Health Policy 114 (2014) 192–199

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

Health promotion for unemployed jobseekers: New developments in Germany

Martin Brussig[a,*], Nico Dragano[b], Sarah Mümken[a]

[a] Institute for Work, Skills and Training, University of Duisburg-Essen, 47048 Duisburg, Germany
[b] Institute of Medical Sociology, Heinrich-Heine-University Duesseldorf, Universitätsstr. 1, 40225 Düsseldorf, Germany

ARTICLE INFO

Article history:
Received 18 February 2013
Received in revised form 7 September 2013
Accepted 30 September 2013

Keywords:
Health promotion
Labour market programmes
Unemployment
Social security
Social insurances

ABSTRACT

Objectives: The objective of the paper is to present findings from a health promotion programme for long-term unemployed older job seekers in Germany and to discuss conditions for successful linking health and employment promotion.
Methods: Implementation analysis: interviews with actors who implemented the programme and case studies of job centres where the programme took place.
Results: Health promotion with labour market programmes is possible, but requires (a) agreements and coordination between different branches of social security, (b) an enlargement of the dominant activation paradigm in labour market policy with a stronger emphasis on voluntary programme participation, (c) skills and competencies of the staff in job centres as well as an adapted work organization.
Conclusions: Efforts to connect health and employment promotion and to induce the related social security's to cooperation are still in their infancy. Further practical steps as well as research and evaluation are necessary to bring these areas together.

1. Introduction

In many countries, attempts are being made to implement health-sensitive approaches in their labour market activation policies, that is, to draw recipients of incapacity benefits into the labour market and to offer health promotion programmes to the unemployed [1]. However, country studies from the UK, Norway, and Switzerland – among others – show that institutional reforms and labour market programmes that follow a health-sensitive approach have been proven difficult to implement [2–5].

In this article, we analyze how new developments in health promotion programmes are being integrated into activating labour market policies in Germany. The German case reveals, problems that typically occur, but it shows as well how these problems might be alleviated.

To better understand the nature of health problems of unemployed job seekers, we first summarize findings about the causal relationships between health and unemployment.

In public health research, it is a well-established fact that unemployed populations have higher disease and mortality risks as compared to the working population. For instance, a recent meta-analysis of 42 longitudinal studies from different countries estimates that unemployment is related to a 1.6-times higher mortality risk compared to the working population [6]. Similar evidence exists for incident diseases and for measures of psychological well-being. Associations between health and unemployment have been systematically studied since many years and to date the main mechanisms linking both domains are well known. In general, they are distinguished into so-called selection effects and causation effects.

Selection describes a situation where ill or disabled persons are 'selected' into unemployment as a consequence of

* Corresponding author. Tel.: +49 203 379 3931.
E-mail addresses: martin.brussig@uni-due.de (M. Brussig), dragano@med.uni-duesseldorf.de (N. Dragano), sarah.muemken@uni-due.de (S. Mümken).

0168-8510/$ – see front matter © 2013 Published by Elsevier Ireland Ltd.
http://dx.doi.org/10.1016/j.healthpol.2013.09.017

their impaired health. Such effects might occur at different stages of the employment career. First, chronically ill employees face higher risks of losing their job – despite the presence of worker protection laws in many countries [7]. Ill health determines absence rates and can have an impact on productivity and although such effects might not be apparent in many cases, persons with manifest diseases might be at a disadvantage compared to other employees when decisions about dismissals are made [8]. Another form of selection takes place when already unemployed persons with chronic diseases try to gain reemployment. Impaired health is a major hindrance for attempting to find a new job and it should be noted that employment rates among disabled are low in almost all western economies [9,10]. Finally, an indirect selection might occur [11]. This kind of selection is characterized by the impact of a third factor that negatively influences both health and unemployment risks. An example for such a third factor is a low qualification level.

The second main mechanism linking unemployment and health is the direct health effect of unemployment itself, often called the causation effect. Unemployment is an important cause of material and social deprivation as well as a psychological burden for the affected individuals. These consequences of unemployment are important determinants of health and could negatively influence the health of unemployed especially in a long turn. For example, poverty is known as a key determinant of health and life expectancy as it threatens many important resources such as a healthy diet, the living environment, participation in social activities, or access to medical care [12]. Accordingly, numerous studies report that initially healthy employees develop significantly higher morbidity and mortality risks after job loss [13,14].

Finally, it is crucial to point out that the described selection and causation pathways are interrelated and could trigger a vicious circle of ill health, unemployment, and blocked career perspectives. For instance, if a chronically ill person becomes unemployed (selection), the negative effects of unemployment (causation) might further aggravate the disease status and prevent recovery, which then further lowers the chances of reemployment. However, it is important to note that this interrelation is not necessarily negative because it implies that positive changes in one domain could have positive effects in regard to the other domain. For example, it has been shown that health improves when reemployment is achieved and it is also plausible that reemployment chances get better when health is improved first [15–17].

The main conclusion from this empirical evidence is that policies that aim at an improvement of health and well-being of unemployed persons cannot be framed as an "either-or-decision" between health and labour market policies. Rather, poor health and unemployment are two risks that are causally related and should therefore be subject of both public health and labour market policies.

In the following section, we provide a description of the institutional structure for labour market-related health promotion in Germany. Subsequently, we describe and analyze experiences from a recent health-sensitive labour market programme for unemployed job seekers who are handicapped by diverse placement obstacles. In the final discussion, we will draw conclusions about the problems that are likely to arise when health problems of unemployed job seekers are addressed, and highlight some topics for further research in this field.

2. Health and job promotion in Germany: the institutional structure

2.1. The institutional structure in Germany: how to deal with unemployed persons with reduced work ability

The institutional structure for labour market-related health promotion in Germany is characterized by three distinct social insurances (unemployment, health, and pension insurance) that cover about 70% of the working population. There is no obligation to contribute to the social insurance for civil servants, self-employed and marginally employed persons. A further pillar is a tax-based system of basic income support as a system of last resort for noninsured unemployed persons in need. This tax-based system of basic income support is currently used by nearly 2 million unemployed persons, which comprises 70% of all unemployed. Each of these four pillars of social security is regulated and administrated separately, and each offers both benefits and services (see Table 1). Before we turn to the cooperation between these four different pillars of social security (Section 2.2), we describe how health and employment promotion are linked within the pension system, the health insurance, and the public employment service.

2.1.1. Pension insurance: traditionally strong focus on rehabilitation and labour market integration

The pension insurance in Germany is responsible not only for old-age pensions, but also for incapacity pensions for persons of employable age. From the inception of the pension insurance in Germany in 1889, rehabilitation to restore working ability is part of pension regulations in Germany. This does not stem from any modern "activation" ideology, but rests on the insurance principle that compensation is not necessary where damage no longer exists. Rehabilitation generally precedes the application procedure for an incapacity benefit. Each year, the German pension insurance spends more than 5.6 billion € for rehabilitation.[1] Rehabilitation not only includes medical treatment, but labour market-related instruments as well, such as training for new jobs, financing of job-specific equipment, or hiring subsidies for employers. These "back-to-work" subsidies will be used if the pension insurance regards the job as appropriate given the (remaining) working ability of the person to be rehabilitated. About one-quarter of the total budget for rehabilitation of the pension insurance funds is directed to these "occupational rehabilitation" (*berufliche Rehabilitation*) programmes (1.3 billion €), whereas three-quarter of the rehabilitation budget is spent for medical rehabilitation [18].

[1] Total budget is more than 130 billion € per year; more than 80% is spent for pensions because of disability, old age, and for widows/orphans.