

**Documentation of statistics for  
Health of vulnerable groups 2017**

## 1 Introduction

This set of statistics documents the use of health services by vulnerable groups compared to that of the rest of the population within the same age group. The statistics are used to find out whether selected vulnerable groups have a different consumption of health services than the rest of the population. The statistics will be published for the first time in 2018, with figures from 2015 upwards.

## 2 Statistical presentation

This set of statistics is an annual compilation of vulnerable groups' use of health services, measured on the basis of selected health indicators, for comparison with that of the rest of the population. The health indicators include contact with the primary sector (general practitioner, medical specialists, dentists, physiotherapists, chiropractors etc.) as well as the secondary sector (somatic and psychiatric hospitals). Statistics Denmark has not previously released data on psychiatric hospitals. The first vulnerable group for this set of statistics is Vulnerable children and young persons, as defined in the statistics for Vulnerable children and young persons.

### 2.1 Data description

This set of statistics compares the use of health services by vulnerable groups to that of the rest of the population, including their visits to physicians and hospitalisation rates. The first vulnerable group for this set of statistics is vulnerable children and young persons, as defined in the statistics for [Vulnerable children and young persons](#). At this stage, the statistics include two health indicators, which are published in three tables in [Statbank Denmark](#). Below you will find a description of the group of vulnerable children and young persons as well as the two selected health indicators.

#### *Vulnerable children and young persons:*

The statistical population of Vulnerable children and young persons is based on persons (aged 0-22) who are registered in Statistics Denmark's register of [Vulnerable children and young persons](#). The population is delimited to children and young persons who have received services under certain sections of the Danish Social Services Act, and covers removal of children from parental care as well as preventive measures. For purposes of comparison, a statistical population is created from the rest of the Danish population in the stated age group.

#### *Visits to physicians etc.:*

The indicator compiles the number of recipients and instances of contact in the public health insurance system within one calendar year. The indicator includes the contacts, e.g. consultations with general practitioners or medical specialists, dental care, treatments by physiotherapists or chiropractors etc., which are settled via the joint municipal system. Data is shown in aggregate form (grouped in 11 groups). Learn more about the statistics here: [Visits to physicians etc.](#)

#### *Hospitalisation rate:*

The indicator shows admissions to, outpatient treatments at, and emergency room visits to public somatic and psychiatric hospital wards within one calendar year. The statistics are based on the Danish National Patient Register from the Danish Health Data Authority (SDS). Learn more about the statistics here: [hospitalisation rates](#)

## 2.2 Classification system

**Visits to physicians** by vulnerable children and young persons compared to the figure for non-vulnerable children and young persons, grouped by **sex** and\*\* age\*\* and by **medical specialty** (in 11 groups):

- Total
- General practitioner
- Medical specialist in total (incl. psychiatry and other medical specialists)
- *Psychiatry*
- *Other medical specialists*
- Dentist/dental hygienist
- Chiropractic
- Physiotherapy
- Psychological counselling
- Other services
- No contact

**Hospitalisation rates** of vulnerable children and young persons compared to that of non-vulnerable children and young persons, grouped by **sex** and **age** and by **type of hospital**:

- Somatic hospitals
- Psychiatric hospitals
- No contact

Key figures for hospitalisation rate are compiled for admissions, bed days, outpatient care services (emergency/planned) broken down on public somatic or psychiatric hospitals. Grouping by age and sex follows the statistics on Vulnerable children and young persons.

Vulnerable children and young persons by **area** compared to non-vulnerable children and young persons, grouped by\*\* sex\*\* and **age**:

- Municipalities
- Regions

Note that Vulnerable Children and Young Persons are registered under the acting municipality, whereas the population of non-vulnerable children and young persons is registered under the municipality of residence.

## 2.3 Sector coverage

The primary health sector in Denmark. Public somatic and psychiatric hospitals.

## 2.4 Statistical concepts and definitions

**Contact:** Contact is a visit to the physician, which includes consultations at a clinical practice, telephone and e-mail consultations and house calls. A visit to the physician involves one instance of contact, but may also involve an extended number of individual services.

**Person:** Person who has been in contact with/visited a physician or visited/been admitted to a public somatic or psychiatric hospital.

**Admission:** Terminated admission to public somatic hospitals where the patient type is that of an inpatient. The admission may be an emergency admission as well as a planned admission.

**Bed days:** Number of bed days in connection with admissions to hospital

**Outpatient – planned:** An outpatient treatment in an outpatient department or hospital ward in connection with outpatient admission. The patient type is an outpatient and the admission is a planned admission.

**Outpatient – emergency:** A terminated outpatient admission to a public somatic or psychiatric hospital where the patient type is that of an outpatient and the admission is categorised as an emergency admission (the delimitation is designated “Emergency room visit” in the Hospitalisation rate statistics).

## 2.5 Statistical unit

- Persons
- Instances of contact
- Admissions
- Bed days
- Outpatient treatments in the year

## 2.6 Statistical population

The statistical population is defined as children and young persons (aged 0-22) who have been removed from parental care and/or for whom support measures have been initiated under selected sections regarding children and young persons of the Consolidations Act on Social Service, for the purpose of comparing this group with the rest of the Danish population in this age group. You should note that the statistical population also includes children and young persons with physical disabilities who – due to their disabilities – have been removed from parental care or have support measures. The extent is currently unknown. Support measures reported for unborn children are included in the year.

## 2.7 Reference area

Denmark.

## 2.8 Time coverage

The statistics cover the period 2015 upwards.

## 2.9 Base period

Not relevant for these statistics.

## 2.10 Unit of measure

- Number
- Percent
- Average

## 2.11 Reference period

Calendar year.

## 2.12 Frequency of dissemination

Annual.

## 2.13 Legal acts and other agreements

See the separate statistical domains: [Vulnerable children and young persons Visits to physicians etc. hospitalisation rates](#)

## 2.14 Cost and burden

The population of Vulnerable children and young persons: [Vulnerable children and young persons](#)  
Not relevant for the remaining registers.

## 2.15 Comment

You can find further information on the subject page for these statistics or request it from Statistics Denmark.

## 3 Statistical processing

Data for the statistics is retrieved from the registers for Vulnerable children and young persons, Visits to physicians etc. Hospitalisation rates. The statistical population is identical with the statistics for Vulnerable Children and Young Persons. A control population is created on the basis of the population register and includes the rest of the children and young persons aged 0-22 (at the beginning of the year). Data has been validated in advance for the individual set of statistics, which is why data is not further validated. The two generated populations are coupled with background data (Visits to physicians etc., Hospitalisation rates (and psychiatry) and the population (age, sex and municipality)). Age is age at the end of the year. Tables for Statbank Denmark are created crossing variables and removing sums where they are irrelevant. We have made no standardisation for age and sex.

### 3.1 Source data

External sources:

- The National Patient Register

Internal sources:

- Vulnerable Children and Young Persons
- The population
- Visits to physicians etc.
- Hospitalisation rates

See also: [Vulnerable children and young persons Visits to physicians etc. Hospitalisation rates](#)

### 3.2 Frequency of data collection

Statistics Denmark collects reports from the municipalities on a regular basis. We receive register data annually.

### 3.3 Data collection

See the separate statistical domains: [Vulnerable children and young persons Visits to physicians etc. Hospitalisation rates](#)

### 3.4 Data validation

Statistics Denmark compares the received data with data from the previous year and investigates any major variations. In connection with the production of statistics, Statistics Denmark analyses statistical data in detail and conducts further studies of basic data as required.

To learn more about the individual statistical domain, see: [Vulnerable children and young persons Visits to physicians etc. Hospitalisation rates](#)

### 3.5 Data compilation

- The population covers children and young persons for whom preventive measures have been initiated and/or who have been removed from parental care, and it is identical to the population in the statistics for Vulnerable children and young persons.
- A control population has been calculated as per the beginning of the year, and it covers the rest of the Danish population in the selected age group.
- Age is age at the end of the year.
- We have made no standardisation for age and sex.

To learn more about the individual statistical domain, see: [Vulnerable children and young persons Visits to physicians etc. Hospitalisation rates](#)

### 3.6 Adjustment

Not relevant for these statistics.

## **4 Relevance**

The statistics are relevant for citizens, authorities and organisations as a knowledge base for vulnerable groups' use of the primary and secondary health services in Denmark. In future, the plan is to extend the statistics to include more vulnerable groups and data on the consumption of medicinal products. This would increase the utility of the statistics. The statistics were presented to Statistics Denmark's user committee for Welfare statistics in 2018.

### **4.1 User Needs**

The statistics meet user needs from local and government authorities, professionals and analysts with a particular interest in the health of vulnerable groups.

### **4.2 User Satisfaction**

A user satisfaction survey has not yet been prepared.

### **4.3 Data completeness rate**

There are no regulations or guidelines in this field.

## **5 Accuracy and reliability**

In connection with the creation of the population, it should be noted that differences in the municipal case management systems imply that the municipalities do not register information about vulnerable children and young persons in the exact same way and systematically. This may result in inconsistency from one municipality to the next as to exactly which children and young persons to include in the population. We do not know the size of this source of error, nor do we know how much it affects the accuracy of the statistics. Furthermore, you should note that the statistical population also includes children and young persons with physical disabilities who – due to their disabilities – have been removed from parental care or have support measures. We do not currently know the size of this group.

### **5.1 Overall accuracy**

The internal registers used to compile this set of statistics have all been estimated to be of high accuracy, which is why this set of statistics is estimated to be of the same high accuracy. For further details, see the separate statistical domain: [Vulnerable children and young persons Visits to physicians etc. Hospitalisation rates](#)

### **5.2 Sampling error**

Not relevant for these statistics.

### **5.3 Non-sampling error**

Refer to the separate statistical domains: [Vulnerable children and young persons Visits to physicians etc. Hospitalisation rates](#)

#### **5.4 Quality management**

Statistics Denmark follows the recommendations on organisation and management of quality given in the Code of Practice for European Statistics (CoP) and the implementation guidelines given in the Quality Assurance Framework of the European Statistical System (QAF). A Working Group on Quality and a central quality assurance function have been established to continuously carry through control of products and processes.

#### **5.5 Quality assurance**

Statistics Denmark follows the principles in the Code of Practice for European Statistics (CoP) and uses the Quality Assurance Framework of the European Statistical System (QAF) for the implementation of the principles. This involves continuous decentralized and central control of products and processes based on documentation following international standards. The central quality assurance function reports to the Working Group on Quality. Reports include suggestions for improvement that are assessed, decided and subsequently implemented.

#### **5.6 Quality assessment**

At an overall level, the quality is estimated to be good as these statistics comply with the delimitations and census methods of the source statistics. We currently process psychiatric data in the same way as somatic data, and we will be working with the quality in this regard in 2019. For further details, see the separate statistical domain: [Vulnerable children and young persons Visits to physicians etc. Hospitalisation rates](#)

#### **5.7 Data revision - policy**

Statistics Denmark revises published figures in accordance with the [Revision Policy for Statistics Denmark](#). The common procedures and principles of the Revision Policy are for some statistics supplemented by a specific revision practice.

#### **5.8 Data revision practice**

Only final figures are published.

### **6 Timeliness and punctuality**

This set of statistics is published within the subsequent calendar year. The population of Vulnerable children and young persons must first be defined for the year before the statistics can be released

#### **6.1 Timeliness and time lag - final results**

Only final figures are published. The publication time is mid-December.

#### **6.2 Punctuality**

We anticipate that the statistics will be published without delay on the pre-announced date.



## 7 Comparability

In its present form with Statistics Denmark, the statistics are compiled for a period from 2015-2017 and are comparable in the period.

### 7.1 Comparability - geographical

We currently have no knowledge of any comparable international sets of statistics. See the separate statistical domains: [Vulnerable children and young persons Visits to physicians etc. Hospitalisation rates](#)

### 7.2 Comparability over time

These statistics have been compiled and are comparable for the period 2015 onwards.

For data on Visits to physicians etc., please note that only some of the national health insurance services involve direct contact between the patient and the service provider (physician etc.). In the register, instances of contact cover consultations, examinations and similar. This includes consultations at a clinical practice, telephone and e-mail consultations as well as house calls. I.e. a visit to the physician involves one instance of contact, but may also involve an extended number of individual services. For the dental services in particular, please note that the instances of contact are calculated as the number of preliminary examinations. The individual examination may then be followed by a number of visits to the dentist, which cannot be assessed, however. Physiotherapy is often administered as team training, so that the individual physiotherapist can train several persons at a time. Psychiatry covers child as well as adult psychiatry.

Note that Statistics Denmark does not currently have more detailed recordings of data for psychiatric hospitals than this set of statistics. We expect to have this in 2019.

For further details, see the separate statistical domain: [Vulnerable children and young persons Visits to physicians etc. Hospitalisation rates](#)

### 7.3 Coherence - cross domain

In the statistics on Vulnerable children and young persons, Visits to physicians etc. or Hospitalisation rates, the delimitations are the same as in this set of statistics, which is why the coherence between the statistics is high. See the separate statistical domains: [Vulnerable children and young persons Visits to physicians etc. Hospitalisation rates](#)

### 7.4 Coherence - internal

Data is internally consistent. These statistics comply with the delimitations from the source statistics included. The source statistics are Vulnerable children and young persons, Visits to physicians etc. and Hospitalisation rates (we process psychiatric data in the same way as somatic data). In the table SGSU01, however, we have opted to show fewer groupings for contact with physicians than in the statistics Visits to physicians etc. We use the same delimitation of population in all tables, just as the age and sex delimitation is the same. A category has been made for “not stated” in the tables in order to maintain the consistency between the tables.

## **8 Accessibility and clarity**

The publication date appears from the scheduled releases. The date will be confirmed in the weeks ahead.

### **8.1 Release calendar**

The publication date appears in the release calendar. The date is confirmed in the weeks before.

### **8.3 User access**

Statistics are always published at 8:00 a.m. at the day announced in the release calendar. No one outside of Statistics Denmark can access the statistics before they are published.

### **8.2 Release calendar access**

The Release Calendar can be accessed on our English website: [Release Calendar](#).

### **8.4 News release**

Not relevant for these statistics.

### **8.5 Publications**

This set of statistics is currently not included in any publications from Statistics Denmark.

### **8.6 On-line database**

The statistics are published in the StatBank under [Health of vulnerable groups](#).

### **8.7 Micro-data access**

Researchers and other analysts from authorized research institutions, can be granted access to the underlying Micro-data by contacting [Research Services](#).

Visits to physicians etc. and Hospitalisation rates with de-identified Micro-data exist as module data in an internal database, and data can be made available to employees in e.g. Statistics Denmark's Research Services and DST Consulting on application. However, psychiatric data from the National Patient Register is not available as de-identified Micro-data.

### **8.8 Other**

Not relevant

### **8.9 Confidentiality - policy**

[Data Confidentiality Policy](#) for Statistics Denmark.

### **8.10 Confidentiality - data treatment**

For reasons of confidentiality, persons are gathered and published in age groups, and health data are not displayed at regional or municipal level.

### **8.11 Documentation on methodology**

See the separate statistical domains: [Vulnerable children and young persons](#) [Visits to physicians](#) [etc.](#) [Hospitalisation rates](#)

### **8.12 Quality documentation**

Results from the quality evaluation of products and selected processes are available in detail for each statistics and in summary reports for the Working Group on Quality.

## **9 Contact**

In terms of administration, these statistics belong in the organisational unit Welfare and Health. Susanne Brondbjerg is the head of statistics, tel. +45 39 17 35 46, e-mail: [snb@dst.dk](mailto:snb@dst.dk).

### **9.1 Contact organisation**

Statistics Denmark

### **9.2 Contact organisation unit**

Welfare and Health, Social Statistics

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N/A