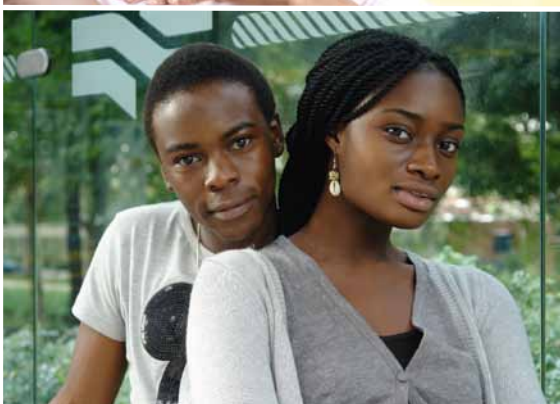


# Live healthy – stay healthy

Information on the topics of Child Health,  
Early Detection of Breast Cancer as well as  
Old Age and Care



A Guide for Migrants in Lower Saxony.  
Available in 10 languages

# Impressum

Gesund leben – gesund bleiben

Informationen zu den Themen „Kindergesundheit“,  
„Brustkrebsfrüherkennung“ und „Alter und Pflege“.

Ein Leitfaden für Migrantinnen und Migranten in Niedersachsen

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## Dear Readers,

In its constitution, the WHO writes that health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

This state of “complete well-being” as defined by the WHO is not generally handed to us on a plate. We have to become active and health-conscious, e.g. by making use of services that protect and promote health in different ways. Health insurers, among others, offer such services, and for people of all generations. However, only those who know about them can actually use them. Parents can find out which services they can access to give their children the best possible start in life. Older generations are also catered for. The elderly can receive information about what they can themselves contribute to staying fit and healthy. And for those who need support, a range of topics on ‘care options’ is also discussed. That the topic of cancer, and breast cancer in particular, is not left out is particularly close to my heart. Here, women will find important, potentially life-saving information on early detection and treatment.

This guide is primarily written for people with a migration background who might not be very familiar with the German health system. In this booklet, which is available in several languages, they will find a valuable overview of services that can help them keep themselves and their families healthy. In this context I thank the Ethno-Medical Centre Registered association (Ethno-Medizinisches Zentrum e.V.) for contributing, together with experts from my Ministry, to the publication of this booklet. I would be very pleased if many readers took the opportunity to gain an initial overview with the help of this guide.

With warm regards,

*Cornelia Rundt*

Ministry for Social Affairs, Health and Gender Equality in Lower Saxony

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# Introduction

Health is all that matters! Health is a decisive prerequisite for a happy life: children can discover the world with their boundless energy, adults can cope better with day-to-day demands and enjoy life more, and senior citizens can stay fit and active longer, thus maintaining their independence.

Health is not a matter of course. This is why the German health system's initial support is not only for people who have already fallen ill; the statutory health insurance bodies assist their members right from the start in their efforts to maintain their health. The services available range from checkups in childhood and checkups for early detection of breast cancer and other cancers to influenza vaccinations.

This booklet, which was developed by the Ethno-Medical Centre (EMZ) in co-operation with experts and the Ministry for Social

Affairs, Health and Gender Equality in Lower Saxony, is intended to serve people of all age groups as a guide through the healthcare system. Parents find tips on how they can help to get their children off to a healthy start in life, and are informed about the services the statutory health insurance bodies offer for their children. Women receive information on early detection and treatment of breast cancer – the most common form of cancer for women worldwide. Older people find out how they can stay healthy in old age and keep their independence as long as possible, and about the choices at their disposal should they require care or support in their daily lives.

Important terms are printed in *italics* and explained in the glossary.

We would be delighted if this guide contributes to your living a healthy life.

# 1. Tips for parents: child health and accident prevention

In the following pages you will find tips on healthy nutrition, dental hygiene, preventive checkups at the paediatrician, vaccinations and prevention of accidents – so that you and your children stay well!

## Nutrition

### Breast milk

Breast milk is the best nourishment for a newborn infant. It is easily digested and protects against constipation, infectious diseases and allergies. For this reason mothers should breastfeed as long as possible. If a member of the family suffers from an allergy it is particularly sensible to breastfeed the child up to the fifth month.

If there are breastfeeding problems, the nursing mother can obtain advice from other mothers, doctors, breastfeeding advisors or midwives. After the birth, every woman with statutory health insurance is entitled to midwife assistance from a post-natal care midwife for eight weeks, but also to the end of the breastfeeding period, if necessary. If breastfeeding still does not work, the child should be fed with ready-made milk products. These products can be bought at any supermarket.

### Ready-made food

There are different products for babies at different ages:

| When?                                     | What?  | Label on the packet               |
|---|--|-----------------------------------|
| Until the end of the bottle-feeding phase | Infant food  | Pre or 1                          |
| At the earliest from the 5th month        | Follow-up food   | 2                                 |
| With allergies                            | Special infant's formula<br>Low-allergenic follow-up formula | A, HA Pre, Pre HA or HA 1<br>HA 2 |

(A = low-allergen, HA = hypoallergenic, which means triggering fewer allergies, Pre = this milk is the one most similar to mother's milk)

Stick to the ages and amounts stated on the packet! The teat on the bottle should have a small drinking hole, so that the child has to suck just as hard as babies who are breast fed. Sucking is important for the development of the jaw and for swallowing. Apart from that, the baby can fall asleep better after its efforts.

### **Supplementary food**

From the fifth to the seventh month mother milk and ready-made milk are not sufficient as food for the baby. This is why milk meals should be supplemented with additional food, for example mashed potatoes, vegetables and meat.

Baby food (mash) is available as pre-cooked food in small jars. If you want to prepare your own mash, the best ingredients are washed and peeled organic fruit and vegetables.

Milk is also important for small children, particularly for the development of strong bones and teeth.



### **Varied diet**

From two years of age children need a diversified food mix, because they are growing and it is imperative for them to have certain nutrients.

Children need about 1 litre of liquids every day. The best are unsweetened teas and water. Juices and lemonades contain too much sugar.

## Healthy teeth

Since sugar causes caries, children should only eat sweets occasionally and then, whenever possible, clean their teeth. There are also teeth-friendly children's chewing gums, which neutralise damaging acids. These are only suitable for children who are old enough not to swallow the chewing gum. Using cooking salt with fluoride for cooking food also gives teeth added protection against caries.

## Dummies

Children should be weaned off dummies (,comfort dummies') as early as possible. Ideally, when the child is one year old, the dummy should no longer be used since using dummies too long can, for instance, lead to malalignment of the jaw. It is not uncommon for this to also involve a dysfunction in the child's ability to articulate, and to increase the risk of middle ear infection.

## Dental hygiene

In order to help your children to have healthy teeth all their life, you should not only pay attention to nutrition but also to oral hygiene.

Until their second birthday, it is sufficient to clean inside children's mouths and brush their teeth every evening before they go to bed using warm water and a soft children's toothbrush or cotton bud. From three years onwards, teeth should be cleaned twice daily with a children's toothbrush and children's toothpaste with *fluoride*. From the age of six, the child can use ordinary toothpaste. Until he goes to school, he should be supervised when brushing his teeth, and his parents should do the final brushing.

## Important:

Infants and toddlers up to the age of 12 to 18 months (depending on when they were born) should have a vitamin D and fluorine tablet daily. From the age of 2 they get one fluorine tablet. This protects against caries and rickets, and supports the development of bones and teeth.



## **Dental checkups**

Children and adolescents should go regularly to the dentist, just as adults should. The statutory health insurance bodies cover the costs for the following checkups and preventive care:

### **Children (3 to 6 years old)**

In three checkups for early diagnosis the dentist checks for dental, oral and orthodontic disease. He advises parents on oral hygiene and the provision of fluoride.

### **Children and adolescents (6 to 18 years old)**

During two annual visits to the dentist, teeth and mouth are examined, teeth are fluoridated and sealed against caries. Teeth hygiene is checked and practised, and the dentist explains about possible diseases of the teeth and mouth.





## **When a child is sick**

Parents can take effective action against illnesses by observing their child carefully and watching out for changes such as unusual tiredness or lack of appetite.

If serious symptoms of illness occur (coughing, diarrhoea, earache, fever) children should be taken to the paediatrician immediately!

## **At the paediatrician**

Most paediatricians have their surgery on all weekdays, in the morning and afternoon. On Saturdays and Sundays the surgeries are closed, but there is always a doctor in your vicinity who is on emergency call. It is best if you keep the paediatrician's telephone number within easy reach.

## **Emergencies**

In urgent cases, with fractures, difficulty in breathing, fainting or heavy bleeding, for example, you should call the general emergency number 112 or the nearest hospital.

## “U” checkups

Even if your child is not acutely ill, you should go with him regularly to the paediatrician for checkups detailed in the "U" booklet (U stands for "Untersuchung", that is checkup. This way the doctor can ascertain

whether your child is developing normally,  
or if there are problems.

The additional U10, U11 and J2 health checkups are not covered by all healthcare insurance funds. Before you make an appointment, ask your healthcare insurer!

| Checkup | Scheduled for:  | Place   |
|---------|---|---|
| U1      | Straight after the birth  | In hospital or at home through the midwife          |
| U2      | Between 3rd and 10th day  | In hospital or at the paediatrician                 |
| U3–U9   | 8 checkups (with the new U7a) until the child is 5 years and 4 months old | At the paediatrician or <i>general practitioner</i> |
| J1      | Between 12 and 14 years old   | At the paediatrician or general practitioner        |



Important:

You should bring your health insurance card and the *U booklet* with you to the checkups. Take your child's *vaccination card* with you, too, so that your child can get the necessary vaccinations while he is at the surgery.



## Vaccinations

Vaccinations are important for protection against dangerous infectious diseases and have to be boosted at regular intervals.

Keep an eye on your own vaccination schedule. A vaccination is always both individual ("I'm vaccinated, so I'm protected and won't become ill") and collective protection ("I'm vaccinated, I won't contract the disease and therefore cannot infect other people, e.g. little infants who are not yet vaccinated or do not have full protection")! Take your own vaccination certificate with you to the paediatrician. He is glad to advise you, and naturally fill in the gaps in your vaccination plan by giving you the necessary jabs at the same time!

### Important:

Ask your doctor about necessary vaccinations and bring the vaccination card to every consultation!

The following vaccinations are recommended in Germany. The costs are covered by the statutory health insurance bodies:

- Diphtheria
- Rubella (German measles)
- Whooping cough (pertussis)
- Hepatitis B
- Polio (infantile paralysis)
- Chickenpox (varicella)
- Type B influenza
- Pneumococcal infections (e.g. of the lungs = pneumonia, or of the brain = meningitis)
- Meningococcal infection (e.g. meningitis)
- Tetanus
- Measles
- Mumps
- Human papilloma viruses for girls aged between 12 and 17 (cervical cancer)
- Rotaviruses

## Protection against illnesses

You can contribute a lot towards your child keeping healthy. Make sure that your child wears clothing and shoes appropriate for the weather. Don't smoke in your flat and air well (open the windows wide several times a day for ventilation bursts), since mould grows in damp rooms – and this is very bad for your health. Room temperature should be between 18 and 22 degrees centigrade.

Your child should not spend too much time watching TV or at the computer. Make sure that he plays a lot outside in the fresh air and gets enough exercise. Make sure that your child learns how to swim at an early age.

## Healthy sleep

In the first 12 months of a child's life, the danger of Sudden Infant Death Syndrome (SIDS: sudden death of an infant with no apparent cause) is at its highest. Fortunately, about 80% of deaths can be prevented through recommended preventative measures which are easy to implement in daily life.

The safest way for a newborn baby to sleep is listed in the following measures:

- The baby only sleeps on its back
- An empty bed with a sleeping bag, but no blankets, pillows or cuddly toys
- Cool sleeping environment (16–18°)
- Smoke-free living space
- Breastfeeding the child until it is at least five months old

## Prevention of accidents

It is particularly important to be pro-active in preventing accidents at home and on the roads. You can get detailed information about the causes of accidents and about accident prevention from the German Association for Children's Safety (Deutsche Gesellschaft für Kindersicherheit). The following tips are based on advice from this association.

While your children are still very small, make sure that all the electric sockets in your home have a child's lock on them. Teach your child that he is not allowed to go to the cooker by himself, and install a protective grid. For cupboards and drawers there are also childproof locks.

Care has to be taken on the roads, too. In the car, always fasten your child's seat belt. Small children should be seated in children's seats suitable for their age. Since April 2008, only children's seats that have been tested according to ECE44/03 or higher may be used (the first two figures of the authorisation number on the ECE-tested seal begin with 03 or 04).

The more mobile infants and toddlers become, the greater the danger of them scalding or burning themselves. The majority of injuries through scalding are caused by hot tea. For this reason, hot drinks (especially hot tea) should only ever stand out of the reach of children.

Practise with your child that he never crosses a road without looking first to the left and right. Show him that he should only walk on the pavement. Give a good example and cross streets at pedestrian crossings (zebra crossings), and at traffic lights when they are green.

**More important sources of accidents and how you can avoid them:**

**Stairs** are particularly dangerous for children who are just learning to walk. Children who are still crawling should be kept away from stairs with a child-guard.

**Floors** should not be washed and left slippery, and should definitely not be waxed.

**Carpets** should not have folds and should lie on a slip-free surface. This applies in particular to bathmats on tiled floors.

**Tablecloths, electric cables and furniture** are popular with infants to pull themselves up. That is why shelves should be attached to the wall and cables properly secured. Plugs that are not being used should be pulled out of the socket and placed somewhere high up. Caution is necessary with standard lamps, which tip over easily. Hot drinks could be tipped over with the tablecloth. Children like climbing into deep freezers and fridges. Caution: danger through suffocation or freezing to death!

**Nappy-changing tables** are high, and lively children can easily fall off them. Do not let your child out of your sight while changing his nappy, or simply change his nappy on the floor.

**“Strollers”** make your child faster than he should be. It is better to do without them.

**Plastic bags** can entice your child to pull them over his head. Many children have suffocated this way. So keep plastic bags out of the reach of children and warn your children of the danger.

**Tassels or cords** on clothes can get snagged on the slide and playground toys, in buses and lift doors or on the escalator. Do not use clothes with tassels or cords.

**Toys** should be appropriate for the age group, so that small parts cannot be swallowed or inhaled.

**Pillowcases and blankets** for infants should be very light. A baby cannot free himself from heavy duvets.

**Baths** are so big that babies and toddlers can drown in them. That is why there are special baby baths. Older children should never be allowed to play unsupervised in the bath. Electrical appliances should be kept well away from the shower and bath.

**Drugs and medicines, cigarettes (stubs, too) and alcoholic drinks** are poisonous for children. Keep these out of the reach of children!

**Detergents and washing agents, bodycare products (e.g. nail polish remover)** are also partly poisonous. These, too, ought to be stored out of the reach of children.

**Poisonous plants** sometimes look enticing. If your child eats the blossoms, leaves or berries it can be dangerous. Get rid of poisonous plants in your house and garden. Moreover, children ought to be told that they are not allowed to eat unknown fruit.

**Flying a kite** is great fun in autumn. Look for a suitable place for yourself, i.e. an open space without power lines, so that the kite string cannot get caught in them (danger of electrocution!).

In the winter, frozen, **icy expanses of water** are an invitation to play. But every year children and adults break through the ice and drown. Never let children go onto ice unsupervised.

**Dogs and cats** do not put up with everything. Do not leave small children alone with pets. Older children should learn how to deal with pets.



## 2. Tips for women: breast cancer early diagnosis and treatment

Worldwide, breast cancer is the most common form of cancer affecting women. The good news is that more and more breast cancer patients can be cured: more than 75 per cent of women suffering from cancer survive.

### Risk factors

There is not one definitive *risk factor* for breast cancer. However, science has discovered a series of factors, which can increase the risk of contracting breast cancer.

**Nutrition and exercise:** Studies indicate that a low-fat diet with lots of fruit and vegetables, plus regular exercise reduces the risk of breast cancer. Overweight women contract breast cancer more frequently after the menopause.

**Alcohol:** The consumption of alcohol generally encourages cancer.

**Hormones:** Studies give reason to suspect that the long-term intake of hormones pro-

motes the development of breast cancer. Taking contraceptive pills also increases the risk slightly.

**Childlessness and late motherhood:** Childless women and women who had their first baby after the age of 30 seem to have an increased risk of breast cancer. Conversely, every period of breastfeeding reduces the risk.

**Environment:** Many substances, for example radioactive material, contribute to the development of cancer diseases.

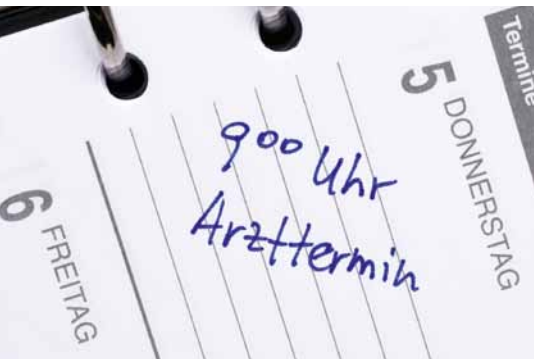
**Age:** The risk of contracting cancer increases with age. The average age of contracting the disease is 63 years, and only 20 per cent of patients are younger than 50.



**Mastopathy:** Mastopathy is understood to mean abnormal changes in the breast that are benign in themselves. With a particular form of mastopathy (stage III), the risk of breast cancer increases.

**Previous breast cancer:** Women who have already had breast cancer have a high risk of a relapse.

**Genetic disposition:** Experts assume that 5 to 10 per cent of all breast cancer patients have an inherited or inheritable risk.



## Early diagnosis

The aim of early diagnosis of breast cancer is to discover the presence of the disease as early as possible, in order to increase the chances of recovery. For the early diagnosis of breast cancer, doctors recommend: self-examination, palpation (examination by touch) by the doctor and regular X-rays of the breast (*mammography*).

### Self-examination by touch

#### Where and when?

- In front of the mirror, while having a shower or putting on cream
- On the 7th day after your period starts
- If you no longer have a period, on a certain day every month

#### You look for

- Knots or swollen areas, changes in the size or shape of your breast, dimples or creases, areas which look like orange-peel skin and red or warm areas.

### How?

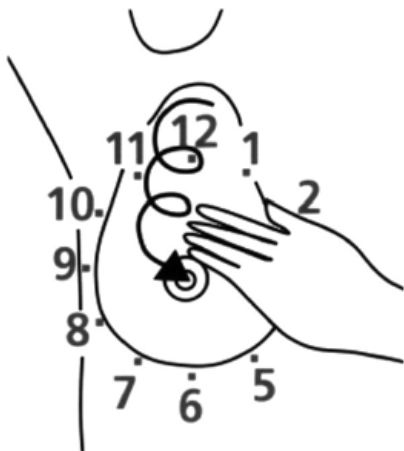
From your collarbone to underneath your breast, including the breast tissue under your arms

- With your three middle fingers (fingers are flat and close together, see diagram)
- Imagine your breast as a clock, and begin feeling from your collarbone (12 o'clock)
- Feel with the pads of your fingers, not with your fingertips, making small, circular movements towards your nipple.
- Repeat this for every hourly position (see diagram)

Many changes in the breast are discovered by a woman's partner. By all means let your partner help you with the touching.

### Palpation by the doctor

The statutory health insurance bodies offer women over 30 the possibility of having their breast examined for changes once a year by their gynaecologist. This also includes guidance on the self-examination of the breast.



### X-ray pictures of the breast (mammography)

During a mammogram the female breast is X-rayed. Women with statutory health insurance cover and aged between 50 and 69 years of age are invited every two years to a *mammography screening*. The costs are covered by the statutory health insurance bodies.

The Federal Ministry of Health assumes that regular participation in mammography screening of women aged between 50 and 69 can reduce the mortality rate. Women under the age of 50 and over the age of 69 with statutory insurance are only entitled to mammography if they are suspected of suffering from breast cancer.

### When do I have to go to the doctor?

- Pain
- Changes in the shape, size or position of the breast
- Changes in the skin of the breast, dimples or bumps
- Changes in the nipple
- Hardening/lumps in the breast or under the armpits
- Sudden and inexplicable loss of weight
- Different behaviour of breasts when arms are raised
- Watery, bloody excretion
- Sudden and constant inflammation of skin in the breast area

Nearly every woman feels a change in her breast at some point in her life, but in over 80 per cent of cases these are **benign illnesses**. However, the next step of going to the doctor should be taken as soon as possible: on the one hand, so as not to suffer unnecessarily from worry and fear, on the other hand, so as to be treated as soon as possible in case the diagnosis is “*cancer*”.

In order to determine whether a change is cancerous, a tissue sample is taken (biopsy). Cell/tissue material is extracted with a hollow needle and then examined.

## Breast cancer

### What is breast cancer?

*Tumours* arise through uncontrolled cell division. In malignant tumours the altered cells reproduce themselves, grow into the tissue and destroy it. Via the bloodstream and lymphatic vessels they can reach other organs and create tumours (metastases). When a woman is diagnosed with breast cancer it is important for her, despite the diagnosis, to take the time to find out all about possibilities of treatment, clinics etc. The woman in question will certainly have to undergo further examinations in order to determine how serious the illness is.

### Therapy

Medical development has ensured that treatment has become gentler, and breast amputations are more seldom today than before. Operations are carried out in 70 per cent of cases, with one of the objectives being to save the breast. The therapy depends on the size of the tumour, its spread and position, the size of the breast, the patient's age and her own wishes. The treatment consists of an operation, in most cases radiation therapy and, as required, drug therapy (anti-hormonal therapy, chemotherapy).

### Important:

An ominous diagnosis does not automatically mean that a woman is suffering from breast cancer.

## Operation

One single operation is mostly enough nowadays. During the **breast-saving operation** the tumour and a part of the surrounding healthy tissue are removed. It is possible to operate and save the breast if a single tumour growing in a locally-limited area is involved.

## Amputation of the breast can be necessary,

- if there are several tumours,
- if it is a single inflamed carcinoma,
- if a tumour cannot be removed completely, while still saving the breast,
- if post-operative radiation is not possible or not wanted, or
- if a patient considers an amputation safer than a breast-saving operation.

The removal of axillary lymphal nodes is often part of a breast operation. These are removed in order to determine whether lymphal nodes have been invaded by the cancer, and if so, how many.

## Hormone therapy

Around three-quarters of malignant tumours have hormone-dependent growth: the female sexual hormone oestrogen encourages the growth of cancer cells. During the hormone therapy so-called “anti-hormones” are applied in order to slow down the growth of cells.

## Radiation therapy

Radiation therapy is a frequently used method of treatment for breast cancer. After a breast-saving operation, the tumour cells that remain are inhibited in their growth or destroyed by high-energy rays. The radiation therapy lasts for about six weeks, with several appointments each week in the clinic or at a radiation therapy practice.

## Chemotherapy

Between the operation and radiation therapy, chemotherapy is often carried out additionally for breast cancer patients, to reduce the risk of a relapse and to slow down the formation of metastases. The medication is administered in several time blocks, spreads throughout the body and inhibits the division of cells everywhere. Thus, undiscovered tumour cells are also reached.

## Restructuring of the breast and other possibilities

If the breast has to be removed, or if its appearance after an operation is perceived as troubling, breast cancer patients have three possibilities: they can wear cotton-wool inlays or external prostheses in their bra, have a plastic breast implanted or decide on breast reconstruction using their own tissue.

## Moral support

Supplementary to the therapy, hospital psychologists, cancer advice centres and self-help groups can assist in coping with physical and mental suffering, and in developing a new perspective on life.

## Rehabilitation and after-care

### Rehabilitation

*Rehabilitation* can be effected either as an in- or out-patient. In-patient rehabilitation takes place in rehabilitation clinics. For the out-patient alternative, the patient goes to a rehab facility near her home from Mondays to Fridays, and spends the nights and weekends at home.

### After-care

The utilization of regular after-care check-ups is vital because even many years after surgery there can be a relapse:

- 1st – 3rd year: a talk and physical examination: every quarter; mammography (or ultrasound): the diseased/operated breast 2x a year, the healthy breast 1x a year
- 4th – 6th year: a talk and physical examination: every six months; mammography (+ ultrasound): 1x a year
- from 6th year: a talk and physical examination: yearly; mammography (+ ultrasound): 1x a year

The intervals for the checkups can vary from case to case.



### 3. Tips for senior citizens: age, care and health

#### Health in old age

According to the definition of the World Health Organization, an old person is one who is 65 years of age or older. Studies have shown that migrants feel old at a much earlier stage in life (from the age of 60) than average, and have an increased risk of bad health in old age. They receive an invalidity pension more frequently, and suffer more often from chronic or multiple illnesses and handicaps. These impairments have several causes: having to leave their homeland, friends and family in order to look for work in a foreign country and building up a new life – all of this weighs them down. Apart from that, many migrants perform hard physical work. But with targeted prevention, well-being in old age can be enhanced.

#### Eating and drinking

Feeling thirsty and hungry lessens in old age. But eating and drinking are extremely important.

On the one hand, a balanced and ample diet is ideal, because a poor or insufficient diet makes the body weak. On the other hand, older people should avoid too much food and the resulting overweight.

#### Older people should

- have a lower intake of fats and carbohydrates,
- favour food rich in protein and fibres (lots of milk/milk products),
- drink little alcohol,
- not eat a lot of sweets or salt and
- eat fruit and vegetables every day.

For some illnesses a special diet is required. For elderly persons who can no longer cook for themselves, and whose relatives cannot take over this task, there are **meal services** ("meals on wheels"), which are provided by *welfare institutions* (for example Caritas, Arbeiterwohlfahrt, Diakonie and DRK).

Older people should drink at least two litres daily. Persons suffering from heart problems or kidney diseases should probably drink less. In such cases it is sensible to discuss the matter with the doctor.



## Immunization

For older people, infections are usually more serious than for young people. For this reason, they ought to avoid contact with infected persons, for example during the influenza period. Daily exercise builds up the immune system.

### The Robert Koch Institute recommends that older people are immunized as follows:

- Influenza vaccination, once a year
- Pneumococcus vaccination, from the age of 60, once
- Tetanus/diphtheria vaccination, every ten years

Statutory health insurance bodies cover the costs of these vaccinations.

## Medication

In old age, several illnesses can appear at the same time. The number of drugs prescribed and administered rises accordingly. These often interact, have side effects and lead to circulatory problems, for example, or to confusion, kidney problems or impairment of movement. Pay close attention to the correct dosage and tell your doctor which medicine you have been prescribed.

## Pain

Some older people have pain related to their sickness, or chronic pain. Since pain restricts the quality of life and can lead to being bedridden, with other sicknesses as a result, pain should be treated professionally with drugs, physiotherapy and other therapeutic alternatives.

Severely-ill persons with statutory health insurance, who have a limited life expectancy, have had a right to care through so-called palliative care teams since 2007. These teams of doctors, carers and therapists visit patients at home. It is their task to relieve pain and symptoms such as acute shortness of breath, nausea or vomiting. Such care can be prescribed by practising doctors or hospital doctors.

## Rehabilitation

After a stroke, a broken hip or the onset of old-age-related diseases, a rehab measure can contribute to a patient retaining his independence, despite his complaints, thus avoiding a move into a nursing home. In Germany, everyone has a statutory right to rehabilitation.

For their rehabilitation, patients can attend **day clinics or out-patient rehab centres.**

However, most rehabilitation measures take place in **clinics, on an in-patient basis.**

## Self-help and relatives' groups

In Germany there are about 100,000 self-help groups, which meet regularly and try to show people ways of coping better with their illnesses. They provide contact, impulses for people to structure their lives and a social network.

Caring relatives also find sympathy for their problems at self-help groups.

## Being content in old age

Contact to friends, family and acquaintances can enhance contentment in old age. That is why it is nice if older persons can continue to have their tasks within their family and pursue their hobbies. A healthy lifestyle, but also little helpers such as memory training, a suitable hearing aid or the right glasses, help people to enjoy old age.



## Care in old age

For older people who suddenly need care or are perhaps even bedridden, there are all kinds of help on offer – for their relatives, too.

### Financial benefits of nursing care insurance

*Nursing care insurance* has existed in Germany since 1995. Its objective is to support the elderly and their relatives financially when old people become long-term care cases.

#### Insured persons are entitled to benefits under the nursing care insurance system provided they

- have paid in contributions for at least two of the last ten years before applying,
- have been assessed by the Medical Service of the Health Insurance Bodies (Medizinischer Dienst der Krankenversicherung = MDK) as being dependent on care, meaning they are considerably dependent on help with their normal, recurring activities of daily living (ADL) for at least six months in areas relevant for dependence on care, which means personal hygiene, nutrition, mobility and housework.
- People who, in the long term, are significantly limited in their ability to cope with daily life (frequently those suffering from dementia), are also entitled to benefits from the nursing insurance.

## Advice on care

Since 01.01.2009, persons who receive services under nursing care insurance have been entitled to individual advice on care. You can get further information on this from the nursing care insurance body.

### Nursing allowance and material benefits

If an older person is being cared for by relatives or friends, and the nursing care insurance body has acknowledged his dependence on care, he receives a monthly nursing allowance that depends on the level of care. Instead of the nursing allowance, persons in need of care can alternatively claim care-related material benefits. In this case, professional carers take over the provision of care and the nursing care insurance body covers part of the costs, depending on the level of care.

It is also possible to combine nursing allowance and material benefits. Under certain circumstances, migrants from EU countries who are entitled to benefits under the nursing care insurance scheme can receive a nursing allowance also in their country of origin. Material benefits cannot be transferred to another country.

|  | Care level 0<br>with dementia | Care level I<br>(with dementia) | Care level II<br>(with dementia) | Care level III                                      |
|--|-------------------------------|---------------------------------|----------------------------------|---|
| Nursing allowance/<br>month                          | EUR 123                       | EUR 244 (316)                   | EUR 458 (545)                    | EUR 728   |
| Care-related material<br>benefits per<br>month up to | EUR 231                       | EUR 468 (689)                   | EUR 1,144 (1,298)                | EUR 1,612<br>(EUR 1,995<br>in cases of<br>hardship) |

**Benefits for care at home:** The table shows the nursing allowances which currently apply.

### Dependence on care and levels of care

Persons in need of care are assigned to different levels of care. This takes place after a report has been compiled by the MDK. Different levels of financial benefits are related to the levels of care.

**Care level 0** is for persons who, in the long term, are significantly limited in their ability to cope with daily life (frequently those suffering from dementia), but whose care requirement is still below that of care level I.

**Care level I** is for persons considerably dependent on care who require at least 90 minutes of help daily. **Care level II** is for persons heavily dependent on care who require at least 3 hours of help daily. **Care level III** is for persons extremely dependent on care who require at least five hours of help daily.

### Benefits for care in a nursing home

When residential care becomes necessary (in a nursing home) the nursing care insurance scheme pays up to EUR 1,612 monthly, according to the level of care (in cases of hardship EUR 1,995), however only for basic care, social support and medical care. The insured person must pay for meals and accommodation himself, as well as the remaining costs for care services not covered by the nursing care insurance body.

The nursing care insurance body and the social welfare office pay for care in a nursing home – if the assets and income of the person in need of care and his family are insufficient to cover the cost – if care at home or semi-residential care in a nursing home is not enough, more expensive or unacceptable. The MDK expert has to certify separately that persons in need of care at levels I and II require residential care in a nursing home. If this is not mentioned explicitly in the report, the nursing care insurance body only pays the sum it would normally pay for care at home.

|  | Care level 0 | Care level I    | Care level II   | Care level III                                      |
|--|--------------|-----------------|-----------------|---|
| With certificate from the MDK in expert, up to | EUR 0        | EUR 1,064/month | EUR 1,330/month | EUR 1,612/month (EUR 1,995/month cases of hardship) |

**Benefits of nursing insurance for in-patient care:** The table shows the nursing allowances which currently apply. These are reviewed every three years and adapted where necessary.

### Advice

Many organizations (senior citizens' advice organizations, charitable institutions, nursing care insurance bodies, care support points, Senior Citizens' Offices etc.) offer advice for older persons and relatives who do not know exactly how they can organize support or care, and which forms of assistance exist.

### The first points of contact in such a situation can be independent welfare associations, for example:

- Arbeiterwohlfahrt/AWO
- Caritasverband (the relief organization of the Catholic Church)
- Deutsches Rotes Kreuz/DRK
- Diakonisches Werk (the relief organization of the Protestant Church)

### Then there are

- advice centres for senior citizens, housing and nursing care,
- out-patient nursing care services and
- day centres and short-term care facilities, but also private care services

which offer a comprehensive range of advice and assistance.

The consultation is free of charge and is kept confidential. The associations also organise meals on wheels and the installation of emergency call systems.

In many cities there are social services, which provide specialised services to suit the needs of migrants; for example, native speakers or multilingual information material.

Self-help organizations, municipal and local government services (citizens' advice bureau, social welfare office: department for senior citizens [assistance], senior citizens' representatives and advisory committees) and associations also give advice on care at home, as do the health and nursing care insurance bodies. From all these organizations, relatives and persons directly affected can get answers to their questions about **dependence on care/levels of care** and the **services of the nursing care insurance scheme**.

## Living at home

Approximately **200 housing advice centres** provide information on possible housing improvements to suit the needs of older persons.

### They are located at:

- municipal authorities,
- social welfare organizations
- residential property developers
- non-profit associations and
- architectural associations

The advisors help in the search for technical solutions to problems in daily life. If so wished, they organize rebuilding and clarify questions of financing. For persons classified as dependent on care who live in their own home, the nursing care insurance body pays a grant for modification of the flat.

## Aids and appliances

Not only a barrier-free flat, but also aids and appliances can make daily life easier in old age.

### Aids help

- to ensure the continued success of medical treatment,
- to prevent a threatening handicap
- or compensate for a handicap.

They include, for example, glasses, hearing aids, prostheses and wheelchairs. Aids are prescribed by your doctor. The statutory health insurance scheme covers part of the costs.

## Appliances are intended to

- facilitate care,
- soothe complaints and
- make it possible to lead an independent life.

They include, for example, Zimmer frames, bath lifts and emergency call systems for the home. The nursing care insurance scheme covers part of the costs of appliances – if the MDK has assessed the older person as in need of care, and has assigned him a to a care level. For cost reimbursement from the nursing care insurance body, a doctor's prescription is usually necessary.

## Organising care at home

Most people dependent on care are looked after at home by their spouses, daughters, sons and in-laws. For these people, the caring task can be very stressful, both physically and emotionally. This is why carers should seek support for themselves. Self-help groups for caring relatives offer support and the chance to talk about everything.

At **care courses**, relatives can learn certain techniques which make care easier, and more pleasant, too, for the person being cared for. The courses are offered free of charge by the nursing care insurance body, provided that the MDK has confirmed the need for care.

### **Day and night care**

Day and night care makes it possible for persons dependent on care to live at home, and, at the same time, to receive necessary care: during the day or at night, while the children are out at work, for example, the cared-for person is looked after at a semi-residential facility.

### **Short-term care**

Since caring relatives need a holiday, or sometimes fall sick, too, there is short-term care. It is provided by welfare associations, municipalities and commercial companies in special short-term nursery facilities or in nursing homes.

### **Substitute care**

An alternative to temporary care is substitute or also preventive care. In this case, another member of the family, a friend or a professional carer takes over domestic care for the period that the normal carer is absent.

### **Mobile care services**

If persons in need of care are not looked after by relatives, a mobile care service can take over care at home. Professional care at home is provided by social and nursing care services, which are run by welfare associations, municipal authorities or commercial enterprises. One advantage of care services is that the staff, as a rule, is professionally qualified.

### **Lists of care services and an overview of prices can be obtained at:**

- nursing care insurance bodies
- municipal authorities (social welfare office, senior citizens' helplines)

### **Living together**

With sheltered accommodation, the elderly live in their own home which is located perhaps in a senior citizens' residential complex, or is annexed to a nursing home for the aged. The residents can continue to run their daily lives independently and have their private sphere, yet receive the support they want – in the form of a range of support and care services from which they can freely choose.

Supported flat- or house-sharing groups offer more support than sheltered accommodation. This choice addresses people who are no longer in a position to look after themselves. The tenants have their own rooms, decide how to decorate the flat and structure their day, but are strongly supported by qualified carers.

### **Help and care in a residential nursing care facility**

If being cared for by relatives is no longer manageable, persons in need of care can also move into a residential nursing care facility. The residents are cared for by professional carers round the clock. In cases of emergency, help comes immediately, and there are numerous group activities and opportunities to take up gymnastics or memory training.

### **The addresses of residential nursing care facilities can be obtained at:**

- social welfare offices
- departments offering help to old people, and senior citizens' representatives in municipalities
- nursing care insurance bodies
- welfare associations and private organizations
- self-help groups
- Yellow Pages
- Internet

### **Analysis of nursing home costs**

General care services, treatment care and social care are supported financially by the nursing care insurance scheme, provided that the facility in question has a supply contract with the nursing care insurance body.

Meals and accommodation (hotel costs as well as nursing fees exceeding the benefits of the nursing care insurance bodies) are to be paid privately. If income and assets are not sufficient, and the children also do not have enough funds, social assistance can be applied for.

The same applies to so-called capital costs. These are also paid privately. Additional services, such as hairdresser, dry cleaning etc., must always be paid privately.

### **Financial services of other organizations**

In many cases, persons in need of care have access not only to the services of the nursing care insurance body but also to those of other organizations. These are mostly services of the health insurance scheme or the social welfare office.



## Health insurance

### Care of the sick and treatment at home

The statutory health insurance scheme provides its members with a maximum of four weeks' care at home during illness (basic care and looking after the household). This includes medical treatment care (insulin injections and bandaging, for example) and can also cover longer periods of time than 4 weeks.

The prerequisite is a prescription from the doctor. Professional carers, mostly mobile care services, carry out these tasks.

### Care of the sick at home is authorised, if treatment in hospital

- is necessary but not realisable (also valid if the patient does not want a hospital stay!),
- can be avoided through care at home, or
- can be cut short through care at home.

## Social welfare

In contrast to services provided by the health and nursing care insurance bodies, the right to social welfare benefits is based on need. Payments are only allowed if an elderly person's assets and income, as well as those of the members of his family (spouse, children) are insufficient for his support and care – and no other organization helps out.

### Entitlement to support for nursing care is available to

- persons without nursing care insurance, or whose insurance qualification period is insufficient,
- persons who have nursing care insurance, but whose support from this insurance does not cover the help required or costs,
- persons whose need for help, for the purpose of nursing care insurance, is not great enough to be assigned at least to care level I, and
- persons who will be in need of care for a period of less than six months.

With social welfare services, as with nursing care insurance, care at home has priority over residential care. Persons in need of care can claim reimbursement of reasonable expenses from the social welfare office (travelling expenses and the cost of day care for a child that have been incurred by the provider of voluntary care).

### Benefits:

- If members of the family or friends care for an elderly person who is not assigned to a care level, the responsible social welfare office covers expenses (travelling costs, loss of income) and, if applicable, pension fund contributions.
- Costs of mobile care, short-term or day care, or a combination of private and professional care, will be covered.
- Nursing allowance is paid, as under the nursing care insurance scheme, with effect from allocation to a care level.
- In the case of residential care in nursing homes, the social welfare authority covers the costs of care at the rates agreed upon; and, in contrast to nursing care insurance, it also covers the costs of meals, accommodation and capital investment.



## 4. Glossary

### **Cancer**

Cancer (cancer disease) is understood to mean the uncontrolled growth of cells. Cancer cells displace or destroy healthy tissue. Every organ of the body can be affected by cancer. There are very many different types of cancer, which differ strongly regarding their possible treatment. Through early diagnosis of cancer, the risk of dying of cancer can be reduced.

### **Family doctor (General Practitioner = GP)**

A family doctor is a practising doctor who is usually the first point of contact for patients with health problems. Family doctors who work in Germany include specialists for general medicine, and internists practising as family doctors.

### **Fluoridation**

During fluoridation, fluoride is applied to the teeth by means of fluoridated tooth-pastes, gels and lacquer (the last-mentioned only at the dentist's). Fluoride deposits itself in the tooth enamel and strengthens its structure. This makes the tooth more resistant against acid attacks (for example, from eating sugar).

### **Levels of care**

The main criterion for determining the benefits that persons in need of care receive is their level of need. The nursing care insurance scheme allows the MDK (Medical Service of Health Insurance Bodies) to determine such need and to recommend a corresponding level. According to the law, four levels of care have been stipulated:

Care level 0 = persons who, in the long term, are significantly limited in their ability to cope with daily life, and need assistance with basic care and the household, but who do not yet fulfill the requirements for an allocation to care level I.

Care level I = persons considerably dependent on care, who require help at least once a day for personal hygiene, eating or mobility (on daily average, at least 90 minutes).

Care level II = persons heavily dependent on care, who require help at least three times a day, at different times (on daily average, at least three hours).

Care level III = persons extremely dependent on care, who require help round the clock (on daily average, at least five hours).

### **Mammography**

During mammography, an X-ray image of the breast is made. By these means, changes in breast tissue can be made clearly visible.

### **Mammography screening**

With this programme, the whole population of 50 to 69 year-old women should be invited to regular breast cancer screening which takes place at highly-specialised centres or, in rural areas, in specially-equipped mobile buses, so-called Mammobile (mobile breast X-ray unit).

### **Nursing care insurance**

Nursing care insurance is a branch of social insurance and insures the risk of requiring nursing care. All people with statutory health insurance are protected against this risk. If you have private health insurance, you must then also insure yourself privately for nursing care. Nursing care insurance is the responsibility of the nursing care bodies, whose tasks are carried out by the statutory health insurance bodies. Costs incurred by nursing care insurance bodies are financed by the contributions of members and employers.

### **Rehabilitation**

Rehabilitation measures have as their objective the sustaining and promotion of existing capabilities, for instance through exercises, occupational therapy and physiotherapy or massages. In Germany, insured persons have a right to rehabilitation, for example after an illness or an accident. Before rehabilitation can begin, the respective health insurance body must confirm the coverage of costs. The hospital doctor usually makes the application, but sometimes it is the GP or specialist, or the MDK, following its report.

### **Risk factors**

There are a number of circumstances which can endanger health. These are often behavioural patterns and their effects, which can be avoided. But not seldom they are also predispositions, partly congenital, which lead to health problems or illnesses. But environmental conditions, too, such as increased noise pollution, ultra-violet radiation or mould in living quarters count as risk factors for the development of certain diseases.

### **Scan**

Scan is the colloquial term used for sonography or echography. During an ultrasonic scan, different parts of the body are shown as images with the help of ultrasonic waves. It is used in many medical areas for the primary diagnosis of illnesses.

## **Tumour**

Tumour is a general term for a locally limited increase in the volume of tissue – a lump (neoplasm, blastoma – medical terms). This can, for example, be a local oedema (accumulation of fluid) or a swelling that has come from an infection. In the narrower sense, however, the term tumour is applied to the uncontrolled growth of the body's own cells. A tumour can be benign or malignant.

## **“U” booklet**

The results of a child's checkups (“U” checkups) are entered into the so-called “U” booklet (U = Untersuchung = checkup), which is equivalent to a child health record. In addition, the booklet contains important information; for example, tables with the weight and height that a child should reach at a certain age. The U booklet is issued after the initial examination (U1) in hospital, and should be brought along to all checkups for children and adolescents.

## **Vaccination card**

The doctor enters the date of vaccination on the vaccination card. Since children's vaccinations generally take place during checkups, the vaccination card and the “U” booklet (see above), should be taken to all “U” checkups as well as to the “J1” checkup (J = Jugend = adolescent), the first for adolescents. If you do not have a vaccination card, the doctor will issue one. Adults should also take their vaccination card with them to every vaccination appointment and on trips abroad.

## **Welfare institutions**

Welfare institutions are non-profit organizations, which are the responsible operators of public social welfare, health and care centres. A further task of the welfare associations is the safeguarding and representation of the interests of the welfare state.

## 5. Addresses

### GENERAL ADDRESSES

| Institution/Contact  | Description  |
|--|--|
| <b>Niedersächsisches Ministerium für Soziales, Gesundheit und Gleichstellung</b><br>Hannah-Arendt-Platz 2<br>30159 Hannover<br>Telefon: 0511 120-0<br>Fax: 0511 120-4298<br>E-Mail: poststelle@ms.niedersachsen.de<br>Internet:<br>www.ms.niedersachsen.de | <p>The Ministry for Social Affairs, Health and Gender Equality, as supreme state authority with around 400 employees, shapes the social policy of the State of Lower Saxony. In the health sector, for example, the ministry defines, together with the state health authority, measures for the prevention and control of diseases.</p> <p>The policy for migration and participation focuses on efforts to ensure that life as an immigrant means taking part fully in social, cultural, political and economic activities. Our aim is full equality and equal opportunities. This includes, for example, acknowledging the professional qualifications of people from abroad.</p> |
| <b>Ärztammer Niedersachsen<br/>Körperschaft öffentlichen Rechts</b><br>Berliner Allee 20<br>30175 Hannover<br>Telefon: 0511 380 02<br>E-Mail: info@aeKn.de<br>Internet:<br>www.aeKn.de   | <p>The Medical Association is a neutral body, which represents the interests of its members as well as those of patients, and is therefore a health policy partner. It promotes communication between the population and the Medical Association through information, discussion and advice. It is also the body that addresses patients' complaints.</p>  |
| <b>Bundesministerium für Gesundheit (BMG)</b><br>Referat Information,<br>Publikation, Redaktion<br>Rochusstraße 1<br>53123 Bonn<br>Internet:<br>www.bmg.bund.de  | <p>Sustaining, securing and further developing the efficiency of statutory health and nursing care insurance are among the Federal Ministry of Health's most important tasks. The Federal Ministry of Health provides telephone information services on the following topics:</p> <p>Nursing care insurance: tel: 01805 99 66 03<br/>Health insurance: tel: 01805 99 66 02<br/>Health insurance protection for everyone: tel: 01805 99 66 01</p>   |

| Institution/Contact   | Description  |
|---|--|
| <p><b>donum vitae in Niedersachsen e.V.</b><br/> Geschäftsstelle:<br/> Hasestraße 5<br/> 49593 Bersenbrück<br/> Telefon: 05439 60 77 85<br/> E-Mail:<br/> bersenbrueck@donumvitae.org<br/> Internet: www.niedersachsen.donumvitae.org</p>   | <p>The regional association of donum vitae in Lower Saxony comprises 19 advice centres, which address women, men and couples, regardless of nationality and creed. Donum vitae gives advice in pregnancy conflict situations, according to Catholic teaching (for example, on sources of help and legal claims). Donum vitae also arranges financial aid and further assistance for pregnant women and mothers in need. You can find contact details for the advice centres at: <a href="http://www.niedersachsen.donumvitae.org/stellen">www.niedersachsen.donumvitae.org/stellen</a></p> |
| <p><b>Health authorities in Lower Saxony</b><br/> Niedersächsisches Landesgesundheitsamt<br/> Roesebeckstraße 4–6<br/> 30449 Hannover<br/> Internet:<br/> <a href="http://www.nlga.niedersachsen.de">www.nlga.niedersachsen.de</a></p>  | <p>Health authorities provide the population with information, education and counselling on health matters. Some examples of the Health Authorities' tasks include health checks for school beginners, advice on vaccinations, and assistance for the mentally ill, addicts and the handicapped. They also carry out monitoring and controlling of hygiene and drinking water in care and support service facilities.</p>  |
| <p><b>Landesvereinigung für Gesundheit und Akademie für Sozialmedizin Niedersachsen e.V.</b><br/> Fenskeweg 2<br/> 30165 Hannover<br/> Telefon: 0511 350 00 52<br/> E-Mail: <a href="mailto:info@gesundheitsnds.de">info@gesundheitsnds.de</a><br/> Internet:<br/> <a href="http://www.gesundheitsnds.de">www.gesundheitsnds.de</a></p> | <p>The State Association for Health and the Academy for Social Medicine Lower Saxony (regd association) (LVG) is a non-profit, independent professional association operating throughout the state for the promotion of health, health education and prevention. The Academy for Social Medicine offers skills enhancement and scientific events in the field of social medicine, prevention and rehabilitation, and is a consolidated association with the State Association for Health.</p>  |
| <p><b>pro familia-Landesverband Niedersachsen</b><br/> Lange Laube 14<br/> 30159 Hannover<br/> Telefon: 0511 30 18 57 80<br/> E-Mail: <a href="mailto:lv.niedersachsen@profamilia.de">lv.niedersachsen@profamilia.de</a></p>  | <p>Pro familia's family planning counselling gives advice on all questions to do with contraception, pregnancy and parenthood. With sex education talks on offer, pro familia has a service of professional education and supports adolescents in their responsible handling of sexuality.</p>   |

| Institution/Contact   | Description   |
|---|---|
| <b>Bundesarbeitsgemeinschaft<br/>Mehr Sicherheit für Kinder e.V.</b><br>Heilsbachstraße 30<br>53123 Bonn<br>Internet:<br><a href="http://www.kindersicherheit.de">www.kindersicherheit.de</a>                         | The Federal Working Group on "More Safety for Children" has committed itself to informing the general public about accident risk, and to developing measures to prevent children having accidents. Parents and caregivers can find information about domestic and leisure accident risks on its website.  |
| <b>Deutscher Kinderschutz-<br/>bund Landesverband<br/>Niedersachsen e.V.</b><br>Martha-Wissmann-Platz 3<br>30449 Hannover<br>Telefon: 0511 44 40 75<br>Internet: <a href="http://www.dksb-nds.de">www.dksb-nds.de</a> | The German Child Protection Agency is a nationwide association that lobbies for children and their protection. The Child Protection Agency offers protection for children with its advice centres and their key topics "Violence against children and adolescents: counselling for children, adolescents and families"; as well as through helplines for children and adolescents, parents' helplines and with the Child Protection Centre in Hanover.                                  |
| <b>La Leche Liga<br/>Deutschland e.V.</b><br>Louis-Mannstaedt-Straße 19<br>53840 Troisdorf<br>Telefon: 02241  123 25 81<br>Internet:<br><a href="http://www.lalecheliga.de">www.lalecheliga.de</a>                    | The La Leche League Germany (regd association) (LLL) is part of a worldwide, non-profit organization – La Leche League International. In Germany, the LLL is organized in regional breastfeeding groups. Their aim is to offer encouragement, information and support to women who want to breastfeed. Mothers can take part in monthly breastfeeding meetings, and make use of advice by telephone.  |
| <b>Stiftung Kindergesundheit</b><br>c/o Dr. von Haunersches<br>Kinderspital<br>Lindwurmstraße 4<br>80337 München<br>Internet:<br><a href="http://www.kindergesundheit.de">www.kindergesundheit.de</a>                 | The Child Health Trust is committed to improved preventive measures for children's health, and promotes the knowledge transfer required for this. It is involved, among other things, in allergy prevention and the search for causes, and in the prevention of wrong or excessive eating habits, as well as in protection from infections and congenital malformations. Further important issues are the protection of adolescents from neglect, the use of violence and sexual abuse. |

| Institution/Contact  | Description  |
|--|--|
| <b>Brustkrebs Info e. V.</b><br>Otto-Erich-Straße 9<br>14109 Berlin<br>Internet:<br><a href="http://www.brustkrebsinfo.de">www.brustkrebsinfo.de</a>   | The Association of Breast Cancer Info (regd. association) provides patients and their relatives with independent and scientifically proven information. On their website there is comprehensive information about the issues of breast cancer, risk factors and prevention, early detection of breast cancer, diagnostics, therapy, rehabilitation and after-care. In addition, you can find information about medical terms in an online breast cancer encyclopaedia.   |
| <b>Deutsche Krebshilfe e. V.</b><br>Buschstraße 32<br>53113 Bonn<br>Telefon: 0228 72 99 00<br>Internet:<br><a href="http://www.krebshilfe.de">www.krebshilfe.de</a>  | German Cancer Help has been lobbying for 34 years for the concerns of people suffering from cancer. It is their objective to fight against cancer diseases in all their forms. In order to achieve this, the organization promotes projects to improve prevention, early detection, therapy, medical after-care and psycho-social care, including cancer self-help.  |
| <b>Frauenselbsthilfe nach Krebs e. V.</b><br>„Haus der Krebs-Selbsthilfe“<br>Thomas-Mann-Straße 40<br>53111 Bonn<br>Telefon: 0228 33 88 94 00<br>Internet:<br><a href="http://www.frauenselbsthilfe.de">www.frauenselbsthilfe.de</a> | Self-help for Women after Cancer, a registered society, is an organization in which breast cancer patients have joined forces in order to improve the support of those affected. The association offers individual or group talks with sufferers and/or relatives, as well as personal, helpline and online counselling. Moreover, it organizes lectures given by experts from all fields of the healthcare and support system, and supports interested persons in the founding and running of self-help groups. Free and easily understandable advice documents and brochures can be ordered on the association's homepage. |

| Institution/Contact  | Description   |
|--|---|
| <p><b>Krebsinformationsdienst (KID), Deutsches Krebsforschungszentrum Heidelberg</b><br/> Im Neuenheimer Feld 280<br/> 69120 Heidelberg<br/> Internet:<br/> <a href="http://www.krebsinformation.de">www.krebsinformation.de</a></p> | <p>The Cancer Information Service (KID) is a facility of the German Cancer Research Centre (DKFZ) in Heidelberg. It has defined its goal as making current, quality-controlled information about tumour diseases publicly accessible. Furthermore, the Cancer Information Service arranges information on addresses and contact centres for those seeking help. The Service gives you easily understandable information on all cancer-related issues by telephone (daily 8:00 to 20:00, tel: 0800/420 30 40).</p>             |
| <p><b>Mamazone – Frauen und Forschung gegen Brustkrebs e.V.</b><br/> Postfach 310220<br/> 86063 Augsburg<br/> Telefon: 0821 521 31 44<br/> Internet:<br/> <a href="http://www.mamazone.de">www.mamazone.de</a></p>                   | <p>Mamazone – Women and Research against Breast Cancer (regd. association) is the biggest and most active breast cancer patients' initiative in Germany. The organization supports, encourages and advises women with breast cancer, and lobbies for quality in diagnostics, therapy and after-care. Furthermore, it advocates woman-orientated treatment of breast cancer and supports informed and self-determined patients.</p>  |
| <p><b>Niedersächsische Krebsgesellschaft e.V.</b><br/> Königstraße 27<br/> 30175 Hannover<br/> Telefon: 0511 388 52 62<br/> Internet:<br/> <a href="http://www.ndskrebsgesellschaft.de">www.ndskrebsgesellschaft.de</a></p>          | <p>The Lower Saxon Cancer Society pursues the objective of promoting early detection of cancer, and of educating the general public about the nature of cancer diseases. Apart from this, it promotes the setting up of cancer advice centres and tumour clinics, and campaigns for the expansion of public and private care of cancer patients. On questions of cancer prevention and control, the Lower Saxon Cancer Society acts in an advisory and analytical function with respect to health and social legislature.</p> |



| Institution/Contact   | Description  |
|---|--|
| <p><b>Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ)</b><br/> Glinkastraße 24<br/> 10117 Berlin<br/> Telefon: 03018 555-0<br/> Fax: 030 18555-1145<br/> E-Mail: <a href="mailto:poststelle@bmfsfj.bund.de">poststelle@bmfsfj.bund.de</a><br/> Internet: <a href="http://www.bmfsfj.de/BMFSFJ/aeltere-menschen.html">www.bmfsfj.de/BMFSFJ/aeltere-menschen.html</a></p> | <p>The Federal Ministry for Family Affairs initiates pilot projects to support independent living for seniors citizens and for high-quality care and support in old age. It also works to improve the legislative framework, e.g. through the Aged Care Act and the Home Care Act. Moreover, it supports organizations for senior citizens that assist older people in advocating for their interests.</p>   |
| <p><b>Kuratorium Deutsche Altershilfe (Wilhelmine-Lübke-Stiftung e. V.)</b><br/> An der Pauluskirche 3<br/> 50677 Köln<br/> Telefon: 0221 93 18 47-0<br/> Fax: 0221 93 18 47-6<br/> E-Mail: <a href="mailto:info@kda.de">info@kda.de</a><br/> <a href="http://www.kda.de">www.kda.de</a></p>  | <p>For more than 50 years and in dialogue with its partners, the KDA has been developing concepts, solutions and models for working with older people and assists their practical implementation. Through its projects, advice, training, conferences and publications it contributes significantly to improving quality of life for older people. In this work the KDA sees itself as a trailblazer for contemporary aged care and advocacy.</p>  |
| <p><b>Landesarbeitsgemeinschaft der Freien Wohlfahrtspflege in Niedersachsen e.V.</b><br/> Ebhardtstr. 2<br/> 30159 Hannover<br/> Telefon: 0511 85 20 99<br/> Fax: 0511 283 47 74<br/> E-Mail: <a href="mailto:info@lag-fw-nds.de">info@lag-fw-nds.de</a><br/> Internet: <a href="http://www.lag-fw-nds.de">www.lag-fw-nds.de</a></p>   | <p>The State Working Group of Independent Charities in Lower Saxony is a federation of six peak organizations: Workers' Welfare Association (Arbeiterwohlfahrt), Caritas, German Red Cross (Deutsches Rotes Kreuz), Diakonie (social welfare organization of Germany's Protestant churches), Jewish Welfare Association (Jüdische Wohlfahrt) and the Parity Association (Paritätischer Wohlfahrtsverband). Their services include hospitals, aged care facilities, child care centres and facilities for the disabled. These are complemented by self-help groups and visiting services.</p> |
| <p><b>Senioren- und Pflegestützpunkte Niedersachsen (SPN)</b><br/> Internet:<br/> <a href="http://www.ms.niedersachsen.de/themen/senioren_generationen/seniorenservicebueros/beratungsstrukturen-fuer-aeltere-menschen-14162.html">www.ms.niedersachsen.de/themen/senioren_generationen/seniorenservicebueros/beratungsstrukturen-fuer-aeltere-menschen-14162.html</a></p>                  | <p>All older people can approach the Support Centres for Care of the Elderly with their questions on coping with life and daily living, but all providers of support services are also welcome to seek advice. As a central contact point, their aim is to offer information and services as a package, in order to save older persons undue trouble.</p>  |

# Notes

## Acknowledgement

We thank the many scientists, experts and institutions who have contributed to compiling this guide on the topics of Children's Health, Breast Cancer Early Diagnosis and Old Age and Care.

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# Live healthy – stay healthy

Good health is all that matters! Good health is a decisive prerequisite for a happy life: with good health children can discover the world with their boundless energy, and adults can cope better with day-to-day demands and enjoy life more. For senior citizens, too, it is of utmost importance to stay fit and active for as long as possible, and to be aware of illness and disease at an early stage.

How can you help your children to have a healthy start in life? Which checkups for children and adolescents are available? What does early detection of breast cancer mean for women? How can you stay healthy in old age and keep your independence as long as possible?

This booklet answers these and many other questions. Moreover, you will find contact addresses and persons at various health centres in Lower Saxony.

This Guide was given to you by:

With the kind support of



Niedersächsisches Ministerium  
für Soziales, Gesundheit  
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