

## **Erasmus+ Project**

**Health begins in the family: Prevention and health promotion  
for families in precarious circumstances in Europe**

# **Federal Centre for Health Education: Structures, Tasks, Topics & International Activities in Prevention and Health Promotion**

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# Agenda

- **Role, structures and tasks of BZgA**
  - Who are we?
  - A few words on the Prevention Act 2015
  - Cooperation with the regional and municipal level
- **Areas of interventions and topics**
  - General overview & cross-cutting issues
  - In focus: prevention and health promotion for (disadvantaged) families
  - BZgA in the management of the Covid-19 pandemic
- **International collaboration at BZgA**
  - Why? What? With whom?
  - Two examples: WHO CC Sexual & Reproductive Health / EU Joint Action Health Equity (JAHEE)
  - New/future developments?

## Role, structures and tasks - **Who are we?**

The Federal Centre for Health Education (BZgA)

- Established in 1967 as a **governmental authority** under the Federal Ministry of Health

### **Main tasks** → **Contributing towards:**

- Strengthening health potentials (**health promotion**) => health knowledge, attitudes, abilities => healthy behaviours
- Disease prevention:
  - Decreasing risk factors and new disease incidence (**primary** prevention)
  - Promoting informed utilization of disease screening (**secondary** prevention)
  - Maintaining the present state of health and improving existing symptoms (**tertiary** prevention)

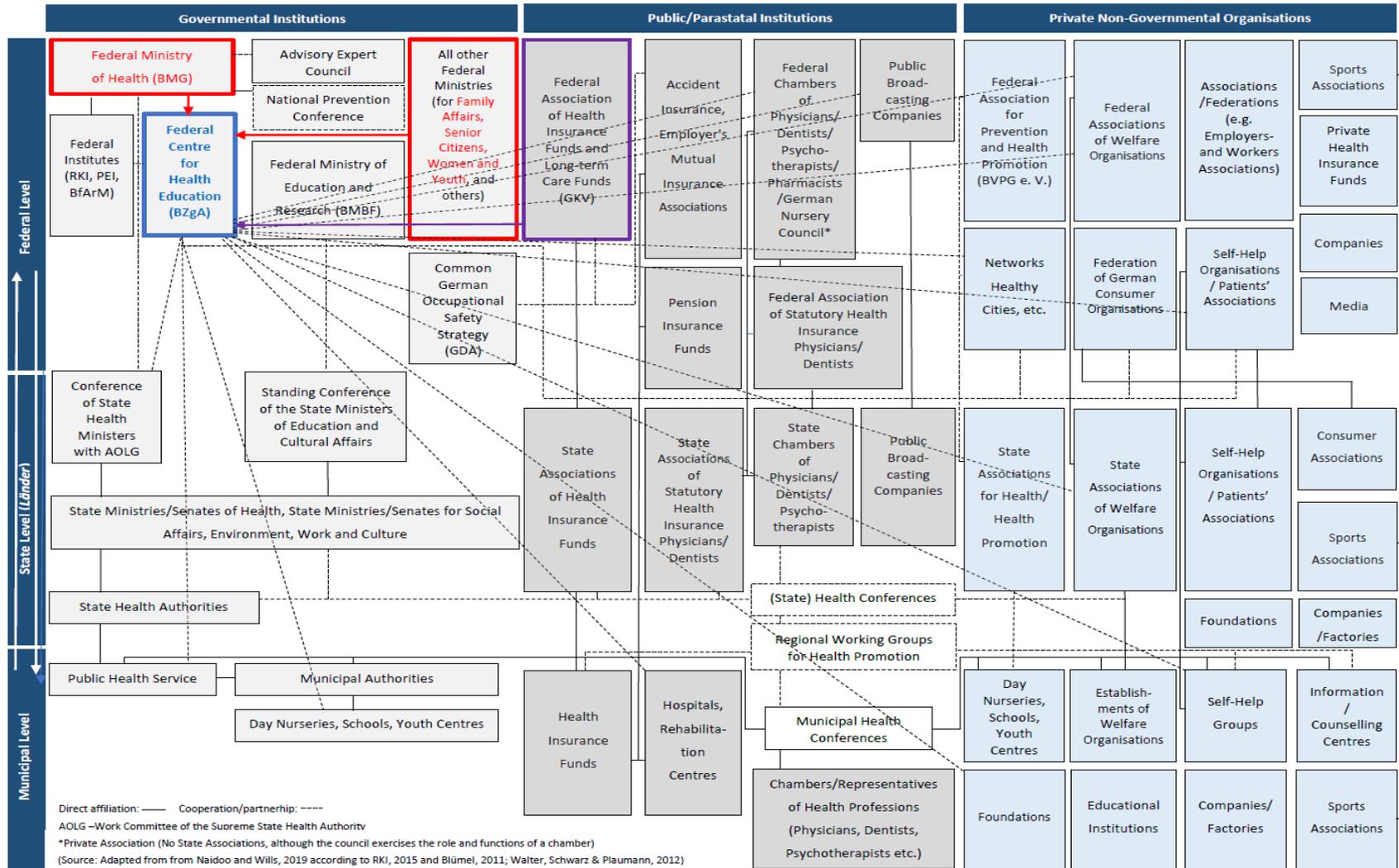
## Role, structures and tasks - **Working Base**

- **Decree of 1967**
  - Elaborate principles & guidelines on contents & methods of health education
  - Vocational training & continuing education for professionals
  - Coordination & intensification of health education
  - Cooperation with foreign countries/partners
- **Legal mandates**
  - Sexuality education & family planning (Pregnancy & Family Assistance Act)
  - Education on organ & tissue donations (Transplantation Act, Sec. 2)  
and on blood & plasma donations (Transfusion Act, Sect. 3 Para. 4)
- **Federal programmes & national action plans and campaigns**
  - Infectious diseases, in particular HIV/AIDS and other STIs - since 1985
  - Drug & substance abuse (focusing tobacco & alcohol) - since 1990
  - Child/youth health (development, exercise, mental health, etc.) - since 1992

## Role, structures and tasks - **Goals of BZgA**

- Raise **awareness and knowledge** in the population and among target groups
- Motivate and empower to lead a **healthy lifestyle** → leading to change in individual **health-related behaviour**
- Increase **social awareness** of health issues
- Promote **cooperation** between stakeholders at various levels
- Strengthen the **quality** of prevention and health promotion
- Contribute to increasing **health equity**

# Role, structures and tasks - Stakeholders in Health Promotion & Prevention



# Role, structures and tasks - Organisation Chart

<b>Acting Director</b> Prof Dr Dietrich				
<b>Deputy Director; overall coordination and management of organisational units</b> Prof Dr Dietrich				
<b>Overall planning, coordination and management, central project and quality management, task force</b> Prof Dr Dietrich	<b>Press Office / Public Relations</b> Dr Völker-Albert	<b>Corruption Prevention / Internal Auditing</b> Arenz	<b>National Prevention Conference Office</b> NN	<b>Representative for Fundamentals of Health Promotion and Prevention</b> Dr Lehmann

Department Z	Department 1	Department 2	Department 3	Department 4	Department 5
Administration Dr Tief	Topic and Target Group-Specific Health Education NN	Effectiveness and Efficiency of Health Education Prof Dr De Bock	Communication Methods and New Media in Health Education; Telephone consultations NN	Sexuality Education, Contraception and Family Planning Schroll	Support for Health Promotion and Prevention by Statutory Health Insurance Funds in Various Settings Paulus
<b>Z 1</b> Personnel; organisation	<b>10</b> Prevention of Diabetes mellitus, associated Risk Factors and Secondary Diseases	<b>22</b> Cooperation with federal states, health insurance funds and associations, committees; health ageing; women's health; men's health	<b>31</b> New media; AV media	<b>41</b> Sexuality Education	<b>50</b> Controlling and PMO
<b>Z 2</b> Budgeting; Grant management; External financing	<b>11</b> Basic medical issues; Preventive medical activities in health education; health promotion	<b>23</b> International relations	<b>32</b> Health education in schools and kindergartens	<b>42</b> Family Planning; contraception	<b>51</b> Cooperation and Coordination of Implementation Measures in Settings
<b>Z 3</b> Information technology; distribution of information materials	<b>12</b> Prevention of HIV/AIDS and other sexually transmitted infections (STI)	<b>24</b> Qualification; continuing education; university cooperation	<b>33</b> Exhibitions, personal communication	<b>43</b> Planning and Coordination of activities; cooperation with federal states and associations; continuing education; scientific studies	<b>52</b> Health Promotion for Vulnerable Groups
<b>Z 4</b> Central Services	<b>13</b> Prevention of substance abuse, addiction prevention	<b>25</b> Research; quality assurance		<b>401</b> Prevention of sexual abuse	<b>53</b> Research and Quality Management
<b>Z 5</b> Legal Affairs, Central Contracting Unit	<b>14</b> Organ- and tissue donation / blood donation			<b>402</b> National Centre on Early Intervention	<b>54</b> Communication and Media
<b>Gender Equality Officer</b> Suchanek	<b>Data Protection Officer</b> Johann	<b>Employer's Representative for Inclusion</b> Arenz	<b>Youth and Apprentice Representative</b> Willenweber	<b>Chairman of the Staff Council</b> Geyer	<b>Spokesperson for Severely Disabled Persons</b> Porschen

## Role, structures and tasks -

### A few words on the Prevention Act 2015 (1)

**Goals** of the Prevention Act passed in July 2015:

- Disease prevention and health promotion contribute **to reducing socially determined & gender-based health inequalities** (§ 20 Para. 1 SGB V)
- **Obligation for** statutory health insurance (HI) funds to **(increase in) funding for** prevention, health promotion & addressing health inequalities
- Disease Prevention and health promotion
  - **in settings** and **directed** at target groups, e.g. **vulnerable groups**
  - targeted **collaboration** with stakeholders & cooperation **across** funds
  - **participation** of the insured & the decision-makers in the various settings
  - strengthening health promotion **directly**
  - continuing development of health and screening examinations

# Role, structures and tasks - BZgA in the Prevention Act 2015 (1)



**BZgA** legally mandated **to support the statutory HI funds (GKV)** in

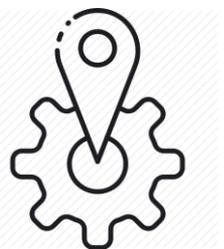
- Developing & implementing prevention & health promotion measures applying across HI funds
- Ensuring quality assurance & scientific evaluation of the measures
- Promoting structural development & networking processes
  - Creation of a new Department 5
  - New role as contractor organisation of the GKV



**BZgA** legally mandated to act as **Office of the Prevention Conference**

→ New Staff Unit under the BZgA Director

**Increasing focus** from BZgA campaigns to **setting approaches** (funding by private HI funds association, e.g. active ageing, HIV/STI prevention)



## Role, structures and tasks of BZgA - Cooperation with the regional (*Länder*) and municipal level

- **Diverse formats of structures' and network building:**
  - **Network building** (e.g. “Equity in Health”, addiction prevention “PrevNet” )
  - **Multi-level** campaigns
  - **Municipal contests** (e.g. prevention of alcohol abuse)
  - **Exchange platforms** (e.g. inforo online - <https://www.inforo.online/>)
  - **Regional conferences** (e.g. on active ageing)
- **Provision of technical expertise and quality assurance:**
  - **Competency and skills profiles** (e.g. health network coordinators)
  - Research projects/accompanying evaluation/**standards & guidelines**
  - Identification and dissemination of **good practice examples**
- **Financial support to organisations/projects** (start-up/structural funding),  
incl. for materials (training materials, web content) & staff (partly)

# Role, structures and tasks of BZgA - Example: Cooperation Network “Equity in Health” (1)

- **Nationwide** network project with **74 partners**
- **Founded in 2003** through a BZgA initiative
- **Aim: reducing health inequalities & supporting health promotion for the socially disadvantaged**
  - Dissemination of knowledge and good practice concerning social status-based health promotion
  - Create transparency & make diversity of practice more visible
  - Promote regional networking & exchange of experience → Coordinating bodies in all 16 federal states
  - Supporting quality development
- Focus on the **setting “municipality”**
- **Five focus areas: health promotion in districts, for children/youth, the unemployed, refugees & the elderly**

The screenshot shows the website for the 'COOPERATION NETWORK EQUITY IN HEALTH'. The main content area includes a photo of two children and text in German and English. The English text states: 'Improving equity in health in Germany and supporting health promotion for the socially disadvantaged - these are the principal aims of the nationwide Cooperation Network "Equity in Health". As a group of currently 66 institutions and organizations in health promotion which is always based on the people's socioeconomic status, the Cooperation Network creates the professional framework and supports exchange as the interface between practice, science and the political decision-making level. The Cooperation Network was established in 2003 on the initiative of the Federal Centre for Health Education (BZgA). The activities of the Cooperation Network focus on four key fields: health promotion in districts, for children, the unemployed, for refugees and the elderly. Since 2011, the municipal partner process "Health for all" is our main activity. A detailed description of the Cooperation Network is now available in English: Andreas Meißel, Holger Kilian, Frank Lehmann, Antje Richter Kornwoltz, Lotte Kaba-Schönstein (2016) German cooperation-network "equity in health" - doi:10.1093/heap/ckw069. View the abstract to the article here. Our cooperation partners are listed here.' The footer contains a grid of logos for various partner organizations.

# Role, structures and tasks of BZgA - Example: Cooperation Network “Equity in Health” (2)

- **Good practice database** with nationwide overview of (local) projects & measures
- **Twelve good practice criteria** in support of continuous quality improvement
- Publication of **diverse practical tools** developed by the CN
- **Continuous information** on studies & materials by network partners and others
- New information area related to **Covid-19 and health inequalities**

→ <https://www.gesundheitliche-chancengleichheit.de/corona/>

<https://www.gesundheitliche-chancengleichheit.de/english/>



## Areas of intervention and topics - General overview

### Non-communicable diseases

### Infectious diseases

Prevention of **addiction & substance abuse**  
(smoking, alcohol, illegal drugs, gambling)

Prevention of **diabetes** mellitus

Increasing willingness to donate **organs & tissues**, promotion of **blood & plasma donation**

**HIV/AIDS and STI** prevention

Increasing **vaccination** coverage and improving **hygiene** practices

### Health promotion for target groups & in settings

Promoting **healthy lifestyles** (nutrition, exercise, stress regulation, etc.), diabetes education

Promoting health in **children and adolescents**, incl. early childhood interventions in families, esp. in precarious situations, school health promotion

Promoting **women's and men's health**

Promoting health of the **elderly**

Health promotion and prevention **in settings** (Prevention Act) and **for vulnerable groups**:

Enhancing **equity in health/reducing health inequalities**

Promoting **migrants' health** (Incl. ASR)

**Sexuality education and family planning**, prevention of **sexual abuse**

Promotion of **resuscitation by lay persons**

## Areas of intervention and topics – Cross-cutting issues

### Evidence-based preventive and promotive interventions

Designing, planning & implementing  
prevention and health promotion  
campaigns/programs/interventions

### Research, evaluation, quality assurance

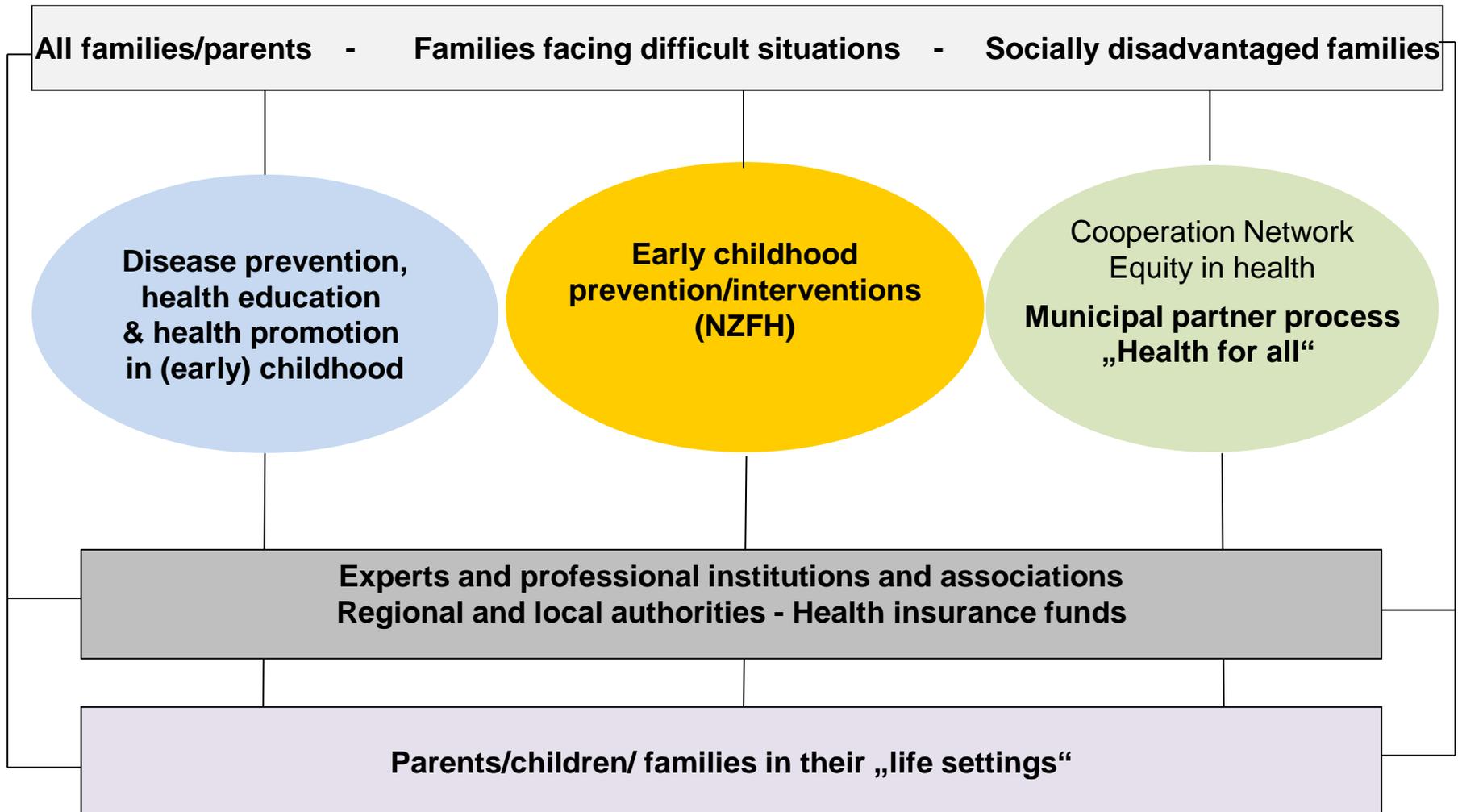
(Situation) **analysis & data collection,**  
**assessment** of effectiveness & efficiency of  
interventions, **quality assurance**

### Coordination & cooperation, knowledge transfer

Trans-sectoral and **cross-level** with  
**governmental and non-**  
**governmental** health institutions,  
with **universities** and other  
sectors, **nationally** and  
**internationally**

# Areas of intervention and topics -

## In focus: prevention & health promotion for (disadvantaged) families



# Areas of intervention and topics - BZgA offerings targeting families, children & youth

Healthy child development

[kindergesundheit-info.de](http://kindergesundheit-info.de)

## National Health Target

„Growing healthily:  
nutrition, exercise and life  
competency“

Sexuality Education, Family  
Planning & Contraception

 **LOVELINE.de**  
DAS JUGENDPORTAL der Bundeszentrale  
für gesundheitliche Aufklärung BZgA

[familienplanung.de](http://familienplanung.de)  
UNABHÄNGIG UND WISSENSCHAFTLICH FUNDIERT

**JUNG UND  
SCHWANGER**

Addiction prevention



Growing up healthily for all



Physical activity, stress  
regulation & nutrition



Early childhood  
interventions



Vaccinations & hygiene



Prevention of sexual  
child abuse



## Areas of intervention and topics - Municipal partner process “Health for All”



- Within the **Cooperation Network “Equity in Health”**
- Centralized activity since 2011 = “municipal partner process” supporting **integrated municipal strategies for health promotion**
- Concept: **different areas** of municipal services integrated into a **network of health promotion** activities for **deprived population groups**
  - Focus on child & youth health (“Growing up healthily for all”) in 2011
  - Extended to **all age groups** (“Health for All”) as from 2015
- **Objectives:**
  - Promoting a healthy and opportunity-oriented life for people of all ages
  - Supporting municipalities in the **development & implementation of integrated municipal strategies** (“prevention chains”)
  - Making knowledge, experience & resources visible and accessible nationwide
  - Strengthening cooperation, a joint learning process & professional exchange **across sectoral boundaries**

## Areas of intervention and topics - Municipal partner process “Health for All” (2)

### → Recommendations for action

<https://www.gesundheitliche-chancengleichheit.de/pdf.php?id=845a2b4d74e8f5e03815630e8f03ea7b>

- **Nationwide exchange between municipalities** on the development of integrated municipal strategies
- **Professional supervision and qualification**, e.g. by the Coordination Centres in the federal States
- **Present municipal activities** in a manner attracting public attention
- **Access to** and contact with important and helpful **partners**
- Interdisciplinary knowledge & exchange on **online platforms**

[www.inforo-online.de/partnerprozess](http://www.inforo-online.de/partnerprozess)

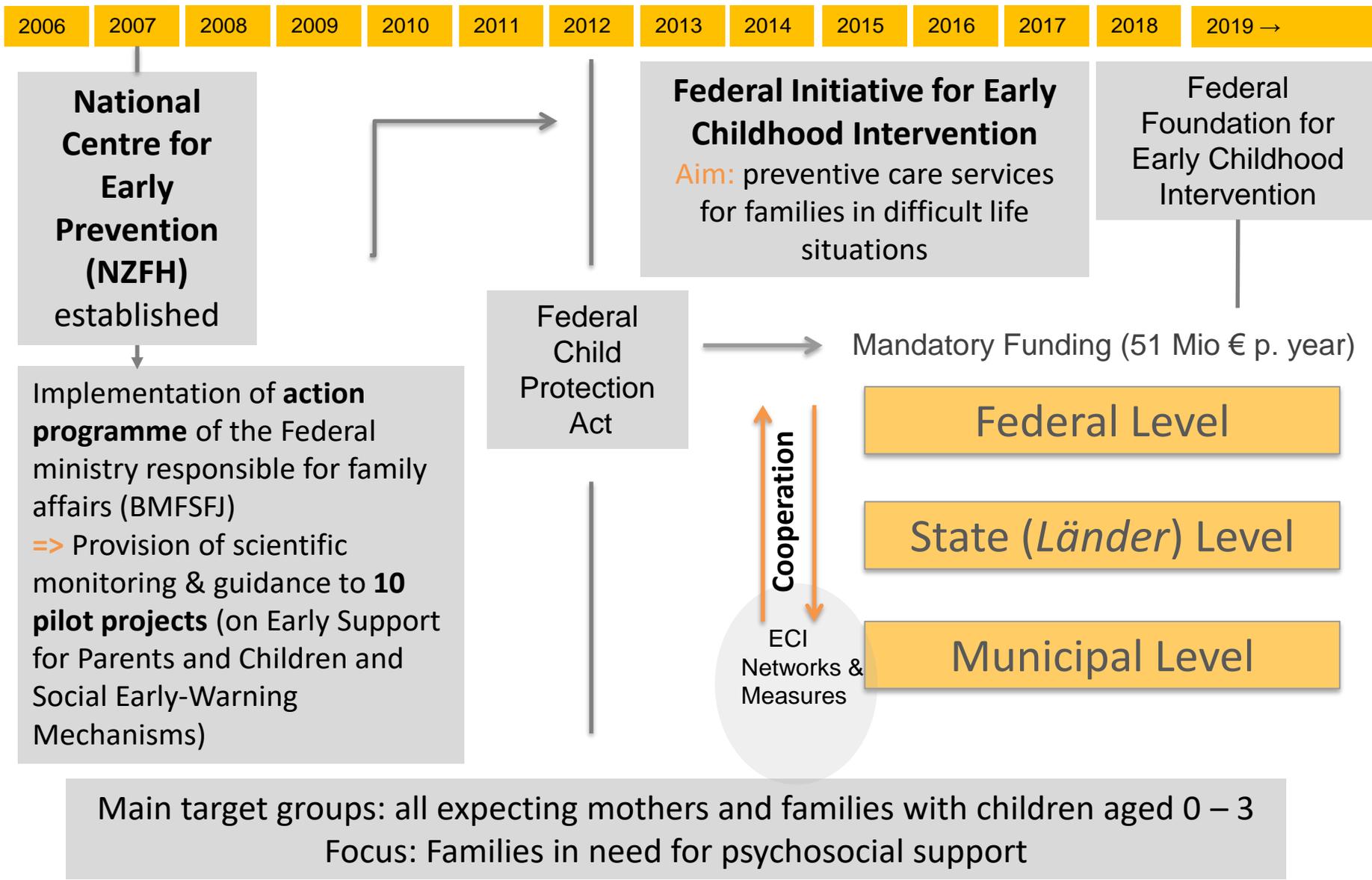
[www.inforo.online/partkommplus](http://www.inforo.online/partkommplus)



2,500 professionals / 150 municipalities

# Areas of intervention and topics -

## National Centre for Early Childhood Intervention (NZFH)



## Areas of intervention and topics -

### NZFH - Major features and achievements

- Focus: set-up & strengthening of **local (municipal) integrated, cross-sectoral networks of cooperation** for early childhood prevention
- Measures: **pilotage services** for new parents (identification, information, referral) + longer-term **home visiting measures** + other measures
  - **Nationwide structures & needs-based provision** (in 98.4% of municipalities – 927 ECI networks) + coordinating units for **cross-sectoral cooperation set-up**
  - Large majority of municipal ECI networks (87.9%) provide home visiting care
  - Rising collaboration betw. health, social, child & youth welfare services
  - **High acceptance** of home visiting professionals and high quality relationship between professionals and mothers/parents
  - Families with lower strains & higher resources benefit from support + need for additional more intensive support detected for families with high burdens
- => **NZFH = nationwide competence & resource centre** for inter-sectoral dialogue & cooperation, quality development, professional qualification & practice

# Areas of intervention and topics - NZFH – Specific target groups & topics

## Families in situation of poverty

Nationales Zentrum Frühe Hilfen

Grundlagen und Fachwissen | Forschung im NZFH | Qualitätsentwicklung Frühe Hilfen | Qualitätsentwicklung Kinderschutz | Service | Das NZFH

Sie befinden sich hier: Grundlagen und Fachwissen / Fachwissen / Familien in Armutlagen

### Familien in Armutlagen

Von Armut betroffenen Kindern eine gesunde Entwicklung zu ermöglichen, braucht es neben finanzieller Unterstützung auch die Stärkung der Eltern und deren familiärer Ressourcen. Frühe Hilfen sind durch ihre präventive Ausrichtung und ihre Unterstützung in wesentlichen Unterstützungsganzen wichtige Anlaufstellen für Familien in Armutlagen.

Familien in Armutlagen fehlt es häufig an Informationen, aber auch an Vertrauen in geeignete Ansprechpersonen und -partnern. Häufig geht mit ihrer Situation ein geringes Selbstwertgefühl einher, das sich negativ auf Belastbarkeit und Handlungsfähigkeit von Familien auswirkt. Mit dem Anspruch, sich an alle Familien zu wenden, und Unterstützungsgabente zu vermitteln, sind Frühe Hilfen daher eine wichtige Anlaufstelle für von Armut betroffene Familien.

Forschungsergebnisse des Nationalen Zentrums Frühe Hilfen (NZFH) zeigen, dass familiäre Belastungen in unmittelbarem Zusammenhang mit Armut stehen. So sind Familien in Armutlagen, die Sozialleistungen beziehen, deutlich häufiger als andere Familien von mehreren psychosozialen Belastungen gleichzeitig betroffen. Die Studie hat auch gezeigt, dass weniger als ein Fünftel dieser Zielgruppe von Angeboten der Frühen Hilfen noch partizipieren zu gestalten, nicht-organisiert sind, niedrigschwellig, übersichtlich und vor allem arbeitsorientiert.

Aufgrund ihrer Lokalfunktion können Fachkräfte in der Frühen Hilfen Familien in Armutlagen nicht nur nötige Informationen vermitteln, sondern als Vertrauensperson auch den Zugang zu geeigneten Unterstützungsgabente erleichtern. Dabei müssen sie nicht nur sensibel und kompetent auf die betroffenen Familien zugehen, sondern auch über die nötige Wissen vorhandener Hilfs- und Unterstützungsgabente verfügen.

Illustration: Cipe George

Damit Armut nicht krank macht – über starke Familien zu gesunden Kindern  
Kooperationsstag 2018 in Berlin

Frühe Hilfen für Familien in Armutlagen  
Interview mit Prof. Dr. Sabine Andresen

Faktenblatt  
Psychosoziale Belastungen und Inanspruchnahme Früher Hilfen von Familien in Armutrisikolagen

Aus der Reihe KOMPAKT

Empfehlungen des NZFH-Berats

Infodienst zum Thema

## Migrant & refugee families

Nationales Zentrum Frühe Hilfen

Grundlagen und Fachwissen | Forschung im NZFH | Qualitätsentwicklung Frühe Hilfen | Qualitätsentwicklung Kinderschutz | Service | Das NZFH

Sie befinden sich hier: Grundlagen und Fachwissen / Fachwissen / Migration und Frühe Hilfen

### Migration und Frühe Hilfen

Frühe Hilfen stehen vielen Familien offen, richten sich aber insbesondere an Familien in belastenden Lebenslagen. Zu diesen zählen Familien mit Migrationshintergrund und Fluchterfahrung. Sie zu erreichen und zu begleiten stellt für Fachkräfte der Frühen Hilfen eine besondere Herausforderung dar. Damit Frühe Hilfen auch Familien mit Migrationshintergrund und Fluchterfahrungen erreichen, müssen sie migrations- und kultursensibel gestaltet sein.

Forschungsergebnisse des Nationalen Zentrums Frühe Hilfen (NZFH) zeigen, dass sich Familien mit Migrationshintergrund bei zahlreichen familiären Belastungsfaktoren wie ungelagerte Schwangerschaft, Gewalt in der Partnerschaft, hohe ethnische Belastung und Situation als Akkulturationsmigrant nicht von Familien ohne Migrationshintergrund unterscheiden.

Andere Belastungsfaktoren wie niedriger Bildungsstand, Anzeichen einer Depression und Erfahrungen harter Bedingungen in der Kindheit weisen Eltern mit Migrationshintergrund ebenfalls häufiger auf, die auch ihre Heimat gelassen sind, und zusätzlich weiteres, sehr schwerwiegendes Belastungen ausweisen, darunter traumatisierende Erfahrungen vor, während und nach der Flucht, unsicherer Rechtsstatus bei unzureichendem Aufenthalt und unsicherer Perspektive, prekäre multifaktorielle Lebensverhältnisse wie geringe Wohnsituation sowie Verlust sozialer Netzwerke, familiärer und kultureller Gewohnheiten.

Zusätzlich finden sich bei Familien mit Migrations- oder Fluchterfahrung in höherem Maße Zugangsbarrieren zu den Frühen Hilfen, einhergehend mit besonderen Herausforderungen durch (noch) unzureichende Deutschkenntnisse und Unkenntnis mit dem deutschen Sozial- und Gesundheitssystem. So konnten Forschungen des Nationalen Zentrums Frühe Hilfen (NZFH) zeigen, dass Familien mit Migrationshintergrund über Unterstützungsgabente für Familien mit Kindern bis zu drei Jahren weniger gut informiert sind als Familien ohne Migrationshintergrund. Mit Ausnahme der Schwangerschaftsberatung und einiger aufsuchender Angebote wie die der Familienheimtunn nutzen Familien mit Migrationshintergrund verfügbare Unterstützungsgabente weniger als Familien ohne Migrationshintergrund.

Für Fachkräfte der Frühen Hilfen ist es daher Chance und Auftrag zugleich, Familien über die zur Verfügung stehenden Angebote der Frühen Hilfen zu informieren, mit ihnen über deren Sinn und Nutzen für die Familie zu reflektieren und die Teilhabe an den Angeboten zu erleichtern. Sprachbarrieren, Aufenthaltsstatus und kulturelle Besonderheiten der Eltern sind sehr von Auswirkung. Das NZFH umfasst diese Herausforderungen in den Blick und bietet Fachkräfte Informationen und praktische Materialien für ihre Arbeit mit den Familien. Ein Sachverständigenrat thematisiert die Migration, Publikationen, eine Flyer oder Filme für Eltern sowie Fachinformationen, in verschiedenen Sprachen zu suchen.

Illustration: Ann-Kristin, Bremer

Frühe Hilfen für Familien in Armutlagen

Infodienst zum Thema

Frühe Hilfen für Familien in Armutlagen

Faktenblatt  
Kommunikation und Nutzung von Unterstützungsgabente durch Familien mit Migrationshintergrund

Schwergewicht- und Bindungs- und Beziehungsfähigkeit im Blick  
Ein Interview mit Expertinnen

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Ein Interview mit Expertinnen

## Children in families with parents affected by mental disorders

Nationales Zentrum Frühe Hilfen

Grundlagen und Fachwissen | Forschung im NZFH | Qualitätsentwicklung Frühe Hilfen | Qualitätsentwicklung Kinderschutz | Service | Das NZFH

Sie befinden sich hier: Grundlagen und Fachwissen / Fachwissen / Kinder psychisch kranker Eltern

### Kinder psychisch kranker Eltern

Wenn Eltern an einer psychischen Erkrankung oder Depression oder einer Suchterkrankung leiden, bedeutet dies nicht nur die Eltern. Auch ihre Kinder sind vielfältigen Belastungen ausgesetzt. Gelten den Eltern die üblichen Standards der Erziehung und eine bedingungslose Unterstützung der Eltern und Kinder, erhöhen sich die Chancen der Kinder auf ein gesundes Aufwachen. Fachkräfte der Frühen Hilfen können mit ihrem verteilten Wissen zu Kindern und Familien Hilfen in verschiedenen Hilfen vermitteln.

Die Belastungen in Familien aufgrund einer elterlichen psychischen Erkrankung oder Suchterkrankung können vielfältig sein. Neben emotionalen, traumatischen Belastungen, wie Existenzängsten oder einer Erkrankung und im Entwicklungsstadium, können häufig weitere Belastungsfaktoren vor, wie Konflikte der Eltern oder geringe Unterstützung im sozialen Umfeld.

Insbesondere in den ersten drei Lebensjahren können sich psychische und soziale Kränkungen der Eltern negativ auf die Entwicklung der Kinder auswirken. Wenn insbesondere die Bindung der Eltern zu ihren Kindern beeinträchtigt oder gar nicht ist, und es häufig nur geringfügig in der Lage, auf die Bedürfnisse der Kinder zu reagieren. Auch in Eltern-Eltern-Beziehungen können sich belastende Eltern häufig zeigen, und so haben die Kinder ein schlechtes Vorbild. Das Nationalen Zentrums Frühe Hilfen (NZFH) regt an, dass mehr als die Hälfte der Eltern mit psychischen Belastungen in ihre eigenen elterlichen Kompetenzen investieren und sich nicht isolieren lassen.

Psychisch oder suchtkranke Eltern sind ihren Kindern daher einen besonderen Unterstützungsgabente Bedarf. Betroffene Eltern müssen sich dem ein umfassendes Kränkheitsbild anpassen und Unterstützung bei Bedarf in Bezug auf familiäre, soziale, rechtliche, finanzielle, gesundheitliche und kulturelle Ressourcen suchen für die betroffenen Eltern und deren Kinder ein. Für eine präventive Versorgung der Kinder sind daher langfristige, zielgerichtete Angebote geeignet notwendig, die systematisch gestaltet sind und auch langfristig in Anspruch genommen werden können. Das ist allen insbesondere psychische und psychosoziale Hilfe für erwachsene Eltern, Angehörige und Eltern, sozialpädagogische Hilfe für betroffene Familien wie professioneller oder ehrenamtlicher Begleitpersonen der Familien, und spezielle Angebote für Kinder.

Um betroffenen Familien Hilfen und benötigt unterstützen zu können, ist die Zusammenarbeit verschiedener Fachkräfte und Einrichtungen, insbesondere der Kinder- und Jugendpsychiatrischen Gesundheitsdienste, über von zentraler Bedeutung.

Illustration: Cipe George

Interdisziplinäre  
Vernetzung von Kindern  
psychisch kranker Eltern  
aus Sicht der Frühen  
Hilfen  
Dokumentation der Tagung  
in Berlin

Fachtagung  
Prävention des  
Abschubens von  
Arbeitsplätze Kinder  
psychisch und suchtkranke  
Eltern am 09.03.2020 in  
Berlin

Infodienst zum Thema

Aus der Forschung  
Faktenblatt: Psychische  
Belastungen bei Eltern mit  
Krankheiten

Aus der Forschung  
Faktenblatt: Zusammenhang  
bei Eltern mit Kindern

Eltern mit psychischen  
Erkrankungen in den  
Frühen Hilfen

Eckpunktspapier

## Remaining challenges:

- Need for further development esp. as regards profile development & quality of services
- Lack of qualified specialized staff for home visiting measures
- Disproportionate use of family-support services in families with low educational levels
- Impact of home visiting care limited in families with very high psychosocial burdens
- Need for conceptual frameworks for better transition to intensive follow-up support



## Areas of intervention and topics - BZgA and the Covid-19 pandemic management

- **Legal basis** => Responsibility for informing the general population & multipliers (in the field of prevention and health promotion)
- **Central information source:** subpage(s) of BZgA web portal on protection against infections ([www.infektionsschutz.de/coronavirus.html](http://www.infektionsschutz.de/coronavirus.html))
  - **Aim:** slowing down spread of virus / protection and behaviour in everyday life / testing / advice specifically for vulnerable target groups => vaccination & promotion of vaccination readiness
- **Set-up of web-based, low-threshold & evidence-based** support service for preventing & coping with **mental stress** (with guidance function)
- In addition: **adaptation of all existing BZgA programmes & campaigns to the pandemic situation** => with targeted information & support services oriented towards specific needs of diverse target groups





## Areas of intervention and topics -

### Covid-19: Data sources & methods for adaptation of offers

- **Covid-19 Snapshot Monitoring (COSMO) population survey** → knowledge, risk perceptions, preventive behaviour & public trust
- **Monitoring of citizens' enquiries** to the BZgA via telephone and email → information needs on Covid-19 in the population
- **Surveys among professionals** from nationwide telephone & online counselling centres → potential needs for a psychosocial counseling service
- **Surveys among health professionals in early childhood interventions (NZFH)** → local support needs of professionals & families in early prevention practice
- **Interdisciplinary expert hearings** → potential roles and tasks of the BZgA and its cooperation partners in the context of the pandemic response
- Other not systematically generated findings from regular exchanges at federal, state & local levels and crisis meetings between BMG, RKI and BZgA and from information exchange with/in international partners and networks

# International collaboration at BZgA - Why? What? With whom? (1)



- **Decree of 1967** → international collaboration = one main task for BZgA
- Long tradition of bilateral and multilateral cooperation, esp. at European level
- **International cooperation = “knowledge transfer”** → export and import of knowledge and experiences
- International cooperation = **“trend scouting”** → identifying foreign approaches & good practices (of future relevance) → exploring potential for BZgA
- Fundamental objectives: **WHO Ottawa Charter** for Health Promotion + **Jakarta Declaration** on Leading Health Promotion into the 21st Century
- **Diverse formats of international cooperation** and engagement:
  - **Membership in European level organisations** (IANPHI, IUHPE, EUPHA, MHE, EuroHealthNet) → participation in WGs & collaborative platforms

(...)

## International collaboration at BZgA - Why? What? With whom? (2)



- Cooperation with **WHO (Regional Office for Europe)**:
  - Participation in technical expert meetings on specific issues → e.g. European Framework for Early Childhood Development (2020)
  - BZgA as WHO Collaborating Centre (WHO CC) for Sexual and Reproductive Health for the WHO European Region
- Participation as (lead) partner in **EU-funded projects** within the frame of EU programmes with focus on health, e.g.
  - Framework Programmes/Horizon 2020 for research and innovation
  - Joint Actions (3rd Health Programme): country public authorities
- **Bilateral partnerships &** exchange with PH agencies & research institutions abroad (e.g Santé publique France, Public Health Wales, RIVM, etc.) → study visits, common workshops and activities

# International collaboration at BZgA - WHO Collaboration Centre for Sexual & reproductive Health

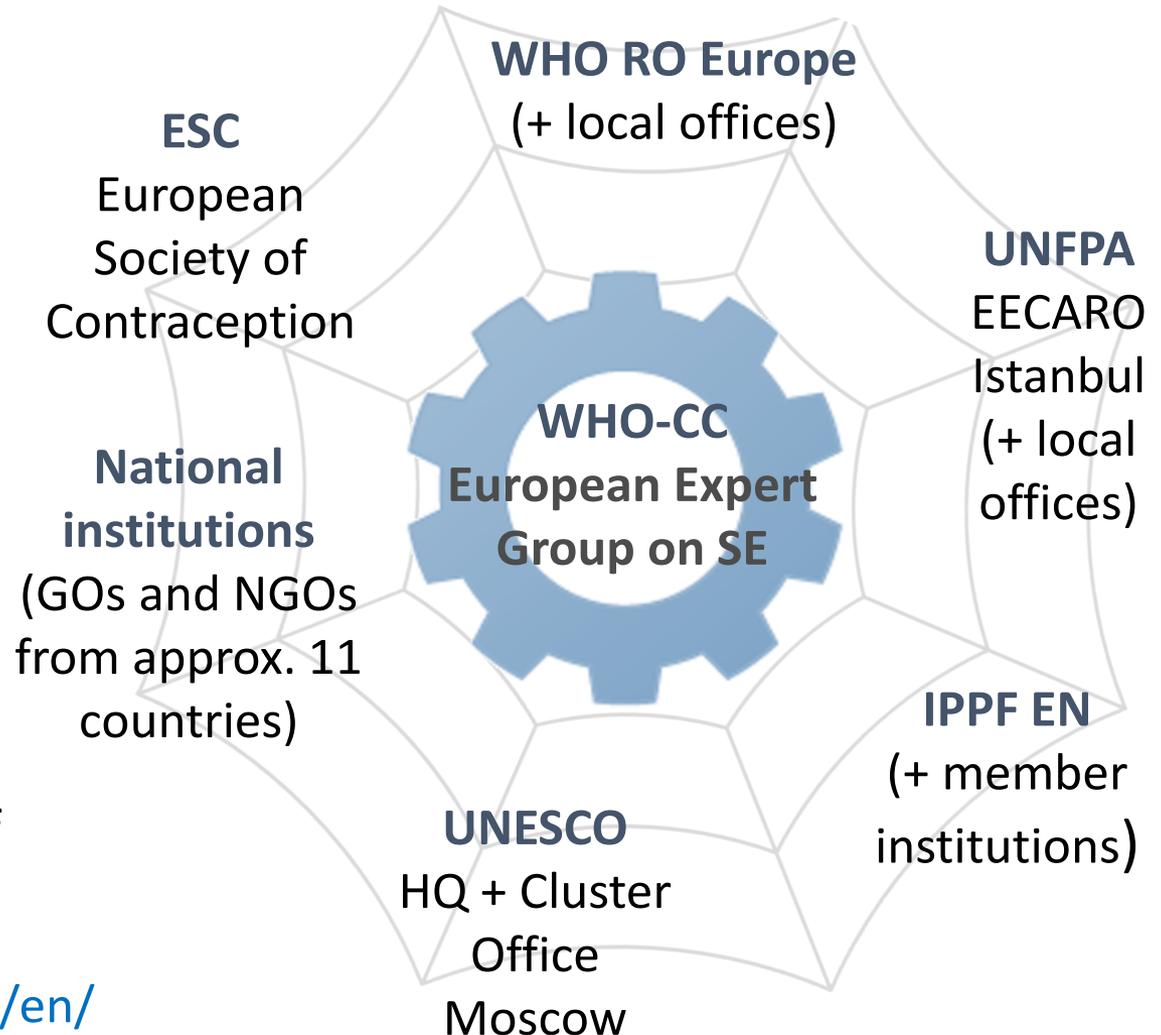
**2003:** BZgA nominated as  
WHO CC for Sexual &  
Reproductive Health

Focus: sexuality  
education of young  
people

**2008:** 1st workshop of  
European Expert Group  
on SE

Aim: development of  
international standards of  
sexuality education

<https://www.bzga-whocc.de/en/>



# International collaboration at BZgA - Activities & milestones of the WHO CC



- Development of **reference documents/standards for CSE**
  - **2010/2011: Standards for SE in Europe + Guidance for Implementation**
  - **2017: Framework for core competences of sexuality educators**
- **Research and analysis on SE in the European context**
  - **2018: Comparative analysis of SE in 25 countries of Europe & Central Asia**
- Elaboration of **position, background and policy papers** for the promotion of good quality SE
  - **2015 - 2017: Policy Briefs 1 - 4** for promotion of good quality (C)SE (in schools)
  - **2020: series of fact sheets on the benefits of CSE**
- **Development of online instruments** → **ZANZU** webportal on SRH issues – Target: migrants/multipliers

## International collaboration at BZgA - EU Joint Action Health Equity (JAHEE) (1)

**Information:** 06/2018 - 11/2021 / 25 countries / PH agencies (national or regional level) / DE: BZgA + RKI

**Objectives:** → Improve health & well-being & achieve **greater equity in health outcomes** across all groups in society in Europe  
→ Reduce heterogeneity in addressing HI across countries

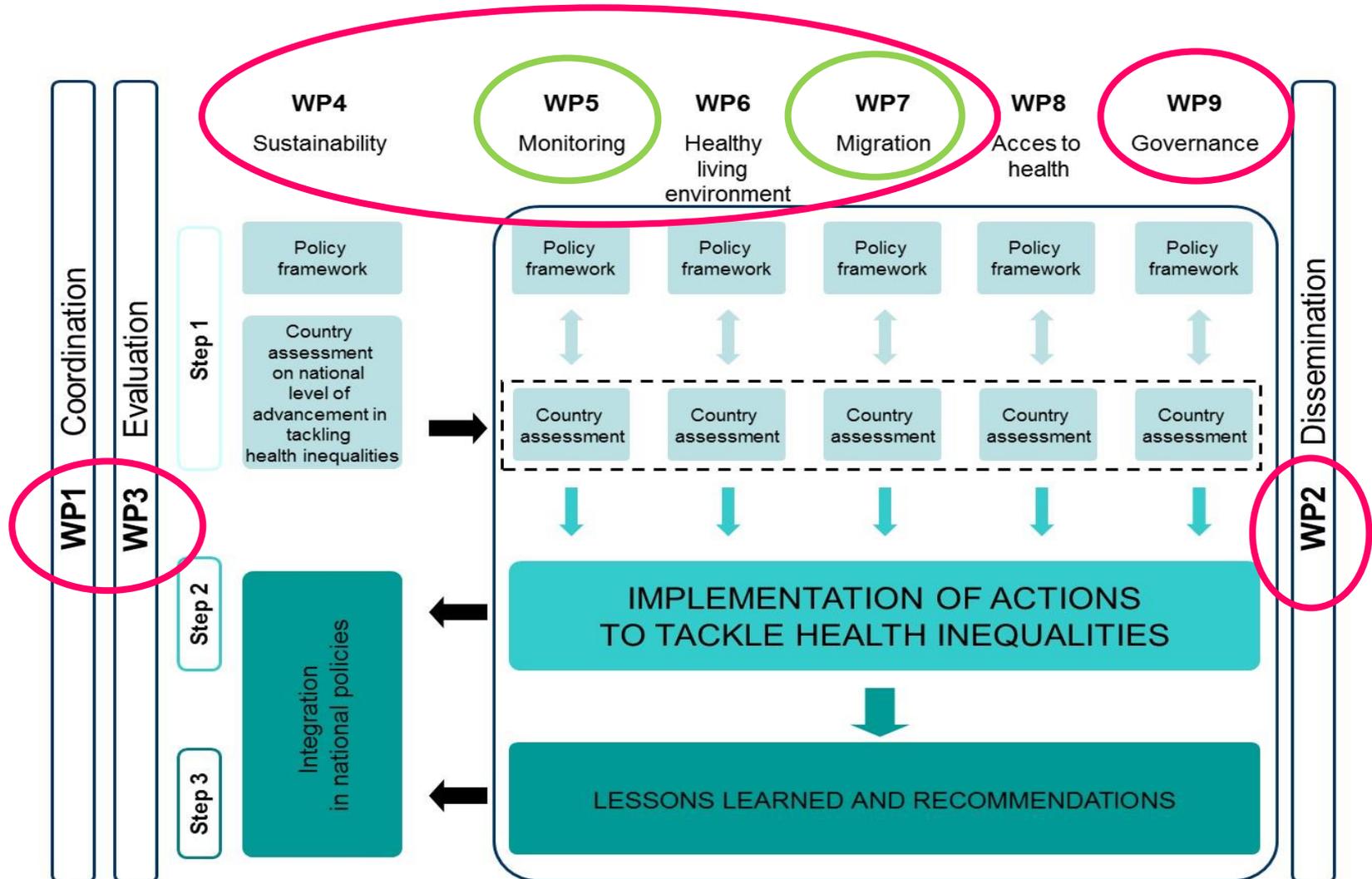
**Specific focus:** Vulnerable population groups & migrants

**Approach:**

1. Development of a conceptual framework for action for each topical work package (WP) → Elaboration of country reports  
→ Identification of policy practice gaps
2. Identification & implementation of (short-term) and initiation of (long-term) actions as contribution to reduction of HI
3. Compilation of lessons learned & formulation of policy recommendations to reduce HI at EU & national level(s)

# International collaboration at BZgA - EU Joint Action Health Equity (JAHEE) (2)

BZgA  
RKI



## International collaboration at BZgA - JAHEE – WP 6 Healthy Living Environments (2)

**Country Assessments:** looking at context factors determining health inequalities in local settings (municipality), esp. deprived areas → identifying promising practices

### Findings for Germany:

- Need for context-oriented, intersectoral interventions and governance
- Application of tools for systematic participation, prioritization and needs-assessment

### Pilot Action:

- ✓ **Translation, adaptation and pilot testing** of the Scottish “Place Standard Tool” <https://www.placestandard.scot/>
- ✓ Participatory analysis tool to structure conversations about (quality) of places (e.g. municipality, district ) & health-promoting urban development
  - Assess & maximise the potential of physical and social elements to support, health, well-being & quality of life and to reduce HI



# International collaboration at BZgA -



## A German adaptation of the PST



Bundeszentrale  
für  
gesundheitliche  
Aufklärung

### Pilot study in Germany (start 11/2019) - [www.stadtraummonitor.de](http://www.stadtraummonitor.de)

- ✓ Translation and adaptation of the PST
- ✓ Print / on-line version
- ✓ Development of training & resource materials
- ✓ Coordination & piloting of field work in municipalities
- ✓ Evaluation phase (ongoing)

### Two pilot regions, four pilot municipalities:

- North Rhine-Westphalia → city of Eschweiler and district of Bochum-Hamme + Baden-Württemberg → city of Plochingen and municipality of Aidlingen
- Deals with the **health-related determinants of the everyday living environment**
- Focus: testing content & organizational-structural fit for DE in real municipal processes
- **Results:** Expansion of the tool in Germany? Potential for covering further topics, e.g. climate change, associated risks and impacts on health?



## International collaboration at BZgA - New/future developments at BZgA?

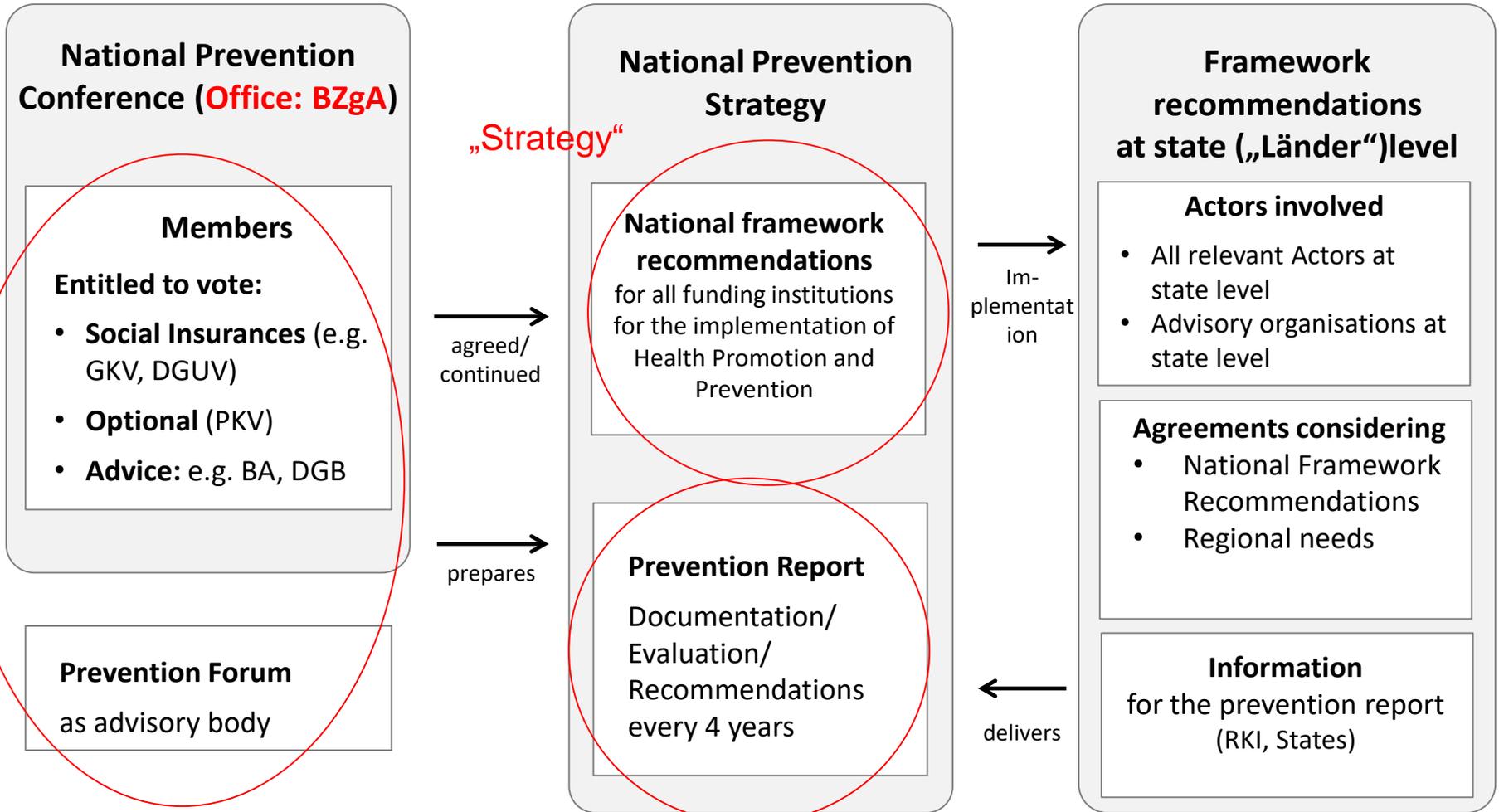
- Ongoing **structural changes** → new organisational design & chart expected soon
- Expanding topical focus: **climate change & health, mental health** → also internationally (INHERIT / JA Mental Health)
- Further topics for **international cooperation & EU programmes**
  - Health promotion & prevention for ageing populations & vulnerable groups
  - Addressing and reducing health inequalities
  - Integrated community-based structures/networks at local level
  - Evaluation methods & quality assurance in prevention & health promotion
  - Evidence-based best practice and intervention portals
  - Approaches, methods and tools of health education (youth/adults) for multipliers and end users → **interest in Erasmus+**
  - Linkages between climate change, health promotion and health equity
  - Digitalisation in support of (better) prevention and health promotion
  - Prevention of NCDs and mental health

**Thank you very much for your attention!**



**QUESTIONS?!**

# Prevention Act 2015 and the Role of BZgA



# Role, structures and tasks - Prevention Act 2015 (2)

