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DIPLOMA THESIS

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Topic:

Social inequalities in health among children and adolescents in Germany: An investigation of political approaches

provided by

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Declaration of Originality

I hereby declare on oath that this thesis is my own work and that, to the best of my knowledge, it contains no material previously published, or substantially overlapping with material submitted for the award of any other degree at any institution, except where due acknowledgement is made in the text.

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Magdeburg,19.06.2009

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1. Introduction and purpose of the study

Health inequalities are documented for all European member states. Several assessments showing such differences in health lead to an increasing recognition of the issue in most countries of the European Union (Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz 2007; Dahlgren and Whitehead 2006; Mackenbach 2006).

The interest to reduce health inequalities, though, did not start only in the last years. The will to enhance health equity was first officially documented by the states of the European Union (EU) in 1978. The Declaration of Alma-Ata of 1978 emphasises that inequities in health are politically, socially and economically not acceptable (WHO 1978). During the following years the aim of health equity was adopted into other international strategies, such as the Global Strategy Health for All by the Year 2000 (WHO 1981) and the strategy Health 21 for the European Region. This strategy is a commitment of 51 states and stresses that

> *'by the year 2020, the health gap between socioeconomic groups within countries should be reduced by at least one quarter in all Member States, by substantially improving the health of disadvantaged groups.' (European Office of the WHO 1999)*

The quotation shows that health inequality is examined as a phenomenon being caused and influenced by socio-economic circumstances, because health gaps can be identified between different socio-economic groups. The WHO's (European Office of the WHO 1999) main and constant goal for the European Region is to close these gaps and, thus, to achieve a full health potential for all.

Different studies and surveys prove the impact of social factors on health inequality. The cross-national HBSC study investigates health behaviour of school age children coming from 41 countries and regions across Europe and North America. It illustrates that there actually is a strong correlation between children's health status and their socio-economic background (European Office of the WHO 2005).

The German Health Survey for Children and Adolescents demonstrated the same for children living in Germany: according to the Robert Koch Institute, children from socially disadvantaged groups are more often affected by traffic accidents, different diseases, overweight, and mental problems (Robert Koch Institute 2009).

The term ‘social inequalities in health’ is thus used to describe the effect of social factors on health. In chapter 3, the correlation between socio-economic factors and health inequalities is described in greater detail.

In addition to the two studies mentioned before, the report of the German Federal Centre for Health Education (BZgA) and the Robert Koch Institute ‘Erkennen – Bewerten – Handeln. Zur Gesundheit von Kindern und Jugendlichen in Deutschland’ summarises the findings and information regarding the correlation between health and the socio-economic status of children. It emphasises the results of the two mentioned studies showing that the education status and the type of school which is being attended influence the subjective state of health or mental health. This is demonstrated by figure 1 and 2 showing some of the results. Further health-influencing factors defined are the income of parents and the occupational status (Federal Centre for Health Education and Robert Koch Institute 2008).

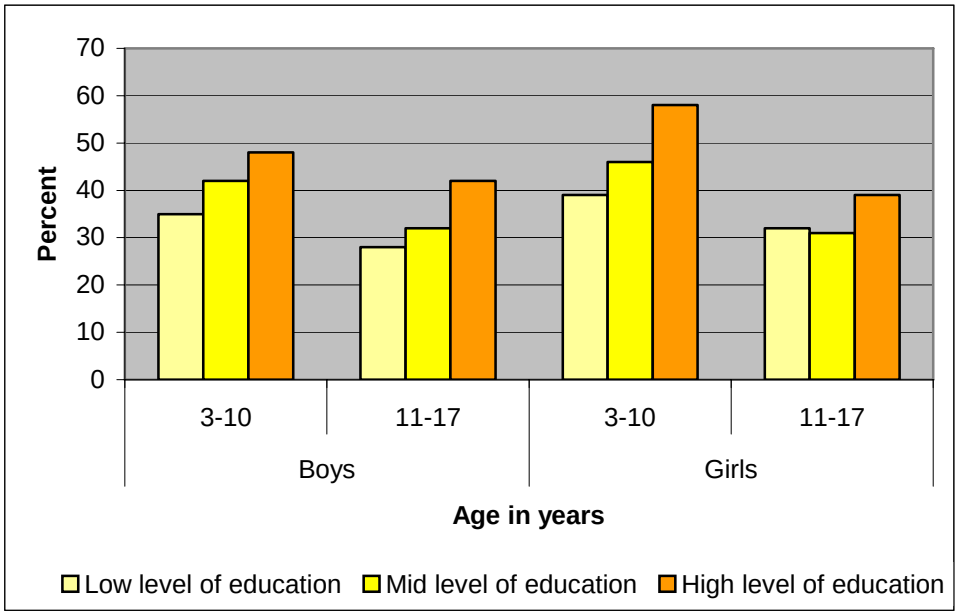

Figure 1: Parental appraisal of their children’s general health state as ‘very good’ and the corresponding educational background
Source: Robert Koch Institute 2008, p. 159

Figure 2: Mental- and behavioural conspicuity among adolescents aged 11-17 years and the corresponding school type being attended

Source: Robert Koch Institute 2008, p. 162

In spite of the existence of several national and international aims and studies, Judge et al. (2006) found a variety of perceptions of social inequalities in health among the different countries of the EU. These perceptions concern the meaning of specific social aspects for health and its appearance among the population. As a consequence of divergent definitions, responding public policies vary among different states (ibid.).

This raises the question how the topic is examined within German policies, and how social inequalities in health are tackled.

Due to the fact that there is no clear status analysis if and how social inequalities in health are explained in Germany, this diploma thesis fills this gap by identifying the current official view on social inequalities in health. Its findings contribute to an international knowledge exchange not only regarding definitions of social inequalities in health, but also concerning resulting political approaches to tackle them.

The development of adequate effective approaches raises different questions in turn:

1. How should public policy strategies be arranged to tackle social inequalities in health successfully?

2. When is it best to intervene ?

The qualitative analysis of German national and regional policy strategies answers the first question by identifying examples of possible policies and interventions realised in Germany.
The live course approach gives an answer to the second question, which will be explained in greater detail in chapter 3. It points out that poverty and deprivation at an early age can have negative long-lasting effects on health, which thus requires interventions to take place as early in life as possible (Marmot and Wilkinson 2006).
Due to this finding it is important to influence the living conditions of children and adolescents to tackle inequalities in health in the long-term, which forms the basis for this work and puts a focus on children and adolescents who are to be targeted by policies and strategies.
The results of the German National Health Survey demonstrating that children and adolescents, among the entire German population, are particularly at risk to live in poverty (Robert Koch Institute 2005), confirm that for the Federal Republic of Germany it has become highly important and urgent to finally prevent the negative effects of such social circumstances on health.

The structure of this thesis shown in the following is thus based on the research approach explained:

The theoretical part of this work outlines the approach, methodology and method of the study. This includes the presentation of the central research questions, the description of the method and resulting effects on the validity, reliability, objectivity and subjectivity in chapter two. Ethical issues are discussed as well.
Furthermore basic definitions, concepts and theories of the research are explained in chapter three.
Chapter four explains the federal structure of Germany, which is an essential basis for the document analysis.

Within the empirical part, the sampled policy documents are presented and analysed qualitatively in chapter five.
The subsequent chapter contains a discussion of the results and of possible perspectives for Germany.
The Conclusion Chapter finally summarises the findings.

2. Approach, methodology, and methods of the study

The Introduction Chapter outlines the aim of this study to investigate political approaches tackling social inequalities in health in Germany. Due to the life-course approach (cf. section 3.9) the focus is thereby set on children and adolescents, because appropriate interventions seem to be most effective.
This chapter points out, on which further intentions and methods this investigation is based.

2.1 Limitation of the topic

2.1.1 General limitation

Besides the two named limitations - focusing on the Federal Republic of Germany and on policies tackling social inequalities among children and adolescents – a third limitation has to be made. The latter is constituted by the federal structure of Germany, which means the division of the republic into 16 federal states, each with its own political power. Since all 16 states can shape divergent policies being relevant for the study, they are all worth a deeper investigation. However, this is not achievable by this thesis as to the given time-limit. For this reason the study is restricted to the investigation of policy documents produced at the national level and of two federal states.

This approach raises the question by which criteria the two federal states are chosen and for which reason the others are neglected?

2.1.2 The choice of two federal states

Beyond national policy documents, those produced by the federal states are of basic importance in Germany. The division of responsibilities and duties between the federation and the federal states results in political power being assigned to each federal state. The investigation of federal states' policies is therefore essential for this study. Two federal states, which are good examples of federal state policies, had to be found for the analysis.

A first approach to choose these federal states was to concentrate on states which have adopted adequate health targets. It could be assumed that states having formulated health targets with regard to socially disadvantaged children would also have formulated

adequate action plans or political strategies. This assumption turned out to be insignificant. The federal states Berlin and Hamburg for example have formulated health targets and action fields targeting at socially disadvantaged children (Panel for Health Targets Germany 2009), but have not published related policy documents in the Internet. At this point it cannot be assessed if these policy documents are merely not available in the Internet or if there was no further impact of the health target discussion on policy processes.

A first investigation of provided information showed that the availability of policy documents is strongly influenced by the publication in the World Wide Web. Some federal states, such as Sachsen and Saarland, have not published as many policy documents on their websites as other federal states.
Moreover the processes among the different federal states varies: there is no main or common structure of how federal states act. Some states have formulated a youth plan, some have worked on a strategy to reduce poverty, some have developed an integration plan and some have published guidelines for local authorities. There is no federal state providing policy documents about all action fields for tackling social inequalities in health.

After a deeper investigation of the available material, the research focuses on the federal states Niedersachsen and Mecklenburg-Vorpommern. Both states provide a variety of information about strategies concerning poverty reduction, integration, family policy, child- and youth policy, health promotion, or the definition of health targets. As explained in chapter 3, these topics can be seen as targeting relevant determinants of health.

The findings regarding the two states are not completely representative for other states' policies. It is interesting, though, to analyse two of the 16 possible ways to tackle social inequalities in health, which is the qualitative research approach of this thesis.
Before explaining this kind of approach more detailed in the next chapter, the following paragraph shows which kind of information is gathered by analysing the documents and to which concrete research questions the analysis is steered.

2.2 Research questions

Policies to tackle social inequalities in health differ among federal states and countries. According to the World Health Organisation, even the definitions and the understanding of inequalities vary, which, in the end, leads to different political approaches. Some

states do not at all consider social inequalities in health in their policies (European Office of the World Health Organisation 2005).
The fact that the topic is considered and understood differently among different states gives rise to the question how it is dealt with in Germany. The research questions are therefore the following:

1. How are social inequalities in health defined and understood within German policies?
2. Which political approaches exist that tackle social inequalities in health among children and adolescents?
3. Looking at the first two questions it is important to analyse if there are differences between the different policy levels or between the different federal states?

The formulation of the questions shows the basic presumption that policy documents can be seen as representative for realised policies. It would not be satisfying to merely analyse the understanding of social inequalities in health within official documents, questioning how they are examined in 'reality'. This fact will be discussed in greater detail in section 2.3.3.
By its approach the third research question varies from the first two, because it focuses on the specific structure of Germany and its consequences for policies. Not only the similarities and differences between the two analysed federal states are interesting to investigate, but also the relation between national and regional guidelines, recommendations and strategies. The answer to this question might show if there exists a vertical communication.

The next section outlines the methods of analysis to answer the research questions.

2.3 Methodology, methods, and resulting characteristics of the analysis

2.3.1 Methodology and method

The research questions require a qualitative analysis and cannot be worked on by a quantitative research approach. Since this thesis shall identify *how* political strategies can be characterised in Germany and *in which way* social inequalities in health are considered within these approaches, it contains an in-depth analysis and well-founded interpretation of political documents rather than of their final outcomes.

The study seeks to find out, how the country and federal states officially define and explain social inequalities in health *before* intervening. Thus by analysing policy documents such as action plans or national strategies, the official point of view and political framework or -background for realised interventions is investigated. This includes the identification of related explanations and attitudes which are - and which are not - contained in the documents.
The findings can finally be compared to the attitudes and approaches of other states in further studies.

In summary, documents are not only used as background information in this study, but as a data source in its own right. They are accounted as official, authoritative, and credible statements produced by governments. The fact that these documents can contain different definitions, purposes, attitudes, and interests and therefore are not inevitable objective, impartial, and unambiguous, causes the need for an in-depth analysis (cf. Denscombe 2001).

2.3.2 Sample

The approach is limited to the investigation of officially published documents being available in the World Wide Web. Adequate websites are

- those of the federal ministries
- those of federal state ministries
- the website of the Federal Government
- health-inequalities.org
- gesundheitsziele.de, and the website of the
- federal associations for health promotion

Furthermore, the contained links and references lead to further information about important actors and documents regarding the described topic.

Since there are many different determinants of social inequalities in health, documents that are not explicitly related to health or health inequalities are considered as well. One example is the National Strategy to Enhance Social Integration containing important recommendations and regulations regarding education and employment, which are expected to be relevant for the topic. This reveals that the search is based on the holistic health definition of the WHO (cf. section 3.1) As a consequence, the document search is

not limited to key words in the headlines, but includes a search for these in the whole document. Those key words and derivations are

- social inequalities in health
- health inequality
- health
- well-being
- children
- adolescents
- social disadvantage
- social exclusion
- social integration and
- poverty.

As it can be assumed that parents and their circumstances shape or cause social inequalities in health among children, the holistic understanding of health requires that not only those documents emphatically targeting at children are considered, but also those targeting at the role of the parents.
As a further sample criterion, only those documents are considered which explicitly state the aim to investigate or change conditions to enhance social equality (not merely social equality *in health*). This approach excludes for instance traffic plans, though their realisation might be influencing social inequalities in health in the end.

2.3.3 Validity

For the described investigation political documents shall be analysed. This results from the basic assumption that policy documents such as action plans and strategies

- record a consensus of policy actors which is the basis for future realisations within a field
- are official statements that can contain explanations for phenomena (e.g. for social inequalities in health or health inequalities)
- are official statements that can contain (binding) agreements
- are official statements that can name responsible actors to realise its aims.

Such political documents therefore contain the information needed to answer the research questions.

Two main factors invalidating this method can be suspected:
Firstly, there is no guarantee that the investigated policy documents reflect the real thoughts, arguments and interventions of policy actors. In theory it is possible that they were formulated for official matters without being further considered in 'real' discussions and political actions.
Secondly, this study is based on Internet research. Documents, which might be relevant but are not available in the Internet, are not assessed. This might be a limitation to the study.

2.3.4 Reliability

There are several factors strengthening the reliability of this qualitative document analysis such as the commitment to choose German policy documents that aim to reduce social inequalities. All other documents are excluded by this approach. Furthermore the Internet research is structured by the usage of defined key words. This applies to the summary and analysis as well, since they concern fix characteristics such as the kind of named actions and actors, the definition of health and social equality in health, or the understanding of the social gradient. This structured approach also strengthens the objectivity of the study.

However, there are some factors that decrease the reliability:
Firstly, a researcher with health promotion knowledge looks at the documents in another way than a researcher with another background knowledge does. Denscombe (2001) calls this the 'involvement of the self' as an 'integral part of the [qualitative] analysis' (p. 208). Most policy documents are not explicitly targeting at social inequalities *in health* among children and adolescents, but finally do so by their approach to enhance social equality. In order to choose relevant documents and to interpret these, personal knowledge and a 'health-promotion-view' are used. Another person repeating the study might use its own knowledge to sample and interpret the texts. With reference to Denscombe, it must nevertheless be said that this forms a basis of qualitative research.
Secondly, a researcher from Germany might understand the documents in another way than does a researcher coming from another country. Due to this, it is necessary to be aware of subjective interpretations of hints and implied information.
It is further important to state that all quotations are translated from German into English. At worst, the translation could cause a change of contents or a loss of context related hints or indications. For this reason all quotations are translated as literally as possible.

The translations requiring a redraft are denoted as such in footnotes. Additionally, the annex contains all German quotations to to enable all translations to be understood.

2.3.5 Objectivity and subjectivity

As already explained in the last section, the research shall be done as objective as possible by following fix structures, using defined key words and identifying clear statements in the documents.
Nevertheless, it has to be acknowledged that researchers with a different background knowledge might interpret and assess contents, hinted statements and implied assumptions differently.

2.3.6 Ethical issues

The present type of study does not treat special ethical issues like other qualitative methods might do, for example interviews or observations. The research is based on the analysis of official documents, which were formulated for the public and which are to be read critically. A direct interaction with specific persons does not take place.

Conclusion

This chapter outlines the approach to answer the defined research questions. The explanations include the way of data sampling as well as the used methodology and method.
Based on these explanations, consequences of the methodology and method are discussed regarding their possible impact on the validity, reliability, objectivity and subjectivity. The chapter ends up with a short discussion of ethical issues that might be met by the study.

After having reasoned the character of the sampled data and the research approach, the theories and conceptions forming the basis of this study shall be outlined.

3. Definitions, theories, and concepts

This thesis builds on several basic definitions, theories, and concepts. Especially the conception of health, health inequality and the social gradient are essential to analyse the data. Furthermore the life course approach outlines why a focus on children and adolescents seems to be most effective to reduce social health inequalities. The chapter ends with an explanation of general and political approaches to tackle social inequalities.

3.1 Health

To examine health equalities or -inequalities, it is important to outline the understanding of health. There is a variety of different images or conceptions of what health exactly is. According to Naidoo and Wills (2000), there are two main conceptions of health: health as a negative and health as a positive definition. The negative concept understands health as the absence of disease, which Arnold and Gorin (1998) call the expression of a bipolar thinking. This definition is often used in the western scientific medical model. The WHO, however, defines health as a positive term being

> *‚a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.' (WHO 1948)*

It is called a holistic conception, because social factors are included as well as mental and physical aspects. In doing so it refers to dimensions of the every day life (Hurrelmann and Franzkowiak 2003).
Aggleton and Homans summarised the dimensions of health in its holistic meaning, shown by figure 3.

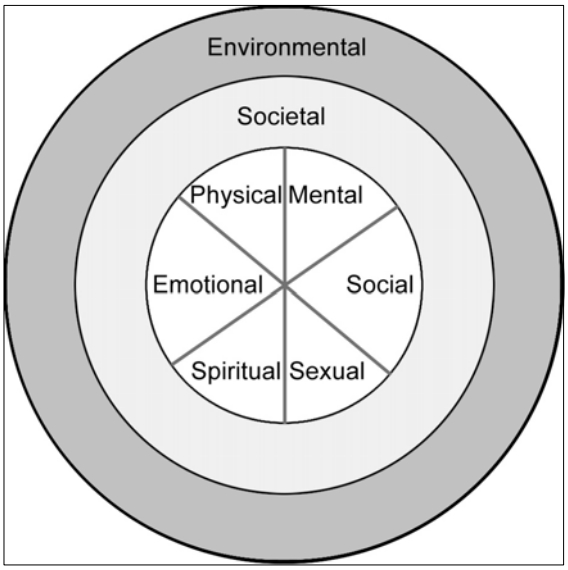

Figure 3: Dimensions of Health
Source: Naidoo, Wills 2000; adopted from Aggleton and Homans (1987) and Ewles and Simnett (1999), p. 6

The inner circle of the figure represents the individual dimensions of health, while the two outer circles show the broader health dimensions, which affect the individual (Naidoo and Wills 2000). Individual dimensions are the

- physical health of the body, which is expressed by, for example, fitness and not being ill
- mental health, expressed by, for instance, feeling good and being able to cope
- emotional health concerning the ability to express feelings and to develop and sustain relationships
- social health meaning the sense of having social support and being involved in social networks
- spiritual health as the ability to put moral or religious beliefs into practice and
- sexual health concerning the acceptance and ability to achieve a satisfactory expression of one's sexuality.

The societal health results from the assumption that health and social structures are put into relationship. Examples for such influencing social aspects are safety, shelter, peace, food, or income. This dimension also includes the degree of integration and exclusion of the individual within the society. Finally, the outer circle of environmental health

describes the conditions the individual lives in, such as housing-, sanitary-, or pollution conditions (ibid.).

Arnold and Gorin (1998) find other categorisations of perspectives on health. Beyond the described understanding of health as an antithesis of disease they find definitions of health as functionality, which means health as the capacity to fulfil given tasks or functions. Other conceptions examine health as a status of well-being as the result of a subjective and personal interpretation, health as fitness, and health as an alterable state of balance.
Following this categorisation, the cited definition of the WHO is part of the conception of health as an alterable state of balance. The aspect of balance concerns the coping of internal (personal) and external (ecological) challenges. This means that a successful coping of these challenges leads to a better health of the individual, while the opposite results in illness or disease.
The coping is thereby strongly influenced by the existence of risk and protective factors which will, due to their importance within this diploma thesis, be explained seperately in the next section.

According to Franzkowiak and Lehmann (2003) health is not a fix status. It is rather an alterable balance on a multidimensional continuum, whose poles are health and disease. A successful coping of challenges and the existence of more protective- than risk factors will push the individual into the direction of the health pole.
There are smooth transitions between these two endpoints of the continuum, and an existence of ill- and healthy aspects at the same time is possible. Furthermore the continuum includes both a subjective and an objective view of health. To adopt the holistic view on health, all three dimensions are part of the continuum: the social, the mental and the physical one (see figure 4).

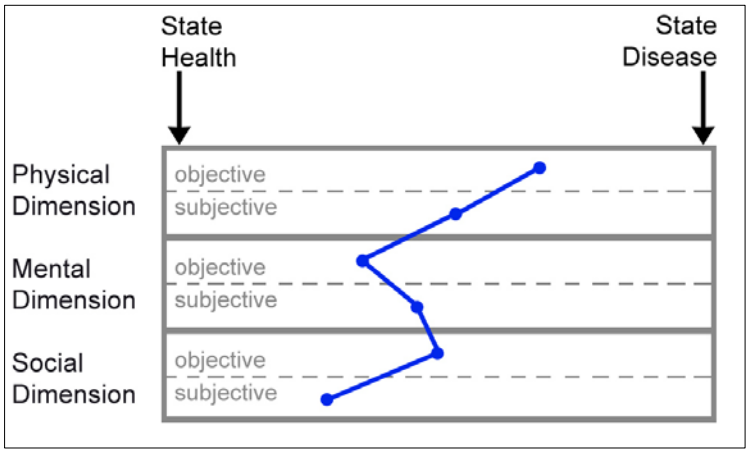

Figure 4: Health-Disease-Continuum

Source: modified from Franzkowiak and Lehmann 2003, p. 114

In summary, health can be defined as a positive term being the result of a succeeded coping of intern and extern challenges.

It is relevant for health promotion to comprise the characteristics of health, as they are summarised by Hurrelmann (2003). These are:

1. Health can be seen as a successful coping of internal and external challenges, whereas disease can be understood as a unsuccessful coping of these challenges.
2. Health can be seen as a balance of protective- and risk factors, whereas disease means an imbalance of them.
3. Health and disease can be seen objectively and subjectively, and they are therefore relative terms.
4. Due to the multi-dimensional understanding of health including mental, social and physical aspects, health and disease are also a reaction to societal conditions.

Further characteristics and requirements regarding health are formulated in the constitution of the WHO, on whose definition health promotion is based. These requirements concern the right of every human being to enjoy the highest attainable standard of health, and the basic importance of a healthy development and -environment of the child (WHO 1948).

This diploma thesis is geared to these requirements.

3.2 Protective- and risk factors

Health sciences emanate from the existence of protective- and risk factors, which influcence the individual abilities to cope internal and external challenges (Faltermeier 2005). While the investigation of risk factors shall define damaging factors and hazards of health, the investigation of protective factors shall define which factors help to cope with challenges successfully and thereby obtain or improve health. These include health promoting living conditions as well as health promoting social- and individual resources, skills, and attitudes. Protective factors may therefore be described as health resources or health potentials (Franzkowiak 2003).

Health resources can be divided into internal (personal) and external (socio-ecological) resources. Examples for internal factors are biological aspects such as the immune system and life skills, personality attributes, or specific coping strategies. Socio-ecological factors are, among others, the social support, social integration, and the assurance of basic requirements like work, adequate housing space and adequate nutrition.

This conception implies that to enjoy good health, the amount and quality of health hazards is not solely crucial. What is important, however, is the balance between these risk factors and activated protective factors, so that the individual may cope with and control health challenges (ibid.). The coping can therefore be seen as essential for health.

In this context, the reduction of social inequalities in health means to strengthen those factors helping the individual to cope with personal and socio-ecological challenges, and to aviod a plurality of risk factors.

3.3 Health determinants

The WHO states that governments would have ‘a responsibility for the health of their peoples which can be fulfilled only by providing adequate health and social measures’ (WHO 1948). This claim leads to the question what can be done to promote health, and which factors can be targeted to influence it. What determinates health?

Determinants of health are factors that influence health and can therefore be described as ‘root causes of health’. The central core of health promotion is to widen the possibilities for health improvement by influencing those health promoting factors (Hurrelmann 2003).

Several models have been developed to outline the main health determinants. Hurrelmann (2003) divides between personal factors, social factors and those of the health system.
Examples for personal factors are hereby the age, the genetic disposition, the individual coping competences, and the individual lifestyle. Social factors are the economic situation, housing- and working conditions, or the social integration. Further factors of the health system are the accessibility, the quality of care, or the insurance system.

Within their model, Dahlgren and Whitehead (1991) distinguish individual lifestyle determinants from social- and community influences, living and working conditions, and environmental-, socio-economic- and cultural conditions (see figure 5). It presumes that individual lifestyles are embedded in social and environmental conditions, and that all factors can influence each other.
Examples for the individual determinants are again the age, sex, genetic disposition or the personality, which is a parallel to Hurrelmann's model. They are expected to be largely fixed. Surrounding them in the figure, social factors describe the social integration. Working- and living conditions concern the education, unemployment, or housing. Naidoo and Wills (2005) define the degree of social stability and -equality or the national security as examples for general socio-economic, cultural, and environmental factors.

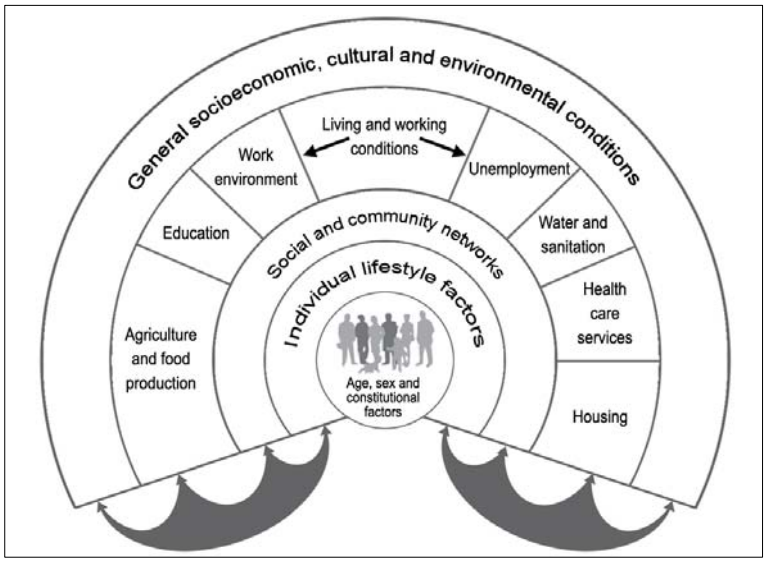

Figure 5: The main determinants of health.
Source: Dahlgren, Whitehead 1991, p. 20

According to Naidoo and Wills the determinants of health surrounding the individual factors are theoretically modifiable by policies, individual choices or commercial decisions. Especially socio-economic factors are fundamentally shaped by social policies and regulatory and legislative frameworks. Relevant policies would exist at the global-, national-, regional-, and local level. Based on this statement, the thesis shall investigate corresponding policy approaches in Germany.

3.4 Elaboration of the terms ‘health inequalities’ and ‘health inequities’

A distinction is drawn between the terms ‘health inequality’ and ‘health inequity’.
In their position paper ‘Tackling Health Inequalities’ (2006) the Euro Health Net and the German Federal Centre for Health Education (BZgA) define health *inequalities* as a term describing any kind of differences, disparities, or variations in the health outcome of individuals or groups. In contrast to this, health *inequities* would refer to those inequalities in health that are considered to be unacceptable, because they are unfair and unjust.
Nevertheless, Dahlgren and Whitehead (2006) use the two terms synonymously. They explain their approach by the fact that the United Kingdom uses the term 'social inequalities in health', which can include the characteristic of being unfair and unjust at the same time. After even more states assumed this British term, Euro Health Net and the BZgA adopted the approach in their position paper 'Tackling Health Inequalities', as can be seen by the title. The usage of this term expresses the acceptance and consideration of the fact that in some languages there is only one word for both meanings.
Because this diploma thesis is based on international publications, the internationally used term 'social inequalities in health' is, for the sake of uniformity, adopted as well.

3.5 Health inequality

The constitution of the WHO defines health equality as a central aim (1948). Since then, health equality has been targeted by political strategies and international statements, such as the ‘Global Strategy for Health for All by the Year 2000’ (1981) and the strategy for Europe ‘Health 21’ (1998) by the WHO.
Outlining the nature of health inequality, Altgeld (2003) distinguishes different levels of health inequalities. They can thus be found as

- gaps between several social groups within a specific society
- gaps between poorer and wealthier states, and as
- cross-sectional gaps amongst generations or between the different sexes.

To tackle these inequalities, different factors can be considered, whereas the impact of social aspects such as poverty is increasingly recognised.
Due to this development and its meaning for policies, this thesis researches into the importance of social inequalities in health rather than other causes for health inequality.

3.6 Social inequality in health

Social inequalities in health are health differences caused by social conditions. Dahlgren and Whitehead summarise the characteristics of social inequalities in health as

> *'systematic, socially produced (and therefore modifiable) and unfair'. (Dahlgren, Whitehead 2006, p.2)*

The first attribute 'systematic' describes health differences that can be observed across the population. The correlation between the morbidity rate and socio-economic groups is one example for this feature.
The second characteristic 'socially produced' implies that many differences in health are shaped by society and policies and can therefore be avoided or changed.
The feature of unfairness depends on the found societal consensus of what is unfair. Within the diploma thesis it is assumed that, with reference to Dahlgren and Whitehead, socially created inequalities in health among children and adolescents are unfair.

The named socio-economic groups can be measured by income, education and occupation, which are all socially produced- and therefore modifiable determinants influencing health. This means that social inequities in health

> *,are systematic differences in health status between socioeconomic groups, as measured by income, education and occupation. All systematic social inequities in health within a country are socially produced, modifiable and unfair'. (Dahlgren, Whitehead 2006, p. 5)*

In their work 'Health Inequalities: a Challenge for Europe' (2005), Judge et al. describe health inequalities as systematic and avoidable as well. They elaborate that more

disadvantaged people show illnesses, disabilities, or shorter lives than those people who are better off.

> *'The systematic and avoidable differences in health outcomes between social groups such that poorer and/or more disadvantaged people are more likely to have illnesses and disabilities and shorter lives than those who are more affluent.' (Judge et al. 2005, p. 11)*

Other health indicators measuring social health inequalities besides life expectancy and morbidity are the self-perceived health and the mortality among different social groups (Norwegian Directorate for Health and Social Affairs, 2005).

The question how and why health inequalities are influenced by social aspects is answered by Mielck (2000). Figure 6 shows social inequality influencing the health threat as well as resources supporting an effective coping of challenges. These and existing differences in health care cause differences in the individual health behaviour, which, in turn, produces social inequality in health.

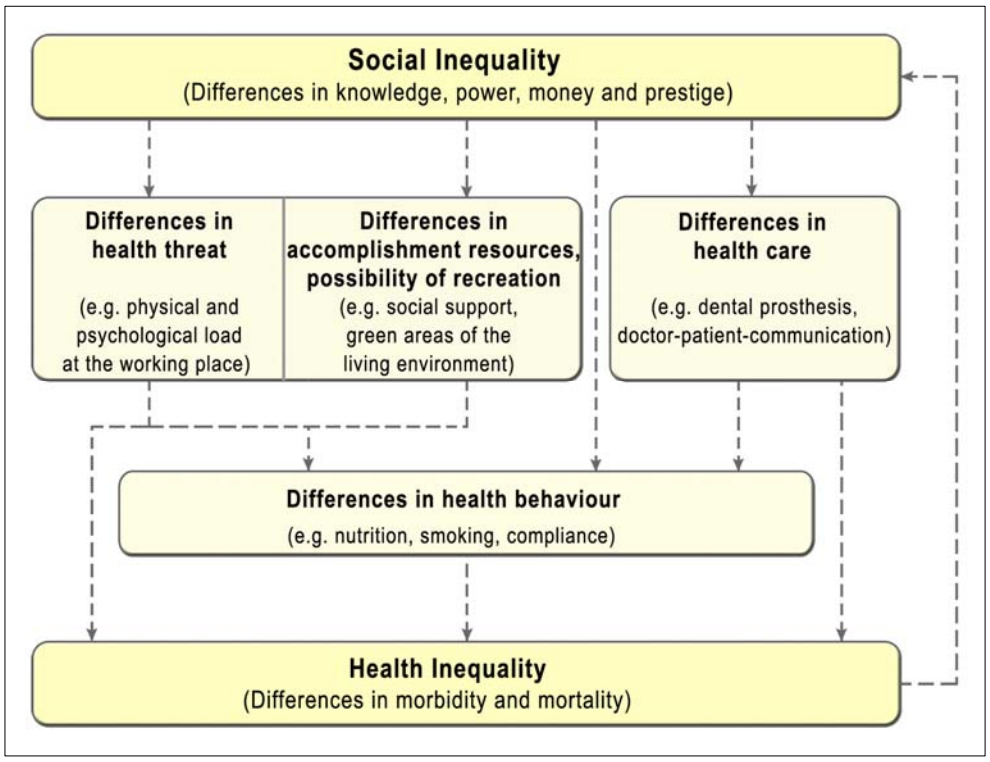

Figure 6: The development of social inequality in health
Source: modified from Mielck (2000) in: Kaba-Schönstein 2003

Summarising the results, social inequalities are systematic and socially produced, since modifiable factors such as knowledge, power, or health structures influence and cause health inequalities. As a result, health differences can be found among the population of a society, because more affluent people show less illnesses and experience longer lives than those being less affluent.
Social inequalities in health that appear stepwise among the population are called the 'social gradient', which now shall be explained in greater detail.

3.7 The social gradient

The term 'social gradient' describes the phenomenon that

> *'Life expectancy is shorter and most diseases are more common further down the social ladder in each society'. (WHO 2003, p. 10)*

This explanation implicates that not only the poorest individuals of a society suffer from ill health, but that every socio-economic group is slightly healthier than the next group 'down the social ladder'. At the same time every socio-economic group has a higher morbidity than the next group up. Inequality in health does therefore not describe a phenomenon among the poorest individuals of a society, but an unfair and unjust phenomenon between each socio-economic group throughout the population.
The Norwegian Directorate for Health and Social Affairs states this issue not only to be a challenge for public health, but also

> *,a problem of fairness when people with a low social status, few assets and few resources also suffer from most pain, illness, disability and reduced life expectancy.' (2005, p. 4)*

Graham (2004) explains the social gradient by distinguishing two different ways of policy interventions tackling health inequalities. The first type focuses on people 'in the poorest circumstances and the poorest health', which leads 'to approaches that attempt to lift the worst off out of the extreme situation in which they find themselves' (Graham 2004, p.2). The second type of approach is the consideration that the poor health of people being worst off is part of a broader social gradient in health. This attitude leads to interventions focusing on a larger number of people 'who, while they could not be described as socially excluded, are relatively disadvantaged in health terms' (ibid).
When it comes to policy approaches to reduce the social gradient, it is most effective to target at the determinants of social inequalities in health.

So what are the ‘root causes’ of social inequalities in health?

3.8 Determinants of social inequalities in health

Determinants of social inequalities in health are social factors influencing or causing health inequality. Defining these, an important distinction has to be pointed out: determinants of social inequalities may not be equated with social determinants of health for the *whole population*, though, in general, they do not necessarily differ. The difference between the two designations is the fact that determinants of health can differ for several socio-economic groups (Graham 2004; Dahlgren and Whitehead 2006). A general approach to influence social determinants of health for the whole population could therefore be ineffective when it comes to reducing the health divide among the population.
According to Dahlgren and Whitehead this kind of determinants can be influenced by political, commercial, and individual decisions.

The following example outlines the impact of social factors on interventions targeting, for instance, the health behaviour of the population.
The initiative 'Five a Day' provides information about healthy nutrition to promote the consumption of five portions fruits or vegetables per day. The aim to promote a healthy nutrition is comprehensible. A healthy lifestyle, though, is influenced by socio-economic factors such as the income, the education, or the meaning of the behaviour in specific social settings (cf. section 3.12). People living in poverty, for example, may not be in the situation to buy five portions vegetables a day, while people up the social ladder may have the resources to do so. The initiative, as a consequence, can improve the health of people with an adequate social position, while it reaches less those people who are down the social ladder. Consequently, the program might cause the health gap between the population to widen.

The Norwegian Directorate for Health and Social Affairs (2005) elaborates that social factors influencing health often correlate with other variables. Education, income, and occupation, for example, might correlate with the place of residence. Hence, measures are to be introduced to those areas in which they have the greatest impact on a specific social group.

3.9 The life course approach

This thesis focuses on interventions tackling social health inequalities among children and adolescents. The reason for this focus group is given by the life course approach.
The life course approach stresses the importance of early childhood conditions for health. It assumes that the foundation for a healthy adulthood is laid in the first years of life and before birth. Conversely this also means that exposures and risk factors affect the individual cumulatively throughout life.
There are two findings regarding social inequality in health:

1. Events or material circumstances early in life can be strong indicators for the later health status.
2. Children with a background of social disadvantage face more or higher early burdens than those with an affluent background (Hurrelmann and Richter 2009).

David Blane (2006) explains the life course perspective on health to see

> *'a person's biological status as a marker of their past social position and, through the structured nature of social processes, as liable to selective accumulation of future advantage or disadvantage. A person's past social experiences become written into the physiology and pathology of their body. The social is, literally, embodied; and the body records the past.' (Blane in: Marmot, Wilkinson 2006, p. 54)*

Due to this perspective, the life course combines biological and social elements, which interact with each other: biological developments take place within a social context, and the social context may influence biological developments. By this interaction, social conditions in the early life could become evident in the physiology of the body.

As a consequence of this assumption, each phase of the life course may be preceded by earlier phases (and its social and biological developments). The following example exemplifies this approach: A child growing up in an affluent family is likely to succeed educationally. This leads to the integration in more privileged sectors of the labour market, where an occupational pension scheme will provide financial security in old age (ibid.). These social aspects can be seen as social determinants of health (which are those factors surrounding the fix individual factors in the figure by Dahlgren and Whitehead; cf. section 3.3).

Turning the example around, a child's background of social disadvantage might affect its educational success negatively. The child could, as a consequence, start a less privileged job and will not enjoy the same social safety in old age.

The life course is an important approach to define effective interventions tackling social inequalities in health. The WHO states that such interventions are necessary and reasonable at any point in the individual's life, but could be most effective when starting as early in life as possible. Long-lasting effects and an accumulation of hazards could be constrained by such early interventions (WHO 2005).

As mentioned before, the diploma thesis will focus on children and adolescents by picking up this approach.

The definition of effective interventions tackling social inequalities in health raises the question who shall interact. The constitution of the WHO calls on governments to promote the health of their population.
Which policy sectors, then, should be responsible to fulfil this task?

3.10 The 'Health in All Policies' approach

> *'Policies shape the conditions in which we live and work and these conditions may have positive or negative consequences for the health of a given population and individuals. Factors that are found to have the most significant influence on health are called determinants of health.' (Ministry of Social Affairs and Health of Finland 2006, p. xxvi)*

This quotation explains the idea of policies being responsible for the health of the population and individuals. The view of policies influencing health determinants is also advanced by the WHO. The Ottawa Charta points out that public health policy, as one of the five listed key health promoting actions, aims to put health on the agenda of policy makers in all sectors and at all levels and thus seeks to reduce health inequities (WHO 1986). As a consequence, this means an approach going beyond the boundaries of the health care sector and an involvement of all policy sectors that may change health determinants. These are multifaceted, because they concern factors such as education, employment, the housing- and working conditions, social networks, the agriculture, and others (cf. section 3.3). The direct consequence is that not just one but all adequate policy sectors are responsible.

According to the Finnish Ministry of Social Affairs and Health, the Health in All Policies approach is based on similar principles as the call of the WHO for multi-sectoral action for health and the 'whole government approach' (2006, p. xxvii). Both mean a multi-sectoral and coordinated collaboration of all policy sectors.

3.11 Upstream- and downstream activities

There are different ways of how policy sectors and governments can act to tackle social inequalities in health.
Upstream activities, or, in a political context, upstream policies are interventions targeting at determinants reaching larger parts of the population. Examples for upstream policies are legislation processes and other policies affecting large parts of the population.

Downstream activities, on the other hand, target at smaller groups of the population, such as risk groups or even individuals. Examples for downstream actions are the realisation of health education or integration courses for migrants (Ministry of Social Affairs and Health of Finland 2006; Dahlgren and Whitehead 2006).

As was shown in section 3.8, a distinction has to be made between the terms 'Determinants of social inequalities in health' and 'Determinants of social inequalities in health for the *whole population*'. Upstream policies may thereby target at determinants of the whole population, while downstream policies focus corresponding determinants of social inequalities for specific groups.
The downstream approach targeting at specific focus groups is deeply linked with the setting approach as a strategy to reach such defined groups in turn.

3.12 The setting approach

Settings are social systems, which show relevant environmental conditions for a specific group of people. These can be the work place, child care institutions, the family, schools, or communities.
The approach to influence settings is based on the assumption that economic, social and organisational conditions on the one hand and the individual lifestyle on the other are interconnected (Grossmann and Scala 2003). A second assumption concerns

people to be reached best by strategies influencing the areas in which people live, work, and play.
In summary the setting approach means to focus on all main determinants within a special setting, rather than on a single risk factor or a single individual (Dahlgren and Whitehead 2006).
This strategy has emerged as a core strategy of health promotion and is seen as the best approach to reach defined risk groups. Disadvantaged people, as an example, could be reached by the work in deprived or disadvantaged districts.

3.13 Condition- and behaviour oriented prevention

Besides the named approaches of upstream- and downstream activities and the setting related work, many strategies contain condition- or behaviour-oriented prevention.
Behaviour-oriented prevention is an umbrella term for all activities which seek to influence behaviour being relevant for health. It may seek to change risk behaviour such as smoking or malnutrition, or to stabilise health promoting behaviour such as physical activity or safer sex. Appropriate examples for this kind of strategy are health education and information concerning health behaviour, or programs such as smoking cessation- or stress management programs.

Condition-oriented prevention implies strategies to reduce, control or abolish health risks in the environment and living conditions. Appropriate activities are employment protection activities, interventions improving the public safety, and national or international policies concerning, among others, social affairs, health, the environment, or urban planning.
Because the individual behaviour and conditions interact with each other, a combination of both strategies is expected to be most effective (Lehmann 2003).

Conclusion

The chapter outlines the main theories and concepts about health and social inequalities in health, including its determinants, the accumulation of predicting events and conditions, and forms of its appearance.
Furthermore, intervention approaches tackling social inequalities are explained, such as the Health in All Policies approach, the setting approach, upstream- and downstream interventions, and condition- and behaviour-oriented strategies.

Based on these conceptions, the following sections contain an analysis of policy documents regarding their contents, attitudes, and recommended actions to tackle social inequalities in health among children and adolescents.

Before doing so, it is important to explain the geographical and structural basis on which the documents build and refer to. For this reason, the following section will at first outline these structural basics before the documents will be presented.

4. The federal structure of the German Republic and the resulting division of responsibilities to tackle social inequalities in health

This study investigates the German political framework regarding social inequalities in health among children and adolescents by an analysis of policy documents. The analysis is based on documents produced at both the federal- and the federal state level[1], because the German Republic is characterised by a federal structure, which means that the federal states are of political importance as well. For the understanding of the documents it is important to consider their different political function and reach, dependent on the political level they were formulated at.
To outline the different meanings and impacts of the documents, this chapter briefly presents the basic structure of the Federal Republic of Germany, which is also helpful in terms of an international knowledge exchange. The general information helps to follow the activities and responsibilities suggested within the documents.

The Federal Republic of Germany consists of 16 federal states called *'Länder'*, each with its own constitution, parliament, and government. Every federal state includes a number of local authorities, whose number and names can - dependent on the federal state – vary. Resulting from this structure, the following political levels can be defined:

1. the federation,
2. federal states, and
3. local authorities.

The following sections present an overview of the different responsibilities and competences at these policy levels. The overview concentrates on few main facts being relevant for the understanding of political frameworks to tackle social inequalities in health.

[1] More information about the study approach, sample criteria and the limitations are explained in chapter 2.

4.1 Federal Government

The highest state authority in Germany is exercised by the Federal Government, but through the agency of the Federal Council (*'Bundesrat')*, the states are represented at the federal level and participate in the federal legislation.
The Federal Government is allowed to make agreements with other states and organisations. It has further the right to pass laws that function as guidelines for all federal states, and to create the framework of overall aims and approaches for further decisions and structures of the *'Länder'* (Federal Foreign Office of the Federal Republic of Germany 2003). This is also the function of national action plans and strategies, as they are presented in this thesis. In addition to this, the coordination of different results of the federal states is done at the national level. One example is the collection of education and health data to summarise these for a national report.

4.2 Federal states

The federal states' main function concerns schooling (including all types of public schools and child care institutions), internal security (including policing), as well as the organisation of local self-government (Federal Foreign Office of the Federal Republic of Germany 2003). This means that every federal state can, considering the main guidelines and framework of the federation, decide how to realise these policies. The authors of the National Strategy to Enhance Social Integration explain:

> *'Beside the federation which shapes the general framework, federal states and municipalities play a major role in the German system of social protection, for example by their responsibility for important areas of the education policy, the social welfare or basic social security.' (Federal Ministry of Labour and Social Affairs 2003, p. 41)*

> *'In Germany the provision of adequate capacities regarding child care is in the competence of the federal states.' (Federal Ministry of Labour and Social Affairs 2003, p. 7)*

The National Integration Plan adds that especially the promotion of children including the promotion of language skills, culture policy, and concrete integration actions are key topics for federal states and local authorities.

4.3 Local authorities

Each federal state is divided into local authorities, whose names and number can vary. Most states, with the exception of city states such as Berlin and Hamburg, consist of smaller administrative districts, which can be rural districts (*'Landkreise'*) or urban districts (*'Stadtkreise'*). Every rural district is further subdivided into municipalities (*'Gemeinden'*), while every urban district is a municipality in its own right. These municipalities are the smallest administrative units in Germany.

The responsibilities of the municipalities concern the administration of programs authorised by the Federal Government or Federal State Government. Such programs are often related to youth, schools, public health, and social assistance. Secondly, municipalities have the right to regulate the affairs of the local community within the limits set by law. Examples for such activities are town planning, the support of local cultural activities, or the development of the public transportation (Federal Foreign Office of the Federal Republic of Germany 2003).

Conclusion

This chapter briefly outlines main characteristics of the German federal structure, which means the division into different political levels. This structure entails partition of duties and responsibilities regarding the reduction of social inequality in health. The policy documents, which are presented, analysed and interpreted in the following chapter, are based on this parting.(partition)

5. Presentation and analysis of the sampled policy documents

In Germany there are different policy documents that, with regard to their contents, deal with social inequalities in health. Because of the large number and complexity of the different documents, it would be confusing to present and analyse these in different chapters. For the reason of clarity and comprehensibility both approaches are combined in this chapter: after the presentation of each document, its main characteristics and contained approaches are outlined based on the data. The analysis answers the following questions:

1. Is there a main political actor initiating or coordinating the discussion about social inequalities in health in Germany?
2. What understanding and explanations of social inequalities and social inequalities in health can be identified?
3. In which way are social inequalities in health among children and adolescents considered in the document?
4. What can be said about the conception of responsibilities for health among children and adolescents?
5. Which policies are mentioned to be relevant to tackle social inequalities in health among children and adolescents?
6. How can the named or recommended activities be characterised in terms of their nature and concretion?
7. Are there differences between the different policy levels or the two federal states regarding the mentioned questions?

The content analysis is complemented by information about the publishing ministry as well as official statements from websites of the ministries and the Federal Chancellery, as this background information is relevant for the understanding of the documents.

5.1 National Documents

5.1.1 The National Action Plan for a Child-friendly Germany 2005-2010

Summary

The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth published the National Action Plan for a Child-friendly Germany in 2006. The basis for the formulation of this action plan was provided in 2002 when the United States arranged the World Summit for Children. With the final document 'A world fit for children', the participating countries undertook to develop a child-friendly policy which resulted in the present national action plan. After children and adolescents had participated in different workshops and handed over a report regarding recommended aims and strategies the plan was finally elaborated. These workshops were coordinated by the Service Agency of Youth Participation, and supported by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth 2009). Another recommendation considered for the action plan was the Convention for Children's Rights of the United Nations (UN), which will be observed by the German Federal Government as it states in the plan.

The action plan is based on the assumption that all children in Germany have the right to grow up in health promoting circumstances, which, following the WHO's multi-dimensional understanding of health, include different influencing factors.

> *'The best possible promotion of health is a central right of all children and adolescents. […] Varied factors influence the relation between health and disease in strong interaction: [..] individual characteristics, attitudes and behavioural patterns. Additional factors are impacts of the natural, the human influenced and the social environment. […] Society and policy are therefore responsible to shape these impacts in terms of a best possible health.' (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth 2005, p. 37)*

Parents would therefore be in charge to educate and care for their children. If economic and social changes overstrain parents in their duty, policies and the society shall support them. This results in a public responsibility complementing the private one in Germany, and explains the resulting necessity of the action plan.

> *'Above all, parents are responsible for their children. Fathers and mothers who love and support their child are the best fundament for girls and boys to firmly stand on their own feet one day. […] At the same time we observe that many families reach their limits regarding the care and education of their children. The reasons are drastic economic and societal changes. […] This leads - besides the private responsibility – to a public responsibility for the following generation.' (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth 2005, p. 6)*

The responsibility of policies and the society is further explained by the unjustice of existing social inequalities, which influence the personal development and life chances of children.

> *'We all are in charge to promote children and adolescents comprehensively. Only in doing so, they can develop into self-determined and competent personalities who […] find their own way of life. The social background of girls and boys in Germany still strongly influences, if and how these aims are reached. Policy has therefore to focus on social equality[2]. Neither the residential quarter, nor parents' purse, nor the sex of children may decide on young peoples' development- and life chances.' (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth 2005, p. 6)*

The argumentation also includes the acknowledgement of the correlation between poverty and worse 'life chances' in Germany. By reducing poverty, all children shall enjoy appropriate life standards. This is stated to be a task for the society as a whole.

> *'The creation and ensuring of an appropriate life standard for all children is the task of the society as a whole.' (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth 2005, p. 60)*

In this context the National Action Plan against Poverty and Social Exclusion lists adequate activities and promotes cooperation between governmental and non-governmental organisations.

Concrete actors being addressed by the Action Plan for a Child-friendly Germany to 'promote children comprehensively' are, as a consequence of the societal responsibility, both the governmental and non-governmental ones. Federal policy makers need the support of all policy levels and non-governmental organisations. Especially local actors

[2] The German term 'Chancengleichheit' is translated as 'social equality' in this thesis. A literally translation would be a state or character of 'equal opportunities', which is often used in the German terminology.

are in contact with affected children, which is the reason why the Federal Government states not to be able to achieve a child-friendly society on its own.

> *'By the National Action Plan for a Child-friendly Germany, the Federal Government obligates itself to a child-friendly policy. Nevertheless, it cannot reach this aim alone. For the realisation of this policy it needs the support of all public levels and of non-governmental organisations. The federal structure requires to bring those on board who are faced with the wishes and sorrows of children in schools, child care institutions, sports associations and youth centers.' (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth 2005, p. 9)*

Because the plan shall function as a manual and orientation for future actions targeting the aim of a child-friendly Germany until 2010, it describes different action fields to be worked on. All of them shall be realised in settings such as child care institutions, schools or families.
Especially the education of children and adolescents appears as a task in all action fields, because it is pointed out as a central requirement to promote social equality. This approach implies an equal access to a solid education for all children, notwithstanding their social background.

> *'Social equality means to provide access to a high qualitative education for all children and adolescents regardless of their family background and birth. All societal forces have therefore to act in concert: education politicians, teachers, confederations and institutions, but especially families […].' (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth 2005, p. 11)*

Other action fields concern

- the individual promotion by education,
- prevention matters,
- the participation of children and adolescents,
- the creation of a healthy environment by reducing health risks, and
- the development of an appropriate life standard for all children.

These approaches are complemented by the aims to reduce alcohol- and nicotine abuse and to guarantee a life without violence for all children.

The consideration of social inequalities in health among children and adolescents

This document refers to the holistic health definition of the WHO including social and environmental aspects of health. As a consequence, many chapters within the document comment on different social determinants of health, such as education, social safety, and the absence of violence. It is though striking that this is done without explicitly naming its importance for health. Used terms are of a general nature, but include health aspects indirectly. These are ‘equality of opportunities’, ‘equal growth and life opportunities’, and ‘life chances’.

Considering such broadly formulated statements on social equality, the authors define different entry points to tackle social inequalities, which form the different action fields mentioned before.

For the given reasons social inequalities *in health* themselves are not brought into special focus in the document, however they are implicated indirectly in most chapters.

Additionally, several recommended actions do not consider social inequalities in health or ‘equal opportunities in life chances’ as much as they could. One example for this is the recommended health education to prevent alcohol and nicotine abuse. The root causes of the abuse, which are influenced by social factors as well, are not considered at all but seen to be avoided only through information and education.

Political responsibilities for health among children and adolescents and main policy actors promoting strategies to tackle social inequalities in health

As mentioned before, the responsibility to create a child-friendly Germany and to promote social equality is stated to be shared between different actors. These are both governmental and non-governmental. Governmental actors are the Federal Government, the Federal State Governments, all local authorities, and all adequate ministries.

At the federal level the framework for the surrounding conditions is created, and recommendations, such as the present Action Plan, are formulated. Federal states are thereby responsible for health, education and youth welfare, whereas the local level shall develop special settings adjusted to their corresponding conditions and needs. The mentioned non-governmental actors are the public in general, schools, child care institutions, sports institutions, other civil organisations, and parents. The action plan also explicitly names specific organisations, institutions, and programs. These are, for instance, the German Confederation of Prevention and Health Promotion, which is a non-governmental organisation of more than 70 organisations and institutions promoting

health, or the federal program ‘Future Education Care’ run by the Federal Ministry for Education and Research that supports the federal states building up all-day schools. All named actors shall help to reach the aims of the action plan.

A single German ministry or political actor promoting and coordinating the discussion about the reduction of social inequalities in health cannot be identified. The main actor promoting the discussions and strategies to tackle social inequalities is the UN in this case, because the Federal Government states mainly follow the UN Convention on Children’s Rights and started to develop the action plan after having obligated themselves at the UN World Summit for Children in 2002.

The nature and concretion of named actions

The Action Plan for a Child-friendly Germany shall function as an orientation and manual for all responsible actors at the federal-, the federal state- and the local level, as well as for the non-governmental ones. This function results from the federal structure in Germany and the sharing of responsibilities with regard to different concerns. The function of providing orientation leads to the result that only vague actions described in less detail are suggested in the action plan. Some recommendations point out a special actor to work on the defined aim, for example the program ‘Social City’ for which measures have to be taken on a local level. Others only hint at an action field or give impulses, such as the increasing of the number of parents bringing their children to preventing medical checkups. For both topics no special actions are recommended.
What is characteristic of the suggested actions is that they seek to do both develop environmental factors (for example the reduction of environmental exposures) and promote the healthy individual behaviour (for example by motivating children to be physically active in schools).
A further result of the described function of the action plan is the tendency to upstream activities rather than downstream activities, though these are not completely neglected. It can therefore be summarised that the Action Plan for a Child-friendly Germany contains a mix of approaches.

5.1.2 National Action Plan 'In Form' aiming to prevent Malnutrition, Physical Inactivity, Obesity and Resulting Diseases

Summary

The National Action Plan 'In Form' was published by the Federal Ministry of Health and the Federal Ministry of Food, Agriculture and Consumer Protection in December 2008. The federation and federal states worked on this plan, after the Federal Cabinet had formulated the vertex paper 'Healthy Nutrition and Physical Activity – the Key to a Higher Life Quality' in 2007. Based on this document, the new plan shall concretise and complement other existing plans, programs and strategies, such as

- the National Plan of Bicycle Traffic 2002-2012,
- the National Action Plan for a Child-friendly Germany 2005-2010,
- the National Strategy to Promote Children's Health 2008,
- the program 'Social City' as a cooperation of the federation and all federal states, and the
- the program 'Future Education and Care' 2003-2009.

The German Health Survey for Children and Adolescents[3] provided the data for this action plan, in which, as a consequence, the following two aims are set down and shall be reached until 2020 :

1. Adults shall live-, and children shall grow up healthier; both shall have a high life quality and be more efficient
2. Diseases resulting from an unhealthy lifestyle shall be reduced.

The authors stress that, in order to reach these aims, the population's knowledge regarding nutrition, physical activity and health shall be improved . Further citizens shall be motivated to develop a healthier lifestyle. A third task is to create health promoting

[3] The German Health Survey for Children and Adolescents is a study showing the health status of children with an age from 0-17 years. From May 2003 until May 2006 17.641 girls and boys took part in the study program that included medical tests, an interview with parents, blood and urine samples as well as a questionaire. Robert Koch Institute 2009

settings and living conditions. These three tasks emanate from the presumption that health is not only an individual factor but also

> *'- the requirement for well-being, life quality and achievement,*
> *- an economic and location factor*
> *- the requirement for the stability of the inter-generation contract and*
> *- it contributes to social participation and social justice.'*
> *(Federal Ministry of Food, Agriculture and Consumer Protection and Federal Ministry of Health 2008, p. 6)*

The responsible actors policy makers, actors of the economy, families and civil organisations. They can thus be summarised as both governmental and non-governmental.
Within the governmental sector, important policy areas for the health of the population are those of health and food, of urban planning, research, science, economy, traffic, environment, sports, and social policy.

> *'The promotion of healthy lifestyles by physical activity and nutrition is a task of many policy sectors. Essential courses for this are not only set by the health- and nutrition policy, but also by, for example, policies regarding urban- and traffic planning, science- and economy promotion, as well as those regarding families, the environment, agriculture, sports, and social affairs.' (Federal Ministry of Food, Agriculture and Consumer Protection and Federal Ministry of Health 2008, p. 18)*

The duty of social insurance carriers is stressed as well. By acting in settings in particular, different risk groups shall be reached in terms of health promotion and prevention. This would help to reduce social inequalities in health.

> *'In addition to this, social insurance agencies can increasingly offer health promoting and preventing interventions in the direct setting. A special focus shall thereby be on risk groups with the aim to establish health equality.' (Federal Ministry of Food, Agriculture and Consumer Protection and Federal Ministry of Health 2008, p. 19)*

Beyond the statutory organisations and institutions, the society, including non-governmental organisations and citizens, is explained to be an important pillar for all societal developments.

> *'Besides the state, the economy, and the family, the civil society forms a further supporting pillar for all societal developments in Germany. The civil society includes the civil engagement as a whole as well as the work of non-governmental*

> *organisations beyond governmental decision processes. In the area of the promotion of a healthy nutrition and physical activity, a variety of non-governmental activities can be noted. These vary from the involvement of parents regarding the well-balanced nutrition in child care institutions to the participation in sports associations or large research- and intervention programs of private foundations.' (Federal Ministry of Food, Agriculture and Consumer Protection and Federal Ministry of Health 2008, p. 9)*

Recommended actions and approaches to reach the defined aims are generally seen in a combination of condition-oriented and behaviour-oriented prevention. Such a combination would be most effective to reach all citizens.

> *'By the combination of condition oriented- and bahaviour oriented prevention we seek to achieve that not only good requirements exist for a healthy life in Germany, but all people can benefit from those.' (Federal Ministry of Food, Agriculture and Consumer Protection and Federal Ministry of Health 2008, p. 8)*

Within this approach, groups that were not reached by health promoting offers previously are seen as a special risk group that shall be reached by setting related work. Examples for such activities are the health promoting work in districts or the development of districts by urban planning. The work in settings is therefore explained to be the best way to consider social inequalities.

> *'Human beings can be reached best where they live, work, learn and play. For this reason our initiative focuses especially on our settings[4].' (Federal Ministry of Food, Agriculture and Consumer Protection and Federal Ministry of Health 2008, p. 4)*

> *'By working in settings it shall therefore succeed to make concrete offers to people and groups of the population, who barely had access to health promoting offers up to now.' (Federal Ministry of Food, Agriculture and Consumer Protection and Federal Ministry of Health 2008, p.8)*

Specific examples for appropriate setting related strategies are the program 'Social City' working in districts, the platform 'Health Promotion for Socially Disadvantaged People', and the urban planning strategy '*Spielplanleitung*' that assesses if the created places of urban developments are suitable for physical activity and playing. Other settings are child care institutions or schools.

[4] The German term 'Lebenswelten' literally means 'lifeworlds' but is translated as 'settings' in this document.

Beside the focus on defined risk groups like migrants or socially disadvantaged individuals, the authors recommend to involve all members of the society by health impact assessment as part of the legislation process.

The National Action Plan 'In Form' also names concrete actions and action fields. Beyond the named provision of information regarding health, the quality of nutrition provisions shall be improved in settings. This shall be reached for all children regardless of their parents' social status and income, and could be realised by benefits of the federal states. Moreover, impulse for research shall be given to investigate the barriers of realising a healthy lifestyle in a long-lasting way, considering influencing socio-cultural aspects, mobility and psycho-social factors. The results shall be used to optimise health promoting offers for all target groups and in settings.

The consideration of social inequalities in health among children and adolescents

Health is seen as an important factor being the requirement for life quality but also an economic factor. It is stated to contribute to social participation and social justice, which shows the consideration of social inequalities. The effects of socio-economic aspects on health are mentioned as well. This means that social inequalities in health are considered in several parts of the action plan.

The most effective way to tackle these is seen in setting related work considering socially disadvantaged individuals, especially those who were not reached by previous interventions. One example for such an approach is the provision of a healthy nutrition for all children in child care institutions financed by benefits.

However, in some sections the consideration of social inequalities in health is missing. Describing the results of the German Health Survey for Children and Adolescents that provides the data basis for the action plan, the explanations for the findings mainly comment on different health outcomes divided by gender and age, but hardly by socio-economic aspects. A discussion of social inequalities in health as a main risk factor would have had a strong influence on the formulation of aims and action fields within the plan.

The reduction of social inequalities in health, further, is neither formulated as one of the aims nor as one of the action fields. Because social inequalities in health are considered in some sections anyway, tackling them is understood as a cross-sectional challenge.

Political responsibilities for health among children and adolescents and main policy actors promoting strategies to tackle social inequalities in health

The National Action Plan 'In Form' is based on a vertex paper of the Federal Cabinet. It was developed by two workshops, the first being inter-ministerial and the second being a cooperation of the federation, the federal states and local authorities. Both federal ministries that published the document, plan to create a common office to coordinate the realisation of the action plan (Federal Ministry of Food, Agriculture and Consumer Protection 2009).

Since the plan shall be a political answer to the results of the German Health Survey for Children, which was commissioned by the Federal Ministry of Health, the Federal Ministry of Health created the starting point for it.

Resulting from the importance of health for the whole society, different individuals and organisations are named to be responsible for health. Listed governmental organisations are the federation creating overall structural requirements of health and considering health aspects in legislation processes, the federal states creating healthy environments by legislation and recommendations, and all policy sectors at the federal- and federal state level. Mentioned sectors are those concerning health, food, urban planning, research, science, economy, traffic, environment, sports, and social affairs. The variety of responsible policy sectors and the recommended health impact assessment as a part of the legislation process show that the document follows the Health in All Policies Approach (cf. section 3.10), which finds all policy sectors to be responsible for the health of the population within their different competences.

Non-governmental institutions are to shape settings and carry out different interests regarding health. Social insurance agencies shall provide social safety and create settings within their competences. To effectively reach the defined aims, economic actors shall support the described approaches. Citizens are called on to do the same by behaving healthy and being part of settings which they may influence. Families and parents are understood to shape the circumstances and conditions of their children and to thereby influence important health conditions.

Other concrete actors are

- the Federal Confederation for Prevention and Health Promotion,
- the Workshop 'Providing information about nutrition, physical activity and health' by the Federal Ministry for Health,

- the local project ‘Social City’ being supported by the Federal Ministry for Labour and Social Affairs and the Federal Ministry for Transport, Building and Urban Affairs, and
- the Federal Centre for Health Education because of its platform ‘Health Promotion for Socially Disadvantaged People’.

The nature and concretion of named actions

Because the document shall provide a common basis and central aims regarding a healthy lifestyle in order to be an ‘instrument of a further dialogue’ (p. 41) and network, the listed actions are not complete. However, the demands for different actions are described and several examples of good practice are given. The requirement of both types of action, those influencing the individual behaviour and those developing the surrounding conditions, is explained in great detail.
Furthermore the authors do not recommend to merely target at defined risk groups like migrants or socially disadvantaged individuals, but also to reach all citizens by legislation and health impact assessment. This means a combination of upstream- and downstream activities.

5.1.3 National Action Plan to Enhance Social Integration 2003-2005

Summary

The decision to develop this document was made by the European Council in 2000. In Lisbon the heads of states and governments called on their states to work on national action plans that should promote the dialogue and knowledge exchange regarding poverty reduction and the improvement of social integration. The ministries of social and labour affairs should be responsible for this task.
Being published by the former Federal Ministry of Health and Social Safety, the National Action Plan to Enhance Social Integration is nowadays provided by the Federal Ministry of Labour and Social Affairs. An updated version is not available in the Internet.

The document builds on the main conception that the improvement of employment options and the reduction of the unemployment rate would be the central challenge for Germany. These two aims are seen to be strongly linked to a high education of all people, a balance between work- and family life, and the social participation of disabled people and migrants.

> *'Germany has to face the challenge to improve the general employment chances and to reduce the persistent high unemployment rate sustainably. Especially long-lasting unemployment is an essential cause of poverty and social exclusion. This is associated with often missing or insufficient academic and occupational graduation, with a lack of compatibility of family- and work life as well as limited participation chances because of health impairment or the national background.' (Federal Ministry of Health and Social Safety 2003, p. 2)*

The realisation of these aims is seen as a task for the society as a whole. The action plan explains this by outlining the different responsibilities in Germany resulting from the federal structure: while the Federal Government creates framework conditions to reach the explained aims and prevent poverty by providing benefits, federal states and local authorities would play an important role in terms of governing the fields of education, social welfare and the basic financial safety. Beside these two types of actors, non-governmental organisations are described to be of main importance, because they would mostly be the first contact partners for citizens at the local level.
The following statement stresses the responsibility of the whole society rather than, for example, a specific policy sector:

> *'A successful solution of the employment problem can only be found if this is understood as a task for the society as a whole. The essential factor of success of the employment policy is the creation of new jobs. This is and remains mainly the task of companies, supported by a promoting cooperation of different policy sectors.' (Federal Ministry of Health and Social Safety 2003, p. 5)*

In addition to the support of companies, the Federal Government is to promote education and research in Germany, including the support of the development of all-day schools. The reason for this can be found in the presumption that an early education and individual promotion would be the key to a better education system.

> *'The Federal Government complied with the basic importance of education and research by the development of investments in this area […]. […] Because early, individual and comprehensive promotion is a key to an essential improvement of the education system, the Federal Government supports federal states concerning the development of all-day schools with altogether 4 million Euro within the following four years.' (Federal Ministry of Health and Social Safety 2003, p. 9)*

Because education policies and parts of the social welfare are in the main responsibility of federal states, they have to create supporting circumstances as well.

> *'In Germany the provision of adequate capacities regarding child care is in the responsibility of the federal states.' (Federal Ministry of Health and Social Safety 2003, p. 7)*

> *'Beside the federation creating the framework, federal states and local authorities are of basic importance in the German social safety system, for example by their responsibility for important areas of the education policy, for the social welfare or for the basic safety.' (Federal Ministry of Health and Social Safety 2003, p. 41)*

Unemployment in particular is seen as the result of low education and a faulty family-work balance, and as the main reason for social exclusion. Since the related poverty would lead to a lack of participation and of equal 'chances of realisation'[5] the reduction of unemployment shall promote social integration.

> *'The overcoming of unemployment is the most important political aim and the most effective way of social integration.' (Federal Ministry of Health and Social Safety 2003, p. 29)*

The action plan finally defines concrete action fields to enhance this social integration. Firstly, all people shall be trained and qualified to have good access to the labour market. The creation of a child and family-friendly society, which includes adequate family policies and the contribution of the economic sector, shall support this approach. Secondly, the integration of migrants shall be supported by offering language courses, integration courses, and migrant consulting.

The consideration of social inequalities in health among children and adolescents

As a main topic of the document, social inequalities are considered in every section. Social inequalities are mainly seen to be connected with poverty resulting from a lower education status, the national background, physical disabilities, or unemployment. Measures to prevent these factors shall be carried through with a strong focus on target groups such as families, disabled individuals, migrants, and people living in penury.
Aspects of health, well-being or disease are not emphatically considered in the National Action Plan to Enhance Social Integration. However, the document describes important

[5] According to the Federal Ministry of Health and Social Safety, the German term 'Verwirklichungschancen' is based on the concept of realisation by Armatya Sen. It describes the opportunities and skills of people to live a self-determined life full of self-esteem. Federal Ministry of Health and Social Safety, 2003, p.25

social factors influencing the individual's health status and is therefore important for tackling social inequalities in health.

Political responsibilities for health among children and adolescents and main policy actors promoting strategies to tackle social inequalities in health

As explained above, the promotion of the education level and employment status of citizens is seen as the central challenge to enhance social integration. Based on this argumentation, a variety of responsible actors can be identified: The society as a whole, and especially companies, are called on to reduce the number of unemployed people and to create a family-friendly society. The Federal Government shall support these efforts by providing benefits to avoid poverty, and by supporting the federal states to create appropriate framework conditions. Generally, policies at all levels shall create a family-friendly care and education policy as well as supporting welfare services. Moreover, non-governmental organisations shall help migrants and other individuals in distress situations.

The individual's responsibility is not clearly stated in this document. This is connected with the attitude of a protecting and promoting federal state, and the function of the document to outline the main strategies and policies for an international knowledge exchange, focusing on framework strategies to reach the aim of poverty reduction and the prevention of social exclusion.

The activator for the formulation of this document was the European Council, who aims at making the European Union the most competitive and dynamic knowledge based market in the world until 2010 (Federal Ministry of Labour and Social Affairs 2009). The European Commission can therefore be identified as a main actor promoting a discussion about social inequalities in this case.

The nature and concretion of named actions

The present document shall outline the main aims and strategies to combat poverty and social exclusion in Germany. It shall function as both a frame for analytic fundamentals and actions for all actors within Germany, and as an overview to promote an international knowledge exchange. While most actions are not described very detailed, the different responsibilities are explained thoroughly throughout the document. The division of responsibilities between different political levels and societal actors is made clear.

Analysing the type of actions, both upstream- and downstream activities are considered in the document. Upstream interventions are the recommended development of the education sector, the labour environment or the sector of social safety. Nevertheless, downstream actions are not unnoticed: the implementation of obligatory integration courses for migrants, the focus on risk groups to integrate into the labour market or programs like 'Social City' show the recognition of the effectiveness of downstream interventions.

The individual responsibility is not treated out as a central theme, because the plan, due to the described function, mainly focuses on social and political approaches that can be useful for other states as well. There are no links to other action plans or strategies that would fill this gap.

5.1.4 National Integration Plan

Summary

The National Integration Plan was published by the Federal Government in 2007. One year before, the Federal Chancellor Angela Merkel had invited different actors to a German Integration Summit. These actors were representatives of all federal ministries, the federal states, migrants, communities, cities, sports institutions, representatives of the science, the media, church institutions, social services, and other citizens. These participants worked on the National Integration Plan by taking part in several workshops, which were managed by different federal ministries. In addition to this, the ministries sent representatives to other workshops developing the plan.
Maria Böhmer, the Commissary for Migration, Refugees and Integration of the Federal Chancellery, was the overall coordinator for the Integration Plan (Federal Chancellery 2009).
The involvement of different actors shows that integration is seen as a cross-sectional task, which requires the help of all citizens as well as of governmental organisations: while immigrants called on to integrate, to accept the German constitution and to learn the German language, the receiving society shall be tolerant and welcome new society members. The federation is thereby seen to be responsible for the support of the integration process.

> *'Integration cannot be decreed. It requires the effort of all, of the state, of the society […]. On the one hand, the attendance of immigrants to engage in our society, to accept our constitution and our legal system and to show their affiliation to Germany*

> *by learning the German language is of basic importance. […] Regarding the receiving society we need acceptance, tolerance, social engagement, and the attendance to honestly welcome people who live here legally. The attendance to change and to be responsible is claimed from all participants.' (Federal Government Germany 2007, p. 13)*

This opinion is also stressed by the position paper 'Living together – clear rules' (*'Gutes Zusammenleben – klare Regeln'*), on which the National Integration Plan is based. It was formulated by the Federal Government in 2006 and contains different guidelines regarding actions to promote integration in Germany. The position paper defines successful integration as a dialogue and close cooperation between all actors, as a usage of potentials, as a condition built on an active civil society as well as a cross-sectional task at all levels. This entails the responsibility of both the public sector as well as the civil society.

> *'The Federation, the federal states and local authorities secure important requirements for the success of integration. The state guarantees safety, the access to education and promotes the integration in the apprenticeship- and labour market. But the government cannot perform the task of integration, which is one for the society as a whole, alone. This can only succeed, if every individual – immigrated or domestic – assumes the responsibility in a practical and concrete way.' (Federal Government Germany 2007, p. 10)*

> *'The federal states agree that integration policy is not merely a governmental task but also needs the active collaboration of organisations of the civil society as well as the individual attendance of immigrants to integrate.' (Federal Government Germany 2007, p. 24)*

Due to this conception of responsibilities, the document was developed by inter-disciplinary workshops that described concrete action fields concerning the establishment of integration courses, the language promotion in different settings and especially for young children, or the assurance of good education and training positions. Different settings are considered as well as aspects of culture, religion, the role of the media, participation, and health of citizens.
The main and overall focus of both the federation and the federal states is thereby stated to be set on the promotion of language skills, which is of fundamental importance to succeed educationally and in the labour marked.

> *'Language skills are one of the most important requirements for success in school and work life and for social integration.' (Federal Government Germany 2007, p. 47)*

> *'Education and apprenticeship are basic factors for the social integration of migrants. They influence the equal participation in the political, cultural and economic life and therefore the employment chances and the amount of income.' (Federal Government Germany 2007, p. 17)*

> *'The federal states identify the lack of German language skills, the socio-environmental segregation and the retirement into own ethnic structures as main obstacles for an effective integration. The consequences are problems in school, in the apprenticeship, a high unemployment, as well as the strengthening of partially religious groups being hostile regarding integration. […] The federal states set a common focus on education and the early acquirement of German language skills already before school.' (Federal Government Germany 2007, p. 24)*

The aims of language promotion, the promotion of education and the reduction of unemployment among migrants are considered in each of the named action fields. Following the guidelines described above, different aims and actions shall be incorporated into existing interventions to be able to reuse already created potentials efficiently.
One example for this is the implementation of the support of German language skills into specific established house visit programs.

The National Integration Plan does not discuss health matters as a topic on its own. One exception is made by the statement that socially disadvantaged people with a migration background would use preventive checkups infrequently. This problem would require a better access to the health care sector and an improvement of the individual's health literacy.

> *'Nevertheless, socially and educationally disadvantaged people with a migration background use prevention- and health care offers less than others. […] Especially the access to health offers, the health knowledge and health literacy shall be improved.' (Federal Government Germany 2007, p. 29)*

Other statements regarding health aspects cannot be identified within the Integration Plan.

The consideration of social inequalities in health among children and adolescents

Social inequalities in health are not explicitly considered by the National Integration Plan. The only exception is made by the note that socially disadvantaged people with a migration background would use preventive checkups infrequently, which would require

a better access to the health care sector and an improvement of the individual's health literacy. Although other health aspects are not touched on, the National Integration Plan describes important factors influencing the individual's health. Social integration is understood as a term implicating equal chances on education, on a participation in the labour market, on receiving a high income and on the possibility to orient within the society. Equal political, cultural and economic participation are further characteristics of social integration.

The central requirements for these aims are described as German language skills, which shall be promoted as early as possible to enjoy a good education that, in turn, shall prevent unemployment.
Because the document focuses on migrants and their families, the authors considered a defined risk group facing a higher risk to be socially disadvantaged in Germany. Social inequalities in health are therefore the main topic of the Integration Plan.

Political responsibilities for health among children and adolescents and main policy actors promoting strategies to tackle social inequalities in health

Every workshop developing recommendations for this action plan was coordinated by different federal ministries. Due to the fact that the ministries also sent a representative to workshops which were not lead by themselves, a knowledge exchange among the ministries regarding existing action plans has taken place.
Since education, employment, and social participation are considered to exert a strong influence on the health literacy and health status, the responsibilities for these factors should also be considered when discussing the responsibilities for health. According to the document, the society as a whole is responsible for social integration. A policy sector alone could not realise integration, because this is a cross-sectional task. This understanding is also shown by the actors involved in developing the Integration Plan. Migrants were involved as well as representatives of all federal ministries, the federal states, the communities and cities, of sports institutions, science, the media, church institutions, social services, and citizens. Responsible actors are therefore both non-governmental and governmental.

The workshop results finally contain a variety of specific programs and initiatives, which are run by federal ministries, the federal states or local authorities. A single ministry or federal office acting on most topics and supporting programs cannot be found; named supporting ministries are the

- Federal Ministry for Education and Research
- Federal Office for Migration and Refugees
- Federal Ministry for Labour and Social Affairs
- Federal Ministry for Transport, Building and Urban Affairs, and the
- Federal Ministry for Family Affairs, Senior Citizens, Women and Youth.

The nature and concretion of named actions

The described action fields and activities are very concrete. The responsibilities are discussed and clearly assigned to the involved actors.
There is a balance between upstream activities (for example the development of child care places and apprenticeship training positions) and downstream activities (for example the establishment of integration courses).
Furthermore both types of actions were considered, those influencing the individual's behaviour and those changing the environment.
It is also striking that some aims and actions shall be implemented into existing programs to build up a network and strengthen the cooperation between different actors.

5.1.5 National Strategy to Promote Children's Health

Summary

The German Federal Government published the National Strategy to Promote Children's Health in 2008. It is an answer to the German Health Survey for Children and Adolescents[6], which showed the existence of social inequalities in health among children and adolescents: children from socially disadvantaged groups are proved to be more often affected by traffic accidents, different diseases, overweight and mental problems.
For a better promotion of children's health in the future, the document shall set a structural, overall framework for all responsible actors. It was also formulated to identify intervention gaps, to support cooperations and, by its recommendations, coordinate future activities.

> *'Health promotion and prevention are societal tasks claiming all [members of the society]. We want to create the structural framework for this.' (Federal Government Germany 2008, p. 1)*

[6] Please see footnote 3 for more details about the German Health Survey for Children and Adolescents.

> *'The strategy of the Federal Government to Promote Children's Health shall be used to better link actors of this area, to identify intervention gaps and to increasingly initiate target-oriented cooperations between the policy sectors. The existing initiatives of several federal ministries are contiued to be realised by the respective leading and responsible actors.' (Federal Government Germany 2008, p. 24)*

These statements show that children's health is understood as an important task and aim for the society. According to the authors, health of all children can be promoted by providing social and economic safety for families and equal access to the education system. Both approaches would reduce social inequalities in health and contribute to a healthy growing up. Children and adolescents from socially disadvantaged families and those from families with a migration background are thereby seen as risk groups to be which are to be closely watched.

> *'The promotion of children's health is an urgent task for the society as a whole. Social and economic safety of families as well as the equal access to the education system are basic requirements of a healthy growing up. […] Special affected target groups such as children and adolescents from socially disadvantaged families and from families with a migration background have to be increasingly accounted for all health promoting activities.' (Federal Government Germany 2008, p. 8)*

To promote children's health, five aims are defined:

1. the promotion of health equality
2. the development of general conditions for a healthy lifestyle
3. the decrease of health risks
4. the promotion of mental and physical health of children and adolescents, and
5. the sensitising of the public concerning children's health.

For each aim concrete action fields are described. These concern the

- development of health promotion and prevention
- promotion of health equality
- reduction of health risks, and the
- observation of the situation, further research of basic principles and the definition of risk- and protection factors.

Within all action fields, socially disadvantaged individuals shall always be considered by focusing on related risk groups.

> *'A special focus for all initiatives is set on specific risk groups such as children from socially disadvantaged families or from families with a migration background.' (Federal Government Germany 2008, p. 9)*

> *'Since 2005 the Federal Ministry of Health motivates to be physically active in the everyday life by the campaign 'Exercise and Health'. The Federal Centre for Health Education documented numerous and exemplary individual projects, which target at socially disadvantaged children and adolescents, on the Internet platform of the association 'Health Promotion for Socially Disadvantaged People'.' (Federal Government Germany 2008, p. 10)*

A further recommended overall approach is the work in settings. Especially social insurance agencies shall develop health promoting- and preventing activities by emphasising on children's settings.

> *'In addition to the activities of public actors, social insurance agencies shall develop health promotion and prevention and focus on children's settings.' (Federal Government Germany 2008, p. 9)*

Beyond these, responsible actors realising setting-oriented strategies are the federation, the federal states, and local authorities. Their main task is the support of parents, who are stated to be mainly responsible for the well-being of their children.

> *'The government has to ensure that parents comply their responsibility in terms of their children's health and well-being. The federal states and local authorities are mainly responsible to guarantee the child's well-being and protection.' (Federal Government Germany 2008, p. 15)*

Finally, existing documents and programs such as the National Action Plan 'In Form', the Action Program 'Early Aid for Parents and Children and Social Early Warning Systems' and the National Action Plan for a Child-friendly Germany shall be used and realised to reach the described aims of the document.

The consideration of social inequalities in health among children and adolescents

Both the aims of the strategy and the defined action fields show the recognition of social inequalities in health among children and adolescents: the first aim of promoting health equality among all children and adolescents is complemented by the second action field

called similarly. Since the importance of social safety and education is emphasised, the authors acknowledge social determinants to influence health as well. But although these determinants are named, they are not picked up within the central action fields.
As a further characteristic, the realisation of all activities shall be done with a special focus on risk groups like those being socially disadvantaged.

Political responsibilities for health among children and adolescents and main policy actors promoting strategies to tackle social inequalities in health

The strategy argues that children's health is the greatest interest for the society as a whole. Health is associated with a social and economic safety of families as well as with equal access to the education system, because both are essential requirements for a healthy growing up.
Parents are thereby stated to have the main responsibility to care for their children's health and well-being, whereas the federal states and local authorities have to promote this process, protect children and care for children's safety. Non-governmental organisations, for example the German Confederation of Prevention and Health Promotion, are also mentioned to contribute to the promotion of children's health.
Explaining the different central action fields, the authors stress the responsibility of the federal states. This concerns the development of the education sector and the support of local developments. Anyhow, different governmental and other political interventions are named to support the promotion of children's health: listed responsible ministries are the Federal Ministry of Health including the Federal Centre for Health Education, the Federal Ministry of Labour and Social Affairs, the Federal Ministry of Transport, Building and Urban Affairs as well as the Federal Ministry for Family Affairs, Senior Citizens and Youth.

The nature and concretion of named actions

The present document can be seen as a structural, overall framework and recommendation for all responsible actors. The authors clearly indicate that working in settings is understood as an effective way to reach children and adolescents. Settings often named are families, day-care institutions and schools. All three settings are mainly influenced by the policy of the federal states and local authorities, which is the reason why the contained actions are not described very detailed or even not at all, such as in the sections regarding specific health promoting offers and the prevention of health risks. Anyhow, other actions are elaborated more concretely and a list of recommended actions is attached to the document. These tables, with some gaps in their contents,

name different aims, the point of time of realisation, the required actions and possible involved actors. The lists can be helpful to build up a network of actors working on the defined aims.
Summarising the actions, both action types are considered, those being behaviour-oriented (for instance all named health education approaches) and those being condition-oriented (for instance the reduction of health risks).

Finally the paper considers several other action plans or strategies that shall contain specific actions. These are the National Integration Plan, the Action Plan 'Early Aid for Parents, Children and Social Early Warning Systems' (that shall promote the connection between the health sector and youth aid) and the National Action Plan 'In Form'.

5.1.6 National Strategy Report on Social Protection and Social Integration 2008-2010

Summary

The German Federal Ministry for Labour and Social Affairs published the National Strategy Report on Social Protection and Social Integration in 2008. The report informs about the realisation of the National Action Plan on Social Integration, about pensions in Germany and about health and long-term care. In doing so, it presents an overview of social protection policies in Germany, including information regarding social transfers, unemployment rates, the explanation of the health care sector, demographic data and the current poverty risk. It shall benefit other European Countries by promoting a knowledge exchange regarding strategies to reduce poverty, social exclusion and to realise a sustainable pensions system as well as a highly qualitative health care. These are also the international aims that were stated at the European Council in 2006.
The report was developed in cooperation with the Federal Government, the federal states and social- and health associations.

The overall strategic approach of the strategy report contains the three main aims of social cohesion, equal treatment and equal opportunities for all citizens.
Because social integration and wealth are understood to be deeply connected with socioeconomic factors, the aims shall be reached by

- poverty reduction
- the assurance of social safety

- equal access to the education system from the early age on
- the creation of a family-friendly society
- the development of child-care possibilities, and
- the promotion of German language skills.

> *'Germany aims for economic and social participation and self-fulfillment of all members of the society. Poverty reduction and social exclusion are not limited to the assurance of basic needs. Long-term dependancy on public welfare, which leads to continuing poverty among following generations, must be avoided. […] All people must get the chance to use their individual options and to find their place in a changing work- and family life.' (Federal Ministry for Labour and Social Affairs 2008, p. 14)*

In this context, the relevance of education is emphasised. On the one hand, good education promotes social and economic participation. On the other hand, the correlation between educational opportunities and social, ethnical or language based aspects is acknowledged. Such social inequalities shall be reduced by an early and individual promotion of skills, which also influences health behaviour.

> *'Good education has to begin in the early youth and is the essential requirement for good employment perspectives and related chances of participation and self-fulfillment. […] The correlation between education opportunities and the educational development and social, verbal and ethnic background factors as well as sex and disability has to be overcome by an education system that consequently focuses on individual promotion. This is attended by an intentional health behaviour, a responsibly housekeeping and a successful accomplishment of the daily family life.' (Federal Ministry for Labour and Social Affairs 2008, p. 15)*

> *'Concerning the development of children as well as regarding adults there is a strong correlation between a low education status and the health behaviour.' (Federal Ministry for Labour and Social Affairs 2008, p. 41)*

The meaning of migrants' integration is elaborated within this emphasis on education. To guarantee educational success and social integration, the early promotion of German language skills shall promote an effective education. These would also be a fundamental requirement for social participation in Germany. The National Integration Plan is hereby named to describe further important integrating activities.

> *'One emphasis of the interventions to integrate immigrants is language promotion, because lacking language skills turn out to be the main obstacle for social participation in all areas. Language promotion for children and adolescents is, as a requirement for*

a succeeding integration, increasingly drawn up for all education institutions.' (Federal Ministry for Labour and Social Affairs 2008, p. 42)

'For a long-lasting success of our knowledge society it is essential to promote young migrants' potentials who pass through the education system, so that adolescents with a migration background achieve a better level of education and study.' (Federal Ministry for Labour and Social Affairs 2008, p. 42)

Besides the action field of education and the resulting responsibilities of the education policy sector and the education system itself, a second approach is described to reach social integration: families shall be strengthened by policies at all levels in Germany, because parents do shape important conditions and participation chances of their children. The employment of parents would therefore be important for the social participation of their children. Pursuing this aim, a variety of policy sectors shall work together. Such a cooperation includes labour policies as well as integration-, education- and familiy policies.

'Nevertheless, the enhancement of the employment of parents remains to be fundamental for the participation options of children.' (Federal Ministry for Labour and Social Affairs 2008, p. 38)

'The Federal Government has geared its strategic approach to strengthen families to the fact that the labour policy, the integration policy, education policy and family policy must cooperate and that the activities of the federation, the federal states and local authorities have to be coordinated target-oriented.' (Federal Ministry for Labour and Social Affairs 2008, p. 38)

Further actors are those of the social safety system, which shall provide social safety in the case of disease, accident, disability or unemployment. Particularly statutory sickness funds shall reduce health inequalities by working in settings.

'The health promoting and preventing offers provided by health funds have to be increasingly offered in peoples' direct settings, for example in child care institutions, schools, companies […] and in the district. […] In doing so, they contribute to the enhancement of health equality.' (Federal Ministry for Labour and Social Affairs 2008, p. 100)

'Beyond this it shall be revealed that poverty and exclusion can affect the societal development significantly. An adequate coverage of the existential risks of disease, accident, disability, unemployment, reduction in earning capacity, need of care and

> *high age by social insurance agencies remains to be a requirement for this.' (Federal Ministry for Labour and Social Affairs 2008, p. 13)*

The quotation also shows that the setting approach is expected to be further developed.

The consideration of social inequalities in health among children and adolescents

The understanding of health and social equality is influenced by the fact that the report emphasises on systems of social safety and the importance of economic processes. Education and employment are understood as the basic requirements to avoid poverty, whereas relative poverty is seen as the main obstacle for participation and integration. Following this argumentation, children, families and migrants are often picked out to be important focus groups.

Recommended actions to reduce social inequality in health among children and adolescents - though not explicitly - are connected with policies strengthening families, education policies advancing the education sector to achieve an early individual promotion of skills, and social policies concerning benefits and providing social safety.

Some links between health aspects and social inequalities in health can be found as well: firstly it is noted that sickness funds are to work in settings and are thereby to reduce social inequalities in health. Secondly, a strong correlation between education and the health behaviour of individuals is acknowledged. For this reason, health behaviour shall be promoted by an early and individual education.

Political responsibilities for health among children and adolescents and main policy actors promoting strategies to tackle social inequalities in health

The strategy report addresses the European Commission and describes, how the aims of the EU regarding social integration, health protection and age insurance are realised in Germany (Federal Ministry of Labour and Social Affairs 2009). Due to this function the report explains main statutory structures and available data concerning social protection. Since the report addresses the European Commission, it is the main actor promoting the discussion regarding social equality.

Investigating the conception of responsibilities for health among children and adolescents, sickness funds and other actors of the social insurance are seen as important institutions providing social safety. Furthermore statutory sickness funds shall help to reduce social inequalities in health by setting related work.

Furthermore, education and employment are understood as essential requirements for social participation, health behaviour, and equal opportunities. Taking these indirect links to health into account, different kinds of responsible actors can be identified: several

policy sectors at all levels, actors of the social safety- and education system, and parents are mentioned. The actors can therefore be summarised as both governmental and non-governmental.

Finally, it is striking that the responsibility of individuals is not elaborated within this document. Although parents are named to shape their children's circumstances, the document concentrates on the responsibility of other actors to qualify parents and to guarantee social safety for families. The same characteristic can be found for the discussion about the integration of migrants; the report explains needed promoting activities in the education system rather than the responsibility of migrants to integrate themselves. This derives from the function of the document, which was formulated to enhance a knowledge exchange between several states regarding national poverty reduction strategies.

The nature and concretion of named actions

Because the document presents an overview of German social protection policies, actions are described superficially. The systems of social safety are explained in their general structure and existing needs for reforms are emphasised, which is a clear tendency to upstream approaches. Initiatives and programs are named, but not described.
Moreover economic and educational aspects are discussed more extensively than those of mental health, health skills, or life skills. Smaller exceptions are made in sections regarding the the promotion of language skills and education to promote health behaviour.
Finally, the strategy report concentrates on both, focus groups such as children, families and migrants as well as on all citizens in terms of the integration into worklife and the membership in systems for social safety.

5.1.7 Partial results of the national documents

The consideration of social inequalities in health among children and adolescents within the national documents

Summarising the findings regarding the explanation and consideration of social inequalities in health, no clear tendency can be identified among the documents. The National Action Plan for a Child-friendly Germany, the National Action Plan 'In Form' and the National Strategy to Promote Children's Health explicitly consider the meaning of

social aspects for health, while the others discuss social inequalities without sufficiently acknowledging a correlation to the health of individuals.

However, common comprehensions can be found: All documents state that social inequalities can be reduced by an early and promoting education as well as by employment. Especially the promotion of German language skills and other qualifying interventions are expected to reduce social inequalities. A solid education and a resulting employment are seen to be deeply connected with social and economic participation, self-fulfillment and, as a consequence, social integration. Poverty, on the other hand, is seen to lead to social exclusion.
It is striking that integration is addressed in most documents and therefore appears to be a current and meaningful topic including social integration in general as well as the integration of immigrants.
At this point it can be said that 'social disadvantage' itself is explained in none of the documents.

Political responsibilities for health among children and adolescents and main policy actors promoting strategies to tackle social inequalities in health

The documents quote a great variety of actors being responsible for the reduction of social inequality and, partially, social inequality in health. The responsibilities are always split between different political levels (federal level, federal states level, and local authorities), within the governmental sector concerning different policy sectors, and between governmental and non-governmental organisations. The parting of responsibilities among the different levels derives from the federal structure of Germany and was described in chapter 4.

There is no single political actor or sector that can be seen as most important regarding the reduction of social inequalities in health among children and adolescents. Most documents rather define this aim as a cross-sectional one, including the contribution of policy sectors concerning health, education, social- and family affairs, urban planning, food, research, science, economy, traffic, environment, and sports.
A coordinating ministry to tackle social inequalities in health cannot be found. Often missing hints among the documents show the absence of a coordination of actions and approaches.

Besides the role of governmental actors, the quotations and analyses show that non-governmental organisations (NGOs) are described as important to promote societal developments. NGOs could represent (parts of) the population, create settings and be closer to the target groups. For this reason they were involved in the development of the National Action Plan 'In Form', the Action Plan for a Child-friendly Germany and, very intensively, of the National Integration Plan.

All action plans and strategies can be described as mainly vague, which is a consequence of the federal structure as well: important policy areas, such as education or social issues, are in the responsibility of the federal states. The Federal Government or federal ministries can therefore only support the federal states, formulate recommendations or aims and create the framework for further activities at the federal state level by national law.

A fourth important finding is the unequal defined importance of the individual responsibility. While the National Action Plan to Enhance Social Integration and the National Strategy Report on Social Protection and Social Integration focus on structural elements to enhance social integration and protection, the other plans emphatically emphasise the importance of citizens. This results from the function of the documents: those being produced for an international knowledge exchange leave individual issues open to solely outline main structures in Germany.

The nature and concretion of named actions

The documents describe and recommend a variety of approaches including a mixture of upstream and downstream activities, and of behaviour and condition-oriented interventions. Some documents, such as the National Action Plan to Enhance Social Integration and the National Strategy Report on Social Protection and Social Integration, show a clear tendency to structural and upstream activities, while others, for example the National Integration Plan, mainly target at defined risk groups and therefore prefer downstream interventions.
In most cases, the reduction of social inequalities is described as a cross-sectional task. While the National Strategy to Promote Children's Health defines the reduction of health inequalities (including social aspects) as one of the aims as well as a main action field, the other documents rather integrate the approach into their actions. This is often done by targeting at defined focus or risk groups, which are mainly socially disadvantaged people, migrants, and families.

5.2 Policy Documents of Mecklenburg-Vorpommern

5.2.1 Child- and Youth Plan

Summary

The Ministry of Social Affairs published the Child- and Youth Plan in 2006 to provide a common framework for all policy sectors and other relevant actors of the society. The document presumes that a central duty of the Federal State Government would be a child and youth policy whose overall aim is the improvement of the circumstances, chances, and perspectives of children and adolescents. This would include the guarantee of social equality.

> *'In doing so, the promotion of the development of every child and adolescent regarding his development towards a self-determined and social personality, and the assurance of social equality are defined as the of efforts of the Federal State Government.' (Ministry of Social Affairs Mecklenburg-Vorpommern 2006, p. 34)*

To fulfil this task, cross-sectional guidelines were formulated for all policy sectors in Mecklenburg-Vorpommern. The contents of these guidelines are adopted in the Child- and Youth Plan as well. The guidelines concern, among others, the obligation to use funds to promote social equality among children, and the task to integrate children with a migration background.

The best way to enhance social equality among children and adolescents is defined as setting related work. In order to realise a good child and youth policy most effectively, it is necessary to meet essential circumstances and conditions of children and adolescents.

> *'The aim of the Federal State Government of Mecklenburg-Vorpommern is to improve life circumstances and perspectives for children and adolescents by an effective and sustainable child- and youth policy, and to create good and solid future prospects for the young generation. […] The realisation of emphases of the child- and youth policy shall be geared to the different circumstances of children and adolescents.' (Ministry of Social Affairs Mecklenburg-Vorpommern 2006, p. 5)*

Within this approach, education is seen as the main requirement to enhance social equality.

> *'Education is the central resource of the future. It contributes substantially to social equality of every young individual of the society.' (Ministry of Social Affairs Mecklenburg-Vorpommern 2006, p. 21)*

Due to the mentioned function of education, it shall be directly or indirectly focused in settings such as in families, child care institutions, schools, in the apprenticeship and employment, and in the spare time. These settings form, at the same time, the main action fields of the document.

Families, being the first setting, are mentioned to be the most important points of reference for children to learn values, social behaviour and how to act responsibly. These processes are stated to belong to the development of children's personality, which is relevant for the later school achievement and should therefore be supported by different policies.

> *'Families […] are the most important point of reference for children. […] Social ties, orientations and competences experienced in the family life are essential basics for the development of young peoples' personality and therefore directly relevant for the success in school and apprenticeship. The Federal State Government will support families in Mecklenburg-Vorpommern and facilitate the starting of families by a close connection of family policy with child- and youth-, education-, labour market-, economy-, and social policy.' (Ministry of Social Affairs Mecklenburg-Vorpommern 2006, p. 17)*

A balance between work- and family life as well as child-friendly structures and the promotion of a healthy growth for all children are seen as the most relevant aims for this setting.

A further focus point of the Federal State Government are child care institutions, because these would firstly support parents in their duty of care, and secondly enable social equality by an early promotion and education.

> *'To […] enable social equality for children and to facilitate the compatibility of family and work life, the Federal State Government has defined the area of child care to be a focus point of its policy and has developed the preschool education and care qualitatively.' (Ministry of Social Affairs Mecklenburg-Vorpommern 2006, p. 19)*

This attitude results in the aim of offering free education for all children and parents, of implementing a quality management system for child care institutions, and of supporting a corporate discussion about early education.

Beyond the described settings, schools are examined as institutions having developed to a place of integration, of socialisation, of support for the individual development and of prevention of social inequalities through education and individual promotion. Especially language promotion would be the key factor for a successful education and, in the long run, for social equality.

> *'Schools increasingly develop from solely learning places to complex institutions of integration and socialisation. […] Education is the central resource of the future. It is conductive to social equality of every individual of the society.' (Ministry of Social Affairs Mecklenburg-Vorpommern 2006, p. 21)*

> *'The federal government focuses on the promotion of the German language as a key qualification within the education process.' (Ministry of Social Affairs Mecklenburg-Vorpommern 2006, p. 16)*

School education shall also prepare adolescents for the choice of an apprenticeship or a job, because this is an important step setting the future direction of life. It will further influence later social and economic conditions, which is the reason why the topic is seen as important for every individual.

> *'The choice of an apprenticeship and a job sets the courses for the future plans of young people. The intended occupation influences the later social and economic status. Adolescents shall therefore get adequate chances to start an employment.' (Ministry of Social Affairs Mecklenburg-Vorpommern 2006, p. 25)*

Spare time activities are also understood as a form of education and learning. For this reason the function of the places where children spend their free time is to encourage their ability to cope and to support the development of individual life perspectives, as places strengthening the health resources and as places reducing health risks.

Finally, the action plan describes the parting of child care responsibilities. While parents are be mainly responsible to educate their children, the federal state should support these by different activities and to protect the children. This understanding is also shown in the German Basic Constitutional Law stressing the parental- and the public responsibility for education to be of equal value.

> *'Above all it is a parental task to educate their children to self-determined and clubbable personalities.' (Ministry of Social Affairs Mecklenburg-Vorpommern 2006, p. 13)*
>
> *'The basically guaranteed parental responsibility needs the order, protection and promotion of the government by legislation and by adequate provisions and interventions.' (Ministry of Social Affairs Mecklenburg-Vorpommern 2006, p. 13)*
>
> *'According to the Basic Constitutional Law Article 7 Paragraph 1 the whole school system is under public supervision. The state's responsibility for education, which is therewith assumed, is not subordinated, but equal to the parental responsibility for education.' (Ministry of Social Affairs Mecklenburg-Vorpommern 2006, p. 13)*

The described responsibilities are therefore of both governmental and non-governmental nature.

The consideration of social inequalities in health among children and adolescents

The issue of social equality is emphatically considered in the guidelines for all policy sectors as well as in the formulated demands on child care- and education institutions. The promotion of children's individual and social development is understood as a basic requirement to enhance social equality. Paricularly early education shall prevent social inequalities. Other approaches to reduce these are seen in language promotion and employment. Since the named determinants also influence the health of children and adolescents, the document can, by its implementation, contribute to the reduction of social health inequalities.

Political responsibilities for health among children and adolescents and main policy actors promoting strategies to tackle social inequalities in health

Health among children and adolescents is mainly seen as the consequence of a healthy life style and health education at home or in child care and education institutions. Although it is not mentioned that social and economic aspects influence children's health as well, the document points out the importance of social equality. Due to this attitude the following responsible actors can be identified: besides the federation who is supporting the federal states, the latter formulate guidelines for communities and institutions, support local actors, and pass laws concerning child care and educational matters. Communities, on the other hand, shall build up youth aid services, schools and child care institutions. Important non-governmental actors are stated to be schools and associations of the areas of sports, culture, education, economy, science, religion, or the

labour market. Individuals including parents, children and adolescents are mentioned as well.
Regarding the overall responsibility for child care, the document explains the partition of education responsibilities between parents and the state comprehensively and stresses the equal value of appropriate parental and public responsibilities.

The nature and concretion of named actions

The Child- and Youth Plan of Mecklenburg-Vorpommern was developed as a common framework for all policy sectors and other relevant actors of the society. Due to this fact, the described actions are vague when it comes to denoting the direction of future policies and strategies. The way of support through different interventions by the Federal State Government is often left open. Only some upstream- and downstream actions are described.
Furthermore this document considers both action types, those affecting the individual's behaviour (e.g. the health education in child care institutions) and those changing the environment (e.g. agreements with companies to create family-friendly conditions).

It is striking that national guidelines or aims were not mentioned or adopted for the ministries of Mecklenburg-Vorpommern. The reason can be the late date of publication of the National Strategy for a Child-friendly Germany, which was in 2006 as well.

5.2.2 Action Plan on Health Promotion and Prevention

Summary

The Ministry of Social Affairs and Health of Mecklenburg-Vorpommern published the Action Plan on Health Promotion and Prevention in 2008. It was worked out by a collaboration of all policy sectors of Mecklenburg-Vorpommern, the local authorities and actors from other parts and settings of the society. The starting point for this document was an advisory opinion of the Advisory Council for the Appraisal of Developments of the Health Sector[7], which explained the previous health improvement in Germany was mainly caused by economic and social developments rather than by medical-curative

[7] This Expert Advisory Board is commissioned by the Federal Ministry of Health. Every second year, it shall analyse and assess structures and developments of the health care sector. The Advisory Board is a committee of interdisciplinary experts, who are appointed by the Federal Health Minister. (Advisory Council for the Appraisal of Developments of the Health Sector, 2009)

innovations. The authors therefore conclude that different policy sectors influence the health status by their policies.

> *'Health is a very important condition for social equality among all children of our federal state. […] This demands great efforts of the health- and social policy as well as of education policy, the environment- and consumer protection policy, the area of sports and all other policy sectors.' (Ministry of Social Affairs and Health Mecklenburg-Vorpommern 2008, p. 3)*

The responsible policy sectors are further complemented and concretised:

> *'Beyond the explicit policy sectors, meaning the so-called health ministries and their health policy, different other policy sectors are in principal responsible for primary prevention:*
>
> - *Economy- and social policy including labour affairs,*
> - *Education policy*
> - *Consumer protections, nutrition and agriculture,*
> - *Traffic, building and housing policy and*
> - *Environment policy.'*
>
> *(Ministry of Social Affairs and Health Mecklenburg-Vorpommern 2008, p. 4)*

Health by itself is understood holistically and as a multi-dimensional process, because the document is based on the definitions, concepts and principles of the WHO.

> *'The action plan of the federal state builds on a holistic bio-mental-social understanding of health based on the Ottawa Charta of the World Health Organisation (WHO).' (Ministry of Social Affairs and Health Mecklenburg-Vorpommern 2008, p. 6)*

Another suggested approach of the WHO, the work in settings, is stressed to be most effective as well. For this reason the action plan concentrates on settings relevant for health promotion and prevention. These are communities, child care institutions, schools, and work places.

In communities health shall be a political and cross-sectional task, because they could shape living conditions directly by different policies. In addition to this, communities shall participate in existing programs, such as 'Healthy City' or 'Social City', and support citizens in difficult circumstances by reaching relevant target groups.

Furthermore, parents are named to be the main responsible persons to promote a healthy growing up of their children, which requires a supportive environment.
Such circumstances lead to the second setting, i.e. child care possibilities that can, in the case of excessive demands, mediate help offers. The complex environment of child care institutions is stated to be strongly influencing the health- and education chances of children.

> *'It is mainly the responsibility of parents to facilitate a healthy growing up of their children by positive life conditions being turned towards their children[8]. To do so, parents need good framework conditions. An adequate provision of child care offers […] supports […] parents performing this task.' (Ministry of Social Affairs and Health Mecklenburg-Vorpommern 2008, p. 22)*

> *'An adequate child care offer of high quality supports parents as the first element of the institutional education system […] and has to act subsidiary and to mediate help offers in case of an excessive demand of parents. The complex circumstances of child care strongly influence the education- and health chances of children.' (Ministry of Social Affairs and Health Mecklenburg-Vorpommern 2008, p. 22)*

Schools, as the third setting, are understood as places promoting social equality by education. Education is thereby expected to promote health, which influences education chances in turn.

> *'The complex circumstances in schools affect social equality of children and adolescents, not only regarding education, but also regarding health, whereas both aspects are intrinsically tied to each other.' (Ministry of Social Affairs and Health Mecklenburg-Vorpommern 2008, p. 26)*

Finally the document refers to international and national documents as well as programs at the federal state level being considered in the action plan. These are, for example, the platform for health targets *Gesundheitsziele.de*, the National Action Plan ‚In Form', and the health target discussion in Mecklenburg-Vorpommern.

The consideration of social inequalities in health among children and adolescents

This document is based on the definition of health by the WHO, which is a holistic and multi-dimensional one. Health is seen as a requirement for social equality and, at the same time, it is influenced by social and economic factors that require the contribution of

[8] The German term 'ein Kindern zugewandtes Lebensumfeld' can be correspondingly translated as 'life conditions facing the needs of children'.

all policy sectors. This understanding shows the consideration of social inequalities in health.

Furthermore, social inequalities among children and adolescents are a cross-sectional task and they are considered within the general approach as well as in every action field. The improvement of health equality is one of the two aims of the action plan. Strategies to tackle social inequalities are seen in the education and employment level of citizens as well as their empowerment, participation, and self-determination.

Political responsibilities for health among children and adolescents and main policy actors promoting strategies to tackle social inequalities in health

The described understanding of health and its influencing factors lead to a Health in All Policies Approach, which means that all policy sectors are seen as responsible for the health of the population. Other responsible actors for children's health are the federation, for example by its support of programs such as 'Social City', the federal states in terms of the legislation, the formulation of recommendations or the support of communities, and the communities themselves. Child care institutions and schools are also stressed to be important to realise health promotion, as well as other non-governmental organisations and institutions like companies and associations. Finally, parents are understood as the most important actors to shape their children's conditions and promote them.

The nature and concretion of named actions

The Action Plan on Health Promotion and Prevention was developed to define aims, strategies and focus points to promote health in different settings in Mecklenburg-Vorpommern. It shall give basic information about health promotion to enable a co-operation of different actors based on the same terms and knowledge. Furthermore, it points out possible actors and shall motivate these to participate in the mentioned networks.

The listed actions are very concrete, because existing projects and committees are described, actors named and future actions explained. The relation to existing programs, documents and the health targets are demonstrated as well. It is shown, how policy sectors are motivated to work in a health promoting way and to create a family-friendly policy.

The document focuses on upstream activities. One example for this is the law regarding child care, which dictates health education to be a part of child care concepts, or the establishment of a new school subject 'life science and health'.

Moreover both types of actions are contained, those improving the environment and those influencing the individual behaviour.
The document links extensively to international and national documents as well as other programs at the federal state level.

5.2.3 'Health Targets. Growing Up Equally in Mecklenburg-Vorpommern'

Summary

The document 'Health Targets. Growing Up Equally in Mecklenburg-Vorpommern'[9] was published by the Ministry of Social Affairs and the State Confederation for Health Promotion in Mecklenburg-Vorpommern in 2004. It is subtitled 'An overview over the development of health targets in Mecklenburg-Vorpommern'. By giving such an overview over common aims, available data and possible actors, the document shall motivate new actors to help reaching defined health targets. The description of previous results shall show the direction and requirements of future activities.
The WHO definition of health, which describes health positively and not merely as the absence of disease, forms the basis of these descriptions.

> *'In 1948 the World Health Organization already defined health as a 'state of comprehensive physical, mental and social well-being and not merely the absence of disease and infirmity'.' (Ministry of Social Affairs Mecklenburg-Vorpommern and State Confederation for Health Promotion Mecklenburg-Vorpommern 2004, p. 14)*

The document explains the definitions and criteria of health targets and describes the previous development at the international, national and federal state level, including the history of the German forum *'Gesundheitsziele.de'.* The importance of health targets for children's health and social equality in health is emphasised:

> *'The Federal State Government develops health targets for the federal state. Health issues of children and adolescents are thereby particularly considered. Within the areas of health promotion, prevention and health care, the needs of socially disadvantaged children are primarily considered.' (Ministry of Social Affairs Mecklenburg-Vorpommern and State Confederation for Health Promotion Mecklenburg-Vorpommern 2004, p. 25)*

This statement also shows that social inequality in health is understood as a cross-sectional task that is reflected in every health target.

In 2003 the first Conference on Children's Health at the federal state level took place in Mecklenburg-Vorpommern. The adopted health targets for children belong to the following topics:

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[9] 'Equally' is again used as the translation for the German term 'chancengleich'.

1. Promotion of physical activity
2. Promotion of a healthy nutrition
3. Stress coping
4. Framework conditions for health promotion
5. Health checkups for children and adolescents
6. Oral health
7. Inoculation
8. Structures of medical care for children with chronic diseases
9. Psychiatric care
10. Health among babies and reduction of the preterm birth rate.

For each topic different sub-aims, actions and actors are defined. As explained above, social equality in health is seen as a cross-sectional challenge rather than a health target on its own. The authors link social inequality in health to factors such as exclusion, discrimination and medical shortcuts, while social equality is linked to self-determination and social competence.

> *'Health targets to reduce social inequality in health – that means a sustainable reduction of forms of exclusion and discrimination of socially disadvantaged parts of the population, the strengthening of their self-determination and social competence, the reduction of under-supply in health matters, and the assurance óf health offers reaching the target group.' (Ministry of Social Affairs Mecklenburg-Vorpommern and State Confederation for Health Promotion Mecklenburg-Vorpommern 2004, p. 13)*

A second characteristic of all health targets is seen in the intersectoral realisation, because health could be influenced by different factors outside the health sector.

> *'Because it was shown by many studies that many factors influencing health of the population can be found outside of health care, intersectoral concepts and strategies are required.' (Ministry of Social Affairs Mecklenburg-Vorpommern and State Confederation for Health Promotion Mecklenburg-Vorpommern 2004, p. 13)*

Finally, the document names concrete actions to reach the named ten targets, which shall be realised in the settings 'family', 'child care institution' and 'school'. Considered activities are the

- qualification of education and child care staff
- adoption of the federal state law regarding child care (*'Kindertagesförderungsgesetz'*), which stresses that every child has a right to

education and supports the implementation of health education into education concepts

- information and education of parents
- recommendation of sports equipment in child care institutions and schools, and the
- participation in different existing projects.

The consideration of social inequalities in health among children and adolescents

The WHO's multi-dimensional understanding of health forms the basis of this document. The aim of social equality is seen as a cross-sectional one for all health targets. For this reason, there is no explicit health target concentrating on the reduction of social inequalities in health. The cross-sectional approach is also shown by the coalition agreement that was formulated for the fourth election period of the Federal State Parliament.

The reduction of social inequalities in health shall moreover be done by reducing abolishing the exclusion of socially disadvantaged groups, by strengthening their self-determination and social competence, by preventing shortages in health matters and by providing health related offers that reach the target group.

Only the sections describing recommended actions to reach the health targets do not explicitly mention social inequalities in health. Nevertheless, the actions shall consider the aim to reduce social inequalities in health. They are geared to settings and shall reach defined target groups such as socially disadvantaged families.

Political responsibilities for health among children and adolescents and main policy actors promoting strategies to tackle social inequalities in health

The authors claim a health policy geared to the environment and settings of people. Consequently the federal state can be seen as a responsible actor, which is also shown by the fact that the realisation of health targets was included in the coalition agreement of the Federal State Government.

Besides health policy, the social sector is particularly stressed to realise health targets. It is also acknowledged that health can be influenced by factors outside the health sector. Approaches shall therefore be intersectoral.

In summary, a variety of responsible actors can be identified. The federation is mentioned to support important nationwide projects, and the federal state is seen as responsible for adopting laws, realising policies and formulating recommendations or frameworks for communities. Further actors are child care institutions and schools as

well as other non-governmental organisations, for instance counselling offices or the German Nutrition Confederation. Parents, children and adolescents are also seen as responsible by creating a healthy environment and behaving healthy.

Nature and concretion of named actions

The concretion of the recommended actions varies. Some descriptions contain specific actors and some are very vague, such as the request to inform parents regarding the importance of health checkups in order to reach health target number five. In this case, for example, it is not clear who shall be involved in the process of health education and how such information shall be arranged to guarantee that socially disadvantaged people are reached.
Such examples show that the overall consideration of social inequalities should be concretised for specific actions to assure an effective realisation without worsening social inequalities in health. This means that the meaning of the term '*niedrigschwellig*' (it can be translated as 'actions without access barriers') should be further adopted and explained for every action field to advice responsible actors.

Furthermore, most of the described actions are upstream activities. Behaviour oriented actions are balanced with those creating the environment (e.g. health education and information on the one hand and the law regarding child care on the other).

5.2.4 Partial Results of the policy documents of Mecklenburg-Vorpommern

The consideration of social inequalities in health among children and adolescents

Among the documents of Mecklenburg-Vorpommern, the Action Plan on Health Promotion and Prevention is the only one formulating the reduction of social inequalities in health as one of the aims. The document explaining the health target development in Mecklenburg-Vorpommern states social equality to be a cross-sectional aim for all recommended actions. The Child- and Youth Plan is limited to the acknowledgement of social inequalities without naming its consequences for the health status of children and adolescents.
One common finding of all three texts concerns the definition of requirements to reduce social inequalities. These are early education including language promotion and employment. In addition to this, the Action Plan on Health Promotion and Prevention stresses the importance of empowerment and participation of all citizens.

Political responsibilities for health among children and adolescents and main policy actors promoting strategies to tackle social inequalities in health

All three presented documents are published by the Ministry of Social Affairs and Health. It can therefore be seen as the main policy actor coordinating strategies to tackle social inequalities in health in Mecklenburg-Vorpommern.
An investigation of the contents shows that responsible actors are seen in the federation, the federal states, communities, child care- and education institutions, associations and confederations of the areas of sports, culture, education, economy, science, religion and the labour market as well as individuals including parents, children, and adolescents.
The named responsibilities are therefore devided between different political levels, within the governmental sector where different policy areas have to be included, and between governmental and non-governmental organisations.
All three texts understand individuals, such as children or parents, as responsible as well.

The nature and concretion of named actions

Regarding the nature and concretion of actions, a clear tendency cannot be found. The Child- and Youth Plan was formulated very vague when it comes to outlining a future direction for all policy sectors in Mecklenburg-Vorpommern. In contrary to this, the Action Plan on Health Promotion and Prevention is very concrete and names existing structures and actors. The concretion of the last document varies.

A clear result is the fact that all three documents focus on structural interventions to reach larger parts of the population. Furthermore the balance of condition and behaviour-oriented prevention is a common characteristic of all analysed documents.

5.3 Policy Documents of Niedersachsen

5.3.1 The Action Plan on Integration

Summary

In 2008, the Ministry of the Interior, Sports and Integration of the federal state Niedersachsen published the Action Plan on Integration as a reaction to the National Integration Plan 2007.

To mediate central contents and requirements of the National Integration Plan, five information events were initiated in Niedersachsen. Invited actors were representatives of the economy, labour market, sports, welfare services, cities, and communities of Niedersachsen.

Following the national document, the Plan on Integration assumes that integration is an important topic for both the policy and the society as a whole. Integration policy would consist of a cooperation between the federal state, the federation, communities, organisations, associations, churches, schools, citizens, and other actors of the society.

> *'By the new action program, the Federal State Government takes the grown importance of the topic integration into account. Integration policy is seen as an integral part of the federal state policy, which is based on the cooperation of the federal state and the federation, local authorities, organisations, confederations and institutions as well as, not least, the affected people.' (Ministry of the Interior, Sports and Integration Niedersachsen 2008, p. 7)*

> *'A sustainable integration policy requires that all political and corporate forces act in concert: the federation, the federal states, local authorities, associations of free welfare work, the churches and religious communities, schools, sports as well as further corporate groups and organisations up to the individual. All can contribute. The integration of immigrants has to be accepted as a central challenge at all levels.' (Ministry of the Interior, Sports and Integration Niedersachsen 2008, p. 8)*

To explain existing approaches of integration promotion in Niedersachsen, several appropriate structures are described. In addition to this, main action fields to promote integration are defined for future activities. These action fields concern the promotion of language and education, the support of a successful transition from school to the labour market, and the integration into the labour market.

Education and language promotion matters are thereby integrated in all action fields. The reason is the attitude that language skills promote educational and, in the long run, occupational success, which could prevent social exclusion in turn. Particularly the first six years are understood as essential for the development of a solid language competence resulting in a basic importance of child care institutions promoting children in this concern.
This argumentation is also shown by the following quotations, which explain the importance of child promotion, language promotion as well as the meaning of employment for social participation.

> *'Above all must we invest in those areas and groups of people, where we can see the best chances in the integration process. This affects primarily children. With an early promotion of German language skills and the strengthening of multilingualism we are on a good way. Language and education are the core elements of integration policy in Niedersachsen.' (Ministry of the Interior, Sports and Integration Niedersachsen 2008, p.3)*

> *'A fundamental step towards a complete integration of migrants is the equal participation in the labour market.' (Ministry of the Interior, Sports and Integration Niedersachsen 2008, p. 7)*

> *'The adduction of children whose native language is not German to the German language is of basic importance. The first six years are essential for the development of language competence and fluent speech. Child care institutions play an important role here. The better the acquisition of the German language is managed in this time, the less language promotion is needed in school age.' (Ministry of the Interior, Sports and Integration Niedersachsen 2008, p.13)*

The work in the mentioned settings and action fields (child care institutions, schools and the labour market), which is mainly characterised by language promotion and education strategies, is complemented by other aspects and settings of integration. These aspects are: the role of religion and culture including the role of women, which influences integration and particularly the usage of the health care system.

Health by itself is described as a state of comprehensive physical, mental and social well-being that is deeply connected with education, the economic situation, working conditions, social circumstances and housing conditions.

> *'Health is one of the highest goods for everyone and the basis for a self-determined, active live of all people. Health should not only be understood as the 'absence of*

> *disease or disability', but also as a state of comprehensive physical, mental and social well-being. Health depends significantly on education, the economic situation, occupational conditions, the social environment and housing conditions of the individual. Against this background the framework conditions being relevant for health and in which people live, learn, work and get involved in, are of basic importance.' (Ministry of the Interior, Sports and Integration Niedersachsen 2008, p. 56)*

This definition and understanding of health is also used by the WHO, including the importance of the setting approach. Hence the quotation briefly explains the meaning of social inequalities of health.

The consideration of social inequalities in health among children and adolescents

This document has a special focus on social inequalities and targets thus at immigrants and their social and economic participation. Language skills, education and employment are seen as the key factors to promote the participation and to finally enable social equality. Since these factors are also of basic importance for social equality in health, the document treats the basic preconditions for it.

Health by itself is described by referring to the definition of the WHO. It is furthermore examined to be deeply connected with education, the economic situation, working conditions, social circumstances, and housing conditions.

But although referring to this multidimensional definition of health, the chapters explicitly treating health matters mainly contain strategies that target at health information and the participation in the biomedically oriented health sector. In doing so, the authors link health to social aspects such as cultural- and language factors, but not to other important social matters that are described seperately in other parts of the document.

Political responsibilities for health among children and adolescents and main policy actors promoting strategies to tackle social inequalities in health

All actors being responsible for children's health combined from the entire Germany society: politicians at all levels are named as well as associations and representatives of areas such as the economy, sports, education, child care, culture, the health care sector and individuals including immigrants and parents. This shows the necessity of contribution of both governmental and non-governmental actors and is also shown by the variety of actors that were invited to the information events at which the National Integration Plan in Niedersachsen was presented.

The nature and concretion of named actions

The Action Plan on Integration shows a diversity of approaches and strategies to promote the integration of immigrants. It uses the National Integration Plan as a starting point to describe activities, actors, possible networks and future plans. The document therefore functions as an example of how a federal state can realise the guidelines of the federation.

Most of the actions target at immigrants and are therefore downstream activities. However, some upstream actions are mentioned as well, such as the education guidelines or general child care regulations.

Furthermore a balance between condition and behaviour-oriented actions can be observed. Within the investigation of social determinants of health inequality, the argumentation is accordingly mainly based on language matters affecting the school achievement.

5.3.2 Action Plan ‚Social Equality for All Children – Effective Poverty Reduction'

Summary

Being published by the Ministry of Social Affairs, Women, Family Affairs and Health of Niedersachsen in 2008, the Action Plan ‚Social Equality for All Children – Effective Poverty Reduction' shall explain political approaches to reduce poverty among children. It was formulated, because social inequalities among children are examined to be unjust and unfair. A disadvantage or exclusion of children in the everyday life shall be tackled and prevented.

> *'Unemployment or emergency situations must not result in children being disadvantaged or excluded in the everyday life.' (Ministry of Social Affairs, Women, Family Affairs and Health Niedersachsen 2008, p. 4)*

To reach this goal, equal chances regarding education and social participation shall be realised for all children. Beside the fact that the individual social background influences the educational success, education and employment are expected to influence social equality in turn.

This presumption leads to the aim of permitting equal education- and participation chances.

'The Federal State Government wants to show ways to equally permit education and social participation for all children by an activity-oriented social monitoring. […] It is not enough to copy existing expertises of statisticians by an additional report on poverty and wealth at the federal state level.' (Ministry of Social Affairs, Women, Family Affairs and Health Niedersachsen 2008, p. 2)

> *'Work and education are the central factors to create social equality.' (Ministry of Social Affairs, Women, Family Affairs and Health Niedersachsen 2008, p. 5)*

Beyond the named importance of education and employment for poverty reduction, the action plan describes the demand of an earlier promotion such as in child care institutions. As a consequence, a high qualitative child care would be another fundamental requirement for social equality.

> *'A further key factor for social equality is the education of children and adolescents as well as the qualified care of children.' (Ministry of Social Affairs, Women, Family Affairs and Health Niedersachsen 2008, p. 8)*

Several action fields shall help to reach the overall goal of poverty reduction. Beside a continuous monitoring regarding poverty and wealth in Niedersachsen, the work of the Confederation for All Children is described in great detail: to reduce poverty and to support socially disadvantaged children, the confederation cooperates with different non-governmental organisations such as churches, the child protection agency, different famil- and welfare associations, labour unions, or company associations.
The promotion of an early education including the promotion of German language skills, the integration of migrants, and the integration into the worklife are defined as further poverty preventing strategies. Especially the integration of migrants shall be supported by the promotion of German language skills, which is defined as a main task for actors of the education system.

> *'The greatest part of funds is used for education and language promotion […]. Because of their central function in the integration process these areas are of particular importance.' (Ministry of Social Affairs, Women, Family Affairs and Health Niedersachsen 2008, p. 9)*

Finally, the commitment of Niedersachsen in the Federal Council of Germany (*'Bundesrat'*) is stressed and shows how federal states can influence national decisions: the Federal Council of Germany is appealed to update the nationwide standard benefit criteria for children in Germany to consider the importance of lunch provisions in schools, transportation costs, or non-monetary benefits in the future.

The consideration of social inequalities in health among children and adolescents

Since health aspects are not named in this document, social inequalities in health among children and adolescents are not explicitly discussed as well. Nevertheless the authors describe social inequalities as unfair and state that they are to be tackled. Central requirements for social equality are seen in qualitative child care, early education, integration, and employment. These would be the basic factors to reduce poverty. Because the described social inequalities are potential causes of health inequality as well, the document is of importance regarding the reduction of social inequalities in health anyhow.

Political responsibilities for health among children and adolescents and main policy actors promoting strategies to tackle social inequalities in health

The main aim of the Action Plan ‚Social Equality for All Children – Effective Poverty Reduction' is to prevent and tackle poverty and social exclusion. Due to the fact that poverty, social exclusion and unemployment are determinants of social inequalities in health, the described responsibilities can be seen as responsibilities for social equality in health. Analysing mentioned actors, different responsibilities can be identified: the Federal Government is stated to shape framework conditions for the work of federal states, for example by legislation regarding child benefits and the formulation of nationwide integration recommendations.
The federal states, on the other hand, can build up confederations supporting children and cooperations with non-governmental organisations like churches, the child protection agency, family- and welfare associations, labour unions, or company associations. This shows that the responsibility for the reduction of social inequalities is also seen as one of the society as a whole. Another possibility of contribution for the federal states are specific programs and financial supports of activities promoting the integration into the labour market. The federal states can be supported by the European Social Fonds or the Federal Government in turn. Federal states' laws regarding child care and education must be realised by actors of the education system, who can therefore be seen as responsible as well.

It is striking that the individual responsibility for social integration is not further elaborated. Welfare and social characteristics of the state are explained instead.

The nature and concretion of named actions

This action plan explains existing actions to reduce poverty and social exclusion in Niedersachsen by naming involved actors and concrete activities. Although it is not explicitly expressed, some actions follow the framework and recommendations given by national documents. One example for this is the approach to promote children's language skills in child care institutions and primary schools, which is, among others, a request of the National Integration Plan. The intention of the federal state to support family-friendly communities is requested in the National Action Plan for a Child-friendly Germany and the National Action Plan ‘Strategies to Enhance Social Integration’.
Furthermore the present document mainly focuses on socially disadvantaged children and adolescents, which is a downstream approach. Health aspects are, as mentioned, not considered.
Finally, both types of approaches are contained in the action plan: those changing the environment (for instance financing professional staff in child care institutions) and those promoting the individual behaviour (for example counselling for parents to strengthen their education competence).
The document contains no links to national documents, but refers to the program ‘Families with Future’ and the Integration Plan of Niedersachsen.

5.3.3 ‘Families with Future – Education and Care for Children’

Summary

The present program, which was published by the Ministry of Social Affairs, Women, Family Affairs and Health in 2004, is subtitled ‘Promotion of family-friendly infrastructures. Common vertices of the Ministry of Social Affairs, Women, Family Affairs and Health and the Ministry of Education’.
The document outlines the main aims to improve a family-friendly society. These are

1. the development of child care possibilities in Niedersachsen for children younger than three years
2. the improvement of child education before primary school, including individual skill promotion
3. the creation of a better compatibility of family and work life by flexible and innovative child care concepts, and
4. the connection and networking of different child care offers.

Summarising the different aims, they lead to the focal points of early education, a network of child care structures, and an advanced training and qualification for child care and school staff.

> *'Emphases of the program are the promotion of education in the early youth and care outside and/or in cooperation with child care institutions for children younger than three years, the overall cooperation and networking of child care structures, especially of day care staff, primary schools and child care institutions, advanced training of child care staff as well as the qualification and further training of day care staff.' (Ministry of Social Affairs, Women, Family Affairs and Health Niedersachsen 2006, p. 2)*

The suggested early education and promotion in child care institutions shall also support children in special needs of integration or further support.

> *'The development of high qualitative child care structures allows for the demand of education in the early youth and of individual promotion, and allows the benefit of children being in need of integration- or family complementing support.' (Ministry of Social Affairs, Women, Family Affairs and Health Niedersachsen 2006, p. 1)*

To concretise the named strategies, the document describes different interventions of the two publishing ministries.
The Ministry of Social Affairs, Women, Family Affairs and Health financially supports communities and concludes agreements for concrete local actions. In doing so, it wants to consider local needs and conditions within the realisation of interventions. Further activities are the establishment of local service- and information centres concerning child care, the assurance of an adequate number of child care professionals, the development of individual and flexible child care concepts, and the development of additional curricula to train child care staff.

The Ministry of Education widenes these initiatives by its 'Bridge Year'. The 'Bridge Year' means one year of child promotion before starting primary school, which is exempt from any fees. It shall permit child care institutions and primary schools as the first public institutions complementing parental education to create the basic conditions for children's learning processes. These basic conditions concern the promotion of solid and comparable skills for all children before school.

> *'Beside parents, child care institutions and primary schools are the first public education institutions being responsible to meet the needs of children and to create the basics for a lifelong learning. All children shall possess the same solid skills to start*

> *primary school. These include adequate German language skills and other skills needed in school.' (Ministry of Social Affairs, Women, Family Affairs and Health Niedersachsen 2006, p. 6)*

Interventions of the 'Bridge Year' are the identification of children's skills as a part of the primary school registration, such as language, social, emotional, motor, cognitive skills. Furthermore, the cooperation between child care institutions and primary schools as well as the advanced training for child care and school staff shall be improved.

The consideration of social inequalities in health among children and adolescents

This program describes the general structure of the child care and education sector in Niedersachsen. Socially disadvantaged children or families are briefly referred to in the discussion about benefits of an early child promotion.
Affects of social inequalities on health are thereby not considered. The exemption of the last kindergarten year before primary school, the promoting activities during this 'Bridge Year' as well as the skill investigation as a part of the school registration show nevertheless how socio-economic obstacles can be avoided to reach all children and their families. Finally, it can be seen that the improvement of educational success that was aimed for affects the health of children and adolescents.

Political responsibilities for health among children and adolescents and main policy actors promoting strategies to tackle social inequalities in health

Basic contents of the program 'Families with Future – Education and Care for Children' are structural elements of the child care, child education, child promotion and the balance between work and family life, which is seen as a basic requirement for the employment of parents. As a consequence of the importance of education for health, the following actors being responsible for children's health can be defined: Beside parents being responsible to educate and care for their children, child care institutions and primary schools are understood as the first public institutions complementing the parental education and shaping promoting circumstances for children. In addition to this, companies shall support parents by creating family-friendly circumstances, for instance by offering occupational child care possibilities or allowing a flexible labour time. Furthermore, communities shall influence the child care and school infrastructure and promote organisations of social service, while the federal state creates the framework for interventions. This can be done by funding programs and projects or by promoting the cooperation between non-governmental organisations and ministries such as the

Ministry of Research. Finally, the federation is named to dictate basic aims and requirements of child care and youth aid structures by its laws.
To sum up these results, the document names actors of the whole society including communities, federal states, the federation and non-governmental organisations.

The nature and concretion of named actions

Because of the focus on overall structures of the education sector, most mentioned interventions are not described in a very detailed way. One example is the approach to develop innovative and flexible child care concepts, which are actually not further explained. It is also not described, how concepts or interventions could be conceived to promote different skills of children.
However, the document demonstrates important approaches to tackle social inequalities in health by using structural interventions like the ‘Bridge Year’. It also points out, in which ways the environment and infrastructure can be developed to promote early education and to prevent poverty involving different actors of the society.
The document does not refer to any other documents at the national or federal state level, but analysing its aims, it follows the recommendations of the National Integration Plan, the National Strategy for a child-friendly Germany and the National Action Plan ‘Strategies to Enhance Social Integration’.

5.3.4 Partial Results of the policy documents of Niedersachsen

The consideration of social inequalities in health among children and adolescents

None of the three investigated documents of Niedersachsen explicitly names or explains social inequalities in health. The Action Plan on Integration and the Action Plan ‘Social Equality for All Children – Effective Poverty Reduction’ stress the importance of German language skills, child care, a solid education and employment to reduce social inequalities. The third document, the program ‘Families and Future’, concentrates on early education for children before starting primary school.
Due to these findings, a common characteristic is the overall focus on target groups such as immigrants and children, especially those being socially disadvantaged.
However, the documents contain a lot of structural interventions and descriptions, whose realisation tackles social inequalities in health among all children and adolescents, though this problem is not explicitly defined.

Political responsibilities for health among children and adolescents and main policy actors promoting strategies to tackle social inequalities in health

The investigation of the publishing ministries shows no clear tendency to one ministry co-ordinating the reduction of social inequalities. Moreover the documents contain a variety of responsible actors to do so, both governmental and non-governmental. Policy sectors at all levels in Germany are mentioned as well as associations and representatives of the social sector (for example welfare associations), the economy (for example company associations), sports, education, child care, culture, and the health care sector.

Regarding the responsibility of individuals there is no clear tendency either. Especially the Action Plan 'Social Equality for All Children – Effective Poverty Reduction' does not elaborate the individual responsibility for social integration. Welfare and social characteristics of the federal state are pointed out instead.

The nature and concretion of named actions

Due to the federal structure of Germany, strategies are described concretely. Existing structures, local requirements and laws are explained in a detailed way, and related actors are often named.

The approaches to tackle social inequality vary. All three documents concentrate on downstream activities by targeting at immigrants or children, especially those being socially disadvantaged. By explaining structural approaches, the documents show ways to tackle social inequalities in health anyhow.

In addition to this, all documents include a combination of condition- and behaviour-oriented activities.

A further difference between the documents can be found in the reference to and consideration of existing strategies. The Action Plan on Integration is the only one explicitly referring to the National Integration Plan, including its aims and recommendations. The others might, by their contents, follow national recommendations, but no not refer to these.

6. Discussion and perspectives

The topic of this diploma thesis was chosen, because there is no clear status analysis of how social inequalities in health are considered and understood at the different policy levels in Germany, and which kind of strategies are pursued resulting from these conceptions (Judge et al. 2006).
Based on the findings of this thesis several conclusions can be drawn regarding political approaches to tackle social inequalities in health in Germany. This chapter discusses main similarities and differences among the several documents and between the political levels they were produced at. The relation between the national and the federal states' documents, the awareness of social inequalities in health, identified responsibilities and the nature of described approaches is discussed in this chapter as well.
The different findings partially lead to the same conclusions and recommendations regarding further developments in Germany. For this reason these are presented at the end of this chapter.

6.1 Similarities

One striking similarity of all documents concerns the understanding of how to tackle poverty and social inequality. Language promotion, child care, an early education and employment are seen as the key factors to prevent poverty and enhance social integration. Integration itself is a topic of current importance in Germany, because social integration and the integration of immigrants are discussed in most documents at both the federal and the federal state level.
The best strategy to reach the aims is thereby seen in setting related work, which is also shown by the structures of the documents which are based on the structure of the different defined settings.

Without exception, responsible actors are defined as both governmental and non-governmental. In all cases the governmental sector is not limited to one specific policy sector but rather several or all policy sectors. Relevant policy sectors are those concerning health, food, urban planning, research, science, economy, traffic, the environment, sports, families, and other social affairs.
The described non-governmental actors are multifaceted and include different institutions, organisations, associations, companies, and individuals. This is caused by

the common understanding of non-governmental organisations being an essential part of the society and, as such, important for societal developments.
Due to this finding, the tackling of social inequalities in health among children and adolescents cannot be seen as a solely political one.

All documents, further, recommend a mix of approaches to reach the defined aims. This applies to upstream and downstream activities as well as the combination of condition and behavioural changes. Although some documents tend to describe specific kinds of approaches, none of the documents is limited to only one.

6.2 Differences

Several differences can be found among the presented documents.
While the national documents are formulated vaguely and often contain recommendations rather than obligating regulations and actions, the documents of the federal states are more concrete and name specific actions, local needs, and existing structures. This finding can be explained by the federal structure of Germany, which entails the responsibility of federal states for child care, education, and social welfare. The federal states can therefore realise nationwide guidelines by their own power.

A second difference concerns the fact that the documents of Mecklenburg-Vorpommern are the only ones showing a central actor promoting the discussion about health promotion, health targets, and the reduction of social exclusion. It can therefore be assumed that the Ministry of Social Affairs and Health of Mecklenburg-Vorpommern coordinates related interventions in the federal state.
The documents of Niedersachsen and the federal level, in contrary, show no similar tendency. Since half of the national documents were motivated by international actors like the United States at their World Summit for Children and the European Council, a single actor initiating and coordinating the discussion in Germany does not exist at the federal level.
International actors and agreements turned out to be of main importance to promote an appropriate discussion.

Moreover few documents explicitly consider and explain social inequalities in health. In most cases, the meaning of social inequalities is merely implied, for example by naming the definition of health by the WHO, though without discussing this concept and its

consequences in the context of social developments in Germany. Only the National Strategy to Promote Children's Health and the Action Plan on Health Promotion and Prevention of Mecklenburg-Vorpommern define the enhancement of health equality as a central aim for Germany; the document 'Health Targets. Growing Up Equally in Mecklenburg-Vorpommern' stresses health equality to be a cross-sectional task of the defined health targets.

Finally, the documents contain divergent conceptions about the extent of the individual responsibility. Three documents do not mention the individual responsibility at all. This is influenced by the explained different functions of the documents.

6.3 The relation between national and federal state documents

Due to the federal structure of Germany, the federal states should refer to national guidelines within their action plans and strategies and concretise these by their own political approaches and interventions. Following this structure, even international agreements of the Federal Government should be communicated to and implemented at the federal state and local level. However, this cannot be affirmed without gaps for Niedersachsen and Mecklenburg-Vorpommern.

The Action Plan on Integration of Niedersachsen and the Action Plan on Health Promotion and Prevention of Mecklenburg-Vorpommern, for example, are clearly geared to national strategies such as the National Integration Plan and the National Action Plan 'In Form'. In contrary, the program 'Families with Future' and the Child- and Youth Plan do not state any connection to national strategies.

The National Strategy to Promote Children's Health, which is an important document aiming to tackle social inequalities in health among children and adolescents, is furthermore not explicitly considered in documents of the federal states.

Such an approach of the federal states can principally not be decried, as long as the national framework is recommended but not obligating. However, it shows that in terms of the combat against social inequalities in health - which in many points cannot be obligated by the Federal Government only - there is no single and common national approach to tackle the different determinants of social inequalities in health. A communication and collaboration of all actors would solve this problem, which will be discussed at the end of the chapter.

6.4 The awareness and consideration of social inequalities in health

The documents show essential differences regarding the consideration of social inequalities in health. Only two of the documents - one formulated at the national and one at the federal state level - understand health as a process being influenced by socio-economic factors. Other documents contain merely related allusions. One example for this, which can be found several times, is the reference to the multi-dimensional WHO health definition, however without discussing its meaning in a social context. There are also documents discussing social matters without naming its consequences for the individual's health.

Beyond this fact, none of the documents mentions or even discusses the social gradient among the German population, which is deeply connected with the topic of social inequalities in health. Due to the increasing importance of this issue, this is an essential gap in German policies, which influences the decision of adequate approaches.

To promote the discussion about social inequalities in health and the social gradient in Germany, all publishing ministries must be aware of these. The common aim of social equality in health can only be achieved if all involved actors work with the same definitions and concepts, concerted actions and approaches.

Because the formulated action plans involve non-governmental organisations, they also influence their understanding of social inequalities in health.

One option to support the needed communication and cooperation is a central coordinating institution or organisation. This approach will be discussed in this chapter later on. Different conceptions regarding health and its determinants, however, lead to divergent conceptions of effective approaches.

6.5 Responsibilities

A partition of responsibilities can be identified for all documents. According to the texts, effective strategies need the contribution of different political levels. Within each political level, all policy documents identify different policy sectors being responsible for health or the enhancement of social equality. The fact that strategies cannot solely be realised by political actors but need the help of non-governmental actors is finally stressed in all documents as well, because non-governmental organisations are understood as essential for the promotion of social developments and represent the first contact partner of the civil society at the local level. As a result, NGOs represent groups of the society in

terms of their needs and wishes and thereby act as a mediator between citizens and politicians.
The variety of different responsibilities also demands a cross-sectoral cooperation to concentrate activities in a target-oriented way.

6.6 Approaches to tackle social inequalities in health among children and adolescents

Judge et al. (2005) distinguish three main types of approaches to tackle social inequalities in health, which they observed among the EU member states. These are

1. the integration of related matters in the legislation process and the formulation of laws making reference to health inequalities
2. the formulation of general goals, which can be contained in different documents or statements, but do not lead to the definition of specific targets, and
3. the definition of quantitative health targets.

Do the analysed documents show a tendency to one of the types of approaches?

First of all, a general awareness of the presence of social inequalities can be found in all documents, though their impact on health is not considered by all.

The first approach concerning the incorporation of the topic in the legislation process can be found in both national and federal states documents. The National Action Plan to Enhance Social Integration and the National Strategy Report on Social Protection and Social Integration describe laws which enhance the solidarity-function of the system of statutory sickness funds, because the income-related contributions could balance the charge between members with higher and those with lower income, between large and small families, and between sick and healthy members. Another important national law is paragraph 20 of the Social Code V. It provides the legal basis for statutory sickness funds to provide health promoting and preventing offers focusing on socially disadvantaged people and setting related work. The Action Plan on Health Promotion and Prevention, as another example, describes a law of Mecklenburg-Vorpommern dictating education to be integrated in all child care concepts, as well as the establishment of a new school subject ‚life science and health'.

The second type of approach, the formulation of more general goals, can only partly be identified as a German one, since the National Strategy to Promote Children's Health of the German Federal Government was published in 2008. Its first aim is the promotion of health equality among all children and adolescents, which is reflected by one defined action field called similarly. With this strategy concrete aims and action fields are set for Germany. However, these aims are not of quantitative nature, which is the reason why the third approach is not realised in Germany:

Neither the Strategy to Promote Children's Health, nor the document describing the health target discussion in Germany and Mecklenburg-Vorpommern contain a quantitative target concerning the reduction of health inequalities. This is due to the the fact that the reduction of such inequalities is often understood as a cross-sectional one, which is also explained by the related document of Mecklenburg-Vorpommern. Adequate efforts shall rather be integrated into other specific actions to reach other quantitative targets. A quantitative target 'reduction of health inequalities' or even 'reduction of social inequalities in health', however, does not exist.

In addition to these findings, the analyses show a mix of approaches in all documents. Nevertheless, some documents emphasise upstream interventions more, while others focus more on downstream activities.
There is no clear tendency regarding the meaning of determinants of social inequalities in health either.
These results reveal that the general awareness of the importance of social equality and social inclusion, which definitely exists, has not led to a common approach. The only accordance is the setting approach, which is seen as the most effective way to reach especially target groups.
On the one hand, it is a positive aspect that a combination of different approaches can meet several existing needs. The social gradient, for example, is often tackled by structural interventions, though this was not expressly intended by the documents.
On the other hand, neither the mix of approaches, nor the tackling of the social gradient are coordinated intentionally. A coordination of approaches would be more effective by realising target-oriented and concerted actions of all responsible actors.

6.7 Conclusions concerning perspectives in Germany to tackle social inequalities in health among children and adolescents

6.7.1 The consideration of the social gradient

The social gradient is a phenomenon which is faced in most European countries. An effective reduction of social health inequalities requires policies being aware of this phenomenon among the population. Targeting at socially disadvantaged groups solves merely a part of the problem.

An effective way to promote a common and solid knowledge about the social gradient in Germany is the formulation of political action plans and strategies, since they reach different policy sectors, political levels and non-governmental organisations.

To ensure that all publishing ministries plan and act in concert, a central coordinating institution or organisation is needed to support important communication processes.

6.7.2 The coordination of approaches

The investigation of the national documents and additive information from official websites of the publishing ministries shows that no ministry or similar political actor turns out to coordinate the discussion or even approaches to tackle social inequalities in health among children and adolescents in Germany. The same can be stated for Niedersachsen. Only in Mecklenburg-Vorpommern, the Ministry of Social Affairs and Health was involved in the development of all relevant documents.

Due to the fact that the responsibilities are parted between different political levels, policy sectors and between non-governmental and governmental organisations, a central management of the varied actors and actions is required. Such a central coordinator could mediate a common understanding of health, social inequalities in health, and the meaning of the social gradient at all political levels. As a result, concerted efforts based on the same terms and concepts could show effective results throughout Germany rather than in specific areas. Heterogeneous, isolated approaches could be avoided. Furthermore the summary and knowledge exchange about existing approaches and their effects would be facilitated by a central management.

Who could act as such a coordinator in Germany?

The Federal Centre for Health Education (BZgA) is a specialist authority within the portfolio of the Federal Ministry of Health and named in several political documents, because it manages the Internet platform on health inequalities. The platform presents a data base with initiatives aiming at health promotion for socially disadvantaged people.

In addition to this, it takes part in the initiative ‘Determine’, whose overall goal is ‘to achieve greater awareness and capacity amongst decision makers in all policy sectors to take health and health equity into consideration when developing policy’ (Determine 2009). Because of the existing responsibilities and competences, an institution like this could act as a cross-sectional coordinator. Being part of a ministry at the federal level, it has an adequate position to lead a common discussion and mediate aims and approaches ‘down’ to the federal state and local level. Results of national and international initiatives such as of the ‘Platform on Health Promotion for Disadvantaged People’ and ‘Determine’ can easily be communicated by the BZgA. This also applies to conclusions regarding effective strategies based on the results collected before which is important to provide a data basis for effective political interventions.

6.7.3 Further dialogue between all actors

This study shows that national guidelines are not necessarily adopted for federal states’ policy documents (cf. section 6.1).
How can federal states and other responsible actors be motivated to follow national recommendations and to be aware of social inequalities in health?

The awareness should be, and partly is, facilitated and promoted by the active participation of federal states and the variety of all other actors in discussions, workshops, and the development of national guidelines. By the participation in the development process of national recommendations, the final documents meet the interests and needs of the federal states. This motivates Federal State Governments to notice the issue and develop effective activities. It is most likely that the involvement into such development processes also leads to a higher engagement and to new agreements amongst different actors on a voluntary basis, which promotes a network based on the same aims and conceptions in turn. Such an approach was, for example, realised during the Integration Summit in 2007, which led to the formulation of the National Integration Plan. As a result, the issue of integration can be found in most of the documents.
Although some of the national documents already followed this approach, the present finding shows that there is a still existing demand for a widening of communication and for an increasing adoption of national issues for strategies of the federal states and local authorities.
Moreover, a further knowledge exchange could lead to a consensus regarding the most effective aims and strategies.

It must be acknowledged that important documents, such as the Strategy to Promote Children's Health and the National Action Plan 'In Form', were published relatively late in 2008. For this reason, possible impacts on federal states' policies have to be further assessed.

6.7.4 The German Prevention Law

The German Prevention Law was planned to be adopted in Germany in the last years, which is not realised yet. By this law, prevention and health promotion shall be built up as the fourth pillar of the German health system, whereas primary care, rehabilitation and nursing form the existing pillars.
The core idea of the law is to concretise the tasks of social insurance agencies, to improve the coordination and cooperation of responsible actors and to formulate quality standards and prevention aims. In doing so, a special focus shall be set on the development of prevention based offers, which are geared to the setting approach to contribute to the reduction of social inequalities in health (Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz 2007; Federal Government Germany 2007).

The investigation of the national documents identified social insurance agencies and especially statutory sickness funds as important actors in Germany, which are expected to reduce social inequalities in health. Paragraph 20 of the Social Code V (please see section 6.3) currently forms the legal basis for such actions mainly focusing on socially disadvantaged children and adolescents. In the future, this paragraph shall complement the obligations of the Prevention Law (Federal Government Germany 2007).
The current plan of the law emphasises the role of sickness funds with regard to the combat of health inequalities. The law is therefore an essential instrument to reach these and motivate them concerning effective and coordinated interventions.
and to mediate social inequalities in health as a phenomenon among the whole population rather than highly disadvantaged people. That would make allowance for the urgency of the reduction of the social gradient. Its consideration would influence the decision for aims of the Prevention Council, which shall be initiated in conjunction with the adoption of the law. It would further influence the type of actions of sickness funds.

6.7.5 The legal implementation of extended education requirements in child care concepts

A main similarity of all analysed documents is the understanding of social inequalities to be reduced by an early and individual education, which includes the promotion of the German language. There is furthermore consensus that this education should be on the same level before school starts. A long-lasting effect of good education is a successful employment. Thus, this underlines the significance of education for the achievement of social equality.
The investigated policies showed that in Mecklenburg-Vorpommern and Niedersachsen such strategies are worked out in different ways. Mecklenburg-Vorpommern has adopted a law dictating education to be integrated in all types of child care concepts, including basic information about health and a healthy bahaviour. Niedersachsen finances one ‘Bridge Year’ before primary school, which is exempted from fees. During this year all participating children are promoted concerning their language, social, emotional, motor, cognitive, and cognition skills.

These setting approaches tackle basic root causes of social inequalities in health, and enhance equal education chances of all children indepentent from their socio-economic background. Due to the life-course approach (cf. section 3.9), they avoid long-lasting negative effects of these social backgrounds and lacking skills.

Because such decisions of education policy are in the responsibility of the German federal states (cf. chapter 4), a further dialogue and knowledge exchange about effective strategies for early child promotion should should take place among them.
To account for equity, all federal states should extend and compare their existing child care demands in terms of education and skill promotion before primary school, so all children may feature similar basic skills starting school.
The exemption from fees of such programs is thereby a good example to avoid socio-economic obstacles.

6.7.6 The formulation of a quantitative target to tackle social inequalities in health among children and adolescents

A quantitative target to reduce social inequalities in health does not exist in Germany. The definition of health targets, which is a process being established at the national level as well as in all federal states, forms a starting point to implement such a quantitative target.

Would this be an effective perspective for Germany?

The approach to formulate health targets was started in Germany in 1997. Since 2000, the platform *'Gesundheitsziele.de'* presents health targets at the national and the federal state level. It is partly financially supported by the Federal Ministry of Health and run by the Association for the Science and Arrangement of Affirmation *('Gesellschaft für Versicherungswissenschaft und -gestaltung e. V.'*). More than 70 actors of the health system are participants of the definition process of national health targets, including governmental and non-governmental actors. With such a wide base of agreement, the national health targets shall be considered and realised by politicians and other important actors (Association for the Science and Arrangement of Affirmation 2009).

Due to this function of the platform, it seems to be a good option to integrate the reduction of social inequalities in health as a quantitative target. By the variety of participants, the importance of health equality could be mediated to several important actors. Furthermore, to define health equality as a clear target and not only as a cross-sectional task would emphasise the urgency of action and help to build up a network of actors to reduce health inequality. The measuring of effective interventions would be motivated by the standard of measurability of all health targets and accordingly related sub targets as well.

Nevertheless, the platform currently focuses biomedical aspects. The advancement towards a forum based on a holistic understanding of health will increase the awareness about social aspects of health. This would mean an extensive widening of the participating group of actors, because those from outside the health sector are important as well (see section 6.4). As another critical point, the impact of health targets on political actions in Germany needs to be assessed. There is evidence that such an impact exists in Niedersachsen, because the Federal State Government included the federal state goal of social equality in health in their constitution. This impact cannot be retraced that clearly for other federal states.

There is less doubt concerning the described National Prevention Council, which shall be established in conjunction with the National Prevention Law. It shall formulate aims and coordinate adequate health promoting and prevention based actions. Planned members are the federation, federal states and local head organisations. Furthermore the Prevention Council shall be advised by, among others, the German Confederation of Health Promotion and Prevention, and the Confederation of German Employer Associations. Such a multisided embodiment of participants enables an orientation towards a holistic understanding of health within the definition of quantitative targets,

which is the fundament of a successful reduction of social inequalities in health. The consideration of the social gradient, which is not contained in the current draft of the law, is of basic importance as well. The impact of such targets on policies and societal developments, though, still has to be assessed.

In summary, the inclusion of a quantitative target to reduce social inequalities in health into the existing health target discussion cannot be recommended without reservation. The planned Prevention Council, which shall coordinate effective actions and define targets strengthening health promotion and prevention, could be the adequate institution to establish an appropriate quantitative target. Nevertheless it is not clear when this council will be realised, how much it will consider the social gradient and which impact it will have on policies and societal developments.

2.7.7 Subsumption and comparison with existing research results

The necessity of a reduction of social inequalities in health is increasingly recognised in Germany, which is shown by a variety of interventions, such as the publication of related political strategies, the establishment of an adequate Internet platform and of paragraph 20 of the Social Code V, or the definition of social equity as a cross-sectional requirement for health targets. This development is acknowledged by different researchers as well, such as Kaba-Schönstein (2003), Pott and Lehmann (2002), Rosenbrock (2008), and Weyers et al. (2007).
At this point it can be added that the often formulated claim for a nation-wide strategy to tackle social inequalities in health among children and adolescents is, to a large extend, fulfilled by the publication of the National Strategy to Promote Children's Health in 2008.

Kaba-Schönstein (2003) and Rosenbrock (2008), though, criticise the current development pointing out that a cross-sectional coordination of heterogeneous and isolated interventions is urgently needed. This study confirms and concretises this result by investigating the current definitions and approaches shown by political publications rather than their outcomes, which enables a deeper understanding of the fundamental political attitudes forming the basis of final interventions.
This exposes not only the absence of a central coordination of numerous isolated initiatives, but even the absence of a common understanding of the issue by itself, which, in turn, derives from a deficit of adequate horizontal and vertical communication.

This work, further, identifies current issues understood as important by German policies. These can be seen as a consensus of possible interventions options, which might set future courses of concerted activities.

In addition to this, the study concretely recommends the Federal Centre for Health Promotion to fulfill the task of a central and cross-sectional coordinator mediating definitions, attitudes, and knowledge of effective interventions nationwide. The suggestion is complemented by the discussion of the future role of the German Prevention Law, an extended communication between all actors, the role of the education sector, and the establishment of a quantitative health target meeting the present issue.

Finally, existing research results do not criticise the neglect of the social gradient in Germany yet. In fact the Federal Centre for Health Promotion took part in the international project ‘Closing the Gap’ and developed a recommendation paper concerning future policies tackling social inequality in Germany (Euro Health Net and Federal Centre for Health Education 2007). The first of ten recommendations emphasises the importance of the recognition of the social gradient.
It can be estimated as a fundamental finding that this recommendation has not been met by German policies at any political level yet.

7. Conclusion

The overall aim of this diploma thesis was to outline the basic political attitudes and conceptions regarding social inequalities in health among children and adolescents in Germany. The understanding of this topic and the consideration of it in political strategies was of main interest, because it forms the basis for activities tackling social inequalities in health.
The federal states have, beyond the Federal Government, important power to realise such activities, thus a second focus of this work was to investigate the relations, similarities and differences of the approaches amongst the political levels.
Due to the fact that social inequalities in health are an increasing problem in many states of the European Union (Judge et al. 2005), the results are not only revealing for Germany, but also for an international knowledge exchange concerning effective conceptions and ways to tackle the problem.

The investigation showed the existence of a beginning political awareness of social inequalities in health, whereas the social gradient in Germany is not considered. However, this awareness is limited to few ministries, because not all documents understand social inequalities as determinants for health. A central coordination of approaches does not exist. As a result of differing examinations and aims, the recommended approaches vary. Upstream and downstream activities are suggested as well as condition and behaviour oriented interventions. Structural actions complement those targeting at the individual.
Nevertheless, the documents describe specific approaches to tackle social inequalities and to enhance health equality at the different levels in Germany.

These results show that the different approaches should be coordinated to promote the discussion about social inequalities in health among children and adolescents. The diversity of approaches should be concentrated and coordinated towards a central strategic approach realised at all political levels in Germany. Especially related international agreements made by the Federal Government, which turned out to be an important driving force for actions in Germany, shall be targeted at all political levels.
In addition to this benefit, such coordination would help to encourage the beginning awareness to a common understanding of the topic, to promote a knowledge exchange

through active participation of the actors, and to facilitate a central summary of results of all levels.
This particular action has already been started by the Federal Centre of Health Education, which therefore has the competence to perform this task.

In addition to this, the communication of all defined responsible actors of the society has to be enhanced to motivate these to realise strategies, to make further agreements, and to network.

Statutory sickness funds, which are understood as meaningful actors tackling social inequalities in health in Germany, should also be further motivated to realise this task, including a concentration and a coordination of activities. The planned German Prevention Law, which shall build up prevention and health promotion as a fourth pillar of the health sector, can promote this process.

Furthermore existing strategies to promote children from an early age on and to enhance equal chances of education should, in terms of equity, be adopted for all federal states. This calls on actors of federal states' education policies to enhance a knowledge exchange and adopt most effective activities.

The implementation of a quantitative target to tackle social inequalities in health into the existing health target discussion in Germany, however, cannot be recommended without exceptions. There are several reasons for this result: firstly, the association realising the definition of targets does not consist of the different responsible and representative actors needed for such a holistic aim. The current association members, who mainly represent the health care sector, have defined health targets of a biomedical character. Secondly, the impact of health targets on policy processes is not clear, because the literature research for this study did not reveal a correlation between the definition of health targets and policy documents.
An appropriate institution for the establishment of such a quantitative target can be the planned National Prevention Council. It shall define targets to strengthen health promotion and prevention and to coordinate appropriate actions. Nevertheless it is not clear when this council will be realised, how much it will finally consider the social gradient and which impact it will have on policies and societal developments.

8. Summary

This thesis ‘Social inequalities in health among children and adolescents in Germany: An investigation of political approaches’ analysis the German political framework and attitudes concerning social inequalities in health among children and adolescents. It outlines how the topic is examined within political documents in Germany, and to which political strategies tackling social inequalities in health this understanding leads.
The qualitative analysis approach of this study requires an analysis of documents worked out at both the national and the federal state level. This is caused by the federal structure of Germany, which results in a partition of power between the federation and the 16 federal states regarding several policy sectors. Because of limited time resources of this thesis, it investigates documents from the national level and the two federal states Mecklenburg-Vorpommern and Niedersachsen.

After presenting the main basic concepts of this work in its theoretical part including the concepts of health, health inequality, the social gradient and different strategy approaches to tackle social inequalities in health, the empirical part contains a presentation of six national documents and three policy documents of every chosen federal state.

The analysis shows that there is a beginning awareness concerning the existence of social inequalities in health among children and adolescents in Germany. This awareness is limited to few publishing ministries, while others do not consider social aspects to cause and influence health. These different attitudes can be found in documents formulated at both the national and the federal state level.
In addition to this, the mentioned approaches to tackle social inequalities in health vary in their nature, which can be found within documents from both investigated political levels as well. There is no clear tendency to upstream or downstream activities or to a focus on specific action fields.

Beside these differences, common characteristics can be found as well. These concern the awareness of the effectiveness of setting related interventions, the neglect of the existence of a social gradient in Germany, and the understanding of responsible actors to reduce social inequalities in health: each document defines a variety of actors to be responsible, including those from the governmental and non-governmental sector

coming from different political levels, such as the national, the regional and the local level.

Regarding a central actor coordinating the discussion and combat of social inequalities in health, there is no similarity between the two investigated political levels. While there is no coordinator at the federal level and in Niedersachsen, all relevant policy documents of Mecklenburg-Vorpommern are published by the same ministry. The absence of a central and nationwide coordinator explains the heterogeneous definitions and approaches to tackle health inequalities.

The findings lead to the result that this discussion and combat would be enhanced by a central and nationwide coordination. It could promote a common understanding of social inequalities in health, the social gradient and its main causes. Furthermore a continuous knowledge exchange between all actors about effective strategies to tackle these would be enabled. A central collection of results and successful initiatives would be facilitated as well.
Because of its actions concerning the collection of effective health promotion strategies for socially disadvantaged people and the international initiative ‘Determine’, the Federal Centre for Health Education has an adequate position and the needed competences to act as such a central coordinator.

Further requirements for a successful development in Germany are the extension of communication between all actors, the adoption of the planned German Prevention Law, which shall strengthen prevention and health promotion to form the fourth pillar in the German health sector, and the nationwide early promotion of children as part of education policies in the federal states.

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List of Abbreviations

BZgA	Bundeszentrale für gesundheitliche Aufklärung *english*: Federal Centre for Health Education
EU	European Union
HBSC	Health behaviour in school-aged children
WHO	World Health Organisation

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Annex 1: German Quotations

1.1 National documents

National Action Plan for a Child-friendly Germany

‚Wir alle haben die Pflicht, Kinder und Jugendliche umfassend zu fördern. Nur auf diese Weise können sie zu eigenverantwortlichen und kompetenten Persönlichkeiten reifen, die [...] ihren jeweils eigenen Weg ins Leben finden. Noch immer entscheidet die soziale Herkunft von Mädchen und von Jungen in Deutschlang ganz wesentlich darüber, ob und wie diese Ziele erreicht werden. Deshalb muss die Politik ihr Hauptaugenmerk auf mehr Chancengerechtigkeit richten. Weder das Wohnviertel noch das Portemonnaie der Eltern noch das Geschlecht der Kinder dürfen über die Entwicklungs- und Lebenschancen junger Menschen entscheiden.' (p.6)

‚Verantwortung für Kinder haben zuallererst ihre Eltern. Väter und Mütter, die ihr Kind lieben und unterstützen, sind das beste Fundament, damit Mädchen und Jungen eines Tages auf festen Beinen im Leben stehen. [...] Zugleich beobachten wir, dass viele Familien bei der Obhut und Erziehung ihrer Kinder an Grenzen stoßen. Verantwortlich dafür sind tief greifende wirtschaftliche und gesellschaftliche Umbrüche. [...] Daraus erwächst – neben der privaten Verantwortung – auch eine öffentliche Verantwortung für die nachwachsende Generation.' (p. 6)

‚Mit dem Nationalen Aktionsplan „Für ein kindergerechtes Deutschland" verpflichtet sich die Bundesregierung zu einer kinderfreundlichen Politik. Allein kann sie dieses Ziel jedoch nicht erreichen. Für die Umsetzung dieser Politik braucht sie die Unterstützung aller staatlicher Ebenen und der Nichtregierungsorganisationen. Schon die föderale Ordnung macht es zwingend erforderlich, diejenigen mit ins Boot zu holen, die in Schulen und Kindergärten, Sportvereinen und Jugendzentren mit den Wünschen und Sorgen der Kinder konfrontiert sind.' (p. 9)

‚Chancengerechtigkeit bedeutet, allen Kindern und Jugendlichen, unabhängig von Herkunft und Geburt, einen umfassenden Zugang zu einer hochwertigen Bildung zu verschaffen. Dazu müssen alle Kräfte der Gesellschaft zusammenwirken: Bildungspolitiker [...], Lehrer, Verbände und Institutionen, aber besonders auch die Familien [...].' (p. 11)

‚Die bestmögliche Förderung der Gesundheit ist ein zentrales Recht aller Kinder und Jugendlichen. [...] Vielfältige Faktoren bestimmen in enger Wechselwirkung das Verhältnis von Gesundheit zu Krankheit: [..] individuelle Eigenschaften und Merkmale, Einstellungen und Verhaltensweisen. Hinzu kommen Einflüsse der natürlichen, der vom Menschen

veränderten und der sozialen Umwelt. [...] Gesellschaft und Politik tragen deshalb eine Verantwortung, diese Einflüsse im Sinne einer bestmöglichen allgemeinen Gesundheit zu gestalten.' (p. 37)

‚Die Herstellung und Wahrung eines ausreichenden Lebensniveaus für alle Kinder ist eine gesamtgesellschaftliche Aufgabe.' (p. 60)

National Action Plan to Prevent Malnutrition, Physical Inactivity, Obesity and Resulting Diseases 'In Form'

‚Menschen sind am besten dort zu erreichen, wo sie leben, arbeiten, lernen und spielen. Unsere Initiative legt deshalb einen besonderen Schwerpunkt auf unsere „Lebenswelten".' (p. 4)

‚Denn Gesundheit ist nicht nur ein individueller Wert, sondern
- eine Voraussetzung für Wohlbefinden, Lebensqualität und Leistung,
- ein Wirtschafts- und Standortfaktor,
- die Voraussetzung für die Stabilität des Generationenvertrags und
- sie leistet einen Beitrag zur Teilhabe an der Gesellschaft und zur sozialen Gerechtigkeit.' (p. 6)

‚In den Lebenswelten muss es daher gelingen, [...] konkrete Angebote für Menschen und Bevölkerungsgruppen anzubieten, die bisher kaum Zugang zu gesundheitsförderlichen Angeboten hatten.' (p.8)

‚Im Zusammenspiel von Verhaltens- und Verhältnisprävention wollen wir erreichen, dass es in Deutschland nicht nur gute Bedingungen für ein gesundes Leben gibt, sondern dass alle Menschen davon profitieren.' (p.8)

‚In Deutschland bildet die Zivilgesellschaft neben dem Staat, der Wirtschaft und der Familie eine weitere tragende Säule bei allen gesellschaftlichen Entwicklungen. Die Zivilgesellschaft umfasst die Gesamtheit des bürgerschaftlichen Engagements und das Wirken von nichtstaatlichen Organisationen jenseits von staatlichen Entscheidungsprozessen. Im Bereich der Förderung eines gesunden Ernährungs- und Bewegungsverhaltens ist in Deutschland eine Vielzahl an nichtstaatlichen Aktivitäten zu verzeichnen. Diese reicht vom Einsatz der Eltern bei der Zubereitung ausgewogener Ernährung in Kindertageseinrichtungen über die Mitwirkung in Sportvereinen bis hin zu großen Forschungs- und Interventionsprogrammen privater Stiftungen.' (p. 9)

‚Die Förderung gesunder Lebensstile durch Bewegung und Ernährung ist eine Aufgabe vieler Politikfelder. Wesentliche Weichenstellungen dafür werden nicht nur durch die Gesundheits- und Ernährungspolitik vorgenommen, sondern beispielsweise auch in den

Bereichen Stadt- und Verkehrsplanung, Forschungs- und Wirtschaftsförderung sowie in der Familien-, Umwelt-, Agrar-, Sport- und Sozialpolitik.' (p. 18)

‚Ergänzend können auch Sozialversicherungsträger im Rahmen ihrer Zuständigkeiten Angebote der Gesundheitsförderung und Prävention verstärkt im direkten Lebensumfeld anbieten. Ein besonderes Augenmerk soll dabei auf spezielle Risikogruppen gerichtet werden mit dem Ziel, gesundheitliche Chancengleichheit herzustellen.' (p.19)

National Strategy to Enhance Social Integration 2003-2005

‚Deutschland steht vor der zentralen Herausforderung, Beschäftigungs- und Erwerbschancen insgesamt zu verbessern und die anhaltend hohe Arbeitslosigkeit nachhaltig zu senken. Vor allem länger andauernde Arbeitslosigkeit ist eine wesentliche Ursache für Armut und soziale Ausgrenzung. Damit verbunden sind häufig fehlende oder unzureichende schulische und berufliche Bildungsabschlüsse, die mangelnde Vereinbarkeit von Familie und Beruf sowie eingeschränkte Teilhabechancen durch gesundheitliche Beeinträchtigungen oder nationale Herkunft.' (p. 2)

‚Eine erfolgreiche Lösung des Beschäftigungsproblems kann nur gelingen, wenn dies als gesamtgesellschaftliche Aufgabe begriffen wird. Die wesentliche Stellgröße für den Erfolg von Beschäftigungspolitik ist die Schaffung zusätzlicher Arbeitsplätze. Dies ist und bleibt vor allem eine Aufgabe der Unternehmen, unterstützt durch ein beschäftigungsförderndes Zusammenwirken verschiedener Politikbereiche.' (p. 5)

‚Die Bereitstellung ausreichender Kapazitäten im Bereich der Kinderbetreuung liegt in Deutschland in der Zuständigkeit der Bundesländer.' (p. 7)

‚Die Bundesregierung ist der zentralen Rolle von Bildung und Forschung durch den Ausbau der Investitionen in diesen Bereich [...] nachgekommen [...]. Da frühe, individuelle und umfassende Förderung ein Schlüssel zur grundlegenden Verbesserung des Bildungssystems ist, unterstützt die Bundesregierung die Länder beim Ausbau der Ganztagsschulen in den nächsten vier Jahren mit insgesamt 4 Mrd. €.' (p. 9)

‚Die Überwindung der Arbeitslosigkeit ist das wichtigste politische Ziel und das effektivste Mittel zur sozialen Eingliederung.' (p. 29)

‚Neben dem Bund, der die Rahmenbedingungen gestaltet, haben Länder und Kommunen im deutschen Sozialschutzsystem eine tragende Rolle, z.B. über ihre Verantwortung für wichtige Bereiche der Bildungspolitik, für die Sozialhilfe oder die Grundsicherung.' (p. 41)

National Integration Plan

‚Bund, Länder und Kommunen sichern wichtige Voraussetzungen für das Gelingen von Integration. Der Staat garantiert Sicherheit, gewährleistet den Zugang zu Bildung und fördert die Eingliederung in den Ausbildungs- und Arbeitsmarkt.' (p.10)

‚Integration kann nicht verordnet werden. Sie erfordert Anstrengungen von allen, vom Staat, der Gesellschaft [...]. Maßgebend ist zum einen die Bereitschaft der Zuwandernden, sich auf ein Leben in unserer Gesellschaft einzulassen, unser Grundgesetz und unsere gesamte Rechtsordnung vorbehaltlos zu akzeptieren und insbesondere durch das Erlernen der deutschen Sprache ein sichtbares Zeichen der Zugehörigkeit zu Deutschland zu setzen. [...] Auf Seiten der aufnehmenden Gesellschaft benötigen wir dafür Akzeptanz, Toleranz, zivilgesellschaftliches Engagement und die Bereitschaft, Menschen, die rechtmäßig bei uns leben, ehrlich willkommen zu heißen. Von allen Beteiligten werden Veränderungs- und Verantwortungsbereitschaft gefordert.' (p. 13)

‚Bildung und Ausbildung sind zentrale Faktoren für die gesellschaftliche Integration von Migrantinnen und Migranten. Sie entscheiden mit über gleichberechtigte Teilhabe am politischen, kulturellen und wirtschaftlichen Leben und somit auch über Beschäftigungschancen und die Höhe des Einkommens.' (p.17)

‚Die Länder sehen die größten Hemmnisse für gelingende Integration in den fehlenden Kenntnissen der deutschen Sprache, einer sozialräumlichen Segregation und im Rückzug in eigenethnische Strukturen. Die Folgen sind Schwierigkeiten in der Schule, bei der Ausbildung, hohe Arbeitslosigkeit sowie ein Erstarken integrationsfeindlicher, zum Teil religiös motivierter Strömungen. [...] Die Länder legen übereinstimmend einen besonderen Schwerpunkt auf Bildung und den frühzeitigen Erwerb der deutschen Sprache bereits im Elementarbereich.' (p. 24)

‚Die Länder stimmen darin überein, dass Integrationspolitik nicht nur eine staatliche Aufgabe ist, sondern auch die aktive Mitarbeit der Organisationen der Zivilgesellschaft ebenso angewiesen ist wie auf die individuelle Bereitschaft zur Integration bei den Zugewanderten.' (p. 24)

‚Dennoch nutzen bildungsferne und sozial schwächere Menschen mit Migrationshintergrund die Angebote der Gesundheitsvorsorge und der Gesundheitsversorgung weniger als andere. [...] Insbesondere sollen der Zugang zu gesundheitlichen Angeboten, das gesundheitliche Wissen und die Gesundheitskompetenzen verbessert werden.' (p. 29)

‚Sprachkompetenz ist eine der wichtigsten Voraussetzungen für den schulischen und beruflichen Erfolg und für die gesellschaftliche Integration.' (p. 47)

National Strategy to Promote Children's Health

‚Gesundheitsförderung und Prävention sind gesellschaftliche Aufgaben, bei denen alle gefordert sind. Hierfür wollen wir den strukturellen Rahmen schaffen.' (p.1)

‚Die Kindergesundheit zu fördern ist eine vordringliche und gesamtgesellschaftliche Aufgabe. Die soziale und wirtschaftliche Sicherheit der Familien ebenso wie der chancengleiche Zugang zum Bildungssystem sind wesentliche Voraussetzungen für ein gesundes Auswachsen. [...] Besonders betroffene Zielgruppen wie Kinder und Jugendliche aus sozial benachteiligten Familien und aus Familien mit Migrationshintergrund müssen bei allen Maßnahmen zur Gesundheitsförderung verstärkt berücksichtigt werden.' (p. 8)

‚Ein besonderes Augenmerk richtet sich bei allen Initiativen auf spezifische Risikogruppen, etwa Kinder aus sozial schwachen Familien oder aus Familien mit Migrationshintergrund.' (p.9)

‚Ergänzend zu den Maßnahmen staatlicher Stellen sollen auch die Sozialversicherungsträger Gesundheitsförderung und Prävention ausbauen und den Schwerpunkt auf Angebote in den kindlichen Lebenswelten legen.' (p. 9)

‚Seit 2005 motiviert das Bundesministerium für Gesundheit mit der Kampagne ‚Bewegung und Gesundheit' zu mehr körperlicher Aktivität im Alltag. Zahlreiche vorbildliche Einzelprojekte, die speziell auf sozial benachteiligte Kinder und Jugendliche ausgerichtet sind, hat die Bundeszentrale für gesundheitliche Aufklärung im Rahmen des Kooperationsverbundes ‚Gesundheitsförderung bei sozial Benachteiligten' auf einer Internetplattform dokumentiert.' (p.10)

‚Der Staat hat im Sinne eines Wächteramtes Sorge zu tragen, dass Eltern ihrer Verantwortung für Gesundheit und Wohlergehen ihrer Kinder nachkommen. Für die Sicherstellung des Kindeswohls und den Kinderschutz sind vor allem die Länder und Kommunen zuständig.' (p.15)

‚Die Strategie der Bundesregierung zur Förderung der Kindergesundheit dient dazu, die Akteure in diesem Bereich besser zu vernetzen, Handlungslücken zu identifizieren und zielgerichtete Kooperationen zwischen den Politikbereichen verstärkt zu initiieren. Die bestehenden Initiativen der einzelnen Bundesministerien werden weiterhin in der jeweiligen federführenden Verantwortung umgesetzt.' (p. 24)

National Strategy Report on Social Protection and Social Integration 2008-2010

‚Es soll darüber hinaus deutlich werden, dass Armut und Ausgrenzung die gesellschaftliche Entwicklung erheblich beeinträchtigen können. Eine angemessene Absicherung der existenziellen Risiken Krankheit, Unfall, Behinderung, Arbeitslosigkeit, Erwerbsminderung, Pflegebedürftigkeit und Alter über die Sozialversicherungssysteme ist dazu auch weiterhin Voraussetzung.' (p.13)

‚Deutschland strebt ökonomische und soziale Teilhabe- und Verwirklichungschancen für alle Mitglieder der Gesellschaft an. Die Bekämpfung von Armut und sozialer Ausgrenzung erschöpft sich dabei nicht in der Sicherung von Grundbedürfnissen. Dauerhafte Abhängigkeit von staatlicher Fürsorge, die zu einer Verfestigung von Armut über Generationen hinweg führt, muss vermieden werden. [...] Alle müssen die Chance erhalten, ihre individuellen Möglichkeiten auszuschöpfen und ihren Platz in einer sich wandelnden Arbeits- und Familienwelt zu finden.' (p. 14)

‚Gute Bildung muss im frühen Kindesalter beginnen und ist unabdingbare Voraussetzung für gute Beschäftigungsperspektiven und damit verbundene Teilhabe- und Verwirklichungschancen. [...] Die Koppelung von Bildungschancen und- verläufen mit Merkmalen sozialer, sprachlicher und ethnischer Herkunft sowie Geschlecht und Behinderung muss durch ein konsequent auf individuelle Förderung gerichtetes Bildungssystem überwunden werden. Dies geht einher mit einem bewussteren Gesundheitsverhalten, einer verantwortlicheren Haushaltsführung und erfolgreicheren Alltagsbewältigung in der Familie.' (p.15)

‚Gleichwohl bleibt die Erhöhung der Erwerbstätigkeit von Eltern zentral für die Teilhabechancen von Kindern.' (p.38)

‚Die Bundesregierung hat ihren strategischen Ansatz zur Stärkung von Familien darauf ausgerichtet, dass Arbeitsmarkt-, Integrations-, Bildungs- und Familienpolitik ineinander greifen müssen und die Aktivitäten von Bund, Ländern und Kommunen zielgerichtet zu koordinieren sind.' (p.38)

‚Bei der Entwicklung von Kindern wie auch bei Erwachsenen gibt es einen deutlichen Zusammenhang zwischen einem niedrigen Bildungsniveau und Gesundheitsverhalten.' (p. 41)

‚Ein Schwerpunkt der Maßnahmen zur Integration von Zuwanderern ist die Sprachförderung, da sich mangelnde Sprachkenntnisse als größtes Hindernis gesellschaftlicher Teilhabe in allen Bereichen erweisen. Sprachförderung für Kinder und Jugendliche als Voraussetzung für gelingende Integration wird daher zunehmend institutionenübergreifend und durchgängig für alle Bildungseinrichtungen konzipiert.' (p. 42)

‚Für den langfristigen Erfolg unserer Wissensgesellschaft ist es unverzichtbar, die Potenziale von jungen Migrant/innen, die das deutsche Schulsystem durchlaufen, zu erschließen und zu erreichen, dass Jugendliche mit Migrationshintergrund bessere Schul- und Studienabschlüsse erreichen.' (p. 42)

'Die Leistungen der Prävention und Gesundheitsförderung, die von den Krankenkassen erbracht werden, müssen noch stärker als bisher in dem direkten Lebensumfeld der Menschen zum Beispiel in Kindertageseinrichtungen, Schulen, Betrieben [...] und im Stadtteil angeboten werden. [...] Damit leisten sie auch einen Beitrag zur Herstellung gesundheitlichen Chancengleichheit.' (p. 100)

1.2 Documents of Mecklenburg-Vorpommern

Child- and Youth Plan

‚Ziel der Landesregierung Mecklenburg-Vorpommern ist es, durch eine wirksame und nachhaltige Kinder- und Jugendpolitik die Lebensverhältnisse und die Perspektiven für Kinder und Jugendliche zu verbessern sowie gute und verlässliche Zukunftschancen für die junge Generation zu schaffen. [...] Bei der Umsetzung der kinder- und jugendpolitischen Schwerpunkte erfolgt die Orientierung an den unterschiedlichen Lebenslagen von Kindern und Jugendlichen.' (p. 5)

‚Es ist in erster Linie Aufgabe der Eltern, ihre Kinder zu eigenverantwortlichen und gemeinschaftsfähigen Persönlichkeiten zu erziehen.' (p. 13)

‚Die grundsätzlich garantierte Elternverantwortung bedarf der Ordnung, des Schutzes und der Förderung durch das Gesetz und durch geeignete Vorkehrungen und Maßnahmen des Staates.' (p. 13)

‚Nach Artikel 7 Abs.1 GG untersteht das gesamte Schulwesen der Aufsicht des Staates. Der damit vorausgesetzte staatliche Erziehungsauftrag in der Schule ist in diesem Bereich dem elterlichen Erziehungsrecht nicht nach-, sondern gleichgeordnet.' (p. 13)

‚Die Landesregierung legt den Schwerpunkt auf die Vermittlung der deutschen Sprache als Schlüsselqualifikation im Bildungsprozess.' (p. 16)

‚Für Kinder ist die Familie [...] wichtigster Bezugspunkt. [...] In der Familie erlebte Bindungen, Orientierungen und Kompetenzen sind wesentliche Grundlagen für die Persönlichkeitsentwicklung junger Menschen und damit auch unmittelbar relevant für den Erfolg schulischer und beruflicher Bildung. Die Landesregierung wird durch eine enge Verknüpfung von Familienpolitik mit Kinder- und Jugend-, Bildungs-, Arbeitsmarkt-,

Wirtschafts- und Sozialpolitik Familien in Mecklenburg-Vorpommern unterstützen und die Gründung von Familien erleichtern.' (p. 17)

‚Zur [...] Chancengleichheit von Kindern und zur Erleichterung der Vereinbarkeit von Familie und Beruf hat die Landesregierung den Bereich der Kindertagesförderung als einen Schwerpunkt ihrer Politik bestimmt und die vorschulische Bildung und Erziehung qualitativ weiterentwickelt.' (p. 19)

‚Vom ausschließlichen Lernort entwickeln sich Schulen zunehmend zu Einrichtungen einer komplexen Integrations- und Sozialisationsinstanz. [...] Bildung ist die zentrale Ressource der Zukunft. Sie trägt entscheidend zur Chancengleichheit eines jeden jungen Menschen in der Gesellschaft bei.' (p.21)

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‚Die Wahl eines Ausbildungsplatzes und des Berufes sind wichtige Weichenstellungen für die Lebensplanung junger Menschen. Der angestrebte Beruf bestimmt die künftige soziale und wirtschaftliche Stellung entscheidend mit. Jugendlichen sollen daher ausreichend Chancen zum Einstieg in das Berufsleben gegeben werden.' (p. 25)

‚Dabei steht im Mittelpunkt der Bemühungen der Landesregierung, jedes Kind und jeden Jugendlichen in seiner Entwicklung zu einer eigenverantwortlichen und gemeinschaftsfähigen Persönlichkeit zu fördern und Chancengleichheit zu gewährleisten.' (p. 34)

Action Plan on Health Promotion and Prevention

‚Gesundheit ist eine ganz wichtige Voraussetzung für die Chancengleichheit aller Kinder unseres Landes. [...] Das erfordert großes Engagement für die Gesundheits- und Sozialpolitik ebenso wie für die Bildungspolitik, die Umwelt- und Verbraucherpolitik, den Bereich des Sports und alle anderen Politikbereiche.' (p. 3)

‚Damit haben außer der expliziten, d. h. der als solche bezeichneten und von Gesundheitsministerien verantworteten Gesundheitspolitik, verschiedene andere Politikfelder eine prinzipielle Bedeutung für die Primärprävention:
- Wirtschafts- und Sozialpolitik, darunter Arbeitsmarktpolitik,
- Bildungspolitik, darunter Schulpolitik,
- Verbraucherschutz, Ernährung und Landwirtschaft,
- Verkehr, Bau- und Wohnungswesen und
- Umweltpolitik.' (p. 4)

‚Dem Landesaktionsplan liegt ein ganzheitliches bio-psycho-soziales Gesundheitsverständnis basierend auf der Ottawa-Charta der Weltgesundheitsorganisation (WHO) zu Grunde.' (p. 6)

‚Ein ausreichendes Angebot der Kindertagesförderung in hoher Qualität unterstützt als erstes Glied in der institutionellen Bildungskette die Eltern [...] und muss in Fällen einer Überforderung der Eltern subsidiär handeln und Hilfsangebote vermitteln. Die komplexen Bedingungen in der Kindertagesförderung haben einen erheblichen Einfluss auf die Bildungs- und Gesundheitschancen von Kindern.' (p. 22)

‚Kindern durch ein positives und ihnen zugewandtes Lebensumfeld ein gesundes Aufwachsen zu ermöglichen, ist vorrangig Aufgabe der Eltern. Dazu brauchen Eltern gute Rahmenbedingungen. Ein ausreichendes Angebot der Kindertagesförderung [...] unterstützt [...] die Eltern bei der Wahrnehmung dieser Aufgabe [...].' (p. 22)

‚Die komplexen Bedingungen in den Schulen wirken auf die Chancengleichheit der Kinder und Jugendlichen, nicht nur in Bezug auf die Bildung, sondern auch in Bezug auf die Gesundheit, wobei beide Aspekte in einem untrennbaren Zusammenhang stehen.' (p. 26)

Health Targets. Growing Up Equally in Mecklenburg-Vorpommern

‚Gesundheitsziele zur Verringerung der sozialen Ungleichheit der Gesundheit – das heißt Erscheinungsformen der Ausgrenzung und Diskriminierung sozial benachteiligter Bevölkerungsgruppen nachhaltig zu verringern, deren Eigeninitiative und Sozialkompetenz zu stärken, gesundheitlicher Unterversorgung entgegenzuwirken und niedrigschwellige gesundheitsbezogene Angebote zu sichern.' (p. 13)

‚Da aus vielen Studien nachweisbar ist, dass viele Faktoren, die die Gesundheit der Bevölkerung beeinflussen, außerhalb der Gesundheitswesens liegen, sind bereichs- und sektorenübergreifende Konzepte und Strategien erforderlich.' (p. 13)

‚Die World Health Organization (WHO) definierte die Gesundheit bereits 1948 als „Zustand des vollständigen körperlichen, geistigen und sozialen Wohlbefindens und nicht nur des Freiseins von Krankheit und Gebrechen".' (p. 14)

‚Die Landesregierung erarbeitet Gesundheitsziele für das Land. Besondere Beachtung erhalten dabei gesundheitliche Belange von Kindern und Jugendlichen. In den Bereichen der Gesundheitsförderung, -vorsorge und -versorgung wird vor allem auf die Belange sozial benachteiligter Kinder geachtet.' (p. 25)

1.3 Documents of Niedersachsen

Action Plan on Integration

‚Vor allem müssen wir in die Bereiche und Personengruppen investieren, bei denen wir die größten Chancen im Integrationsprozess sehen. Das betrifft in erster Linie Kinder. Mit der frühen Förderung des Erwerbs der deutschen Sprache und der Stärkung der Mehrsprachigkeit sind wir auf einem guten Weg. Sprache und Bildung sind die Kernelemente niedersächsischer Integrationspolitik.' (p.3)

‚Ein wesentlicher Schritt zur vollständigen Integration von Menschen mit Migrationshintergrund ist die gleichberechtigte Teilhabe am Arbeitsmarkt.' (p. 7)

‚Mit dem neuen Handlungsprogramm trägt die Landesregierung der gewachsenen Bedeutung des Themas Integration Rechnung. Sie sieht Integrationspolitik als integralen Bestandteil der Landespolitik, der auf einer Zusammenarbeit des Landes mit dem Bund, den Kommunen, mit den Organisationen, Verbänden und Einrichtungen sowie nicht zuletzt mit den Betroffenen basiert.' (p. 7)

‚Eine nachhaltige Integrationspolitik setzt voraus, dass alle politischen und gesellschaftlichen Kräfte an einem Strang ziehen: der Bund, die Länder, die Kommunen, die Verbände der freien Wohlfahrtspflege, die Kirchen und religiösen Gemeinschaften, die Schulen, der Sport sowie weitere gesellschaftliche Gruppen und Organisationen bis hin zu jeder und jedem Einzelnen. Alle können einen Beitrag leisten. Auf allen Ebenen ist die Integration von Zugewanderten als zentrale Herausforderung anzunehmen.' (p.8)

‚Für Kinder nichtdeutscher Muttersprache ist die frühe Heranführung an die deutsche Sprache von besonderer Bedeutung. Die ersten sechs Jahre sind für die Entwicklung der Sprach- und Sprechkompetenz entscheidend. Die Tageseinrichtungen für Kinder nehmen hierbei eine herausragende Rolle wahr. Je besser das Erlernen der deutschen Sprache in dieser Zeit gelingt, desto weniger Sprachförderung ist im Schulalter erforderlich.' (p. 13)

‚Gesundheit ist für jeden Menschen eines der höchsten Güter und die Grundlage für ein selbstbestimmtes, aktives Leben aller Menschen. Gesundheit ist nicht nur als „Abwesenheit von Krankheit oder Behinderung" zu verstehen, sondern auch als ein Zustand umfassenden physischen, geistigen und sozialen Wohlbefindens. Gesundheit hängt wesentlich mit der Bildung, der ökonomischen Lage, den Arbeitsbedingungen, dem sozialen Umfeld und den Wohnverhältnissen der und des Einzelnen ab. Vor diesem Hintergrund sind die gesundheitsrelevanten Rahmenbedingungen von besonderer Bedeutung, unter denen Menschen leben, lernen, arbeiten und sich engagieren.' (p. 56)

Action Plan ‚Social Equality for All Children – Effective Poverty Reduction'

‚Die Landesregierung will durch eine handlungsorientierte Sozialberichterstattung Wege aufzeigen, um chancengleich allen Kindern Bildung und gesellschaftliche Teilhabe zu ermöglichen. [...] Es reicht nicht, mit einem zusätzlichen Armuts- und Reichtumsbericht auf Landesebene die bereits vorhandene Expertise der Statistiker zu kopieren.' (p. 2)

‚Arbeitslosigkeit oder Notsituationen dürfen nicht dazu führen, dass Kinder im Alltag benachteiligt oder ausgegrenzt werden.' (p.4)

‚Arbeit und Bildung sind die zentralen Punkte zur Herstellung von Chancengleichheit.' (p. 5)

‚Ein weiterer Schlüssel zum Erfolg von Chancengleichheit ist die Bildung von Kindern und Jugendlichen sowie die qualifizierte Betreuung von Kindern.' (p. 8)

‚Der größte Teil der Mittel fließt in Bildung und Sprachförderung [...]. Wegen ihrer Schlüsselbedeutung im Integrationsprozess haben diese Bereiche besonderes Gewicht. (p.9)

Families with Future – Education and Care for Children

‚Der Ausbau qualitativ guter Betreuungsstrukturen trägt dem Erfordernis der frühkindlichen Bildung und individuellen Förderung Rechnung und kommt auch Kindern mit integrations- und familienergänzendem Unterstützungsbedarf zugute.' (p.1)

‚Schwerpunkte des Programms sind die Förderung frühkindlicher Bildung und Betreuung außerhalb und/oder in Zusammenarbeit mit Kindertagesstätten für unter Dreijährige, die übergreifende Zusammenarbeit und Vernetzung der Betreuungsstrukturen, insbesondere von Tagespflegepersonen, Grundschulen und Kindertagesstätten, Fort- und Weiterbildung des Personals in den Kindertagesstätten sowie die Qualifizierung und Weiterbildung von Tagespflegepersonen.' (p. 2)

‚Kindertageseinrichtungen und Grundschulen sind neben dem Elternhaus als erste öffentliche Erziehungs- und Bildungseinrichtungen in der Verantwortung, den Ansprüchen der Kinder gerecht zu werden und Grundlagen für lebenslanges Lernen zu schaffen. Alle Kinder sollen beim Übergang in die Grundschule über vergleichbare, tragfähige Eingangsvoraussetzungen verfügen. Hierzu zählen ausreichende deutsche Sprachkenntnisse und schulnahe Vorläuferfähigkeiten und –fertigkeiten.' (p. 6)

Annex 2 (Overview over CD)

2.1 National policy documents:

- National Action Plan for a Child-friendly Germany 2005-2010
- National Action Plan to Prevent Malnutrition, Physical Inactivity, Obesity and Resulting Diseases 'In Form' 2008
- National Action Plan to Enhance Social Integration 2003-2005
- National Integration Plan 2007
- National Strategy to Promote Children's Health 2008
- National Strategy Report on Social Protection and Social Integration 2008-2010

2.2 Policy documents of Mecklenburg-Vorpommern:

- Child- and Youth Plan 2006
- Action Plan on Health Promotion and Prevention 2008
- Health Targets. Growing Up Equally in Mecklenburg-Vorpommern 2004

2.3 Policy documents of Niedersachsen:

- Action Plan on Integration 2008
- Action Plan ‚Social Equality for All Children – Effective Poverty Reduction' 2008
- Families with Future – Education and Care for Children 2006