Updated: 23 April, 2018

**WHO STUDY ON MANAGEMENT OF CHILDHOOD OBESITY IN THE EUROPEAN REGION**

**COUNTRY QUESTIONNAIRE**

**Country:** Denmark

**Professions of respondents** *(multiple may apply):* pediatrician / nurse / dietitian / exercise physiologist / public health specialist / psychologist / ministry representative / insurance company representative / other: MD, Health visitor (combined newborn and schoolnursing), MD (pediatric nutrition), Research nurse, Senior adviser

**In which part of the health system do respondents operate:** school health / community care / primary care / specialized care / other: Community (municipality), University - National hospital, Pediatric department, Danish health Authority

**Is childhood obesity recognized as a (chronic) disease in your country?**

By the Ministry of Health: Yes / No;

By the health professionals: Yes / No It varies. Some health professionals advocate for it and recognize it as a disease; others see it as a risk factor in line with the Danish Health Authority.

## 1. GUIDELINES

### 1.1. Are there any guidelines for childhood obesity screening, assessment and treatment in your country?

Yes, one nationally accepted and used guideline for childhood obesity /

Yes, several parallel childhood obesity guidelines are in place /

Yes, a joint guideline for adult and childhood obesity /

No

**1.2. If yes, please give title(s) / year of issuing / issuing organization / URL**:

"Opsporing af overvægt og tidlig indsats for børn og unge I skolealderen. Vejledning til skolesundhedstjenesten" / 2014 / Sundhedsstyrelsen (Danish Health Authority) / https://www.sst.dk/da/udgivelser/2014/~/media/F7C0D97FB5F840C69CE9388A0BAB4E1B.ashx

*Chapter 5 in this publication*: "Monitorering af vækst hos 0-5-årige børn. Vejledning til sundhedsplejersker og praktiserende læger" / 2015 / Sundhedsstyrelsen (Danish Health Authority) / https://www.sst.dk/da/udgivelser/2015/~/media/A72D478EDC6F4298ACEE1E9AE545BF83.ashx

*The same in short version for GPs, chapter 5*: "Monitorering af vækst hos 0-5-årige børn. Kort vejledning til praktiserende læger" / 2015 / Sundhedsstyrelsen (Danish Health Authority) / https://www.sst.dk/da/sundhed-og-livsstil/~/media/C790FDC7890045618F7510DF62DD8D12.ashx

"Svær overvægt, udredning og behandling hos børn og unge i pædiatrisk regi" / 2014 / Dansk Pædiatrisk Selskab (Danish Paediatric Society) / http://www.paediatri.dk/images/dokumenter/Vejledninger_2016/sv%C3%A6r_overv%C3%A6gt_udredning_og_behandling_hos_b%C3%B8rn_og_unge_i_p%C3%A6diatrisk_regi.pdf

*And about prevention, identification and early intervention: "Forebyggelsespakke – Overvægt" / 2018 (version 2013 opdated in 2018) / Sundhedsstyrelsen (Danish Health Authority) /* https://www.sst.dk/da/udgivelser/2018/~/media/92E34F6D5D94489F803C677FE757C3C2.ashx

**1.3. If yes, what are the areas covered?** *(multiple answers allowed)*

diagnosis / classification / referral / treatment / long term care / organization of care / prevention / others: 2 of 6 respondents say, that all topics are covered, the rest that only the yellow topics are

**1.4. If yes, what principles are applied?** *(multiple answers allowed)*

integrated approach[1] / family involvement / community involvement / universal access / multi-disciplinarity[2] / progressive care[3] / self-management support / others:

Guidelines from the Danish Health Authority are preventative and involves family involvement, community involvement and universal access as a Health visitor you can refer families to either local GPs or a local community (municipality) programme.

**1.5. If yes, what professional disciplines were involved in the development process?** *(multiple answers allowed)*

primary care pediatricians / endocrinologists / gastroenterologists / obesity specialists / nurses / dietitians / exercise physiologists / public health specialists / psychologists / ministry representatives / insurance company representatives / other: ………………………………………………………………………………………….

## 2. SCREENING AND REFERRAL FOR CARE

**2.1. Is there a national or regional mechanism in your country for evaluating the weight status of all children on a regular basis with the purpose of screening[4] for overweight and obese children?**

Yes / No

**2.2. If yes, what age groups are covered?**

Pre-school children: 0-2 years of age, 2, 3, 4 and 5

School-aged children as follows: 2. year of primary school (age 6-8 y), mid school (age 9-13 y) and last year (age 14-16 y) *

**2.3. If yes, what is the time[5] and frequency of assessments[6]?** See 2.2

The health visiting service is screening children from nought – 16 years. Up until 1 year in home visits, some boroughs offers homevisits by health visitors at 1½ + 3 years, screening for obesity is one of several focus areas for the visit. In early years the children have regular health visits at the Gp, who also is screening for obesity. In school years the health visitor at the local schools are screening children at 5 years, at 6 years, 10 years and 14 years (the program varies from borough to borough.

**2.4. Please name and describe the designated organization(s) responsible for screening**:

Family nurse, pediatrician, health visitor (school nurse) and GPs

* National data is reported to the Danish National Register of Children's Health Date (Den Nationale Børnedatabase) for the school-aged children- registration has been mandatory since 2015.

**2.5. Which professionals are involved in the process of screening?** *(multiple answers allowed)*

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[1] incorporating diet, physical activity and mental health as well as environmental change and parenting practices

[2] involving different disciplines e.g. medical, nutrition, exercise, psychology

[3] using a stepwise algorithm for childhood obesity management

[4] incl. systematic invitation, follow-up of identified individuals and access to treatment

[5] e.g. in every April *OR* at entry to primary school

[6] i.e. annual; every 2-4 years; every 5 years; not routine

School nurses* / Community nurses / Primary care pediatricians / Dietitians / others: Family nurse, health visitors (school services), GPs.

* In Denmark we call school nurses for Health visitors (i.e. specially trained nurses who perform examinations and have dialogues with school children and their parents).

**2.6. In which setting is the first screening implemented?**

School / Community / Primary care / other: At home.

**2.7. Who is notified about any deviation from the reference curve (i.e. in case of underweight, overweight, obesity or severe obesity)?** *(multiple answers allowed)*

Children / Parents or Caregivers / School health team / Primary care pediatrician / Clinical pediatrician / Others: Depending on age – children, GPs or local services.

**2.8. Please describe briefly how an overweight or obese child is referred to treatment services in your country?**

It varies from place to place.

GP

Referral can be done by the primary care physician, or in some places by the family themselves or the school nurse (health visitor). Community services sends a referral either to GP or local services.

In Copenhagen Municipality for instance, overweight children are referred to home- and school nurses (health visitors) and obese children are referred to Center for Children and Adolescent's Health.

## 3. DIAGNOSIS, RISK STRATIFICATION

**3.1. In which settings do actions related to the diagnosis[7] of childhood obesity and comorbid conditions take place**? *(multiple answers allowed)*

General or family practice / Health center / Other primary care / School / Hospital / Out-patient clinic

Various treatment settings

**3.2. Which professionals are involved in the diagnosis and risk stratification of childhood obesity and what is their respective role[8]?**

**Diagnosis**: GP, family doctor, pediatrician, doctors, psychologist, nurses, school nurses (health visitors)

**Risk stratification**: Doctors, nurses.

## 4. TREATMENT OF PEDIATRIC OVERWEIGHT / OBESE PATIENTS

[7] the process of verifying the presence of overweight or obesity and comorbid conditions

[8] e.g. assessment of weight status, evaluation of weight related problems, laboratory testing, physical activity assessment, dietary behavior assessment, psychological assessment

**4.1. Who is/are responsible for the organization and coordination of care of overweight and obese children in your country[9]?** Differs from place to place.
Overweight typically primary care. Obesity also at pediatric departments.

**4.2. Are these services run by the government / NGO / private?**
**4.3. Is childhood obesity care organized by taking into account risk classification of patients?**

Yes / No some said yes some said no – seems to be unclear, what the question is. The table below is filled out by a yes-sayer.

**4.4. If yes, please describe the stages of progressive care (incl. setting for each stage and referral criteria)**

| Stage | Brief description | Setting | Referral criteria |
|---|---|---|---|
| *Example: 1* | *Lifestyle weight management services* | *Community, School and Primary Care* | *Overweight children; either self-referred or identified by screening* |
| 1 | School nurse (health visitor) | school | Overweight children |
| 2 | Center for children and adolescents health | Copenhagen | Severely obese children |
| 3 | | | |
| 4 | | | |

**4.5. What type of weight management services are available at the school setting?** *(multiple answers allowed)*

basic healthy lifestyle / counselling / dietary therapy / exercise therapy / anti-obesity drugs / other drug therapy (e.g. anti-hypertension drugs) / others: dietary advice, exercise advice.

**4.6. Which professionals are available at the school setting?**

nurse / pediatrician / school health physician / dietitian / exercise physiologist / psychologist / others: i.e. health visitor (se comment in 2.5)

**4.7. What type of weight management services are available in primary care (incl. community services)?** *(multiple answers allowed)*

basic healthy lifestyle / counselling / dietary therapy / exercise therapy / anti-obesity drugs / other drug therapy (e.g. anti-hypertension drugs) / others: dietary advice, exercise advice .

**4.8. Which professionals are available in the primary care (incl. community services)?**

nurse / pediatrician / childhood obesity specialist / dietitian / exercise physiologist / psychologist / others: as well as health visitors

[9] if there is a progressive care approach please name the responsible organization for each stage

**4.9. What type of weight management services are available at specialized care?** *(multiple answers allowed)*

basic healthy lifestyle / counselling / dietary therapy / exercise therapy / anti-obesity drugs / other drug therapy (e.g. anti-hypertension drugs) / bariatric surgery / others: Psychologist counselling
*Not sure if and when drug and drug therapy is used for children. If you need further information on this matter please return.

**4.10. Which professionals are available at specialized care?** *(multiple answers allowed)*

nurse / pediatrician / childhood obesity specialist / dietitian / exercise physiologist / psychologist / others: medical laboratory technologist

**4.11. Please briefly describe the care and health service infrastructure for the treatment of morbidly obese children in your country**:

From community service the child is referred to GP and from there to speicialized care at hospital or projects…………………………………………………………………………………………………………………………………
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**4.12. How does the obesity care pathway integrate with other health and/or social care pathways[10]?** Notifications (in Danish: Underretninger)

**4.13. How does the obesity care pathway integrate with prevention initiatives[11]?**

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[10] i.e. across professionals, facilities and/or support systems but also via systems for training, consultation, and possible co-management
[11] e.g. at policy level or at the school setting

## 5. LONG TERM CARE AND FOLLOW UP

**5.1. How are the long term care and follow up organized in your country and which professionals are involved?** *(multiple answers allowed)*

primary care pediatrician / clinical pediatrician / dietitian / exercise physiologist / health educator / social worker / psychologist / school health team / community health team / others: If a child has been in treatment or at one of the stays for obese children (a stay at a childrens home for 3 months, with focus on obese children) the health visiting service is notified, to follow up on the family

**Organization of care:** Different from place to place

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**5.2. What is the usual intensity of contact rate for long term care?**

Less than one contact per month / Monthly contacts / Once in every two weeks / Weekly

**5.3. Is there a database / repository of community resources (e.g. sport clubs, running tracks, healthy eating clubs, etc.) that can be accessed either by the health care providers or by the patients themselves?**

Yes / No ???

If yes, please describe:

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## 6. SERVICE COVERAGE, REIMBURSEMENT AND FUNDING

**6.1. What basket of services are covered by the publically-funded health care in your country[12]?**

assessment of weight status / evaluate weight related comorbidities / lifestyle and weight management counselling for child / lifestyle and weight management support to parents / physical activity / anti-obesity drugs / other out-patient services / bariatric surgery / pre- and post-operative services / other in-patient treatment / long term care / follow up / we don't have publically-funded service for obesity management

**6.2. What basket of services are covered only by *private* insurance for childhood obesity management in your country?**

assessment of weight status / evaluate weight related comorbidities / lifestyle and weight management counselling for child / lifestyle and weight management support to parents / physical activity / anti-obesity drugs / other out-patient services / bariatric surgery / pre- and post-operative services / other in-patient treatment / long term care / follow up / private health insurance is not present in my country

[12] Here we have in mind publically-funded services that may be funded from general government revenues (i.e. taxes) or through a government social security system (i.e. social health insurance).

**6.3. What basket of services are covered only by *out of pocket payment* in your country?**
assessment of weight status / evaluate weight related comorbidities / lifestyle and weight management counselling for child / lifestyle and weight management support to parents / physical activity / anti-obesity drugs / other out-patient services / bariatric surgery / pre- and post-operative services / other in-patient treatment / long term care / follow up

**6.4. Are there any incentives in place to support preventive measures in primary care (e.g. pay for performance)?**
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## 7. EDUCATION AND TRAINING

**7.1. Is there any mandatory curricular education on childhood obesity for health professionals?**
Yes, but only for physicians / Yes, it is mandatory to physicians, nurses, dieticians, exercise physiologists and psychologists (*if not mandatory for all, please underline the valid options)* / No
It is mandatory for pediatricians. I do not know about the other health professionals.

**7.2. Are there any national measures to provide post-graduate training to health professionals on the management of childhood obesity?** Yes, but only for physicians / Yes, for physicians, nurses, dieticians, exercise physiologists and psychologists (*if not for all, please underline the valid options*) / No

If yes, please briefly describe: ………………………………………………………………………………………………

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**7.3. Is specific training in obesity management (incl. childhood obesity) available in your country?**
Yes / No Not for doctors, and only in private settings (for health visitors), EASO offers some e-learning
Yes for community or hospital personnel (by private organization)

**7.4.** If yes, for which professionals: ………………………………………………………………………………………

## 8. OVERALL MANAGEMENT

**8.1. Which challenges do you identify concerning the current system?** Economy, organization and adequately educated professionals. Varying referral criteria's and geographical distances to treatment settings.
(One responder refers to a paper by Jens-Christian Holm: Limited availability of childhood overweight and obesity treatment programmes in Danish pediatric departments).

**8.2. What are the main barriers of the current care management system?**
Economy, lack of resources, lack of personnel/professionals
Not all pediatric departments offer a treatment programme, not adequately family-based, long-term/ongoing programmers are not available

**8.3. What are the facilitators?**

Will to do something and change the situation in the Danish Health Authority

**8.4. How does the current care management system address inequalities and the specific needs of low socio-economic groups[13]?**

Different from place to place, In general it doesn't. As in all treatments it is based on individual estimation by the professional how much the single individual needs, and the tax-payed health system evens out a bit of differences.

Not enough. For instance the distances differ to treatment settings. Some parents have difficulties taking a day-off from work or have difficulties in showing up for planned appointments.

**8.5. Is there a standard evaluation framework in place to assess the quality and effectiveness of national and local weight management services?** Yes / No If yes, please specify what are the results? Unfortunately not a National evaluation. It would be good with a common database that would also facilitate National comparisons and knowledge of the status at a National level.

**8.6. How would you describe the communication and collaboration between different care providers?** Different initiatives with little collaboration across sectors and different initiatives. Fine – a National network amongst health professionals that works with overweight children has been established. Both primary and secondary care is presented.

**8.7. What are your suggestions to improve the current practice of childhood obesity management?**

A more direct connection between hospital treatment and the social care.

A National database re 8.5.

Treatment programmes in all municipalities and in all pediatric departments.

**8.8. Does your country have a patient council?** Yes / No But only for adults

**8.9. Is your patient council involved in the development of childhood obesity management strategies?** Yes / No

**8.10. Is your patient council involved in evaluations of your countries' services for childhood obesity?** Yes / No

**8.11. How are weight management services promoted in your country (e.g. TV, radio, newspapers, professional publications)?**

A lot of focus on the issue.

Through public service channels, papers from the national board of health and through our community services.

**8.12. Are there specific target audiences for these promotions? health professionals, parents, family?**

[13] e.g. universal access, tailored services, organization of care and capacities are in line with local needs and taking into account local prevalences

It is targeted towards all mentioned target groups.

## 9. POSSIBLE CASE STUDY

### 9.1. Can you identify a national or sub-national health service management practice that could serve as an example for other countries?

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Country: ………………………………………………………….. Region / City: ………………………………………………………….

URL: ………………………………………………………………………………………………………………………………………

Contact person: ……………………………………………………………………………………………………………………….