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# 12 INSPIRING CASES OF HEALTH PREVENTION

## FRANCE-DENMARK

NOVEMBER 30<sup>TH</sup> – DECEMBER 1<sup>ST</sup>, 2023





## Workshop essentials

The Declaration of Intent (DOI) to cooperate in the health domain, signed in May 2023 between the French Ministry for Health and Prevention and the Danish Ministry of the Interior and Health, focuses on implementing a resilient and sustainable health system, managing chronic diseases and developing an ambitious policy of health promotion, prevention and screening, particularly for cancers, obesity, cardiovascular disease and mental health. Furthermore, France and Denmark wish to collaborate on digital health.

Against this backdrop, the Danish Embassy, the Danish Ministry of the Interior and Health and the French Ministry for Health and Prevention organized a 24-hour workshop on prevention to discuss challenges and prevention cases and draw inspiration from one another.

Health systems are under pressure. The general lack of manpower and the demographic characteristics of the population associated with the growing burden of chronic diseases mean that it is valuable for France and Denmark to exchange the challenges and successful examples of health prevention at all ages, at both a national and a local level with regard to children and young people, adults and elderly people. In addition, the focus on the collaboration between research and practice that can create potentially useful knowledge for developing tailored prevention initiatives addressing local and individual health determinants.

During the workshop, health policy makers from France and Denmark selected 12 prevention cases, with a focus on quality and data with documented experiences. The examples have taken place within the last 10-15 years.

**At the end of the workshop, participants and speakers shared several points of consensus:**

1. Prevention is an essential pillar of physical and mental health that is part of a comprehensive and integrated approach to saving lives. Prevention goes well beyond the strictly medical sector and must involve all other sectors and policies. Changing health, however, requires evolving society, modifying individual and collective behaviours, in terms of risk factors in particular, and this from a young age. This also involves relaying France-Denmark common positions at the European level.
2. Prevention initiatives, whatever their scope and field of action, must be systematically evaluated and monitored. This is related to the question of their financing and the need to implement impactful solutions.
3. Digital solutions are tools to reduce costs and increase efficiency in some cases – for example, to facilitate access to people and places – but also to compensate for the lack of health professionals.
4. While national policies provide the framework, the local level remains particularly valuable and relevant because it is closest to the field and its needs. One of the points of vigilance is to ensure that targeted populations have access to the programmes dedicated to them.
5. Health inequalities are directly linked to socio-economic inequalities, both in urban and rural areas.
6. The issue of health data is fundamental to guide policies and will be even more crucial in the years to come.

We hope that these strong synergies between France and Denmark will lead to new collaborations that will further all these subjects.




### Participants

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## The French healthcare system

**At the national level, the French health system is largely driven by the ministries in charge of health and social affairs and by the health insurance.** The State entrusts these ministries with various responsibilities, including:

- The steering and implementation of public health policy, health monitoring and security.
- The supervision of all health and support facilities, the training of health professionals.
- The financial support to health and medico-social establishments, the setting of service rates and the control of health costs, the supervision of health insurance organizations.

**At the regional level, the Regional Health Agencies relay these national policies and adapt them to regional characteristics.** These policies are implemented locally for a care that is as close as possible to the users.

Prevention is a major element. France wishes to encourage a change of behaviour so that everyone adopts habits that are favourable to health. The year 2023 has been marked by important actions, including a new vaccination strategy for girls and boys aged 11/12 focused on human papillomavirus (HPV) in schools (as a key prevention measure against HPV-induced cancers such as cervical cancers in women) and the launch of a new National Program to Fight Tobacco (PNLT 2023-2027). In 2024, prevention assessments will be set up to structure a prevention approach at four key ages of life and encourage the adoption of health-promoting behaviours.

## The Danish healthcare system

The Danish healthcare system is financed by general taxes and provides free and equal access to healthcare for all citizens. As in France and many other countries, the demographic development in Denmark is putting increasing pressure on the healthcare system, calling for new ways of delivering healthcare services. During the past 15 years, the Danish healthcare system has undergone major changes in the effort to meet these challenges.

On 1<sup>st</sup> January 2007, an extensive structural reform took place which reduced the number of municipalities and regions. Included in the reform was a new division of tasks between the state, regions and municipalities as well as a new financing system. **The Ministry of Health has the overall regulatory responsibility of healthcare. The regional level is responsible for hospital management and services as well as for agreement with self employed healthcare professionals.** General practitioners act as “gatekeepers” in the Danish healthcare system.

With the 2007 reform, the government wished to move healthcare services closer to the citizens. Thus, the 98 municipalities are responsible for facilities and activities which prevent disease and promote health. These include: pre- and postnatal home visits, dental services for children, school health services, rehabilitation, home nursing care and nursing home, preventive measures against common health risks, treatments for alcohol or substance abuse and housing for the mentally disabled or homeless.

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# Health visitor programme - Standardized systematic registration



DENMARK – MUNICIPAL – SINCE 1937

## To offer new parents home visits from a Community Health Nurse during the first year of their newborn's life.

### Description of the intervention

Preventative childcare in municipalities includes scheduled home visits from Community Health Nurses (CHN) to all families with a newborn child. The CHNs are registered nurses with 1.5 years of formalized education, including theoretical and clinical aspects of child assessments and communication with parents.

The CHN is in a unique position to contribute to early and preventive efforts. The nurse sees all newborn children up close on a recurrent basis and can therefore detect early signs of delayed development and guide new parents on how to work with their child's development. CHNs also record concerns that signal a problem or something which needs follow-up.

#### Most Danish municipalities comply with the guidelines from the National Board of Health and offer:

- **4-5 home visits** by a CHN in the first week of life, at 2-3 months, at 4-6 months, at 8-10 months + extra visits if needed.
  - **Health examination at school entry** and at the end of compulsory schooling.
- The collaboration with Child Health Database (CHD) was established by CHNs in 2002 and includes today data from approximately one third of Danish municipalities. Efforts are underway to incorporate data from all municipalities. The CHD provides information about the health and development of 250,000 children who were born from 2002 onwards and followed from birth. It is also possible to link to register data about pregnancy, birth, and socio-demographic variables. The purpose is to monitor children's health status and the health services offered, develop the health service and promote research.

### Description of the methods

Through its collaboration with the CHD, the CHNs has agreed on a standardized systematic registration file, by means of which CHNs record details on the child, the family and the services they provide. They use a manual of definitions to enhance the reliability of the records that also include the child's unique person identification number whereby data is linked with complete national health and sociodemographic registers. These CHN records provide new knowledge. Previously, only limited and poor data was available regarding the health of infants and children starting school.

#### Outcomes are:

- Biennial reports, making it possible to follow the development in the municipalities and compare to the total population and other municipalities.
- Ongoing feedback to the CHNs drives professional development and knowledge sharing internally within and across municipalities.
- CHNs' work becomes visible.
- The systematic and complete nature of these records ensures that children's health is monitored effectively.

Since 2011 there has been a formalized collaboration with the National Institute of Public Health with continuous production of research reports on breast-feeding, communication, weight, allergy, post-partum reaction, sleep, eating and feeding problems and more.

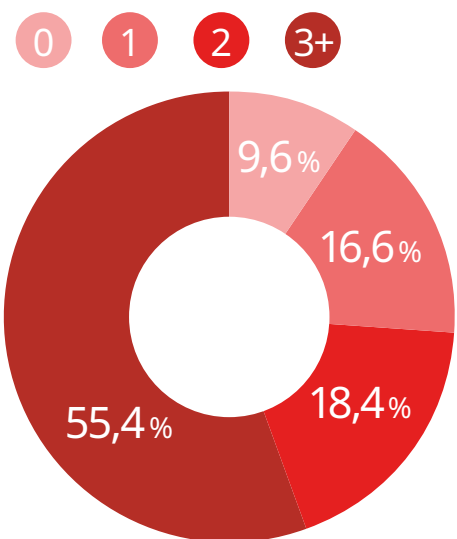
### Challenges

- A shortage of CHNs threatens the quality of the offer.
- Large variations in practices between municipalities.

### Key success factors

- There is extensive **coverage of approximately 95%**.
- Health care is the foundation of early childhood care for vulnerable families. Not only are healthcare services crucial for families, but they also provide unique opportunities for contact and trust.
- Standardized records make possible to follow the children over many years and obtain knowledge about their health and development.

### Number of concerns during the first year of life



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# Preventing child obesity

FRANCE – MUNICIPAL – SINCE 2014

**To reduce the prevalence of overweight and obesity among children and adolescents in Strasbourg’s poorer districts.**

## Description of the intervention

### 1. Coordinated care for overweight and obese children

The doctor or paediatrician refer a child to the scheme, which offers adapted physical activities and a personalized therapeutic education programme. A team of professionals (nurse, referral doctor, dieticians, psychologist, and sports educators), in a caring and non-stigmatising way, organizes regular, personalized follow-up in the form of individual interviews and group workshops on the themes of nutrition, physical activity and well-being. Families are included.

**1,168** kids involved in the coordinated care programme since 2014.

On average, they attend **4.5** individual interviews and **15** sports sessions.

Annual satisfaction survey shows impact on daily habits for **65%** of respondents.

Measurements show reduced corpulence for **61%** of the children.

### 2. Primary prevention in primary schools “Play for your health”

Workshops and games on food and physical activity, tolerance and discrimination, sleep, and screens are organized for 9 to 10-year-olds. Meetings and cooking workshops are organized with the participation of parents.

**7 schools and 155 pupils** the first year, **22** classes and circa **480** pupils the second year.

**100%** of the teachers and **80%** of the kids are satisfied.

## Description of the methods

The 2 programmes are complementary and overseen by a single team. The actions take place in the targeted districts (voluntary organization premises, schools...).

The professionals intervene during school times for the primary prevention. The personalized coordinated care programme is structured with:

- an initial interview with all the professionals to co-design the programme,
- check-up interviews every 6 months,
- follow-up phone calls between interviews.

The initiatives are part of the public private partnership programme Cities Changing Diabetes to drive action against type 2 diabetes and obesity in cities globally. It was initiated in Denmark in 2014 and today, it includes more than 40 cities.

## Challenges

- Coordinated care programme compliance and parents’ mobilisation.
- Targeting teenagers.

## Key success factors

- Relevant, in-depth and shared diagnostic.
- Adhesion of key local actors: primary care networks, local schools and teachers, local voluntary organizations.
- Integration in the local health contract signed by the municipality and the regional health agency (with municipal financial contribution).

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# Well-being and bullying



DENMARK – NATIONAL – SINCE 2001

## To increase well-being among young people.

### Description of the intervention

In Denmark, as in many other countries, a growing number of children and young people report a low level of well-being. A low level of well-being in childhood can give rise to mental health problems in adulthood, resulting in sickness and also in passing on the mental health problems to the next generations. It is also associated with physical illness.

To improve well-being among children and young people, there is need for a holistic/comprehensive approach, targeting both individual needs and societal changes. This includes ensuring that young people take part in leisure activities and are part of positive communities, as well as ensuring that families do not experience economic stress, and that good educational services in a positive environment are available to all children. So far, a comprehensive approach of this kind has not been implemented, but it is on the agenda for the current government.

However, one initiative to improve the well-being of Danish children and young people has been implemented. This is an action plan against bullying among school children.

**In 2001, a law on the educational environment was passed, requiring local school leaders and teachers to ensure that each school had an anti-bullying strategy and an action plan to follow in the event of bullying.** Ongoing monitoring of the implementation of the law has been carried out.

The implementation of the plan against bullying has been evaluated several times, providing input to inform and reinforce the actions. In 2006, an evaluation found that almost all schools had formulated anti-bullying strategies, but work was needed to ensure local ownership and real implementation (Rabøl og Henriksen, 2006). The prevalence of bullying fell dramatically from 1998 to 2006, and continued to fall thereafter.

### Description of the methods

The method applied was the passing of a law requiring teachers and school leaders to develop anti-bullying strategies and action plans, as well as obliging schools and teachers to act if bullying was reported or experienced.

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### Challenges

Although substantial gains have been achieved in reducing the prevalence of bullying, it has not affected overall well-being among children and young people, indicating that this challenge requires other initiatives.

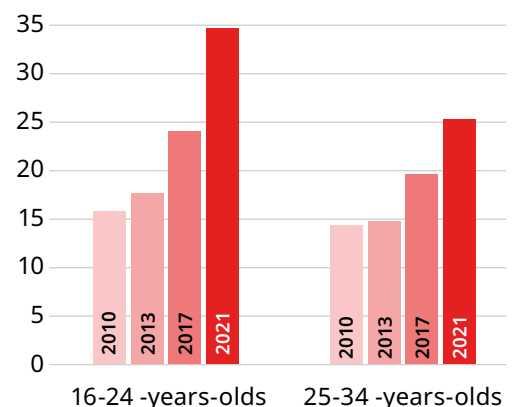
### Key success factors

- The prevalence of bullying has decreased substantially.
- All schools have anti-bullying strategies.
- Strong commitment from school employees and parents to prevent bullying.

**For boys and girls aged 11 yrs the prevalence of bullying declined from**

**34%** in 1998  
to **5%** in 2018.

**Percentage of young women expressing a well-being crisis from 2010 to 2021**





# The National Action Plan against tobacco use

 DENMARK – NATIONAL – SINCE 2020

## To prevent tobacco use among children and young people.

### Description of the intervention

Since 2020, the approach has changed to increasingly viewing tobacco use as a societal problem and recognizing the systematic interference and opposition by the tobacco industry in tobacco control. Consequently, more ambitious tobacco control policies have been implemented, including regulations on packaging design (e.g., pictorial health warnings and plain packaging), restrictions on advertising and tobacco promotion, restrictions on access to tobacco products by prohibiting sales to minors, and a national smoking ban expanding smoke-free environments in workplaces and public settings. Alongside the implementation of these policies, mass media campaigns have been launched and smoking cessation programmes made available. Consequently, **tobacco control in Denmark currently consists of a combination of individual and structural approaches.**

The majority of Danish municipalities offer smoking cessation programmes and collaborate with pharmacies and hospitals. Furthermore, Denmark has a variety of other freely accessible resources such as a national quit line that provides smoking cessation counselling by trained professionals, self-help materials, and internet-based cessation programmes. Most face-to-face smoking cessation programmes offered to Danish smokers, both individual and group-based, follow a nationally standardized smoking cessation programme (Gold Standard Programme), which has been developed in Denmark.

In 2020, the Danish Parliament enacted a comprehensive national action plan against tobacco use among children and young people. The action plan was based on the implementation of a wide range of new tobacco control measures, including plain packaging on all tobacco products, the prohibition of tobacco use during school hours in schools, a tobacco display ban, and improved smoking cessation support. Additionally, regulations regarding flavours in tobacco products and electronic cigarettes were amended to reduce the appeal of the product to young people.

### Description of the methods

In collaboration with the Danish Cancer Society, the Danish Heart Foundation and the Danish Lung Association, the National Institute of Public Health is monitoring and evaluating, based on results from the SRØG study, how the national action plan against tobacco use among children and young people affects young people's consumption behaviour and attitudes towards a number of different tobacco and nicotine products in Denmark. The overall purpose is to monitor developments in the consumption of tobacco and nicotine products among young people over time and to evaluate the effect of the initiatives that have been implemented as part of the of the national action plan against tobacco use among children and young people with a particular focus on three specific preventive initiatives: price increase on tobacco, the display ban and standardized tobacco packages.

### Challenges

- An increasing number of young people are using smokeless nicotine products and disposable vapes.
- There is political reluctance to further increase tobacco prices.

### Key success factors

- Share of smokers among 15-29-year-olds has lowered.
- The Danish government has just presented a new prevention plan for children and young people's consumption of alcohol, nicotine products and tobacco.

## 2020

1<sup>st</sup> Danish national action plan against tobacco use.

**1/3** of 15-19-years-olds used at least one tobacco or nicotine product in 2022.

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# Delivery of emergency contraception in pharmacies without prescription



FRANCE – NATIONAL – 2023

**To offer all adults the free delivery of hormonal emergency contraception in pharmacies, currently possible only for minors.**

## Description of the intervention

This intervention requires:

- lifting the prescription condition for the delivery of emergency contraception,
- providing for full coverage by compulsory health insurance regardless of age.

## Description of the methods

This measure – in place since January 1<sup>st</sup> 2023 – simplifies the healthcare pathway and enables effective access to this means of prevention of unwanted pregnancies for all women regardless of their income. It will have the effect of reducing the medical time devoted to the prescription of emergency contraception.

Young people in particular are impacted by this measure.

The use of emergency contraception is higher among younger women: among sexually active women, the proportion who used emergency contraception in the last 12 months was 20.5% among 15-19-year-olds vs 11.1% among 24-25-year-olds and 6.7% among 25-29-year-olds.

In 2020,

**5.93** million boxes  
of emergency contraception  
were sold.

In 2016,

**6.2%** of women aged  
15-49 had recourse to emergency  
contraception in the past 12 months.

## Challenges

- To not trivialize the practice as a so-called comfort contraception.
- Improve the information on the subject because 2/3 of women still do not know that emergency contraception is now free.

## Key success factors

- This measure intended for all women has a socio-economic impact. It can thus relieve financially young women who are the main users. Recent studies have revealed that emergency contraception is practiced most often alone and that nearly one in three women does not inform her partner. And even when they are aware, in one third of cases, they let women procure it alone.
- The facilitation of access to fully reimbursed emergency contraception will reduce the number of unwanted pregnancies for many women. The law n° 2021-1754 of December 23<sup>rd</sup> 2021 on the financing of social security for 2022 already allowed for 100% coverage of emergency contraception for young women under 26 years old, but it was only on prescription.

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# Copenhagen Youth Profile and Partnerships with the Copenhagen Youth Educations programmes



DENMARK – MUNICIPAL – 2019

## To promote health and well-being among young people.

### Description of the intervention

The partnership is a collaboration between the municipality of Copenhagen and 32 youth education programmes in Copenhagen. Youth education programmes include high schools, vocational schools and schools that prepare young people to start education. Partnerships are important because they make it possible to address health social determinants which is vital to overcoming structural health inequalities.

In the context of the partnerships with youth education programmes, the Health and Care Administration carries out a Youth Profile, which is a **survey of 80 questions** regarding well-being and health in young people aged 15-30. Overall, the results show that the great majority of Copenhagen's young people thrive. However, compared to young people at the national level, those in Copenhagen a lower level of well-being as well as increased risk behaviours.

Based on the students' responses, every youth education programme receives a local school report. Together with each school, the administration plans interventions for the next school year, e.g. in relation to smoking, alcohol, mental well-being and so on. The administration systematically follows up on activities, as well as a registry of the activities in order to continually adapt to the needs of a specific student population.

For example, data demonstrated that a school was challenged by poor sleeping habits amongst the students. In dialogue with the school, it was decided to initiate an intervention at multiple levels to improve sleeping habits and, in turn, improve the student's well-being and learning outcomes. The interventions included developing teachers' competencies to facilitate a workshop on sleep and digital behaviour for the students, as well as a video presentation for their parents. In the context of the partnership, it has been considered how the institutional framework could support good sleeping habits among the students e.g., by adjusting assignment deadlines. Sleeping habits is an ongoing focus area at the school, and we will monitor data from the Youth Profile to evaluate the effects of the interventions carried out.

At the strategic level, **the collective Copenhagen report is used to guide the administration's work with health promotion and disease prevention among young people.** For instance, the report has given rise to an increased focus on digital behaviour and well-being. Since more than 15,000 students are attending the youth education programmes, using data strategically can have a great impact.

### Description of the methods

The Youth Profile is carried out as an electronic survey that includes questions about physical and mental health, education, work, leisure, family relations, use of drugs and other risk factors.

The partnership is a data-driven and multi-pronged collaboration that uses local data as a basis to target interventions at an individual, structural and framework level.

### Challenges

While all Copenhagen youth educations programmes are invited to participate in the Youth Profile, there is great variation in response rates. For instance, the response rate is considerably higher at high schools compared to vocational schools.

### Key success factors

- High response rates among the invited young people.
- Longitudinal data collection that makes it possible to compare results over time.
- Matching responses to social security numbers thereby enabling analyses that include other data sources.

**15,000** students are attending 32 youth educations programmes.


**10,440** students participated in the survey with a response rate of 74% (2023).

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# Delivery of condoms in pharmacies without prescription

 FRANCE – NATIONAL – 2023

## To provide condoms free of charge for people under 26 years old.

### Description of the intervention

The measure consists of allowing pharmacists to deliver a box of external or internal condoms per distribution fully covered by compulsory health insurance, regardless of the packaging, with a systematic exemption from advance payment. In addition, minors will benefit from the confidentiality of the delivery from the pharmacist. The delivery is limited to condoms registered on the list of products and services reimbursable by health insurance and to one box per insured person and per delivery. At this stage, two brands of external condoms have already been registered on this list and registration requests are in progress, from new manufacturers, both for external and internal condoms.

**The objective is to allow young people to have a responsible sexuality that offers the possibility of choosing not to conceive a child and to protect themselves against sexually transmitted infections (STIs).** This implies that women and men can choose safe, effective, acceptable and accessible methods of protection in order to avoid unwanted pregnancies and STIs, in particular HIV.

### Description of the methods

The Government has made health prevention a priority, and the President of the Republic announced in December 2022 that access to condoms would be free in pharmacies for young people under 26 years old. This measure is also part of the Interministerial Plan for Equality between Women and Men 2023-2027. Improving the sexual and reproductive health of young people requires strengthening access to contraception and prevention both to prevent sexually transmitted infections (STIs) and unwanted pregnancies. This measure is in line with the 100% coverage by compulsory health insurance and third-party payment of the costs related to contraception for women under 26 years old introduced by the social security financing law for 2022. Indeed, young people under 26 years old are the most affected by unwanted pregnancies and sexually transmitted infections, and in particular chlamydia which affects 65% of those under 26 years old. Moreover, this population is also more economically precarious, and may encounter financial difficulties in accessing contraception and STI prevention.

### Challenges

To implement this measure, it was necessary to:

- Remove the participation of the insured person under 26 years old for the distribution of external and internal condoms by the retail pharmacies.
- Lift the prescription obligation by doctors and midwives for this type of medical device for reimbursement by health insurance for those under 26 years old.

### Key success factors

Between January 1<sup>st</sup> and July 31<sup>st</sup> 2023:

- 15.7 million condoms were dispensed in pharmacies and covered by health insurance, which is 2.4 times more than in the same period in 2022.
- This distribution represents €2.9M of expense for compulsory health insurance, which is 3 times more than in the same period in 2022.

**Over the first 15 weeks of 2023, among young people under 26 years old,**

**5.9** million condoms were reimbursed compared to

**1.1** million in the same period in 2022.

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# The Heart Bus “Le bus du cœur” for “Agir pour le cœur des femmes”

 FRANCE – NATIONAL – SINCE 2020

## To improve women’s cardiovascular health and health knowledge.

### Description on the intervention and of the methods

Since 2020 a bus has been visiting medium-sized towns in France for 3 days: 17 cities have been visited and more than 4,000 women have been examined in the past year. Their mean age is 54 years (14-95 years!). Women of this age have a high risk of cardiovascular events, myocardial infarction, hospitalization, and cardiovascular death. However, this high cardiovascular risk is not well known in the general population, or among medical doctors.

The intervention consists firstly of an interview and an examination by a medical doctor, in order **to screen some cardiovascular risk factors**. Then weight, waist circumference, glycemia and cholesterol are measured.

A gynaecological examination is offered. Drug and alcohol abuse and smoking are screened. Electrocardiogram and arterial echo-doppler are optional. Finally, there is a medical synthesis.

In the city of Lille, we have been offering this approach to women who would like to take it up since 2021, or **if necessary, a more complete health check-up** at the Institut Pasteur de Lille.

Education sessions are proposed for three areas: dietary habits, stress management and physical activity (5 sessions for each topic). Individual health objectives are established and then these well-being workshops take place collectively to improve lifestyles step-by-step and to decrease risk factors.

An evaluation was performed by means of a follow-up phone call at 3 months.

Improvement in physical activity and well-being in four ways (physical, social, psychological and sleep) has been demonstrated.

### Challenges

Unfortunately, not all women follow the health education sessions after the bus check-up. Moreover, some other women are lost from view. The main hurdle is getting an appointment with a general practitioner, or a cardiologist is necessary. We now need to implement a genuine real long-term evaluation.

### Key success factors

- Extensive advertising is carried out before the bus arrives in the town centre. A large and mainly disadvantaged population is targeted in collaboration with associations and organizations involved in disadvantaged neighbourhoods.
- There is a genuine need for this action because women are unaware of their cardiovascular health.
- Offering collective education sessions on lifestyle after the check-up.

**17** towns visited and 4,423 women examined in 2023 with a mean age of 54 years.

**90%** of women have 2, or more than 2, cardiovascular risk factors.

**79%** don't have any cardiological monitoring.

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# Rehabilitation programme in the Centre for Diabetes



DENMARK – NATIONAL – 2016

**To strengthen coping skills, selfcare, self-efficacy and build up physical and mental health among citizens with type 2 diabetes.**

## Description of the intervention

Around 19,400 Copenhagen residents live with type 2 diabetes, and each year approximately 1,600 are diagnosed with the condition. The Centre for Diabetes in the Municipality of Copenhagen offers residents who live with type 2 diabetes **support with managing everyday activities and tackling the consequences of living with diabetes**. The centre is Denmark's first specialized local authority rehabilitation facility for citizens with type 2 diabetes. The centre offers individualized programmes that are based on an individual needs assessment. Referrals of citizens with type 2 diabetes to the Centre for Diabetes rose from 861 in 2017 to **1,104 in 2022**. The centre was expanded in 2019 to also include and offer services to citizens with heart diseases (475 referrals in 2022).

## Description of the methods

The general purpose of the rehabilitation programme is for citizens to acquire coping skills that enable them to manage everyday activities so that they can enjoy a good quality of life with their condition. Specifically, the services aim to strengthen citizens' selfcare, self-efficacy and coping skills, and build up physical and mental health.

The rehabilitation programme is personalized, taking as its starting point the citizen's needs, motivation, resources, and preferences. It may include patient education, physical training, nutritional intervention, practical cookery, and a course in blood sugar monitoring, as well as quit-smoking-services and alcohol-related therapy.

The programme is based on the professional platform described in the Disease management programme for type 2 diabetes and the Danish Health Authority's professional recommendation.

The Centre for Diabetes carried out an impact evaluation involving citizens with type 2 diabetes referred for a rehabilitation programme during 2018–19. The results are presented in a report which describes the population of citizens referred for rehabilitation in the centre and examines whether the population benefits from the initiatives and maintain benefits six months after the end of the programme.

The impact evaluation was performed as a pre- and post-evaluation as well as a follow-up six months after the end of the rehabilitation programme among 308 citizens. It included data from a 60-item questionnaire as well as physiological measurements.

## Challenges

Citizens meet health professionals who are specialized in diabetes and diabetes-prevention. This is key to the success of the programme. But it also generates certain challenges:

- Diabetes rehabilitation is offered at one location in the city only. However, the Centre organizes activities in the community and offers programmes online.
- Many citizens live with more than one chronic disease and the focus on diabetes must be supplemented with professional insight into other conditions.

## Key success factors

The impact evaluation shows that:

- The Centre for Diabetes is successful in recruiting citizens with a non-western background.
- Citizens achieve good outcomes which are maintained six months after the programme:
  - A significant improvement in signs of diabetes distress is seen (42% shows signs at the beginning of their programme, 22% at the end of programme and only 20% six months later).
  - A significant improvement is seen in HbA1c and in blood pressure from the start of the programme to six months after the end.

**At the start of the programme,**

**42%** of citizens felt they were managing their diabetes.

**This figure increases to**

**78%** six months after the end of the programme.

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# The longevity path “Le parcours longévité”

FRANCE – NATIONAL (LILLE AND TOULOUSE CURRENTLY) – 2018

## To act on lifestyle and behaviour for a better and longer life.

### Description of the intervention and of the methods

After screening the lifestyle (dietary habits, sleep, physical activity, stress) and the main risk factors for frailty and diseases, the state of major functions such as hearing, vision, muscular strength, clinical examination and interview, blood analysis and psychological interview, cognitive and physical performances, and addictions (alcohol, tobacco), electrocardiogram measurements are taken over a half-day session. Then participants are offered personalized support. This intervention is carried out individually or collectively with education coaching on diet, physical activity, stress, and sleep with specific professionals. Of course, a medical summary of the check-up is sent to the general practitioner before this intervention. Sessions are offered on the basis of the problems revealed through screening, and may be either primarily cognitive sessions or nutrition-physical activity coaching. Then a follow-up takes place by phone at 3, 6 or 12 months.

A study was designed especially for **young retired subjects** with a control group and an intervention group receiving collective coaching and then a follow-up. In this study a dual absorptiometry measuring bone density was performed. The recruitment and the coaching are now closed, but the final analysis is in progress.

A shorter evaluation is available for the target group of **working subjects** and also **caregivers**.

Firstly, a lot of frailties, behaviour disturbances and risk factors, and clinical and biological abnormalities were observed; a lack of up-to-date screening for colon cancer was also observed.

Secondly, most of the subjects who completed the education course succeeded in improving their behaviours and adopting a better, healthier lifestyle simultaneously across the four areas for action (diet, physical activity, stress, and sleep).

### Challenges

The cost of this proposal cannot be paid directly by the participants (too expensive). It is therefore necessary to obtain financial help from private companies, pension funds ... The aim of these actions is to slow down ageing, but it is quite difficult to evaluate that purpose. We would like to design another research study to measure its long-term impact on health, ageing and perhaps longevity.

### Key success factors

- More than a traditional check-up. It is a 360° overview of frailties, risk factors, behaviours, and psychological difficulties.
- The team is multidisciplinary and in a unique location. There is an extensive offer to support positive behavioural changes to improve lifestyle and currently a one-year follow-up.
- The Institut Pasteur de Lille has extensive experience in carrying out check-ups.

**15,000** prevention appointments per year (Lille, Tourcoing, Artois).

More than **600,000** health check-ups since 1981.

Follow-up of the educational path over

**1 year.**

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# Health promotion and prevention packages



DENMARK – NATIONAL – SINCE 2012

## To support and qualify health promoting and prevention initiatives in municipalities.

### Description of the intervention

**In 2007, the 98 municipalities in Denmark were given the responsibility of ensuring health promotion and prevention services to their citizens.**

The rationale behind this was threefold:

- 1) moving a significant part of secondary and tertiary prevention from highly specialized hospitals to less specialized municipalities,
- 2) a principle of proximity placing health promotion and prevention closer to the citizens,
- 3) enhancing synergy between the different welfare services in the municipalities.

However, for most municipalities this was a new task, and they didn't have the necessary experience and competencies. Additionally, the Danish Health Care Act was, and still is, relatively unprecise in its description of the obligation, leaving much room for local interpretation.

With a legislation open for local interpretation, lack of competencies and experience in the field, and to some extent lack of political focus, the services provided and initiatives taken varied in focus and quality between municipalities.

To counter this development, the Danish Health Authority, in agreement with Local Government Denmark, developed a series of "health promotion packages" in 2012, that focussed on how the municipalities could strengthen the quality in the initiatives, and indicated to the municipalities what the citizens should be able to expect in terms of services. The packages described both the relevant evidence and knowledge within each focus area and provided specific recommendations for local initiatives. With the revised version in 2018 a prioritization between focus areas and recommendations was included in the packages.

### Description of the methods

Based on available knowledge and on evidence, the Danish Health Authority identified initiatives and actions within four pillars, within which the municipalities were recommended to develop initiatives. These were:

- Structural initiatives (e.g. policies, schools, sports facilities).
- Services (e.g. counselling, smoking cessation services).
- Information and education (e.g. health education in schools, information to parents, campaigns).
- Early identification (e.g. identification of people with alcohol problems in job centres, children not thriving in schools and by the community health nurses).

The development of the prevention packages was followed by the establishment of a new centre to support the implementation of the packages. This was located within Local Government Denmark, headed by the Danish Health Authority and Local Government Denmark in collaboration.

The implementation of the health promotion packages has been monitored several times, indicating that the municipalities have initiated work within the areas covered in the packages. However, the data doesn't reveal the quality of the initiatives taken.

### Challenges

The implementation of the first edition of the packages revealed a need to prioritize within and between the packages to ensure that focus was placed on the most essential recommendations and where the public health impact was greatest.

### Key success factors

- There was a mutual understanding of the need for and purpose of the health promotion packages between the Danish Health Authority and Local Government Denmark resulting in a strong collaboration.
- The recommendations were knowledge-based and there was a prioritization of the recommendations.
- To support the implementation of the packages a new centre located in Local Government Denmark was established, providing help and support to municipalities.

**Main risk factors are: tobacco, lack of physical activity, and alcohol.**



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# Mutuelles Impact

FRANCE – NATIONAL – SINCE 2021

**To invest in startups and SMEs that provide answers to health and social challenges.**

## Description of the intervention

Mutuelles Impact is the first investment fund with social and environmental impact dedicated to health and medico-social services. It operates in the fields of health, health promotion and education, environmental health, and prevention. It is aimed at all age groups, populations and types of action.

## Description of the methods

Mutuelles Impact invests based on financial and impact criteria.

- Environmental impact,
- Shared governance,
- Shared value,
- Opportunity for systemic change and impact on territories.

These criteria are analysed by an Impact Committee composed of mutual benefit companies and health experts who assess the social impact of the companies. With the investment team and company leaders, the committee co-builds a roadmap to follow, incorporating clear impact indicators.

**11** investments have been made by companies to date, of over 29 million euros.

The Fund has a total of **95.6** million euros available.

**63** subscribers are involved to date.

## Challenges

As part of its commitment to collaborate with local stakeholders in the Région Grand-Est, Mutuelles Impact is involved in developing its investments in this area under the leadership of the Eurometropolis of Strasbourg, E-Meuse and the Banque des Territoires.

## Key success factors

- Firstly, it focuses on establishing a financing ecosystem that guides investments towards increased sustainability and universal health. By strategically aligning financial efforts with these objectives, the organization not only drives positive societal impact, but also ensures the longevity of its investments.
- Secondly, Mutuelles Impact fosters collaboration by building bridges and synergies between the subscribing mutual insurance companies and the startups in which the fund invests. This interconnected approach not only enhances the growth potential of the startups, but also creates a network where mutualistic values and entrepreneurial innovation converge, reinforcing the overall impact and success of Mutuelles Impact.

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## Mental health: a priority!

**Laurent Marchand**, Head of Scientific Program, PariSanté Campus

PariSanté Campus is a public-private mixed structure that aims to structure a French digital health sector with global influence by bringing together all the talents and expertise of e-health in one place.

In France, it is estimated that **7.5% of young people aged 10 to 20 need psychological follow-up**. Mental disorders are the most expensive expenditure of the health insurance system by pathology, exceeding cancers and cardiovascular diseases, for a total amount of **19.3 billion euros/year**. To meet these challenges, the Ministry of Health and Prevention established a roadmap in 2018, of which a first assessment was made in March 2023. A specific commitment was made with the launch of a Grand Challenge (worth 25 million euros) that will develop new modalities of care such as digital therapies (or Digital Therapeutics, DTx) as well as new digital supports to promote mental health. Digital technology is a lever for transforming our system of prevention, care and support, especially in terms of fighting isolation. Among the digital solutions for support, let us mention for example the **VigilanS platforms** – deployed in 17 regions and 92 departments – which offer the possibility of contacting back the suicide attempters.

## Nordic health to 2030

**Joe-Max Wakim**, Deputy director, Copenhagen Institute for Future Studies

The Copenhagen Institute for Futures Studies is an independent, non-profit think tank established in 1969 – on the initiative by former Danish Minister and OECD Secretary-General Professor Thorkil Kristensen.

The evolution of the health system in the future follows a trajectory that includes different scenarios (possible, plausible, probable, preferable) with a constant: the objective of building a sustainable health model. To do this, the approach chosen by Denmark is based on an alliance between individuals, data and system in order to develop a new social contract.

### **3 specificities of the Danish system**

- A pioneer system in the field of digital health with the implementation of electronic health records in the 1990s.
- Integrated pathways with the national patient portal and the hospitalised patient portal.
- 21 super hospitals that centralise expertise.

### **3 fundamentals for the future**

- Allocate 5% of GDP to treatments and 5% to prevention. Today 10% of GDP is allocated to health, of which 93% for treatments.
- Invest and develop solutions that can improve health and well-being for the remaining 90% of the population rather than for the richest 10%.
- Keep 80% of the population healthy while providing the best care to the 20% who need it.

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### **CONTACT: DANISH EMBASSY IN PARIS**

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## Some recent French initiatives for prevention

- The new program “My prevention assessment” which will be operational at the national level in early 2024 for doctors, midwives, nurses and pharmacists.
- The 6<sup>th</sup> national program against tobacco 2023-2027 (PNLT) announced on November 28, 2023.
- The mandatory vaccination program extended to human papillomavirus in middle schools in 2023.

### **Mindhelper.dk**

It is Denmark's most comprehensive youth mental health and well-being service that provides evidence-based information, self-help tools and guidance for life problems and mental health difficulties. Young people can also ask questions, which trained staff will review and respond to. It also signposts young people to local youth mental health services for further support and help. Mindhelper was co-developed by Centre for Digital Psychiatry, in the Region of Southern Denmark, in partnership with young people and four Danish municipalities. Since 2019 the service has been disseminated to young people, parents, and youth mental health professionals across the country.

### **Telemedicine for chronic obstructive pulmonary disease**

This is a digital health solution used by all municipalities, regions and the Danish Ministry of Health. Its objective is to reduce hospitalizations (and relieve the super hospitals) related to this pathology whose mortality is particularly high. It allows to orient patients towards the local health centers and to help nurses for the follow-up of the pathology.