# Report card
## Germany

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Obesity prevalence

Adults, 2014

Survey type: Self-reported
Age: 18+
Area covered: National
References: Eurostat Database: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1e&lang=en (last accessed 25.08.20)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2014-2017

Survey type: Measured
Age: 3-17
Sample size: 3,567
Area covered: Regional
Notes: IOTF cut-offs used (WHO cut off data also available in paper)
Cutoffs: IOTF
Children living with overweight or obesity in Germany 2000-2008

Survey type: Measured


Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Overweight/obesity by age and education

Men, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².
Women, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by education

Men, 2014

Survey type: Self-reported
Age: 18+
Area covered: National


Notes: Total sample size in EU = 35100 (Age 18+) Less than primary, primary and lower secondary education (levels 0-2) Upper secondary and post-secondary non-tertiary education (levels 3 and 4) Tertiary education (levels 5-8)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
### Women, 2014

#### Survey type:
Self-reported

#### Age:
18+

#### Area covered:
National

#### References:

#### Notes:
- Total sample size in EU = 35100 (Age 18+) Less than primary, primary and lower secondary education (levels 0-2)
- Upper secondary and post-secondary non-tertiary education (levels 3 and 4) Tertiary education (levels 5-8)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².
Children, 2012

Survey type: Measured
Age: 3-6
Sample size: 1217
Area covered: Subnational - Munich


Notes: IOTF International cut-offs used. Low Maternal education classed as <14 y of education. Medium/high Maternal education classed as >14 y of education.

Cutoffs: IOTF
Overweight/obesity by age

Adults, 2008-2011

Survey type: Measured
Sample size: 7116
Area covered: National


Notes: Last reviewed 2nd November 2017

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2008

Survey type: Measured
Sample size: 40625
Area covered: National

Cutoffs: IOTF
Overweight/obesity by region

Children, 2003-2006

Survey type: Measured
Age: 3-17
Sample size: 14747
Area covered: National


Notes: See paper for cut off
Cutoffs: Other
Overweight/obesity by age and region

Men, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². Obesity refers to a BMI greater than 30kg/m².
Women, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by age and socio-economic group

Adults, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².
Men, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by socio-economic group

Men, 2014

### Survey type:
Self-reported

### Age:
18+

### Sample size:
Total sample number in EU: 35100 (Age 18+)

### Area covered:
National

### References:

### Notes:
1st Quintile (lowest income), 5th Quintile (highest income) Please note where data = zero, there were insufficient data.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2014

Survey type: Self-reported

Age: 18+

Sample size: Total sample number in EU: 35100 (Age 18+)

Area covered: National


Notes: 1st Quintile (lowest income), 5th Quintile (highest income) Please note where data = zero, there were insufficient data.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
### Children, 2007-2008

<table>
<thead>
<tr>
<th>SES</th>
<th>Obesity</th>
<th>Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>7%</td>
<td>13%</td>
</tr>
<tr>
<td>Low/Medium</td>
<td>9%</td>
<td>11%</td>
</tr>
<tr>
<td>Medium</td>
<td>6%</td>
<td>14%</td>
</tr>
<tr>
<td>Medium/High</td>
<td>4%</td>
<td>16%</td>
</tr>
<tr>
<td>High</td>
<td>5%</td>
<td>15%</td>
</tr>
</tbody>
</table>

**Survey type:** Measured

**Age:** 2-9

**Sample size:** 2194

**Area covered:** National

**References:** Ahrens W, Pigeot I, Pohlabeln H et al. Prevalence of overweight and obesity in European children below the age of 10. IJO 2014;38:S99-S107

**Notes:** SES assessed by annual income.

**Cutoffs:** IOTF
Insufficient physical activity

Adults, 2016

Men, 2016

% insufficient physical activity

Women, 2016

Children, 2010


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Girls, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Sugar consumption

Adults, 2016

References:
Source: Euromonitor International

Definitions:
Sugar consumption (Number of 500g sugar portions/person/month)
Estimated per-capita sugar sweetened beverages intake

Adults, 2016

References:

Source: Euromonitor International
Prevalence of at least daily carbonated soft drink consumption

Children, 2014

Survey type: Measured


Notes: 15-year-old adolescents

Definitions: Prevalence of at least daily carbonated soft drink consumption (% of at least daily carbonated soft drink consumption)
Prevalence of confectionery consumption

Adults, 2016

References:
Source: Euromonitor International

Definitions:
Prevalence of confectionery consumption (Number of 50g confectionery portions/person/month)
Prevalence of sweet/savoury snack consumption

Adults, 2016

References:
Source: Euromonitor International

Definitions: Prevalence of sweet/savoury snack consumption (Number of 35g sweet/savoury snack portions/person/month)
Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita fruit intake (g/day)
Prevalence of less-than-daily fruit consumption

Children, 2014

Survey type: Measured


Definitions: Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)
Prevalence of less-than-daily vegetable consumption

Children, 2014

Survey type: Measured
Age: 12-17


Definitions: Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)
Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured
Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation http://ghdx.healthdata.org/

Definitions: Estimated per-capita processed meat intake (g per day)
Estimated per-capita whole grains intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation http://ghdx.healthdata.org/
Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
**Women, 2018**

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portugal</td>
<td>4</td>
</tr>
<tr>
<td>Cyprus</td>
<td>6</td>
</tr>
<tr>
<td>Spain</td>
<td>8</td>
</tr>
<tr>
<td>Greece</td>
<td>8</td>
</tr>
<tr>
<td>Ireland</td>
<td>10</td>
</tr>
<tr>
<td>Poland</td>
<td>10</td>
</tr>
<tr>
<td>Romania</td>
<td>12</td>
</tr>
<tr>
<td>Estonia</td>
<td>12</td>
</tr>
<tr>
<td>Lithuania</td>
<td>12</td>
</tr>
<tr>
<td>Croatia</td>
<td>12</td>
</tr>
<tr>
<td>United Kingdom</td>
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</tr>
<tr>
<td>Italy</td>
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</tr>
<tr>
<td>Luxembourg</td>
<td>12</td>
</tr>
<tr>
<td>Netherlands</td>
<td>12</td>
</tr>
<tr>
<td>Slovenia</td>
<td>12</td>
</tr>
<tr>
<td>Latvia</td>
<td>12</td>
</tr>
<tr>
<td>Malta</td>
<td>12</td>
</tr>
<tr>
<td>Sweden</td>
<td>12</td>
</tr>
<tr>
<td>Denmark</td>
<td>12</td>
</tr>
<tr>
<td>Finland</td>
<td>12</td>
</tr>
<tr>
<td>France</td>
<td>12</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>12</td>
</tr>
<tr>
<td>Germany</td>
<td>16</td>
</tr>
<tr>
<td>Slovakia</td>
<td>14</td>
</tr>
<tr>
<td>Austria</td>
<td>14</td>
</tr>
<tr>
<td>Belgium</td>
<td>14</td>
</tr>
<tr>
<td>Hungary</td>
<td>14</td>
</tr>
</tbody>
</table>

**Age:** 20+


**Definitions:** Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018

References:

Definitions:
Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
**Women, 2018**

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyprus</td>
<td>0</td>
</tr>
<tr>
<td>Portugal</td>
<td>2</td>
</tr>
<tr>
<td>Romania</td>
<td>4</td>
</tr>
<tr>
<td>Greece</td>
<td>6</td>
</tr>
<tr>
<td>Spain</td>
<td>8</td>
</tr>
<tr>
<td>Sweden</td>
<td>10</td>
</tr>
<tr>
<td>Netherlands</td>
<td>12</td>
</tr>
<tr>
<td>Austria</td>
<td>14</td>
</tr>
<tr>
<td>Germany</td>
<td>16</td>
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<td>Luxembourg</td>
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<td>Poland</td>
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<td>Malta</td>
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<td>Belgium</td>
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<td>Croatia</td>
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</tr>
<tr>
<td>United Kingdom</td>
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<td>France</td>
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<tr>
<td>Hungary</td>
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<td>Slovakia</td>
<td>18</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>18</td>
</tr>
<tr>
<td>Estonia</td>
<td>18</td>
</tr>
<tr>
<td>Lithuania</td>
<td>18</td>
</tr>
</tbody>
</table>

**Age:** 20+


**Definitions:** Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Women, 2015

% raised blood pressure


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008


Definitions: % Raised total cholesterol (&ge; 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014

References:

Definitions:
Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

Economic classification: High Income

Health systems summary

Germany has a health insurance system that is mandatory for all its citizens and permanent residents. The system is made up of two types of insurances: "sickness funds" through the statutory health insurance system and private health insurance. The latter is typically held by those with higher incomes who opt out of the statutory insurance and the self-employed, covering approximately 11% of the population. “Sickness funds”, on the other hand, are used by the majority (87%) and are financed by compulsory contributions by employees and employers. There are said be approximately 109 different "sickness funds” available, all of which cover non-earning dependents free of charge. As a result of this described system, Germany is considered to have universal health coverage for all legal residents. Out of pocket expenditure is considerably lower than European neighbours at 12.5% of total health spending in 2017.

Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining 'Obesity as a disease'?</td>
<td>Defined as disease</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining 'Obesity as a disease'?</td>
<td>Some progress</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>Some progress</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>Yes</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Out of pocket</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

<table>
<thead>
<tr>
<th>Lack of political will, interest and action</th>
<th>High cost of out of pocket payments</th>
<th>Influence of food industry</th>
<th>Fragmented or failing health system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of training for healthcare professionals</td>
<td>Lack of multidisciplinary teams</td>
<td>Poor health literacy &amp; behaviour</td>
<td>Obesogenic environment</td>
</tr>
<tr>
<td>Obesity not recognised as a disease</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary of stakeholder feedback

In July 2020, the German Parliament officially recognised obesity as a chronic disease. Despite this, obesity prevention is considered to be neglected and underfunded, with the few initiatives available provided by health insurance companies. Additionally, the way in which health insurance companies address obesity differs between companies. While some insurers consider obesity to be a disease and act on this by covering some services, it was noted to be extremely variable because insurers were reluctant to provide care for financial reasons.

Stakeholders noted that most people living with obesity entered the system through primary care. Once in the system, it was felt that compliance to disease management was not sufficiently supported and there was inconsistency in referrals to local services. This, compounded by the poor financial coverage for obesity treatment and management, means that the majority receive insufficient care. It was agreed that there is too much variation in what insurers will cover, with coverage often extended to bariatric surgery only and few other treatment options. As a result, it appears that much treatment is paid for out of pocket.

Stakeholders felt that there are inadequate numbers of suitably qualified obesity treatment professionals in both urban and rural areas. Specifically, there is reportedly a lack of psychologists, specialist doctors and dieticians. It was recognised that while there are obesity guidelines, they are only partly followed due to lack of financing and training. It was reported that most obesity training is not mandatory for health professionals.

Based on interviews/survey returns from 3 stakeholders

Last updated: June 2020