

Policy to combat health inequalities in Germany

Perception of the problem in Germany

Social inequalities in health risks and health opportunities can also be observed in Germany. Although policy is guided by the principle of social justice and the equal participation in social life, a connection can be observed between social status and the health status of the population.

This is not a new phenomenon. It is well known in scientific circles. In Germany, an intensified political debate on this topic has been taking place in recent years. During former Chancellor Gerhard Schröder's time in office, a reliable foundation for a policy of achieving social equity was laid for the first time with the drawing up of a report on poverty and wealth. The first report was submitted in April 2001 and the second in April of 2005. These reports describe the health situation in relation to respondents' income, level of education, work situation and environment. Furthermore, the health situation of certain population groups such as that of the unemployed is also described. The basis for the description in the second report was the expertise conducted by the Robert Koch Institute: 'Poverty, Social Inequality and Health'.

Consequences taken

A number of measures were taken by the Federal Ministry of Health to improve the situation. The most important are described below:

An expert working group on 'Poverty and Health' was created at the Ministry to come up with recommendations for health provision for migrants and the homeless.

The health care reform in 2000, entrusted new primary prevention tasks to the health insurance funds. For the first time, it was incorporated into law that benefits and services provided through health insurers should contribute towards reducing unequal access to health resulting from social conditions. Every year, the health insurance funds submit reports on these benefits and services. These show that socially disadvantaged persons are not likely to be reached by individual preventive benefits such as nutrition courses. This aim is more effectively achieved when preventive benefits and services are offered in 'settings' such as day-care centres, schools and firms. However, health insurance funds in Germany are not yet sufficiently active in this area.

The health surveys conducted by the Robert Koch Institute, an authority subordinate to the Federal Ministry of Health, were specifically aimed at identifying health inequalities caused

by social circumstances. Consequently, the Child and Youth Survey, for instance, which is currently being conducted, includes a representative number of children and young people with a migrant background in order to obtain reliable data about their health situation.

The activities carried out by the Federal Centre for Health Education – also one of the authorities subordinate to the Federal Ministry of Health – was likewise focused on this topic. The Federal Centre for Health Education considers health promotion among socially disadvantaged groups as a cross-section task which extends to all of their key areas of activity. Tried and tested measures are conducted, as a priority, in deprived urban areas. New health education and health promotion tools are also tested first of all in in deprived urban areas.

As a means of intensifying health promotion measures and projects for the socially disadvantaged, the Federal Centre for Health Education was commissioned by the Federal Ministry of Health and Social Security to document all of the activities currently being conducted in Germany in the form of a database which has been placed on the internet and is continuously updated: <http://www.gesundheitliche-chancengleichheit.de>. Currently the database contains some 2,700 projects. It can be searched with respect to: priority area of action, target-groups, life environments or settings, responsible institutions and regional distribution. In the context of a joint quality development process with institutions responsible for different projects, the aim is to identify and spread good practice and to create the foundations for recognising measures which are worthy of support and promotion.

The Federal Centre for Health Education works together with health insurance funds, Non Governmental Organisations and with the German Regions (Länder) which have the main government responsibility for health policy within Germany . Most regions have focal points on social determinants and health inequalities whose task is to identify and foster models of exemplary practice..

The Federal Centre for Health Education is co-ordinating the 'Closing the Gap' project jointly with EuroHealthNet and is also one of the project partners. In this capacity, the Centre was able to follow up on its activities described above and make use of the information and the know-how gained from the German database. (Closing the Gap is supported by funding from the European Commission).

What is to be done in the future?

We will continue to improve the data situation and focus the measures undertaken by the Federal Government on improving the health opportunities of the population. In Germany the political consensus is, that health prevention must be strengthened so that disease does not take hold in the first place. It goes without saying that, in this process, achieving equality of opportunity has once again a special role to play. We wish to introduce more health-promoting projects into the 'settings' as we are convinced that this strategy increases the chances of reaching everyone with these projects; in other words, precisely those persons whose health awareness has hitherto been very poor. An Act intended to strengthen health prevention is to be drafted and passed in this legislative period.

What can be the task of the expert group?

We have sufficient information on the existing problems at our disposal. What we still lack, however, are effective remedies to improve the situation. We still know too little about which instruments are most suited to reaching the socially disadvantaged and which tools are effective and sustainable. In an open Europe characterised by freedom of movement, it is important to create equitable living conditions for everyone. This includes the question of which circumstances and conditions, in the world in which a person lives, are likely to damage their health and whether the socially disadvantaged are more vulnerable to them. It is, consequently, my sincere hope that we will have an exchange of knowledge; but most of all, it is my hope that the research demands, which it is our task to identify, will be able to exert an influence on the working programmes of the EU Research Programme.

This paper was produced for a meeting organized by Health & Consumer Protection DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.