EuroHealthNet

EUROPEAN PARTNERSHIP FOR IMPROVING HEALTH, EQUITY & WELLBEING

EuroHealthNet Country Exchange Visit

Health Equity and the Preventive Care Act in Germany

Host: Bundeszentrale für gesundheitliche Aufklärung (BZgA)

BZgA

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Introduction

EuroHealthNet, in partnership with the Bundeszentrale für gesundheitliche Aufklärung (BZgA), organised a Country Exchange Visit on the Preventive Care Act in Germany and how it enabled action to tackle health inequalities across the country. The visit took place within EuroHealthNet's contract agreement with the European Commission DG Employment, Social Affairs and Inclusion under the EU Programme for Employment and Social Innovation (EaSI).

Health inequalities still exist all across Europe, between as well as within countries. These can be traced back to several factors, e.g. education, economic situation, housing, environment or health care system. There is, for example, a relationship between one's social status, state of health, and life expectancy: citizens with a low socioeconomic status are more often affected by diseases, disorders and disabilities. The German Preventive Health Care Act seeks to address these health inequalities. Representatives from the German Ministry of Health, the health insurance funds, BZgA, and others presented the Act from its conception originating in the Equity in Health Network to the proper bill, as well as examples of initiatives tackling health promotion and health inequalities.

The Preventive Health Care Act – *Birgit Cobbers, German Ministry of Health*

The Preventive Health Care Act was passed in 2015, after more than 10 years of discussion. As a so-called '*Omnibus bill*', it was not a new law in itself, but required several existing laws to be amended. With a focus on prevention instead of treatment, the act seeks to reduce social health inequalities. Screening tests and vaccinations coverage are to be improved in order to tackle diseases before they can manifest.

Central to the implementation of the Prevention Act is a so-called **settings approach**. Settings can be all kinds of social structures in which health messages can be successfully conveyed, e.g. daycare, child and youth facilities, schools and universities, but also the workplace. Municipalities are considered a central setting; they contain other settings within they are giving a special focus to vulnerable groups, such as the elderly or unemployed people.

Structure, funding, implementation

There are many important players when it comes to the Act's implementation, e.g. the federal state, health/accident/pension insurance companies, employers, etc. In the past these players faced many obstacles in terms of aligning health promotion strategies: they lacked binding common goals, coordination, and cooperation. They also lacked funding for non-medical primary prevention.

The Act foresees a clear mandate for all social health insurance funds (including private funds): they are obliged to support the establishment of this new health promotion structure and need to cooperate with each other and with the various responsible players and decision-makers at all federal levels. The Act also foresees a special focus on primary, non-medical prevention and health promotion and strengthens prevention and health promotion in the living environment according to the 'settings for health-approach'. It takes into account various steps in lifecycles, e.g. early childhood and healthily growing up children; healthy living and working, and healthy ageing.

Implementation takes place on regional (Länder-) and municipal level. The newly introduced **National Prevention Conference**, organised by BZgA with representatives from different health insurance funds, including the private health insurance funds, health related institutions, as well as the unemployment agency, is responsible for the development, implementation and updating of a National Prevention Strategy. The conference drafts the federal recommendations on health promotion and disease prevention, which provide a framework for the Laender and subsequently for the municipalities. It submits a report about the current situation and developments every four years, the first one being due 2019, and will be seen as an important evaluation instrument. The Conference receives advice from the **Advisory Prevention Forum**, held once a year and made up from organisations and actors relevant for health promotion and disease prevention.

Achievements made so far include a large increase in resources (from 310m in 2015 to 460m in 2016), the broadest adoption of federal recommendations, and the implementation of the new structures of cooperation. The partnership with BZgA is expected to provide the necessary support, education and skills for municipalities to create their own prevention and promotion programmes. The main topics of cooperation include the expansion of the coordinating centres of the Equity in Health Network; the development and implementation of interventions targeting vulnerable groups in municipalities (e.g. older people, single parents, people with handicaps, migrants, children of parents with addiction or psychic problems); the expansion of the cooperation with the federal employment agency.

Still, the implementation of the Prevention Act faces some challenges, one being the misalignment of financial resources and the overemphasis on social insurance – in fact, disease prevention concerns all areas of life and needs to be addressed on all levels of society. The commitment of both the state and other affected stakeholders is crucial for the implementation to be a success.

Discussion

In subsequent discussions about both the Equity in Health Network and the Act**, EuroHealthNet member representatives** were impressed by:

- The existence of an Inforo network, which seems a very good interactive tool to connect all those involved in health care, who can share experience and knowledge. There are tools to organise projects, create local networks and educate populations (e.g. children). The prevention chain concept was mentioned.
- The existence of many good practice examples.
- The fact that the network was not evaluated.
- The settings approach of the implementation of the Act.
- The collaboration with healthcare insurers and with partners at different levels (NGOs, government, from the national to the local level) to take the preventative agenda forward as well as the supporting structure in place (e.g. the National Prevention Conference).
- The fact that one document covers all regions. The state provides support to the regions in terms of methodology and general recommendations (not action plans).
- The communication model in 3 axes (mass, internet, personal).

They were surprised by the fact that health insurance funds are obliged to support the Act and to spend 7€ per person to contribute to health promotion. In other countries (e.g. Slovenia), health insurance funds would not finance public health campaigns nor group health prevention

programmes, only individual health preventive exams. Also in the UK personal responsibility is encouraged rather than using public health funds. They were also surprised that one single institution was appointed for the coordination, guidelines, implementation and its reporting.

Key topics that participants felt needed more clarification included:

- To have a better understanding of the social security systems (including how health insurances work) and their impact on health.

Key learning that EuroHealthNet representatives could take back to their own organisation included:

- The importance of creating a network that connects professionals in public health
- The importance of long-term actions targeted at the local community
- Implementing already existing good practices, refining them according to the case, is useful and more efficient than creating new solutions
- Looking into how to integrate the 12 criteria for good practice in their work
- A good and clear structure and set up is the basis for further action, it allows to identify the scope of activities, it has to include monitoring and evaluation.
- Convincing other actors that investing in health promotion is also good for them (e.g. convincing employers that investing in health promotion is good for their own productivity)

Cooperation Network 'Equity in Health' – *Caroline Costongs, EuroHealthNet; Martin Dietrich and Helene Reemann, Federal Center for Health Education (BZgA)*

'Equity in Health' is a cooperation network initiated by the BZgA in 2003 with currently 66 partners, pursuing the goal of promoting equal health opportunities and disseminating good practices in Germany. The initiative created the starting point for the Preventive Health Care Act. Its tasks include the sharing of experiences gained in projects, the creation of transparency, and the promotion of regional networking and the exchange of experience.

Twelve criteria for good practices have been developed by the group. These are concept and project planning, target group orientation, settings approach, integrating intermediaries, sustainability, low-threshold methodology, participation, empowerment, integrated action and networking, quality management, documentation and evaluation and capturing cost-effectiveness (for further information and more detailed explanation of the good practice criteria, **see GoodPractice booklet (in German).**

An example of good practice is 'Kiezdetektive', where kids from schools look for problems and treasures in the surrounding area (e.g. decaying playground, garbage lying around, open library,…) and present their findings and suggestions for improvement to stakeholders, including politicians from the municipality.

'Inforo', an interactive online tool for professionals from different fields working on common topics such as health promotion was presented as a very useful tool for the exchange of information and experience, as well as the economy of scale (tools can be adapted from one site to another). The tool provides a database of practices, chat facilities and an inspiration for people working in municipalities.

EU Policy context – *Caroline Costongs and Anne Pierson, EuroHealthNet*

Caroline Costongs and **Anne Pierson** provided information on various EU policies, programmes and tools to tackle health inequalities, e.g. the Social Scoreboard, the EU Pillar of Social Rights, the EU Semester, the Country health profiles, and the 3rd EU Health Programme.

Feedback from EuroHealthNet member representatives showed that they appreciated the information they received and that they would like to be more aware of EU programmes, funding and information related to health. They learned that tools and EU funds are accessible, but that they need to learn how to use these existing tools and to look into the EU monitoring on health and health equity. EuroHealthNet is there to help.

Good practices introduced during the conference and site visits

The site visits were facilitated by **Health Berlin-Brandenburg**, a working group for health promotion in Berlin and the Land Brandenburg. It brings together health promotion professionals and institutions and coordinates activities, pools expertise and integrates many social and political forces across departments and parties to advance the issue of health promotion in the region. The main focus of their work is to bring the health concerns of people into public consciousness and to enable people in socially burdened life situations to access better health opportunities. Health Berlin-Brandenburg provides support for example for the expansion of the prevention chain (e.g. through interdisciplinary workshops), to access funding available within the Preventive Care Act, and to share learning.

Soziale Stadt (Socially Integrative City) – *Timo Heyn, Empirica*

Soziale Stadt is an urban development programme, financially supporting neighbourhoods and towns in order to create healthier, greener and more liveable environments. Many cities are nowadays challenged by not only demographic changes (ageing society, international migration), but also difficulties related to education (inequality in high degree education), the environment (noise, air pollution…), and health, whereby many of these factors influence each other in many different ways.

Citizens can choose if they want to undertake complete changes of their social, residential or public structure, or adjust/enhance already existing structures to create a more enjoyable environment. Despite the challenges, there have been many successes, which show the possibilities created by the programme. By 2016, 783 projects in 441 cities and communities had been financed, 78 percent of them being in larger towns, and 22 percent in small towns and more rural areas.

The federal state is responsible for around a third of the financial input, accounting for 1.4 billion Euros between 1999 and 2016. The communities and Länder carry the remaining costs. Designed as a 'learning programme', there is a need for continuous input for further development and improvement of the initiative. While the topic of health is not directly addressed, it still appears in many other areas such as housing or a cleaner environment, not only affecting physical but also mental health.

SOS Family Centre Hellersdorf-Ost – *Susanne Bösch, SOS- Childrens Village, and Sabine Schieweck , District Office of Marzahn-Hellersdorf Berlin*

The district of Berlin Hellersdorf is struggling in many ways; a dire problem is that as much as a thousand day care places are missing, as well as sufficient qualified personnel. Furthermore, Hellersdorf became the home of many refugee families, creating the challenge of paying attention to both their integration and the already existing problems in the neighbourhood. Also, Hellersdorf has the highest rate of single parents in all Berlin (around 40%). Another great challenge is that recent reports on children's abilities show that more than half of the district's pre-school children do not meet the standards set for first-graders. At this point of a child's life it is too late for the school to intervene – help must be provided early on, long before school starts.

The family centre originated from the need to create an openly accessible space for parents and children where they can find the guidance and support they need. The centre organises its activities along the 'Prevention chain', i.e. the chain takes into account the different changes in a person's life (e.g. birth, early childhood and pre-school, childhood and school, etc.) and how to create healthy environments, taking into account these changes.

Volunteers are an important part of the work. They are often mothers themselves, who can not only help fellow parents in many regards, but also provide further input and feedback to make the project more efficient and reach more people. A very important objective is to make (expectant) mothers realise that they are not alone with their problems. Remedies for smaller troubles can often be provided between mothers, while bigger problems can be easily addressed with experts.

A great example for a successful initiative is the guide booklet around the topic of giving birth. It provides a vast range of advice on which doctors to consult, when to undergo which check-ups, and how to tackle potential insecurities for expectant mothers. The guide contains the most important and consistent information and has been translated into several languages. It was successfully adapted even beyond the district's borders. It is important to stress that initiatives like this only work if all the affected parties work together and sufficient political support is provided.

The subsequent visit to the **International Garden Exhibition** in neighbouring Marzahn highlighted that investment in the neighbourhood should be considered as an opportunity to decrease inequalities, and the importance of family support programmes.

Site visit to SOS Family Centre Hellersdorf / Marzahn

EuroHealthNet member representatives were inspired by the following features:

- The involvement of the local community and volunteers,
- The strong and well developed NGOs existence in parallel to official state social services, and
- The use of the prevention chain method.

The difference in housing was striking, as well as the fact that 2/3 of the population lives in 1/3 of the housing. However, they are rebuilding some big complexes into better living environments. This is a big undertaking, which is constantly modified and developed. It shows that a deprived area can be turned into a beautiful and safe place to live. It also shows that investing in the neighbourhood should be considered as an opportunity to decrease inequality.

Key topics that participants felt needed more clarification included

- How can you be sure you really involved the families most in need of support?
- Does every organisation put together their own information materials, and is the scientific quality of the materials controlled? Could the provision of information not be more centralised?

Key learnings which representatives could take back to their own organisation included that:

- Prevention and health promotion should begin as soon as possible in the life-cycle (e.g. targeting pregnant women)
- Investment in the neighbourhood should be considered as an opportunity to decrease inequality.
- Strengthening the role of day care centres where vulnerable groups gather,
- Involve local residents (e.g. parents as volunteers)

Other remarks:

- The programme is consistent with what is being done in Wales in terms of supporting families and vulnerable people.

Stadtteilmütter (Neighbourhood Mothers) – *Falko Lieck, City Councillor of the district of Neukölln*

The district of Neukölln has similar struggles, many resulting from a high percentage of people with a migration background, which leads to both cultural and linguistic difficulties. Many children have (German) language deficits when they enter school and a lot of parents struggle to understand or make proper use of the German healthcare system.

The Neighbourhood Mothers project therefore specifically targets families in the district, promoting an early kindergarten attendance and strengthening peoples' responsibilities as parents. Mothers (or grandmothers), currently mostly Turkish and Arabic women, take a six-month training after which they are given a certificate that allows them to work as neighbourhood mothers. Their work mainly consists of visiting other mothers in their homes and teaching them about different topics (ten altogether), including healthy nutrition, kindergarten and school system, sexual development, and language education.

The initiators stress three success factors: firstly, the neighbourhood mothers must be paid for their efforts to give them a sense of financial independence and purpose. Secondly, they must also be given a certificate; for many it is the first time they are rewarded in this way and it is vital to give them proof of their achievement. Thirdly, political and financial support are of great importance, as well as the collaboration with different institutions.

Participants in the Country Exchange Visit shared their impressions about the site visits.

Site visit: Socially integrative City and visit to Neukölln

EuroHealthNet member representatives were inspired by the following features:

- The multidisciplinary teams as main actors and the huge commitment of the many volunteers from the active neighbourhood communities
- Variety of nationalities in one district (148 in the district visited), and the involvement and integration of migrants in the district
- The concept of and the integration of health in the Socially Integrative City

They found surprising that fathers were not more involved.

Key learnings which representatives could take back to their own organisation included:

- The importance of active local communities (a bottom-up perspective) and the involvement and integration of migrants
- The example of a system of education and service
- The example of an app with various possibilities in districts

Wales would like more details in order to take this to colleagues. It meets many agendas, e.g. community cohesion, vulnerable groups, parenting, etc.

The representative from the National Institute of Public Health in Slovenia (NIJZ) presented an example of activity aimed at preventing colorectal cancer and tackling health inequalities. Colorectal cancer is more present in men than in women, and more in people of lower social-economic background and with low education. They invited the population to a screening, which resulted in a higher response rate the higher the level of education of people. They elaborated a communication strategy to increase the participation in the screening, targeting municipalities with lower response rates, involving health providers, NGOs, local opinion leaders, etc. Special attention to under-privileged groups has to be taken into account in each programme.

Summary of conclusions and recommendations

The 'take-away message' logs provided an opportunity for the European and BZgA representatives to reflect on the visit, on the lessons learnt from the visit and to consider future actions.

EuroHealthNet representatives will recommend to their organisation for their further development:

- To find ways of involving local communities in programmes, in particular in decision-making processes, using skills of people in neighbourhoods (e.g. example of neighbourhood mothers);
- To look into what is working in other EU countries in terms of actions on health inequality
- To consider the 12 criteria for good practice in health
- To promote the concept of health promotion and the indicators that allow to show their efficacy/efficiency
- To establish health promotion strategies together with the private sector
- To involve local stakeholders in collective strategies
- To provide an interactive IT tool that helps localise good practices and initiatives

What might be the implications for policies and practices in their country/region?

- The Walloon Region is preparing a decree and action plan on health promotion; the recommendations could be integrated
- The positive aspects of health promotion should be emphasised an health promotion activities should be increased from the earliest moment in life

What actions could EuroHealthNet take to support their organisation?

- EuroHealthNet could provide more detailed information about the Preventive Health Care Act (and the Act itself) in English, and organise training
- EuroHealthNet could also provide innovative health promotion knowledge and practices and inform members about the latest public health activities and development

What should be done at EU level?

- The Preventive HealthCare Act should be an example of good practice at EU level
- Awareness that such tools exist should be raised at EU level and their access should be facilitated
- More efforts should be made to give prevention a more important place at policy level and in the public opinion.

Annex 1: Agenda

Tuesday October 10, 2017	
09:00-09:45	**Welcome, tour de table and introduction**
09:45-10:15	Health Inequalities in Germany and the Prevention Act
10:15-10:45	The Prevention Act: Structure, Funding, Implementation
10:45-11:00	**Break**
11:00-12:30	Equity in Health in Germany – role of the BZgA BZgA activities to implement the preventive care act: Key areas, Research Facilitated Discussion Including experience and lessons learnt of participants
12:30	**Lunch**
13:30 **14:30-15:30** **15:45- 17:00**	Departure for site visits: 1. SOS Family Centre Hellersdorf-Ost – integrative, participatory approaches to strengthen competencies of disadvantaged families 2. Information centre of the International Garden Exhibition (IGA) Marzahn-Hellersdorf- strengthening competencies of families: the "**parents working group**"; creating **access to IGA/gardens** for families from disadvantaged living environments
Evening	**Dinner**

Wednesday October 11, 2017	
09:00 – 9:45	Presentation of the EU Policy context Structural Funds, EU policy tools, 3rd Health Programme
09:45-10:30	Cooperation Network "Equity in Health" and discussion
10.00 -10.45	**Break**
10:45-11:30	Socially integrative City and discussion
11:30 -12:30	Conclusions of the country exchange visit – Facilitated discussion and wrap-up of the study visit
12:30	**Lunch**
13:45	Departure for site visit
14:30-16:00	District office Neukölln: Prevention chains, early childhood interventions and migration – the role of **"neighbourhood mothers"** as door openers
16:00	**Concluding the country exchange visit and departure of participants**

*** **All presentations are available** here**.**

Annex 2: List of participants

EuroHealthNet thanked all organisers and participants for an extremely useful visit and hospitality.

Susanne Bösch
SOS-Kinderdorf e.V. (SOS Childrens Village), Germany

Birgit Cobbers
German Ministry of Health, Germany

Caroline Costongs
EuroHealthNet, Belgium

Pierre-François Defer
Agence pour une Vie de Qualité (AVIQ), Belgium

Martin Dietrich
Federal Center for Health Education (BZgA), Germany

Danielle Dobberstein
Health Berlin-Brandenburg, Germany

Timo Heyn
Empirica, Germany

Pania Karnaki
Prolepsis Institute, Greece

Vivita Kikule
Riga City Council Welfare Department, Latvia

Tatjana Kofol
Slovenia's National Institute of Public Health, Slovenia

Falko Liecke
City Councillor of the district of Neukölln, Germany

Nina Lindqvist
The Public Health Agency of Sweden, Sweden

Olga Partyka
National Institute of Public Health - National Institute of Hygiene, Poland

Anne Pierson
EuroHealthNet, Belgium

Helene Reemann
Federal Center for Health Education (BZgA), Germany

Yvette Shajanian-Zarneh
Federal Center for Health Education (BZgA), Germany

Sabine Schieweck
Bezirksamt Marzahn - Hellersdorf von Berlin (District Office of Marzahn-Hellersdorf Berlin), Germany

Ursula Von Rueden
Federal Center for Health Education (BZgA), Germany

Volker Wanek
Statutory Health Insurance – GKV, Germany

Lea Winning
Health Berlin-Brandenburg, Germany

Louise Woodfine
Public Health Wales, United Kingdom

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