SDH-Net
Building sustainable capacity for research for health and its social determinants in low and middle income countries

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SEVENTH FRAMEWORK PROGRAMME

Research on the Social Determinants of Health in Germany

Short Assessment

("Light Mapping")

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)

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Johanna Offe

Stefan Weinmann

Overview

1. Methods and scope

This rapid assessment of the structures, activities and capacities in research on social determinants of health in Germany is based on a (1) review of key documents on social determinants in Germany, on funding programmes and on research strategies; (2) interviews with key stakeholders in the area (researchers, representatives from funding organizations and Ministries, representatives from professional organizations): and (3) a quick assessment of key research projects and research output.

Interview partners were:

- **Prof. Dr. Johannes Siegrist**, Institute for Medical Sociology, Heinrich- Heine-University Duesseldorf
- **Dr. Thomas Lampert,** Section Epidemiology and Health Reporting, Robert-Koch-Institute (RKI)
- **Prof. Dr. Olaf von dem Knesebeck,** Director of the Department of Medical Sociology and Health Economics at the University Medical Center Hamburg-Eppendorf, Director of the German Society for Medical Sociology
- **Dr. Frank Wissing**, Programme Director Life Sciences, German Research Foundation (Deutsche Forschungsgemeinschaft, DFG)
- **Dr. Andreas Mielck** , senior researcher, Institute of Health Economics and Health Care Management (IGM), German Research Center for Environmental Health, Helmholtz Centre in Munich
- **Helene Reeman,** Head of unit „International Relations“,German Federal Center for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA)
- **Elisabeth Krane**, Department for Research Coordination and Science Policy Analysis, Federal Ministry of Health (Bundesministerium für Gesundheit)

2. Social Determinants of Health and Health Inequalities in Germany

Germany has the world’s fourth largest economy by nominal GDP and a highly developed health system. Since the 1880ies, Germany has a social health insurance system, covering most of the population and at that time, significantly reducing health inequalities. Today, 99.8 % of the population are covered by a health insurance, either through the obligatory statutory health insurance or, if they earn more than a set amount, through a private insurance. Health care coverage is good (36 physicians for 10.000 people), life expectancy high (80 years at birth) and infant mortality low (2010: 3/1000) [1] . The main health problems are non-communicable diseases, with cancer and cardiovascular diseases being the most common

[1]Word Health Organization (2012). Global Health Observatory Data Repository. Retrieved from http://apps.who.int/ghodata/?vid=9200&theme=country

cause of death and cardiovascular diseases, cancer, musculoskeletal diseases and neuropsychiatric disorders including stroke and depression being the greatest causes of morbidity.

With regard to social inequalities, Germany is about average within Europe, with lower inequality than Great Britain and many Southern European countries, but higher than the Nordic countries. The highest income quintile earns 4.4 times more than the lowest quintile. Average income has continuously risen in Germany in the past years (17% between 1993 and 2003). In the same period, however, the percentage of those at risk of poverty has also increased. At highest risk of poverty are long-term unemployed and single parents. Education continues to be closely related to socioeconomic status.

Social inequalities regarding income, job position and educational attainment are strongly related to health inequalities. Together with migration background or residency permit status, poverty, unemployment and education are the most important social determinants of health in Germany. Men and women with lower income more often experience pain and impediments in their daily live due to their health status[2]. Their subjective health is lower; they smoke more often, exercise less and visit a doctor less frequently[3]. Controlled for age, the mortality risk of men in the lower income group (less than 60% of average income) is increased by the factor 2.5 against men with income higher than 150% of average income.[4] Regarding education, the odds ratio for having a chronic or recurrent disease is 1.2 of men and women having 9 years of schooling against those having 12 or more years of schooling, controlled for age.[5]

Specifically vulnerable are the long-term unemployed, single parents, homeless, people with a migrant history and older people living alone with a small pension. The morbidity and mortality of unemployed people (currently about 7% of the population) is higher than that of people in employment. In this case, prolonged unemployment can be the cause, but also the consequence of illnesses, creating a vicious circle.[6] Single parents have a significantly higher prevalence of self-reported ill-health (even when controlled for social class) and a higher prevalence of diagnosed kidney- and liver problems, chronic bronchitis and psychological disorders.[7] In spite of the “healthy migrant” effect, migrants experience more illnesses compared to the wider society partly because of lower socio-economic status, harsher working conditions and discrimination.[8] Older people are also specifically vulnerable in

[2]Lampert T, Kroll LE (2010). Armut und Gesundheit (Ed.) Robert Koch-Institut Berlin. GBE kompakt 5/2010. Retrieved from http://www.gbe-bund.de/gbe10/ergebnisse.prc_tab?fid=13357&suchstring=&query_id=&sprache=D&fund_typ=TXT&methode=&vt=&verwandte=1&page_ret=0&seite=1&p_lfd_nr=12&p_news=&p_sprachkz=D&p_uid=gastg&p_aid=17361228&hlp_nr=2&p_janein=J

[3]Lampert T & Ziese T (2005). Armut, soziale Ungleichheit und Gesundheit. Expertise des Robert Koch-Instituts zum 2. Armuts- und Reichtumsbericht der Bundesregierung, S. 26-32

[4]Lampert T & Ziese T (2005). Armut, soziale Ungleichheit und Gesundheit. Expertise des Robert Koch-Instituts zum 2. Armuts- und Reichtumsbericht der Bundesregierung, Armut, soziale Ungleichheit und Gesundheit, S. 27

[5]Lampert T & Ziese T (2005). Armut, soziale Ungleichheit und Gesundheit. Expertise des Robert Koch-Instituts zum 2. Armuts- und Reichtumsbericht der Bundesregierung, Armut, soziale Ungleichheit und Gesundheit, S. 40

[6]Kroll LE, Lampert T (2012). Arbeitslosigkeit, prekäre Beschäftigung und Gesundheit (Ed.) Robert Koch-Institut Berlin. GBE kompakt 3(1). Retrieved from http://www.gbe-bund.de/gbe10/ergebnisse.prc_tab?fid=14911&suchstring=&query_id=&sprache=D&fund_typ=TXT&methode=&vt=&verwandte=1&page_ret=0&seite=1&p_lfd_nr=4&p_news=&p_sprachkz=D&p_uid=gastg&p_aid=17361228&hlp_nr=2&p_janein=J

[7] Helfferich C, Hendel-Kramer A & Klindworth H (2012). Gesundheit alleinerziehender Mütter und Väter. Robert Koch-Institut Berlin. GBE-Themenhefte, April 2003. Retrieved from http://www.gbe-bund.de/gbe10/ergebnisse.prc_tab?fid=8246&suchstring=&query_id=&sprache=D&fund_typ=TXT&methode=&vt=&verwandte=1&page_ret=0&seite=1&p_lfd_nr=9&p_news=&p_sprachkz=D&p_uid=gastg&p_aid=72066337&hlp_nr=2&p_janein=J

[8]Razum O, Zeeb H, Meesmann U, Schenk L, Bredehorst M, Brzoska P et al. (2008). Schwerpunktbericht der Gesundheitsberichterstattung des Bundes Migration und Gesundheit. Robert Koch-Institut Berlin. Retrieved from http://www.gbe-bund.de/gbe10/owards.prc_show_pdf?p_id=11713&p_sprache=d&p_uid=gastg&p_aid=72066337&p_lfd_nr=1

Germany, with more than a quarter of the population being beyond the age of 60. Health inequalities related to income are more pronounced in this age group.[9]

There is thus a steady health gradient according to socioeconomic status - the lower the status the poorer the health situation. Socially determined conditions and the structures people live in create the way in which people grow, live, work and age – and exert behaviors which may be problematic for their health. *Johannes Siegrist* (interviewee) estimates that about half of the variety in disease incidence and an even greater proportion of disease course/development can be explained by socioeconomic factors and not by biological factors and the health system. In many cases, predisposition and environmental factors work together. Selection seems to be less relevant for explaining health inequalities than social determination. Recent studies indicate that health inequalities in Germany are rising[10].

3. Research on SDH in Germany

3.1. Overview

Research on health inequalities and the social determinants of health has a long tradition in Germany. Rudolf Virchow (1821-1902) strongly argued for the recognition of the social factors in disease etiology and, thus, for an improvement of the living conditions of the poor. In the Weimar Republic, Alfred Grotjahn (1869-1931) was founder of the discipline of "Social Hygiene", arguing for the acknowledgment of social conditions for health and illness, with, however, strong eugenic positions in his later life. National Socialism destroyed the research landscape on social determinants of health. It was only in the 1960ies that – influenced by the civil rights movements - Medical Sociology was established as a discipline at many universities. Epidemiological methods were increasingly integrated into medical training.

In spite of its long history, research on the social determinants of health in Germany is less advanced and less prominent in international publications if compared to Great Britain or other comparable European countries, USA, Canada and Australia. Reasons for this are among others the destruction of social medicine during the Nazi regime, less perceived health inequalities and less pressure to reduce health inequities due to an elaborated social security system. Methodological issues such as the paucity of longitudinal studies and large cohorts and problems of linking register data, census data and routine health insurance data add to this. Due to the scarcity of longitudinal data, knowledge on existing health inequalities in Germany is still insufficient. Many research outcomes are only published in German, are focused on the German health system, and are therefore not as much received in the international arena.

In 1989, the German Federal Ministry for Education and Research (Bundesministerium für Bildung und Forschung, BMBF) funded an initiative to foster the establishment of an internationally acknowledged German public health research landscape. This funding was sustained for more than a decade and resulted in the establishment of nine postgraduate courses with the degree "Master of Public Health" and a research network, however not as much in international publications and networks. With the end of this initiative, the number of

[9]Kooperationsverbund „Gesundheitsförderung bei sozial Benachteiligten" (2012). Gesundheitsförderung bei älteren Menschen. Retrieved from http://www.gesundheitliche-chancengleichheit.de/gesundheitsfoerderung-bei-aelteren/hintergruende-daten-materialien/

[10] Kroll LE, Lampert T (2012). Zunehmende Unterschiede im subjektiven Gesundheitszustand zwischen den Einkommensgruppen. Informationsdienst Soziale Indikatoren 43: 5 bis 8. Retrieved from http://www.gesis.org (Stand: 15.11.2010)

public health institutes (mainly postgraduate MPH programmes within Universities) has again decreased.

The subjects dealing with health inequalities today are epidemiology, social medicine, public health, health economics and medical and/or health sociology, creating a very diverse disciplinary field with multiple demarcations amongst each other. While epidemiology and social medicine (and to some extend also public health) are subjects mainly pursued by medically trained scientists, medical or health sociology are fields within the social sciences. The fragmentation of the research field can also be seen in the multiplicity of professional associations:

- German Association of Medical Sociology/ Deutschen Gesellschaft für Medizinische Soziologie (DGMS): www.dgms.de
- German Association of Social Medicine and Prevention/ Deutsche Gesellschaft für Sozialmedizin und Prävention (DGSMP): www.dgsmp.de
- German Association for Public Health/ Deutsche Gesellschaft für Public Health www.deutsche-gesellschaft-public-health.de/
- German Association for Epidemiology/ Deutsche Gesellschaft für Epidemiologie (DGepi): http://dgepi.visart.de/arbeitsgruppen.html
- German Network for Health Services Research/ Deutsches Netzwerk für Versorgungsforschung: www.netzwerk-versorgungsforschung.de/
- Federal Association for Prevention and Health Promotion/ Bundesvereinigung Prävention Gesundheitsförderung (BVPG): www.bvpraevention.de

Their aim is to represent their discipline in the public, in research funding bodies, in expert commissions, in ministries, as well as at universities and other research institutions. They inform and advise decision makers in health policy and social health insurances. In addition, they promote the visibility of the discipline at European and international level. Most interview partners however regarded single active researchers in the field as more influential in bringing the topic forward than associations.

There is no body for national coordination of research on health inequities in Germany, which would match research needs, public health needs and research funding. The Federal Ministry for Research and Education (BMBF) has some funding streams and has some influence on research priorities via core funding of research institutions and funding streams; however, it is generally thought that a central research prioritization process is not necessary and even harmful for research productivity. In reality, however, the Research Ministry has some influence.

3.2. Current research priorities

In the past decades, there has been a debate about major research themes within the academic community. With public health research having received little visibility and funding until 1990, there is now a vivid debate about evidence gaps. The empirical foundation and evidence on the social determinants of health has increased in Germany. Based on this,

researchers increasingly move beyond describing health inequalities and try to find models to explain them (social capital/social relations, gratification, resilience etc.). At the same time, much research still focuses on individual behavior such as smoking or diet and does not take an SDH-perspective.

Main population groups covered in research on SDH are migrant populations, the elderly, the unemployed and children and young people.
The fact that social inequities in health are carried on from generation to generation and social inequities increase over the life course receives increasing attention. Early child development influences health in later life, and psychosocial factors - particularly job environment and stressors in middle-age – have an influence on health in older age. Thus, a **life-course perspective** is included in an increasing number of studies and deemed as an important approach, in particular to plan interventions.

As part of an explanation for inequities in health, differences in health care utilization are studied. **Health care utilization** differs according to socioeconomic status – people with lower income are less often transferred to a specialist and have a lower rate of adherence to treatment. Some outcome research is carried out on the mechanisms that cause these inequities in health utilization, such as doctor-patient interaction.

Increasingly, comparative research among European countries on health inequities is carried out, mostly funded by the EU. Also within Germany, **geographical differences** (e.g. with regard to cardiovascular disease related mortality) are studied.

There is some research carried out on mental health and health inequities as well as on the effect of exposures, such as pollution and noise, on cardiovascular and other health risks.

Although research on SDH is increasing and there are a lot of interventions for vulnerable population groups in Germany, there is a lack of evaluative research on which interventions work. Project funders often do not provide funding for scientific evaluation and applied research. Furthermore, there is need for research, how people in different situations and settings can best be reached and how social determinants translate into health-related risk behaviors. Several interviewees stated that currently not enough research is done on the effectiveness of interventions. Research that evaluates existing interventions during their implementation could create more knowledge of obstacles and foster effective interventions. The public health communities' proposal to spend 10% of the budget of large intervention projects on health inequities for evaluation is not yet realized.

3.3 Main Research Institutions with regard to SDH

The most important institutions conducting SDH-related research are:

- Robert Koch Institute (Federal Public Health Institute in the Division of the Ministry of Health)
- Institute of Medical Sociology/Department of Medical Sociology at Duesseldorf University
- Department of Medical Sociology and Health Economics, University Medical Centre Hamburg-Eppendorf - Centre for Psychosocial Medicine
- Helmholtz Institutes
- Max Planck Institutes, e.g. the MPI for Demography

- Hannover Medical School (MHH)
- Institute of Clinical Epidemiology (IKE) of Martin-Luther-University Halle-Wittenberg
- Faculty of Health Sciences, Bielefeld School of Public Health – Bielefeld University
- BIPS-Bremen Institute for Epidemiology and Prevention Research GmbH
- Graduate School for Computing in Medicine and Life Sciences-Lübeck University
- Institute of Public Health (Medical School/Medical faculty) - Heidelberg University
- Charité University Berlin

3.4. Main research and data collection projects

In the last decade, social determinants are more and more integrated in the regular surveys done by the Federal Health Reporting Department of the Robert Koch Institute (RKI). The RKI is the National Public Health Institute, which was traditionally more focused on infectious disease surveillance and control. In the **Federal Health Report**, interrelations between social inequalities and health are now integrated. Out of these data, the RKI regularly publishes special reports on topics also relating to social inequalities in health.

A cohort study on the health of children and young people (**KiGGS**) and a survey on the health of adults (**DEGS**), two studies carried out by the Robert Koch Institute, will provide not only cross-sectional but also longitudinal data and will thus allow more in-depth analyses on the social determination of health. This health monitoring system provides a comprehensive data and information base for public health and health policy.

A network of German research institutes from the Helmholtz Association, the Leibniz Association, various universities and research departments will carry out a large-scale, nationwide, long-term population study called **National Cohort Study**, funded by the Ministry for Research and Education (BMBF). This long-term population study aims at explaining the causes of widespread diseases such as cardiovascular disease, cancer, diabetes, dementia and infectious diseases, identifying risk factors, highlighting effective forms of prevention and identifying options for the early detection of diseases. It includes genetic, environmental, social and lifestyle factors. In this cohort study, 200,000 people aged between 20 and 69 from across Germany will be medically examined and questioned on their living habits (e.g. physical activity, smoking, diet, occupation etc.).

Another study mainly conducted by the Research Unit of 'Epidemiology of Chronic Diseases' of the Institute of Epidemiology at the Helmholtz Center Munich, German Research Center for Environmental Health is the **MONICA/KORA Cohort Study** that started in the year 1984. The aim is to assess incidence and risk factors for chronic diseases and to identify new risk factors for chronic diseases as obesity, dietary factors, lipid concentrations, blood pressure or inflammatory markers

The **Heinz-Nixdorf-Recall study** is a scientific investigation looking at cardiovascular diseases in order to explore the benefit of novel methods to predict risk of myocardial infarction and cardiac death for an urban population. Since the year 2000 female and male citizens of the cities Bochum, Essen and Mülheim an der Ruhr have been recruited.

Since there is a lack of information concerning population relevant diseases and their risk factors in Eastern Germany the Study of Health in Pomeriana (**SHIP**) was initiated. The population-based epidemiological study focuses on the investigation of health in all its aspects and complexity involving the collection and assessment of data relevant to the prevalence and incidence of common, population-relevant diseases and their risk factors.

There are a number of European research projects funded by the Seventh Framework Programme of the European Commission. **SILNE** (Tackling socio-economic inequalities in smoking) is a three-year European project coordinated by the University of Amsterdam, the Netherlands and the Institute for Medical Sociology of the University of Halle that is carrying out this project within Germany. The overall aim of the project is to utilize time studies and cross-national comparisons to obtain evidence on the effectiveness of policies, programmes and interventions to reduce socio-economic inequalities in smoking.

The EU-funded project "Determinants of food choice, lifestyle and health in European children, adolescents and their parents (**I.Family**)" is coordinated by Bremen University. Building on data from a survey on eating behavior of children (IDEFICS), the project uses multi-disciplinary perspectives to identify the reasons why young people in Europe eat the way they do and how this influences lifelong health.

The EU-funded project "**DRIVERS** –(Addressing the Strategic Determinants to Reduce Health Inequity via Early Childhood, Realising Fair Employment and Social Protection) will review evidence to assess the impact of policies and programmes in these three areas on health inequities, develop new methods and evidence, and provide policy recommendations and advocacy guidance. German Partner of the Consortium is University of Duesseldorf (2012-2015).

The Survey of Health, Ageing and Retirement in Europe (**SHARE**), funded by the EU and the German Federal Ministry for Education and Research, is a multidisciplinary and cross-national panel database of microdata on health, socio-economic status and social networks of more than 45.000 individuals aged 50 or over. The project is coordinated by the German Max-Planck-Institute of Social Law and Social Policy in Munich.

3.5. Research methods

Main methods used in research on Social Determinants of Health in Germany are quantitative methods of social science, epidemiological methods as well as health economics. Due to the lack of longitudinal data, longitudinal data analysis is less pronounced in SDH research in Germany. In addition, based on the existing data, most studies use self-reported health and do not have access to data on biomedical parameters. Increasingly, qualitative methods are integrated.

Research methods are taught and discussed in Working Groups of professional organizations such as the *German Society for Medical Sociology*, *German Society for Social Medicine and Prevention*, *German Epidemiological Society* etc. In addition, methods for research on SDH are taught in summer schools and university courses. Furthermore, researchers use visiting scholarships abroad (Great Britain, USA, Australia etc.) to learn new methods.

The professional associations are pushing for a stronger standardization of methods, such as social status indices or multi-level analyses. In addition, there are symposia and conferences

where researchers from abroad are invited to give lectures and courses on methods. However, there are few funds available particularly for these activities.

While methodological capacities with regard to SDH research are increasing, it is still not regarded as sufficient by some actors in the field. Thus a major training initiative was started by the National Academy Leopoldina to build and strengthen research capacity in the field of Public Health. Through the professional associations, a higher standardization of research methods is aimed at.

3.6. Funding

Research in Germany is primarily publicly funded, from state ("Länder") level, from federal level and from EU level. **Institutional funding** for universities comes from the states („Länder"), covering infrastructure, staff and some research grants. In addition there are three major non-University-based research societies being funded by the national or state research budget: the Helmholtz Society with 6 research institutions (2,8 billion € annual budget), the Max Planck Society with 80 research institutions (1,3 billion € annual budget) and the Leibniz Society with 86 research institutions (1,2 billion € annual budget). Some longer-term research networks such as the disease-specific Competence Networks also receive public funding. The Fraunhofer Institute with 59 research institutions receives public as well as private funds (1,6 billion € annual budget).

Besides institutional funding there is **project-based funding** via competitive grants coming from the EU Commission, private foundations (such as Volkswagen Foundation, Robert Bosch Foundation) and the **German Research Association** (Deutsche Forschungsgemeinschaft, DFG)**,** which receives state and federal level funding. The DFG is the self-governing organization for science and research in Germany. It serves all branches of science and the humanities. In organizational terms, the DFG is an association under private law. Its membership consists of German research universities, non-university research institutions, scientific associations and the Academies of Science and the Humanities. The DFG receives the large majority of its funds from the states and the German Federal Ministry for Education and Research (Bundesministerium für Bildung und Forschung, BMBF), which are represented in all Grant Committees. At the same time, the voting system and procedural regulations guarantee science-driven decisions.

It is not possible to exactly track the amount of funding which is spent on public health research or research on social determinants of health. There are few funds specifically available for research addressing health inequity and social determinants of health. These issues are, however, often included in epidemiological studies, health services research or qualitative studies.

The main funders for research on the social determinants of health are:

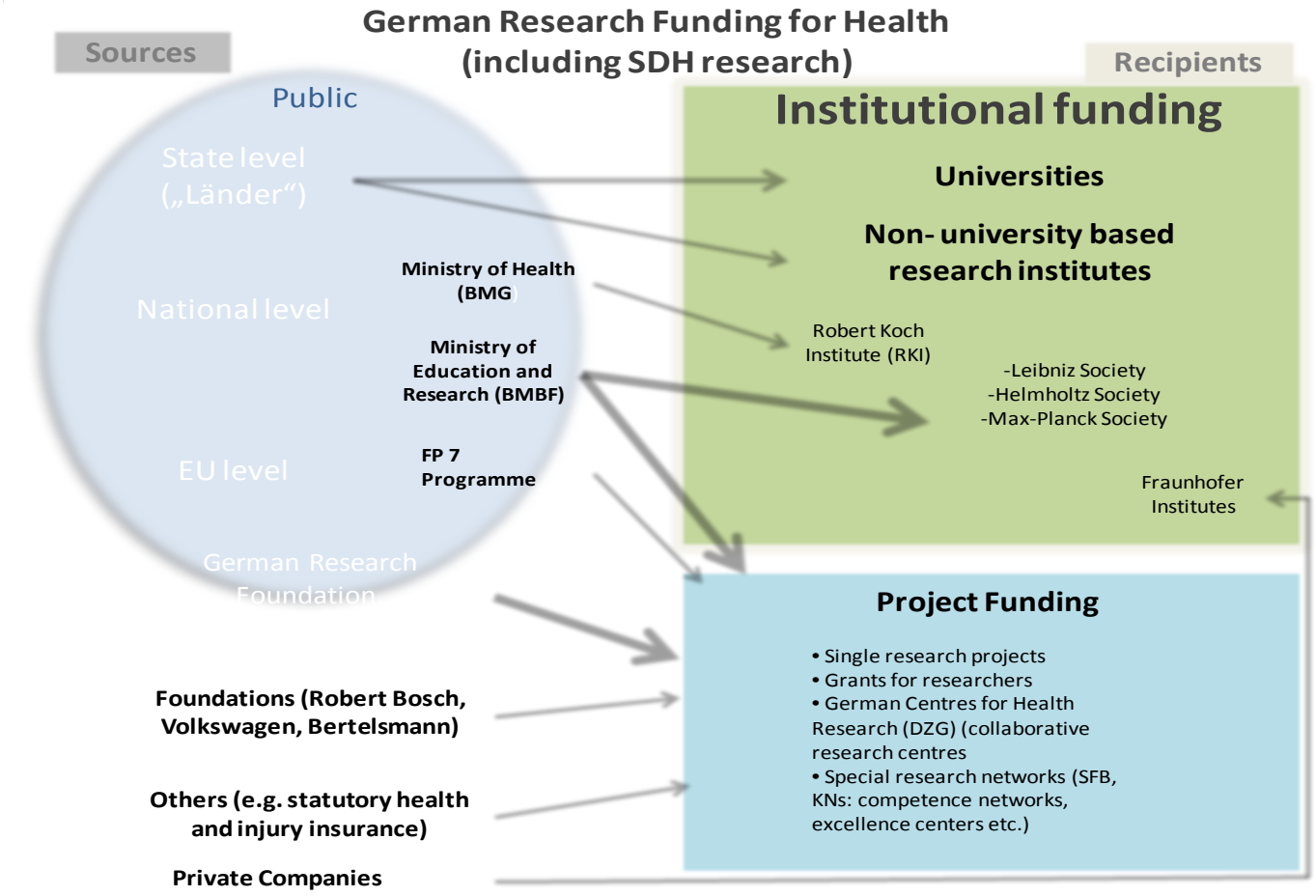
- The **German Federal Ministry for Education and Research** (Bundesministerium für Bildung und Forschung, BMBF). In the period from 2011 to 2014, the BMBF is planning to promote health research with around EUR 5.5 billion[11]. However, SDH plays a very small role in the health research agenda. BMBF decided to increase

[11] Bundesministerium für Bildung und Forschung (2012). Gesundheitsforschungsprogramm 2011-Gesundheit für Alle!. Retrieved from http://www.bmbf.de/de/gesundheitsforschung.php (13.09.2012)

research funds for Public health research and plans to establish increased German-French cooperation also in Public Health research from 2013 on. In addition, public health research will be part of a 50 million € initiative to support African health research centers and strengthen German-African health research cooperation.

- The **Federal Ministry of Health (BMG**) funds some studies directly and finances the Robert Koch Institute and the Federal Agency for Health Education (BZgA).

- A majority of university-based research projects on SDH is funded by the **German Research Association (DFG)**. There, the number of applications and approvals for projects in the area of social determinants of health has increased in the past years. While these applications used to be covered in the DFG-department for medical informatics, biometrics and epidemiology, there is now a separate department for Social Medicine, Public Health and Health Services Research. While applied research is not at the centre of DFG's funding, an increasing openness can be seen towards projects in this area. Most SDH-related projects funded by the DFG are single research projects, whereas in other fields DFG also funds graduate schools or collaborative research centers. In the area of health service research there have been two "Workshops for Early Career Investigators" with intense mentoring and one-year funding for young scholars.
- More funding opportunities are available within the **FP7 programme** (Seventh Framework Programme of the European Union), **university** funds, **statutory health and injury insurance** funds as well as a few **private foundations** such as the Robert-Bosch Foundation or the Bertelsmann Foundation.



3.7. Training

Currently, there are 20 BA programmes with a public health focus in Germany, nine accredited Master degree programmes (M.Sc., M.A., and MPH) and four universities which offer a doctoral degree in public health. Medical Sociology and Medical Psychology as well as Epidemiology are obligatory for every medical student. A few Public Health Schools also offer Summer Schools. The professional associations also offer trainings, especially on research methods.

The research community studying SDH is very small and depends on a few spearheading persons. As long-term institutional funding is low, it is often difficult for institutes to keep junior researcher and transfer methodological expertise.

3.8. Ethics

In Germany, research with human beings requires approval of an ethics committee in those cases where individual data are collected and/or analyzed. In areas outside clinical medicine, medications and medical devices (such as epidemiological research, surveys) the main focus is protection of data privacy. Only ethics committees established by the state law are authorized to review and approve trials and research with human beings. The ethics committee reviews the protocol, the patient (or respondent) written information sheet (corresponding to the written informed consent) and the suitability of the investigator and the supporting staff. Germany has 54 ethics committees, consisting of 17 ethics committees affiliated with state medical (professional) associations, 34 with universities or university hospitals, and 3 with their respective state governments.

For each piece of research, conflicts of interests have to be declared as well as research funding indicated. There are no special ethical regulations with regard to use of research results and transfer into practice; however, it is expected that the researcher declare their roles, especially in the area of health policy research or expertise for authorities, political bodies or the private industry.

4. Transfer of Research into Policy

Social determinants of health are increasingly discussed among the general population and some political actions are seen to reduce health inequities. In the year 2000, reducing socially induced health inequalities was stipulated in the social legislation. It states that services for primary prevention should improve the general state of health and *in particular contribute to the reduction of socially induced inequality*. This obliges statutory health insurances to finance interventions of primary prevention that promote health equity.[12]

Based on the children and adolescent health survey (KiGGS study) the strategy of the Federal Government to promote the health of children mentions an equal distribution of chances for a healthy growing-up as one important goal. Some states (“Länder”) have health-related goals of which some focus on reducing inequities (www.gesundheitsziele.de). The Federal Ministry of Health also has an expert council on developments in the health

[12] Lampert T, Kroll LE (2010). Armut und Gesundheit (Ed.) Robert Koch-Institut Berlin. GBE kompakt 5/2010. Retrieved from http://www.gbe-bund.de/gbe10/ergebnisse.prc_tab?fid=13357&suchstring=&query_id=&sprache=D&fund_typ=TXT&methode=&vt=&verwandte=1&page_ret=0&seite=1&p_lfd_nr=12&p_news=&p_sprachkz=D&p_uid=gastg&p_aid=17361228&hlp_nr=2&p_janein=J

system (Sachverständigenrat zur Begutachtung der Entwicklung im Gesundheitswesen) consisting of seven professors, which has in the past also given several recommendations to consider social determinant of health and reduce health inequities.

The Federal Centre for Health Education (BZgA), an institution funded by the Ministry of Health, carries out a number of activities of health promotion with a focus on the reduction of social inequalities in health. Main target groups are children and young people, the unemployed and the elderly.

As one of these activities, the BZgA coordinates the cooperation network “Health Promotion among socially disadvantaged” (www.gesundheitliche-chancengleichheit.de). The network consists of 55 partners including health insurances, state ministries and communal governments as well as social welfare organizations. It pursues the goal to improve cooperation between projects and initiatives working on the social determinants of health. It identifies good practice examples based on criteria developed by an Advisory Group which includes researchers. These criteria for health promotion among socially disadvantaged are now also guidelines for the statutory health insurances for their activities to comply with their above mentioned obligation to finance interventions of primary prevention which promote health equity. In annual meetings and the conference “Poverty and Health” exchange between communal projects and between researchers and practitioners is fostered. The Federal Ministry and the BZgA have programmes against smoking and for healthy nutrition which mainly target young people with migration background and with lower education.

The BZgA continuously monitors and evaluates the acceptability and effectiveness of all its interventions differentiated by population groups to see whether people with lower education or socio-economic status are reached.

In the past decades, enough empirical evidence has been gathered to inform policy makers and trigger change that goes beyond these activities. There are, however, no established mechanisms to transfer research results into practice. Some researchers mentioned the need for more participative research at community level to improve transfer of research into implementation. Researchers would be mainly rated by their number of international publications and not by the successful transfer of their results into practice. The statutory health insurance has a Federal Joint Committee (“Bundesausschuss”) which also decides on which preventive interventions are integrated into the benefits scheme. However, there is no coordination of non-health-sector interventions and no platform to discuss and implement research results. In addition, the perceived need for political action is limited because of the overall good health status and health care coverage. A law on a systematic approach towards health promotion failed because there was no agreement on which professionals should be responsible for coordinating preventive actions outside the health sector and whether statutory health insurance or the government should fund them.

5. Recommendations:

- The enhancement of the data base through the National cohort and the inclusion of SDH in the regular health monitoring will improve research on SDH. Methodological training should be broadened to make full use of the potential of these new data, e.g. regarding longitudinal studies.

- Interdisciplinary research between social scientists and medically trained researchers needs to be fostered early on in the scientific career, especially regarding the combination of different methods.
- Scientific evaluation of interventions should be systematically integrated into project planning and implementation. Methods for impact evaluation need to be improved and adjusted to these complex issues.
- Participative research projects in cooperation between research institutions and communities can foster transfer of research results into implementation.
- Improve training and provide long-term institutional funding to ensure that spearheading persons in the field will have successors
- Professional organizations publish a common statement regarding key actions to be taken by state and national governments in the area of research funding and legislation.

6. Annex

SDH Research Title	**SDHs & SDH sectors & target population addressed**	**Key researchers, institutions, financiers***	**Research methods used** and type of research	**Time span and Status of research**	**Details dissemination research findings**	**Source of information**,
Social Inequality and Illness (Soziale Ungleichheit und Krankheit)	General population (416.000 insured people)	Medical School Hannover, Centre for Public Health Care, Division for Medical Sociology	Secondary, epidemiological analysis of individual data of 416.000 insurance members over 9 years, longitudinal design & fieldwork	1997-2009	Geyer S, Peter R (1999): Occupational status and all-cause mortality: a study with health insurance data from Nordrhein-Westfalen, Germany. in: European Journal of Public Health,9, (2),114-118 Geyer S, Peter R (2000): Income, social position, qualification and health inequalities-competing risks? in: Journal of Epidemiology and Community Health, vol. 54, 299-305	Prof. Dr. Siegfried Geyer ☎+49 (0) 511-532-5579, ✉ geyer.siegfried@mh-hannover.de http://www.fachportal-paedagogik.de/solis/sofis_set.html?id=20082017
Health inequalities and social relationships (Gesundheitliche Ungleichheiten und soziale Beziehungen)	Income, education, job position in the general population of two "Länder" (Northrhine-Westphalia and Mecklenburg-Western Pomerania)	University of Hamburg, Department of Medical Sociology and Health Economics (IMSG), Center for Psychosocial Medicine of the University Medical Center Hamburg-Eppendorf Funding institution: German Research Association (DFG)	Secondary Analysis of data of the Study of Health in Pomerania (SHIP) and the Heinz Nixdorf Risk Factors Evaluation of Coronary Calcification and Lifestyle (Recall) Study	07/2010 - 12/2011	European Social Survey: Sozialepidemiologische Sekundäranalyse, Laufzeit: 01/2004 - 12/2012 Soziale Ungleichheiten in der gesundheitlichen Versorgung. Projektträger RKI, Laufzeit: 11/2011 - 06/2012 Gesundheitsmetropole Hamburg - Psychische Gesundheit: Teilprojekt Begleitforschung. Projektträger: BMBF, Laufzeit: 01/2011 - 01/2015: http://www.uke.de/institute/medizin-soziologie/index_28313.php?id=-1_-1_-1&as_link=http%3A//www.uke.de/institute/medizin-soziologie/index_28313.php	Prof. Dr. Olaf von dem Knesebeck ☎ +49 (0) 40- 7410 5 7849 Fax: (040) 7410 5 4934 ✉ o.knesebeck@uke.uni-hamburg.de http://www.uke.de/institute/medizin-soziologie/index_28454.php
Study on the health status of adults in Germany (DEGS)	Representative study on health status, health behavior, living conditions and health care coverage	Robert Koch Institute Funding: German Federal Ministry of	National Health Survey from 1998 Standardized interviews (face to face)	2008 - 2012	Erste Ergebnisse aus der „Studie zur Gesundheit Erwachsener in Deutschland" (DEGS). Bundesgesundheitsblatt 2012: http://www.rki.de/DE/Content/Gesundheitsmonitoring/Studien/Degs/BGBL_2012_55_	Panagiotis Kamtsiuris ☎ +49 (0) 800-754-7883 ✉ KamtsiurisP@rki.de

(Studie zur Gesundheit Erwachsener in Deutschland – DEGS)		Health (BMG)	with 7.500 participants and fieldwork		BM_Kurth.pdf?__blob=publicationFile DEGS: Studie zur Gesundheit Erwachsener in Deutschland. Bundesgesundheitsblatt: http://www.rki.de/DE/Content/Gesundheitsmonitoring/Studien/Degs/BGBl_2012_55_775-780.pdf?__blob=publicationFile	http://www.degs-studie.de/
Study on the health of children and young people in Germany (KiGGS) (Studie zur Gesundheit von Kindern und Jugendlichen in Deutschland – KiGGS)	Representative study on children and adolescents between the age of 0-17 years	Robert-Koch-Institute Funding: Federal Ministry of Health	Standardized interviews (telephone) with 20.000 participants	2009 - 2012	Die KiGGS-Studie. Bundesgesundheitsblatt: http://www.rki.de/DE/Content/Gesundheitsmonitoring/Studien/Kiggs/Bgbl_2012_55_836-842.pdf?__blob=publicationFile Planung zu KiGGS Welle 2: http://www.rki.de/DE/Content/Gesundheitsmonitoring/Studien/Kiggs/kiggs_welle2_ppt.pdf?__blob=publicationFile	Heike Hölling ☎ +49 (0) 800 -754 78 83 ✉ HoellingH@rki.de http://www.kiggs-studie.de/
Socio-Economic Panel (SOEP) (Sozio-ökonomisches Panel - SOEP)	General population data provide information on questions about income, occupation, education and health	DIW Berlin	representative review survey, which runs for 25 years every year about 20,000 people from around 11,000 households are interviewed by TNS Infratest Social Research.	Since 25 years-ongoing	Clark AE, Flèche S, Senik C: The Great Happiness Moderation: http://www.diw.de/documents/publikationen/73/diw_01.c.407222.de/diw_sp0468.pdf Kind M, Kleibrink J: Time is Money - The Influence of Parenthood Timing on Wages: http://www.diw.de/documents/publikationen/73/diw_01.c.407220.de/diw_sp0467.pdf Lamla B: Family background, informal networks and the decision to provide for old age: A siblings approach: (http://www.diw.de/documents/publikationen/73/diw_01.c.407218.de/diw_sp0466.pdf	Michaela Engelmann ☎ +49 (0) 30 89789-292 ✉ soepmail@diw.de http://www.diw.de/en/soep
Influence of territorial inequalities on evolvement of health inequalities: Development of	Relationship between social and health inequalities	University of Bielefeld, Faculty for Health Sciences, Working Group Epidemiology & International Public Health	Theoretical approach on Secondary data Illustration of a multilevel approach by multilevel models	2007 - 2010	Leyland AH, Groenewegen P (2003): Multilevel modelling and public health policy. in: Scandinavian Journal of Public Health, 31, (4), 267-274	Sven Voigtländer ☎ +49 (0) 521-106-3836 ✉ sven.voigtlaender@uni-bielefeld.de

theory and methods (Der Einfluss territorialer Ungleichheit auf die Entstehung gesundheitlicher Ungleichheit: Theoriebildung und Methodenentwicklung)						http://193.175.239.23/ows-bin/owa/r.einzeldok?doknr=62820
Social inequality and health risks of elderly people (Soziale Ungleichheit und Gesundheitsrisiken älterer Menschen – eine empirische Längsschnittanalyse unter Berücksichtigung von Morbidität, Pflegebedürftigkeit und Mortalität)		University of Bremen, Centre for Social Policy, Department Health Economy, Health Research and Supply Research	Dissertation empirical longitudinal analysis	1990 - 2005	Borchert L (2008): Soziale Ungleichheit und Gesundheitsrisiken älterer Menschen.: http://www.google.de/url?q=http://www.gbv.de/dms/zbw/562661662.pdf&sa=U&ei=kGxhULmRG4XcsgbskYCIDw&ved=0CBcQFjAB&usg=AFQjCNGSGI7TiiZYUHGRfQrB9HNeVndYrw	Lars Bochert ☎ +49 (0) 421-218-4383 ✉ borchert@zes.uni-bremen.de http://www.zes.uni-bremen.de/ccm/research/publikationen/soziale-ungleichheit-und-gesundheitsrisiken-aelterer-menschen---eine-empirische-laengsschnittanalyse-unter-beruecksichtigung-von-morbiditaet-pflegebeduerftigkeit-und-mortalitaet;
Poverty, social inequality and health (Armut, soziale Ungleichheit und Gesundheit)	General population	Technical University Dresden, University of Bielefeld, Robert Koch Institute, University of Bremen, German Institute for Economic Research	Secondary analysis of the German Health Survey by the Robert Koch Institute	2004 – 2006		Dr. Frank Jacobi ☎ +49 (0) 351-463-36969 ✉ jacobi@psychologie.tu-dresden.de http://sofis.gesis.org/sofiswiki

						/Armut,_soziale_Ungleichheit_und_Gesundheit
Health in Germany in 2010 (GEDA 2010) (Gesundheit in Deutschland aktuell 2010, GEDA 2010)	Representative cross sectional study of German speaking, adult population from private households, who have landline telephone connection	Robert Koch Institute Department for Epidemiology and Health Reporting	Standardised Questionnaire, via phone, sample: 22.048 adults, German speaking, private households	2009 - 2011	Daten und Fakten: Ergebnisse der Studie »Gesundheit in Deutschland aktuell 2010: http://www.rki.de/DE/Content/Gesundheitsmonitoring/Gesundheitsberichterstattung/GBEDownloadsB/GEDA2010.pdf?__blob=publicationFile GEDA 2010 – Some chapters for PDF-Download: http://www.rki.de/DE/Content/Gesundheitsmonitoring/Gesundheitsberichterstattung/GBEDownloadsB/Geda2010/geda2010_tab.html?nn=2377126	Cornelia Lange ✉LangeC@rki.de http://www.rki.de/DE/Content/Gesundheitsmonitoring/Studien/Geda/Geda_2010_inhalt.html
Health inequalities for specific diseases (Gesundheitliche Ungleichheit bei spezifischen Erkrankungen)		Medical University of Hannover, Centre for public health research Medical sociology unit			Sperlich S, Peter R, Geyer S (2012): Applying the Effort-Reward Imbalance model to household and family work. A Population based study of German mothers. BMC Public Health 12:12 : http://www.biomedcentral.com/1471-2458/12/12 Geyer S (2012): Soziale Ungleichheiten in der onkologischen Versorgung? Onkologe; 18: 151-155: http://dx.doi.com/10.1007/s00761-011-2196-4 Otto F (2012): Effekte stationärer Vorsorge- und Rehabilitationsmaßnahmen für Mütter und Kinder - Eine kontrollierte Vergleichsstudie. Rehabilitation: http://dx.doi.com/10.1055/s-0032-1308967	Angela Schober ☎ +49 (0) 511-532-6679 ✉ Schober.Angela@mh-hannover.de http://www.mh-hannover.de/20102.html
Social inequalities, health and mortality (Soziale Ungleichheit, Gesundheit und Sterblichkeit)	Cross sectional study/ analysis of life course with regard to social-structural characteristics and characteristics for health status	University of Bremen, Centre for Social Policy	Secondary analysis of individual data, sample: 3 Mio.; GEK-routine data	2003 - 2009	Brockmann, Hilke; Müller, Rolf; Helmert, Uwe: Time to retire - time to die? A prospective cohort study on the effects of early retirement and long-term survival. in: Social Science & Medicine.: http://www.zes.uni-bremen.de/redirect/?oid=com.arsdigita.cms.contenttypes.ArticleInJournal-id-6605354	Dr. Rolf Müller ☎ +49 (0) 421-218-4360 ✉ rmint@zes.uni-bremen.de http://www.zes.uni-bremen.de/ccm/research/projekte/soziale-ungleichheit-

						gesundheit-und-sterblichkeit/
Dialysis and poverty (Dialyse und Armut)	Questionnaire for the psycho-social outcomes of chronic renal failure	Technical University Dresden, Medical Faculty, Centre for psychological health		2006-ongoing		Prof. Dr. phil. Friedrich Balck ☎ +49 (0) 0351-4584100 ✉ friedrich.balck@uniklinikum-dresden.de http://phpframe.wcms-file3.tu-dresden.de/generalize/?g_nid=103&node=203&e_id=7851&t_id=107
Social inequality between persons in care (Soziale Ungleichheit bei Pflegekarrieren)	Study for the development of life confidence and health confidence of people in need of care	University of Bremen, Centre for Social Policy	Secondary analysis of individual data, sample: 1.280 participants, observation period: 2 years before and 6 years after beginning of care	2008 - 2010	Voges W (2008): Soziologie des höheren Lebensalters : ein Studienbuch zur Gerontologie. Augsburg: Maro Verlag Voges, W (2010): Armut und Unterversorgung im Lebenslagenansatz. in: Lampert; Thomas; Hagen, Christine (Hrsg.): Armut und Gesundheit. Theoretische Konzepte, empirische Befunde, politische Herausforderungen. Wiesbaden: VS Verlag für Sozialwiss.	Wolfgang Voges ☎ +49 (0) 421-218-4367 ✉ wvoges@zes.uni-bremen.de http://www.zes.uni-bremen.de/ccm/research/projekte/soziale-ungleichheit-bei-pflegekarrieren/
Health inequality, service utilization and satisfaction with service provision (Gesundheitliche Ungleichheit, Struktur der Inanspruchnahme und Zufriedenheit mit der Versorgung)	Focus on profession, education and family to investigate the causes for health inequalities in society	University of Cologne, Faculty for Medicine, Institute for Health Economy and Clinical Epidemiology	Analysis of data from TNS Infratest Healthcare from the years 2002, 2006 and 2007 through multi-variant regression analysis Voluntary postal surveys			Dr. Markus Lüngen ✉ markus.luengen@uk-koeln.de http://www.gesis.org/sofiswiki/Gesundheitliche_Ungleichheit,_Struktur_der_Inanspruchnahme_und_Zufriedenheit_mit_der_Versorgung

Extend and reasons for inequality of health care provision in Germany (Ausmaß und Gründe für Ungleichheiten des gesundheitlichen Versorgung in Deutschland)	Analysis if there are socio-economic related related health inequalities in Germany	University of Cologne, Faculty for Medicine, Institute for Health Economy and Clinical Epidemiology	Shift group index (income, highest educational achievement and und labour status) from TNS Infratest Regression analyses, Concentration indicators		Lüngen M, Siegel M, Büscher G, Törne I von (2009): Ausmaß und Gründe für Ungleichheiten der gesundheitlichen Versorgung in Deutschland. Studien zu Gesundheit, Medizin und Gesellschaft, Nr. 05/2009. Köln : http://www.google.de/url?q=http://www.uk-koeln.de/kai/igmg/sgmg/2009-05-ungleichheiten_gesundheitsversorgung.pdf&sa=U&ei=GoZhUKXqM8jEswaltIDICw&ved=0CBMQFjAA&usg=AFQjCNFzZ1Ymfk3qHXi9LLBGyPcNN71LYQ	Dr. Markus Lüngen ✉ markus.luengen@uk-koeln.de http://www.gesis.org/sofiswiki/Ausma%C3%9F_und_Gr%C3%BCnde_f%C3%BCr_Ungleichheiten_der_gesundheitlichen_Versorgung_in_Deutschland
Age and Health (Alter und Gesundheit)		German Centre of Gerontology, National Bureau for Statistics (Statistisches Bundesamt), Robert Koch Institute	Empirical analysis of survey data/ primary and secondary data	2005 - 2008	Böhm K, Tesch-Römer C & Ziese T (Hrsg.) (2009): Gesundheit und Krankheit im Alter. Berlin: Robert-Koch-Institut Tesch-Römer C (2010). Soziale Beziehungen alter Menschen. Kohlhammer Verlag: Stuttgart Further publications on Gerolit: http://vzlbs2.gbv.de/DB=41/	Prof. Dr. Clemens Tesch-Römer ☎ +49 (0) 30-2607400 ✉ clemens.tesch-roemer@dza.de http://www.dza.de/dza/mitarbeiterinnen/tesch-roemer.html
Women, Children and Family Health (Frauen-, Kinder- und Familiengesundheit)	Research network "family health" performs studies on maternal, child and family health family health in the context of stationary preventive and rehabilitation measures for mothers, father and their children	University of Cologne, Faculty for Medicine, Institute for Health Economy and Clinical Epidemiology	Data from about 7,000 mothers and about 10,000 children		Otto F. (2008): Psychosoziale Einflussfaktoren auf die Rückenschmerzbelastung bei Müttern und Frauen ohne Kinder im Haushalt (Tagung DGMS/ DGMP 2008): http://www.mh-hannover.de/fileadmin/institute/med_soziologie/downloads/Rueckenschmerzen_Jena_2008.pdf Forschungsreport 2011: http://www.mh-hannover.de/fileadmin/institute/med_soziologie/downloads/Forschungsreport_2011.pdf Erste Monitoringergebnisse: http://www.mh-	Research Cooperation at Hannover Medical School ☎ +49 (0) 511-532-6423 ✉forschungsverbund@mh-hannover.de http://www.mh-han-nover.de/7393.html?&MP=175-8345

					hannover.de/fileadmin/institute/med_soziologie/downloads/Monitoring_Ergebnisse_Homepage_3-2012.pdf	
Health and health inequalities in adolescents - the relevance of individual and contextual determinants (Gesundheit und gesundheitliche Ungleichheit bei Jugendlichen - die Relevanz von individuen- und kontextbezogenen Determinanten)	Examination whether and why different types of welfare state regimes and macro-structural factors are associated with differences in health as well as in socio-economic inequalities between different regimes in subjective health outcomes among adolescents in over 40 countries	Humboldt-University Berlin, Philosophical Faculty III, Berlin Graduate School of Social Sciences	Dissertation on Cross-country comparative studies		Hurrelmann K, Rathmann K, Quenzel G (im Erscheinen, in press). Bildungspolitik als Bestandteil moderner Wohlfahrtspolitik. Deutschland im internationalen Vergleich. (Educational Access through modern Welfare Policy: Combining Status Making and Status Maintaining).Z SE Zeitschrift für Soziologie der Erziehung und Sozialisation. Hurrelmann K, Rathmann K, Richter M (2011). Health inequalities and welfare state regimes. A research note. Journal of Public Health, 19, 3-13. Hurrelmann K, Richter M, Rathmann K (2011): Welche Wohlfahrtspolitik fördert die Gesundheit? Der ungeklärte Zusammenhang von ökonomischer und gesundheitlicher Ungleichheit. (What Type of Welfare Policy Promotes Health? The Puzzling Interrelation of Economic and Health Inequality). Gesundheitswesen, 73, 335 - 343	Katharina Rathmann ✉katharinarathmann@yahoo.de http://www.bgss.hu-berlin.de/people/students/rathmann
Poor health conditions of migrant children – fate or challenge? (Schlechter Gesundheitszustand von Migrantenkindern - Schicksal oder Herausforderung?)	Health deficits of children from migrant families	City Council Essen, Department for Statistics, Research and Elections	Secondary analysis of individual data, sample: 4.500 -yearly; school entry check-up according to "Bielefelder Modell"	2000 - 2008	City Council Essen, Mayor, Department for Statistics, Research and election, editor (2009): Schlechter Gesundheitszustand von Migrantenkindern - Schicksal oder Herausforderung? in: Halbjahresbericht 2008, 2. Halbjahr, Essen	Franz-R. Beuels ☎ +49 (0) 201-88-12306 ✉franz.beuels@amt12.essen.de http://193.175.239.23/ows-bin/owa/r.einzeldok?doknr=66579

The relationship between poverty and health in Europe: a multi-level approach (Die Beziehung zwischen Armut und Gesundheit in Europa: Ein Mehrebenenansatz)	Hypothesis: Which contextual threats are responsible for the variation within the relationship between poverty and health in Europe? First results: income equality, niveau of volunteering and socio-political commitment against societal misbehaviour are significantly interrelated with the relations between poverty and health.	University of Cologne, Faculty for Economic and Social Sciences, Graduiertenkolleg SOCLIFE	Secondary analysis of individual data (sample: approx. 350.000 individuals; origin of data: EU-SILC 2006 – includes 26 European countries; selection method: random).	Begin: 2008	Pförtner, T-K: Armut und Gesundheit in Europa. Eine mehrebenenanalytische Betrachtung als Beitrag zur aktuellen Diskussion. Köln, 44 S.	Dipl.-Soz. Timo-Kolja Pförtner ✉pfoerner@wiso.uni-koeln.de http://www.gesis.org/sofiswiki/The_relationship_between_poverty_and_health_in_Europe:_a_multilevel_approach
MONICA/KORA Cohort Study Augsburg (MONICA/KORA Kohortenstudie Augsburg)	17688 participants (8815 men, 8873 women) of the MONICA (Multinational MONItoring of trends and determinants in CArdiovascular disease) Augsburg baseline surveys conducted in 1984/85, 1989/90, 1994/95 and 1999-2001.	Research Unit of 'Epidemiology of Chronic Diseases' of the Institute of Epidemiology at the Helmholtz Center-Munich additional funding from the Federal Ministry of Education and Research and the German Research Foundation (BMBF)	Population-based prospective cohort study. Follow-up questionnaires were mailed to all participants of S1-S3 in 1987/88 (Gefu1) and in 2002/2003 (Gefu2). Furthermore in 1987 a follow-up examination was conducted in all participants from S1. Clinical outcomes will be validated by contacting physicians and/or chart review. Validation of survival status of non-responders by contacting the registration of address offices	1984 – ongoing	Hense H, Schulte H, Löwel H, Assmann G, Keil U (2003): Framingham risk function overestimates risk of coronary heart disease in men and women from Germany – results from the MONICA Augsburg and PROCAM cohorts. Eur Heart J; 24: 937-45 Mähönen M, McElduff P, Dobson AJ, Kuulasmaa K, Evans A, for the WHO MONICA Project (2004). Current smoking and the risk of nonfatal myocardial infarction in the WHO MONICA Project populations. Tob Control; 13: 244-50	PD Dr. Annette Peters ☎ +49-(0)89-3187-4566 ✉peters@helmholtz-muenchen.de http://www.helmholtz-muenchen.de/epi/arbeitsgruppen/epidemiologie-chronischer-krankheiten/projects-projekte/monicakora/index.html
Heinz-Nixdorf-Recall study (Heinz-Nixdorf-Recall-Studie)	female and male citizens of the cities Bochum, Essen and Mülheim an der Ruhr.	University of Essen, supported by the Heinz-Nixdorf Foundation	Longitudinal survey concerning risk factors, prediction and early detection of cardiovascular dis-	Since 2000	Residence close to high traffic and prevalence of coronary heart disea:http://www.uk-essen.de/recall-studie/uploads/media/Hoffmann_Erbel_01.pdf	☎ 0201-723-5181 ✉recall@uni-essen.de

			eases with a section on social determinants. Initial examination, follow up every 5 years		Baseline recruitment and analyses of non-response of the Heinz Nixdorf Recall Study: Identifiability of phone numbers as the major determinant of response:http://www.uk-essen.de/recall-studie/uploads/media/Stang2005_EurJEpidemiol_01.pdf	http://www.uk-essen.de/recall-studie/?L=1
Greifswald study Study of Health in Pomerania (SHIP)	A representative sample (for SHIP-0) of men and women aged between 20 and 79 years was drawn using a two-stage stratified and cluster sampling scheme, 3 regions	Federal Ministry of Education and Research, Ministry of Education, Sciences and Culture Mecklenburg-West Pomerania, Ministry of Social Affairs Mecklenburg-West Pomerania, Medical centre of the Hanseatic City of Stralsund, industry partners	Cross-sectional and cohort study: population-based epidemiological study in the region of Western Pomerania (federal state: Mecklenburg-Vorpommern).	1997-ongoing	John, U., et al. (2001) Study of Health In Pomerania (SHIP): a health examination survey in an east German region: objectives and design. Sozial- und Präventivmedizin 46: 186-94	Dr. Dietrich Alte ☎ +49(0)3834-867713 ✉Alte@uni-greifswald.de http://www.medizin.uni-greifswald.de/cm/fv/english/ship_en.html
National Cohort Study (Nationale Kohortenstudie)	200,000 people aged between 20 and 69 from across Germany	Helmholtz Association, Federal Ministry of Education and Research	large-scale, nationwide, long-term population study Initial examination, follow up after 5 years (questionnaire) and 10-20 years (investigations on how genetic factors, environmental conditions, social milieu, and lifestyle interact, explaining the causes of widespread diseases such as cardiovascular disease, cancer, diabetes, dementia, and infectious diseases, identifying risk factors, highlighting effective forms of	Scientific concept of the national cohort: http://www.nationale-kohorte.de/wissenschaftliches-konzept_en.html	Wichmann HE, Kaaks R, Hoffmann W, Jöcke K-H, Greiser K-H,Linseisen J.(2012). Die Nationale Kohorte. Bundesgesundheitsblatt 2012·55:781–789: http://www.nationale-kohorte.de/content/Nationale_Kohorte_Bundesgesundheitsblatt_2012.pdf	German Cancer Research Center (Deutsche Krebsforschungszentrum (DKFZ) ☎ +49 (0)6221 420 ✉ nationale.kohorte@dkfz.de http://www.nationale-kohorte.de/index_en.html correspondence address: Prof. Dr. Dr. H.-E. Wichmann Helmholtz-Zentrum München ✉ wichmann@helmholtz-muenchen.de

			prevention, and identifying options for the early detection of diseases)			
SILNE – Tackling socio-economic inequalities in smoking: learning from natural experiments by time trend analyses and cross-national comparisons	generating new empirical evidence to inform strategies to reduce socio-economic inequalities in smoking through several natural experiments within Europe	three-year European project coordinated by the University of Amsterdam, Department of Public Health, Academic Medical Centre, the Netherlands financial support from the European Commission in the scope of theSeventh Framework Programme	time studies and cross-national comparisons to obtain evidence on the effectiveness of tobacco control measures Analysis of data of the ITC survey Analysis of trends in eastern and southern Europe, Analysis of data of the HBSC survey New survey among 16-17 year old adolescents Review and synthesis, Dissemination		Nagelhout et al.: Trends in socioeconomic inequalities in smoking prevalence, consumption, initiation, and cessation between 2001 and 2008 in the Netherlands. Findings from a national population survey: http://www.ensp.org/node/783 SILNE_info_release: http://www.ensp.org/sites/default/files/SILNE_info_release_201202.pdf	Department of Public Health Academic Medical Centre University of Amsterdam ☎ +31 20 5664607 ✉a.kunst@amc.uva.nl http://www.ensp.org/node/738
I.Family". Family – Investigating the determinants of food choice, lifestyle and health in European children, adolescents and their parents	Determinants of food choice, lifestyle and health in European children, adolescents and their parents	15 members drawn from 11 countries across the European Union (Germany: University of Bremen, Prof. Pigeot)	Dietary assessment tools and data from the IDEFICS-study (Identification and prevention of diatry and lifestyle induced health effects in children and infants) included		Ahrens W (2012): Can the healthy choice be the easy choice?: http://www.ifamilystudy.eu/can-the-healthy-choice-be-the-easy-choice/ Reisch L (2012): Adolescence – an age of health opportunity? http://www.ifamilystudy.eu/i-family-point-of-view-2-adolescence-an-age-of-health-opportunity/	Prof. Dr. Wolfgang Ahrens from the University of Bremen (UNIHB) ☎ +49 (0)421 218-56822 ✉ ahrens@bips.uni-bremen.de http://www.ifamilystudy.eu/project-information/what/