Bundesministerium
für Gesundheit

The German Health Prevention Act and increase in funding dedicated to health promotion and addressing health inequalities

EuroHealthNet Seminar “Innovative financing and investments for health promotion” in Brussels, 5th June 2018 – Dr. Birgit Cobbers

Health Inequalities in Germany – some findings from Federal Health Reporting

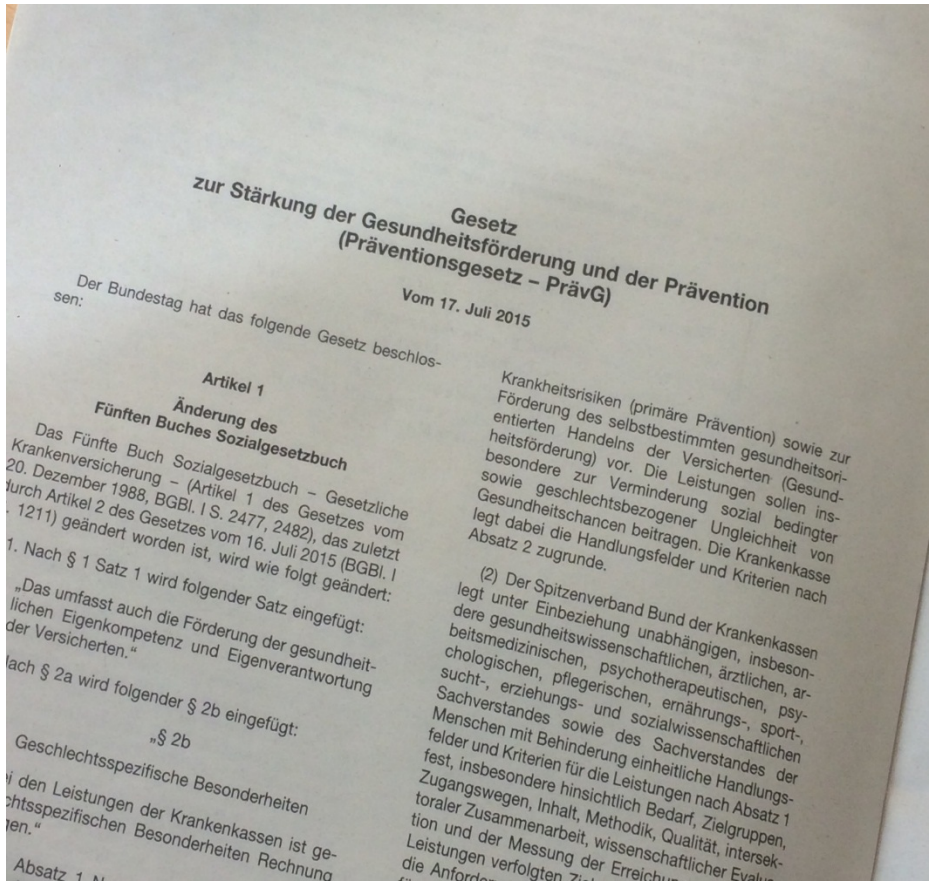
- Socio-economic differences in the average life expectancy at birth of 8.4 years for women and 10.8 years for men are reported in Germany, also with regard to life expectancy upon commencing retirement (65 years) there are significant social differences.
- People with low socio-economic status are more often affected by diseases, disorders, disabilities and some types of accident.
- They view their own health and health-related quality of life as being worse.
- In children and young people from families of low socio-economic status however social differences in health can be determined to a lesser extent via the prevalence of acute or chronic diseases than by risk factors such as problematic exercise and nutritional habits or overweightness and obesity.

Multiple Reasons for Health Inequalities

- Economic situation
- Education
- Housing
- Environment
- Health Care
- …

Health inequalities need to be tackled in a health-in-all-policies strategy.

Act to Strengthen Health Promotion and Disease Prevention (Health Prevention Act) as an Answer to Health Inequalities



Gesetz
zur Stärkung der Gesundheitsförderung und der Prävention
(Präventionsgesetz – PrävG)

Vom 17. Juli 2015

Der Bundestag hat das folgende Gesetz beschlossen:

Artikel 1

Änderung des
Fünften Buches Sozialgesetzbuch

Das Fünfte Buch Sozialgesetzbuch – Gesetzliche Krankenversicherung – (Artikel 1 des Gesetzes vom 20. Dezember 1988, BGBl. I S. 2477, 2482), das zuletzt durch Artikel 2 des Gesetzes vom 16. Juli 2015 (BGBl. I 1211) geändert worden ist, wird wie folgt geändert:

1. Nach § 1 Satz 1 wird folgender Satz eingefügt:

„Das umfasst auch die Förderung der gesundheitlichen Eigenkompetenz und Eigenverantwortung der Versicherten."

nach § 2a wird folgender § 2b eingefügt:

„§ 2b

Geschlechtsspezifische Besonderheiten

ei den Leistungen der Krankenkassen ist geschlechtsspezifischen Besonderheiten Rechnung

Absatz 1

Krankheitsrisiken (primäre Prävention) sowie zur Förderung des selbstbestimmten gesundheitsorientierten Handelns der Versicherten (Gesundheitsförderung) vor. Die Leistungen sollen insbesondere zur Verminderung sozial bedingter sowie geschlechtsbezogener Ungleichheit von Gesundheitschancen beitragen. Die Krankenkasse legt dabei die Handlungsfelder und Kriterien nach Absatz 2 zugrunde.

(2) Der Spitzenverband Bund der Krankenkassen legt unter Einbeziehung unabhängigen, insbesondere gesundheitswissenschaftlichen, ärztlichen, arbeitsmedizinischen, psychotherapeutischen, psychologischen, pflegerischen, ernährungs-, sport-, sucht-, erziehungs- und sozialwissenschaftlichen Sachverstandes sowie des Sachverstandes der Menschen mit Behinderung einheitliche Handlungsfelder und Kriterien für die Leistungen nach Absatz 1 fest, insbesondere hinsichtlich Bedarf, Zielgruppen, Zugangswegen, Inhalt, Methodik, Qualität, intersektoraler Zusammenarbeit, wissenschaftlicher Evaluation und der Messung der Erreichung

Leistungen verfolgten

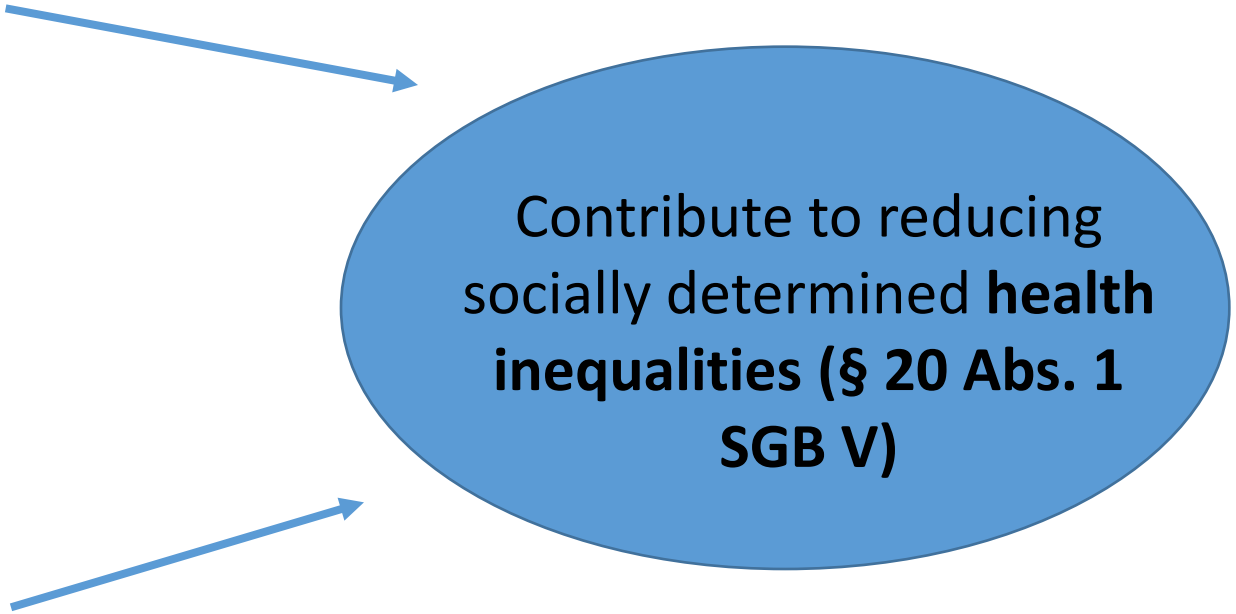
die Anforde

- ➔After more than 10 years of discussion and three unsuccessful attempts, the "Prevention Act" was passed by the German parliament on 17 July 2015

- ➔ Legislation adressing primarily the different mandatory branches of social insurance (due to the federal system, no competence for legislation adressing prevention directly, but Federal Government has jurisdiction over social insurance)

Goals of the Prevention Act

- **Disease Prevention**
- **Health Promotion**



How can we achieve this goal – or come closer to it

Benefits and services provided by the health insurance funds are intended to contribute to primary prevention and health promotion, especially to reduce any social and gender-based inequalities in health opportunities

- Settings-based health promotion programmes as a centre-piece of the Prevention Act
- New structures of cooperation
- More financial resources

Settings

§ 20a SGB V: Settings other than the workplace (*nicht-betriebliche Lebenswelten*) like

- Child care institutions
- Schools
- Long-term care facilities
- Communities
- …

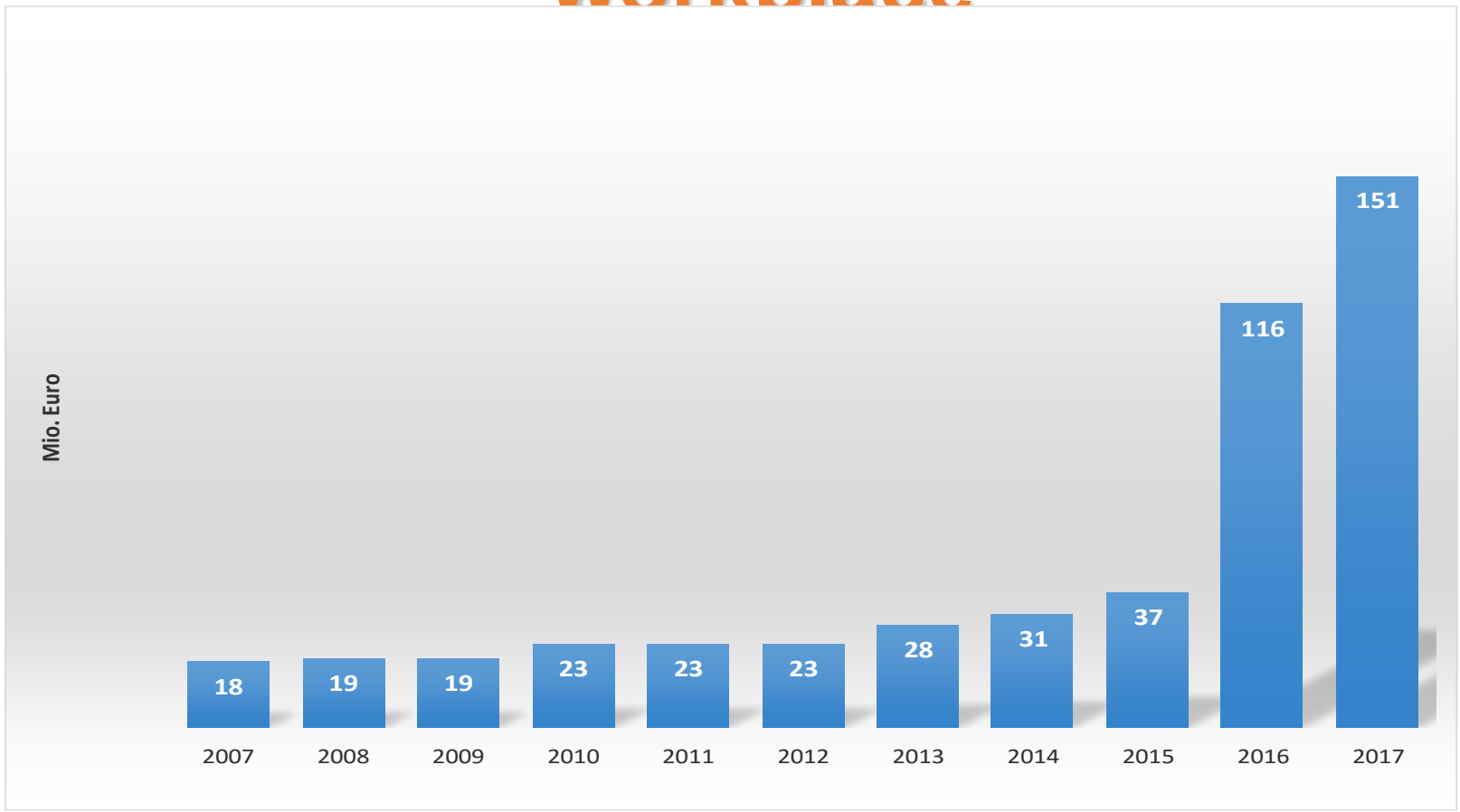
§ 20b SGB V: Health promotion at the workplace (*betriebliche Gesundheitsförderung*)

➢ Reach more people, especially vulnerable individuals and without stigmatising them

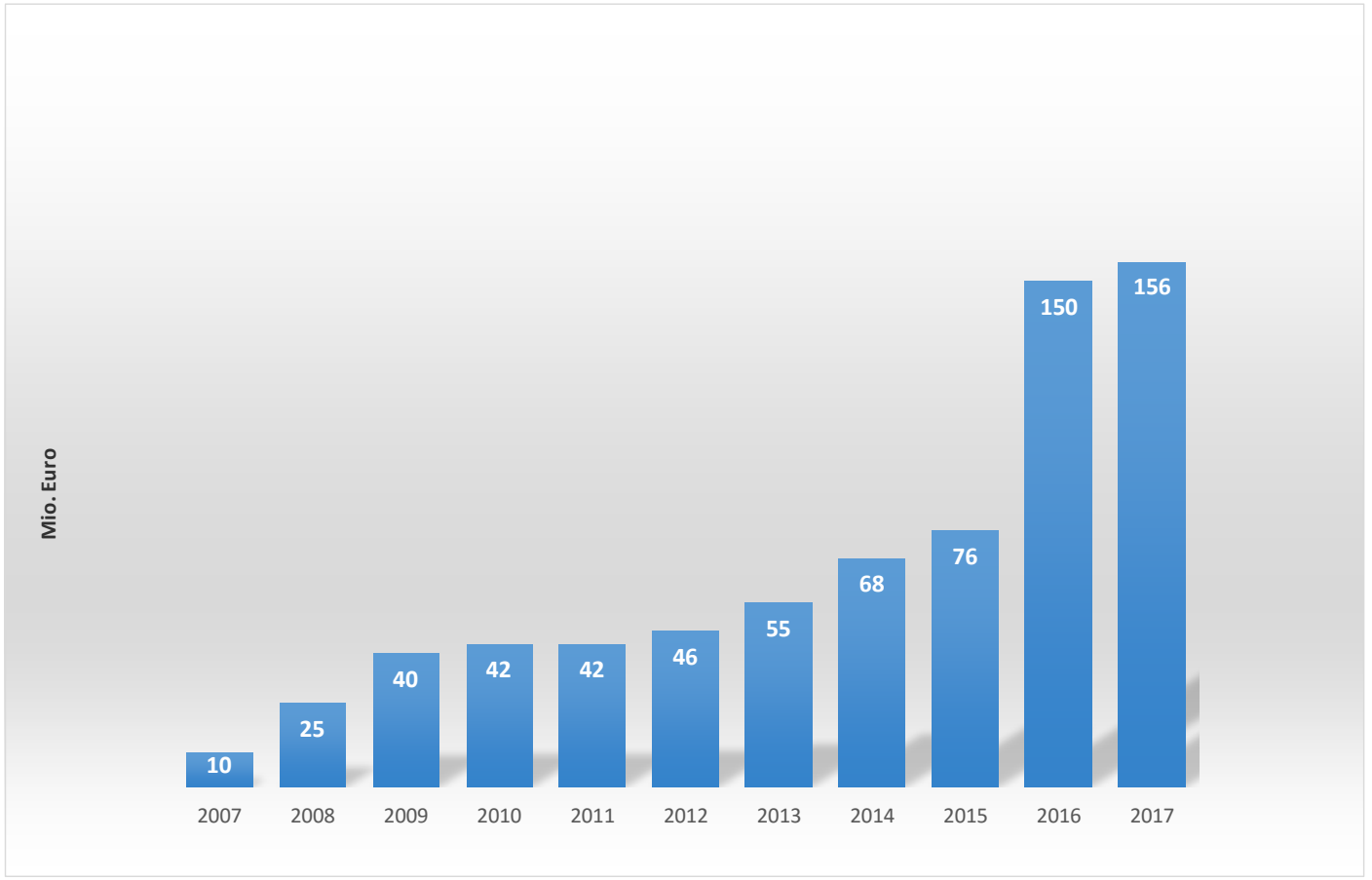
More financial resources for disease prevention and health promotion

Starting in 2016, health insurance funds are obliged to spend 7 € per insured person (about € 500m in total) on prevention and health promotion, of which €2 each go towards services in settings other than the workplace and towards health promotion services at the workplace (each totalling approx. €140 m).

Expenditure of health insurance funds on disease prevention and health promotion in settings other than the workplace



Expenditure of health insurance funds on health promotion at the workplace



How to get the best value for money

- Clearly specified mandate
- Common understanding of prevention, common goals
- Effective and efficient cooperation and coordination

Statutory health insurance has a clearly specified mandate: § 20a und 20b SGB V

- Health insurance funds obliged to support… the establishment and strengthening of health-promotion structures… in the various settings
- Participation of the insured and the decision-makers in the various settings
- Co-operation across health insurance funds
- Support from the BZgA (develops services and quality enhancement schemes that apply across funds, Secretariat of the Prevention Conference)

New institution: National Prevention Conference

Primarily comprised of representatives from the

- Health insurance funds
- Long-term care insurance funds,
- National Pension fund
- Statutory accident insurance
- Federal Government and the Laender in an advisory capacity
- Central associations of local authorities at the Federal level, the Federal Employment Agency, the Confederation of German Employers‘ Associations, the German Trade Union Confederation, patient groups in an advisory capacity Secretariat at the BZgA

National Prevention Conference

… is responsible for the development, implementation and updating of a National Prevention Strategy

The National Prevention Strategy consists of

a) Federal recommendations on health promotion and disease prevention

- cross-institutional and serving as guidance for framework agreements within the Laender,
- consent of the Federal Government and the Laender is required

b) A Report on the Development of Health Promotion and Disease Prevention (Prevention Report) as an evaluation instrument, due every four years, first report has to be submitted by 1st July 2019

Federal Recommendations

The “Federal Recommendations on Health Promotion and Disease Prevention“ (February 2016, first revision February 2018) address (among other things)

- Quality aspects
- Cooperation between partners
- Common goals
- Main fields of action/settings
- Main target groups

Federal Recommendations

Activities are bundled under three headlines reflecting a lifecourse perspective:

- Growing up healthy
- Healthy life and work
- Healthy ageing

What has been achieved so far

- Reducing socially determined health inequalities is an explicit goal of the Health Prevention Act of 2015
- New structures have been implemented and started to work
- Federal recommendations and agreements with most of the Laender have been adopted
- The First Prevention Report is due in 2019 and will inform the improvement of federal recommendations
- Large increase in resources provided
- Very important role of health insurance funds, supported by the BZgA

Thank you very much for your attention.

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Equity in health“

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