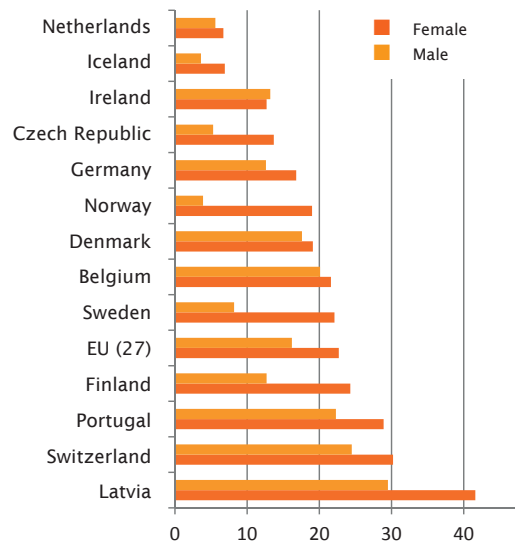
Source WHO Report on the Global Tobacco Epidemic 2011, HfA-DB, Global Health Observatory Data Repository

Influenza vaccination rate population aged 65+



Source OECD Health Data 2011

At risk of poverty or social exclusion (% of 65+)



Source Eurostat database - http://epp.eurostat.ec.europa.eu/portal/page/portal/income_social_inclusion_living_conditions/data/database

consequently also reduce future health care costs. Denmark has taken important steps in this direction through the implementation of targeted interventions, such as those recommended in the WHO Framework Convention on Tobacco Control, to which Denmark has been a party since 2005, and fiscal policies to reduce consumption of foods high in saturated fats.

Health care system

Many older people live with the long-term effects of one or more chronic diseases, resulting in complex health care needs. As the 80+ age group rapidly expands, the rise in demand for health care is certain to be felt most in the long-term care sector. In 2007, public and private expenditure on long-term care represented 2.5% of GDP in Denmark, approximately half of which was spent on home care.⁵ A key challenge for the health care system in the coming decades will be to develop an adequate and coordinated package of long-term care that includes increased support for informal care at home.

Influenza

Communicable diseases also pose a threat to older people, especially those already suffering from one of more chronic conditions. This group is particularly vulnerable to life-threatening complications associated with influenza. WHO therefore recommends that countries pursue a 75% vaccination coverage rate among everyone aged 65 and over. Denmark is lagging behind other European Union countries in its progress toward this objective.⁶

Proportion of population aged 65+ reporting difficulties with access to



Source EU-SILC 2007

Physical environment

An older person's health and well-being are shaped in many ways by their physical surroundings, both at home and in the community. Falls and the complications they cause constitute a major health threat, and one that deserves more public policy attention. Opportunities to play an active role in public life can be limited or facilitated by attitudes and accessibility in the public domain. Urban design should integrate the needs of older persons to encourage and enable their continued participation in public life. Over one in seven people aged 65 and older surveyed in Denmark reported difficulty in accessing public transportation and other basic services.⁷ Removing these barriers can contribute to physical and mental health by providing opportunities for increased physical activity, social inclusion and prolonged independence. Several municipalities in Denmark are among a growing international network of cities actively pursuing the goal of becoming age-friendly.

Socioeconomic determinants

Poverty and social exclusion are important health determinants, and vulnerability to these risk factors increases with age in most countries of the WHO European Region. Although older people in Denmark face a below average risk within the European Union of falling into poverty or becoming excluded from society, mounting economic pressures on the Danish social welfare and health systems could eventually pose a threat to the supportive policies currently in place.⁸

Toward an age-friendly future

The demographic structure of Danish society is changing as people are living and staying active longer than ever before. The potential benefits of this trend could be undermined if steps are not taken to address gaps in care and opportunity at all ages. To guide this effort, WHO is promoting a series of priority actions over the period 2012–2016 intended to facilitate healthy and active ageing. The goal is to realize an age-friendly WHO European Region, in which people of all ages enjoy supportive, adapted social environments and can look forward to high-quality, tailor-made, well-coordinated health and social services that help them to maintain maximum health and functional capacity throughout their lives.

¹ World population prospects, the 2010 revision. New York, United Nations, Department of Economics and Social Affairs, 2010 (http://esa.un.org/wpp/unpp/panel_population.htm, accessed 16 March 2012) | ² WHO, European Health for All database, (<http://data.euro.who.int/hfad/>, accessed 16 March 2012) | ³ World population prospects, the 2010 revision. New York, United Nations, Department of Economics and Social Affairs, 2010 (http://esa.un.org/wpp/unpp/panel_population.htm, accessed 16 March 2012) | ⁴ WHO, Global Burden of Disease: 2004 update, Geneva, 2008 | ⁵ European Centre for Social Welfare Policy and Research/WHO Regional Office for Europe, unpublished information, 2012 | ⁶ OECD, Health at a Glance 2011: OECD Indicators | ⁷ European Union Statistics on Income and Living Conditions (EU-SILC), Brussels, 2007 | ⁸ EUROSTAT [online database]. Brussels, Statistical Office of the European Union - <http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/themes>, accessed 16 March 2012 |

Data visualization by Julia Bachler

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