GERMANY PHYSICAL ACTIVITY FACTSHEET

This is one of the 28 European Union Member States factsheets on health-enhancing physical activity, developed as a part of a joint initiative between the European Commission (EC) and WHO Regional Office for Europe in the context of the implementation of the Recommendation of the Council of the European Union on promoting health-enhancing physical activity arcos sectors and the European Noncommunicable Diseases Action Plan 2012-2016.

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GERMANY

PREVALENCE (%) OF ADULTS REACHING THE RECOMMENDED PHYSICAL ACTIVITY LEVELS, 2012

%	ADULTS (18-65 YEARS)		
MALES	44		
FEMALES	35		
BOTH SEXES	39		

Total population: 80 767 463 Median age: 45.3 years Life expectancy at birth males: 78.6 years Life expectancy at birth females: 83.2 years GDP per capita: €33 300 GDP spent on health: 11.3% (1)



Monitoring and surveillance

Physical activity in adults

Germany has adopted WHO's *Global Recommendations on Physical Activity for Health* (2010) *(2)* as its national recommendations. The level of weekly physical activity recommended by WHO is used as the cut-off point for adults reaching a sufficient level of physical activity.

Various surveys on physical activity feed into the country's health monitoring and surveillance system (*Gesundheitsmonitoring*), all under the auspices of the Robert Koch Institute (RKI). The German Ministry of Health commissioned the RKI to implement a system of health studies, by conducting health surveys regularly, in combination with health examination surveys for adults, children and adolescents, to continuously monitor the population's health and health behaviour (*3*). These surveys included:

- the 1998 German National Health Interview and Examination Survey (GNHIES98), which collected data between 1997 and 1999 and was succeeded by the German Health Interview and Examination Survey for Adults (*Studie zur Gesundheit Erwachsener in Deutschland* (DEGS)), which periodically conducted repeated interview and health examination surveys among the population aged 18–79 years (DEGS1 ran between 2008 and 2011) (4);
- the German Health Update (*Gesundheit in Deutschland aktuell* (GEDA)), which complements other surveys, such as DEGS, and for which data were collected in 2008/2009, 2009/2010 and 2012/2013.

Physical activity aspects measured in these surveys include frequency, duration and intensity of physical activity, across different domains (leisure time, transport, work, household), as well as sedentary behaviour in different socioeconomic and age groups (young people, adults and older adults) (*5*)¹.

According to the GEDA national study from 2012 *(6)*, 39.2% of adults (aged 18–65 years) meet the recommended physical activity levels (carrying out at least 30 minutes of physical activity, 5 days per week) (Table 1). Females were found to be less likely than males to meet the recommended physical activity levels for health, with proportions being 35% and 43.6%, respectively.

Table 1. Prevalence (%) of adults reaching the recommended physical activity levels, 2012

%	ADULTS (18–65 YEARS)
MALES	43.6
FEMALES	35.0
BOTH SEXES	39.2

Source: RKI, 2012 (6).

The WHO Global Health Observatory (GHO) estimates from 2010 for German adults (aged 18+ years) (7) show that 76.6% meet WHO's physical activity recommendations, with males being more active (79.9%) than females (73.5%).

¹ Intensity, domains and sedentary behaviour were not measured in all of these surveys.

Physical activity in children and adolescents

The country's cut-off point for children and adolescents reaching a sufficient level of physical activity for health is based on WHO's *Global Recommendations on Physical Activity for Health* (2010) *(2)*.

The German Health Interview and Examination Survey for Children and Adolescents (KiGGS) is the third study, together with DEGS and GEDA, that forms part of the health monitoring and surveillance system on physical activity. It is also conducted under the leadership of the RKI. KiGGS data collection is undertaken in waves (2003–2006 and 2009–2012, with a new wave that started in 2014) and provides aggregated data on health and trends for children and adolescents aged 3–17 years.

According to the first wave of the survey, KiGGS1² (8), 27.5% of children and adolescents met the recommended levels of physical activity for health, with girls being less likely (25.4%) to meet the recommended levels than boys (29.4%) (Table 2).

Table 2. Prevalence (%) of children and adolescents reaching the recommended physical activity levels, 2003–2006

%	CHILDREN AND ADOLESCENTS (3–17 YEARS)		
MALES	29.4		
FEMALES	25.4		
BOTH SEXES	27.5		

Source: Manz et al., 2014 (8).

The WHO GHO 2010 estimates for German adolescents (defined as aged 11–17 years in relation to WHO data) show that 16.9% met the recommended physical activity levels, with the proportion of boys and girls being active at the recommended level being 22.1% and 11.9%, respectively (7).

Main modes of transport

Once the GEDA 2014/2015-EHIS³ is finished, the RKI will have access to data relating to the modes of transport used by the adult population in Germany. Currently, the German Mobility Panel of the Federal Ministry of Transport and Digital Infrastructure provides data on transport in addition to the "Traffic at a glance" (*Verkehr auf einen Blick*) report. The latter report shows that in the year 2010, 9% of all journeys were by bicycle (average distance travelled: 3.4km), and 24% on foot (average distance travelled: 1.4km) (*9*). For 2013, the German Mobility Panel shows 12.9% of all journeys being made by bicycle and 22.3% on foot (*10*).

² Data collected between June 2009 and June 2012.

³ The European Health Interview Survey (EHIS) is integrated into the GEDA questionnaire for the first time in this wave of the survey.

Policy response

Germany is a federal republic composed of 16 states (*Bundesländer*). Policy response to physical activity is largely the responsibility of the state-level governments, and most of the policy documents adopted are subnational, rather than federal in scope. Reporting on the many different actions taken by the different *Länder* is beyond the scope of this country factsheet.

Major policy documents adopted by nongovernment bodies

Sports for Health (*Sport pro Gesundheit*) is a quality seal for health-enhancing physical activity (HEPA) in German sports clubs (*11*). It was established by the German Olympic Sports Confederation (*Deutsche Olympische Sportbund*), along with the German Medical Association (*Bundesärztekammer*). It stands for high-quality, effective, nationwide preventive exercise programmes offered by German sports clubs. It primarily addresses those who do not exercise and also includes people with poor prospects. It is geared towards strengthening physical and psychosocial health resources and reducing risk factors by ensuring quality control of all important aspects of various health-related sporting activities. The Sports for Health seal has also been involved in the implementation of the (WHO) European Network for the promotion of HEPA's Sports Club for Health guidelines (*12*).

Box 1 describes an approach to HEPA promotion in Germany.

Box 1. HEPA coordinating mechanism

A working group for HEPA coordination was established in Germany in 2010, in the context of the national action plan entitled *In Form: German national initiative to promote healthy diets and physical activity (5).* Led by the Federal Ministry of Health, the working group involves ministries, scientific societies and associations, as well as individual experts in the fields of health promotion, prevention and sports.

Guidelines and goals

Germany has developed national recommendations on physical activity for children and youth, adults and older adults. These recommendations are in line with WHO's *Global Recommendations on Physical Activity for Health* (2010) *(2).* Children are recommended to engage in moderate- to vigorous-intensity physical activity (MVPA) for at least one hour per day. Adults are recommended to engage in at least 2.5 hours per week of moderate-intensity physical activity. Recommended physical activity levels for older adults are the same as for those for adults in general, but in addition, strength and balance exercises are recommended in order to reduce risk of falls *(13).* Table 3 presents a summary of the key measures in place to monitor and address physical activity in Germany.

HEALTH	SPORTS	EDUCATION	TRANSPORT	MONITORING	GUIDELINES
Counselling on physical activity as part of primary health care services	Existence of a national Sports for All policy(ies)	Mandatory physical activity in primary and secondary schools	National or subnational schemes promoting active travel to school and/or workplace	Physical activity included in the national health monitoring system or separate routine survey	Existence of a national recommendation on physical activity
YES	YES	YES*	YES**	YES	YES

Table 3. Summary of key physical activity initiatives in Germany

* Education is a competence of the Länder. Thus, different rules exist across Germany, but physical education (PE) is mandatory in each Land, with an average of 3-5 hours of PE provided per week. ** This is dependent on the schemes and programmes adopted in each of the Länder, but various voluntary programmes, projects and measures exist at local and regional levels.

Additional information on action in key areas

Physical activity in older adults

Various voluntary programmes, projects and measures exist for older adults at the local, regional and national levels. At the national level, the Federal Centre for Health Education (*Bundeszentrale für gesundheitliche Aufklärung* (BzgA)) focuses on such initiatives and has developed schemes to promote healthy ageing. An example is "Balanced Ageing" (*Älter Werden in Balance*), which aims to provide information and tips for staying fit in everyday life and remaining agile and fit throughout the ageing process (14).

Physical activity in the workplace

German statutory health insurance funds are required by law to support workplace health promotion in various ways. The AOK health insurance fund and General German Bicycle Club (*Allgemeiner Deutscher Fahrrad-Club* (ADFC)) coordinate the Cycle to Work scheme (*Mit dem Rad zur Arbeit*), established in 2004 (*15*). Initiatives are in place in other companies to help employees to meet the WHO recommendation to walk 10 000 steps on every working day, and various other programmes exist across Germany to promote healthy lifestyles that incorporate physical activity, often led by health insurance funds.

Physical activity in health care settings

A scheme called Green Prescription (*Grünes Rezept*) (*16*) allows preventative prescriptions to be issued, for example for counselling on health behaviours, including physical activity or exercise habits. However, given the federal structure of Germany, schemes are not implemented in a uniform or centralized way. In addition, patients with chronic conditions, as well as people with disabilities, are entitled to engage in exercise free of charge as a means of therapy and rehabilitation, but no extra reimbursement is provided for preventative exercise referral (*17*).

Physical activity in schools

Physical education (PE) in both primary and secondary schools varies across Germany owing to the federal system, with power devolved to the local level. PE is mandatory in primary and secondary schools across all *Länder*, and on average 3–5 hours are provided per week. In addition, various voluntary programmes, projects and measures exist for active school breaks between and during lessons, as well as schemes for after–school HEPA promotion at the local and regional levels. An example is "Make children strong" (*Kinder stark Machen*), which was initiated in 1991 by the BzgA, aiming to ensure children are robust for adult life by – among other things – investing in physical activity from a young age (*18*).

References

- Eurostat. Your key to European statistics [online database]. Luxembourg: Statistical Office of the European Union; 2015 (June update) (http://ec.europa.eu/eurostat/data/ database, accessed 3 July 2015).
- 2. Global Recommendations on Physical Activity for Health. Geneva: World Health Organization; 2010 (http:// whqlibdoc.who.int/publications/2010/9789241599979_ eng.pdf, accessed 15 July 2015).
- Kurth BM. The RKI health monitoring What it contains and how it can be used (Das RKI-Gesundheitsmonitoring – Was es enthält und wie es genutzt werden kann). Public Health Forum 2012;20(3):4.e1-4.e3 (http://edoc.rki.de/oa/ articles/reYLoXhIYXum/PDF/26HJepLZ75EGo.pdf, accessed 4 August 2015).
- DEGS A survey from Robert Koch Institute [website]. Berlin: Robert Koch Institute; 2015 (http://www.degsstudie.de/english/home.html, accessed 17 August 2015).
- 5. In form: German national initiative to promote healthy diets and physical activity. The national action plan for the prevention of poor dietary habits, lack of physical activity, overweight and related diseases. Berlin: Ministry of Food, Agriculture and Consumer Protection; 2013 (https://www. in-form.de/fileadmin/redaktion/Profi/Initiative/broschuere_ nap_en_2013_web.pdf, accessed 11 July 2015).
- Körperliche Aktivität. Faktenblatt zu GEDA 2012: Ergebnisse der Studie »Gesundheit in Deutschland aktuell 2012« Berlin: Robert Koch-Institut; 2014 (in German) (http:// www.rki.de/DE/Content/Gesundheitsmonitoring/ Gesundheitsberichterstattung/GBEDownloadsF/Geda2012/ Koerperliche_Aktivitaet.pdf?__blob=publicationFile, accessed 4 August 2015).
- Global status report on noncommunicable diseases 2010. Geneva: World Health Organization; 2011 (http://www. who.int/nmh/publications/ncd_report2010/en/, accessed 18 July 2015).
- Manz K, Schlack R, Poethko-Muller C, Mensink G, Finger J, Lampert T, et al. Physical activity and electronic media use in children and adolescents: results of the KiGGS study: first follow-up (KiGGS wave 1). Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz 2014;57(7):840-848. doi: 10.1007/s00103-014-1986-4.
- 9. Hütter A. Verkehr auf einen Blick. Wiesbaden: Federal Statistical Office; 2013 (in German) (https://www.destatis. de/DE/Publikationen/Thematisch/TransportVerkehr/

Querschnitt/BroschuereVerkehrBlick0080006139004. pdf?__blob=publicationFile, accessed 17 August 2015).

- Streit T, Chlond B, Weiß C, Vortisch P. Deutsches Mobilitätspanel (MOP)–Wissenschaftliche Begleitung und Auswertungen Bericht 2013/2014: Alltagsmobilität und Fahrleistung. Karlsruhe: Karlsruher Institute of Technology; 2015 (http://mobilitaetspanel.ifv.kit.edu/downloads/ Bericht_MOP_13_14.pdf, accessed 4 August 2015).
- 11. Sport pro Gesundheit Sports for health [website]. Frankfurt am Main: Deutscher Olympischer Sportbund (DOSB); 2015 (http://www.sportprogesundheit.de/de/ sport-und-gesundheit/sport-pro-gesundheit/englishinformation/, accessed 15 July 2015).
- 12. Sports club for health [website]. Copenhagen: WHO Regional Office for Europe; 2015 (http://www.euro.who.int/ en/health-topics/disease-prevention/physical-activity/ activities/hepa-europe/hepa-europe-projects-andworking-groups/sport-clubs-for-health, accessed 17 August 2015).
- Ministry of Health. Ratgeber zur Prävention und Gesundheitsförderung. Berlin: Ministry of Health; 2014 (in German) (http://www.bmg.bund.de/fileadmin/dateien/ Publikationen/Praevention/Broschueren/Broschuere_ Ratgeber_zur_gesundheitlichen_Praevention.pdf, accessed 15 July 2015).
- 14. Fit im Alter. Dank Bewegung [website]. Köln: Federal Centre for Health Education (BzgA); 2015 (in German) (http:// www.aelter-werden-in-balance.de/index.html, accessed 15 July 2015).
- 15. Mit dem Rad zur Arbeit 2015. Eine Intiative von ADFC und AOK [website]. Berlin: AOK-Bundesverband GbR; 2015 (in German) (https://www.mit-dem-rad-zur-arbeit.de/ bundesweit/index.php, accessed 4 August 2015).
- 16. Zum Patientenwohl und für die Therapiefreiheit [website]. Bonn: Amedicon GmbH; 2013 (in German) (http://www.ini. gruenerezepte.de/, accessed 17 August 2015).
- 17. Löllgen H, Wismach J, Kunstmann W. Das Rezept für Bewegung. Klinikarzt 2013 (in German);42(9):416–420 (http://www.dgsp.de/_downloads/allgemein/Loellgen_ Klinikarzt_09_2013.pdf, accessed 4 August 2015).
- Kinder stark machen fur ein suchtfreies Leben [website]. Köln: Federal Centre for Health Education (BzgA); 2015 (in German) (http://www.kinderstarkmachen.de/, accessed 15 July 2015).