

RESEARCH AND PRACTICE OF HEALTH PROMOTION

THE YOUNG OLD

**An Expert Report on the Situation of
People Between 55 and 65 Years of Age**

VOLUME 16



Federal Centre for Health Education

BZgA



BZgA

**Bundeszentrale
für
gesundheitliche
Aufklärung**

ISBN 978-3-942816-45-8

ISSN 1432-3214

The Federal Centre for Health Education (BZgA) is a specialist authority in the portfolio of the Federal Ministry of Health and is based in Cologne. In the field of health promotion, it carries out both information and communication tasks (educational function) and quality assurance tasks (clearing and coordination function).

The Centre's information and communication tasks include educating the public on topics with particular priority in terms of health. Working together with cooperation partners, campaigns covering issues such as AIDS prevention, addiction prevention, sex education and family planning are carried out. The BZgA's current target-group-specific focus is the promotion of health among children and young people. In the quality assurance sector, the formulation of scientific principles, the development of guidelines and the execution of market surveys on media and measures in selected areas are among the BZgA's major tasks.

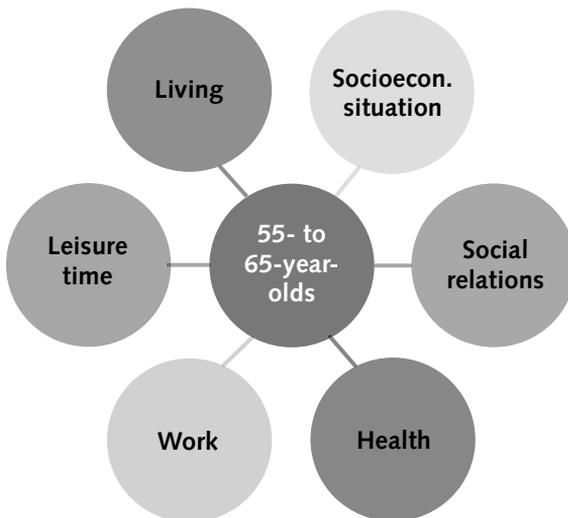
Within the context of its quality assurance tasks, the BZgA implements research projects, expert opinions, studies and conferences on current topics within health education and health promotion. Many of the results and documentation are included in the BZgA's series of scientific publications, in order to make them accessible to interested parties from a very wide range of health promotion fields. The series of specialist journals entitled "*Forschung und Praxis der Gesundheitsförderung*" [Research and Practice in Health Promotion] aims to be a forum for scientific discussion, as does the topic-specific series "*Forschung und Praxis der Sexualaufklärung und Familienplanung*" [Research and Practice in Sex Education and Family Planning]. The principal aim of this series of specialist journals, which also appears in English, is to promote dialogue between those working in the fields of research and practice and to create the bases for successful health promotion.

RESEARCH AND PRACTICE OF HEALTH PROMOTION
VOLUME 16

THE YOUNG OLD

An Expert Report on the Situation of People Between 55 and 65 Years of Age

Josefine Heusinger and Birgit Wolter
With the collaboration of Judith Hoffman and Kathrin Ottovay



Bibliographical information from the German National Library:
The German National Library lists this publication in the German National Bibliography;
detailed bibliographical data are available online at <http://dnb.ddb.de>.

The articles in this series reflect the opinions of the authors, which are not necessarily shared
by the editor in all cases. The series of specialist journals is designed as a forum for discussion.

Research and Practice of Health Promotion, Volume 16
The Young Old – An Expert Report on the Situation of People Between 55 and 65 Years of Age
Cologne: BZgA, 2011

Editor:
Federal Centre for Health Education (BZgA)
Ostmerheimer Str. 220, 51109 Cologne
Tel. +49 (0)2 21/89 92-0
Fax: +49 (0)2 21/89 92-300

Project manager: Dr. Monika Köster
E-mail: monika.koester@bzga.de
Translation: Joseph A. Smith

All rights reserved.

Editing: René Zey, Frechen
Type-setting: Königsdorfer Medienhaus, Frechen

ISBN 978-3-942816-45-8

Volume 16 of the specialist journal can be ordered from the following address:
BZgA, 51101 Cologne, and online at <http://www.bzga.de>

This brochure is distributed free of charge by the BZgA.
It is not intended for re-sale by the recipient or by third parties.

Order number: 60816070

Preface

In light of the present demographical development in Germany, which is leading to a large increase in the number of older and old people in the general population, the theme of “improving health and prevention in the elderly” has taken on a particular urgency. Being healthy in later years is a high priority both for the concerned individuals and for society in general.

By mid-2030 some 23 million persons are projected to be over the age of 65 in Germany. The primary goal is to enable this segment of the population to live out the years they have left at a high level of quality of life. To this end it is imperative that they actively shape the path of their lives for as long as possible and enjoy a high level of self-determination. Only then will they be in the position to tap into their potentials and to fully exploit their given resources. Yet this group of elderly persons is very heterogeneous: They have very different needs, live under very different circumstances and have lived very different lives; their prospects and risks for experiencing a healthy old age are very diverse. Thus, in order to develop pertinent strategies for furthering the health of the elderly, it is important that we reflect on the variety of lifestyles and individual paths taken during the aging process. Only concepts and approaches that consider the vulnerabilities, resources, chances and strengths of the people in question – and the world they actually live in – can be successful and truly preserve – or perhaps improve – their health, independence and participation up until old age.

In order to obtain a broad outline of the manifold life circumstances of the “young old” in Germany – men and women between the ages of 55 and 65 years – the Federal Centre for Health Education (BZgA) asked the Institute for Gerontological Research (Berlin) to prepare a report on this matter reflecting the present state of affairs in various specific areas based on publicly available data. This expert report thus takes a look at the economic situation, the social relationships and lifestyles of the elderly, their living situation, their networks, their employment and societal roles. It also delves into the themes of continuing education, recreation, sports and cultural activities as well as treating the areas of health behavior and state of health. Also included are the crossover themes of social situation, migration and gender. Since it draws solely from publicly available databases, it can also serve as a starting point for more detailed investigations.

The BZgA presents this publication as a detailed and differentiated text describing how to prepare age-group-specific plans to enable activities of prevention and health promotion in the elderly.

Cologne, October 2011

Prof. Dr. Elisabeth Pott
Director of the German Federal
Centre for Health Education (BZgA)

Short Profile of the Project

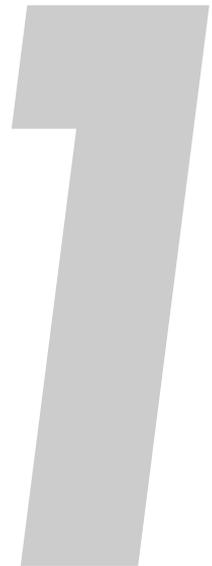
Project title:	The Young Old. An Expert Report on the Situation of People Between 55 and 65 Years of Age
Goals:	A nuanced description of the situation of the heterogeneous group of persons between 55 and 65 years of age, based on publicly available data sources, with special attention being paid to the health resources and risks of this segment of the population.
Operatives:	Institut für Gerontologische Forschung e.V. (IGF) Torstr. 178 10115 Berlin www.igfberlin.de
Authors:	Dr. Josefine Heusinger, Dr. Birgit Wolter
Contractor:	Bundeszentrale für gesundheitliche Aufklärung Ostmerheimer Str. 220 51109 Köln
Project representative BZgA:	Dr. Monika Köster

Table of Contents

1. INTRODUCTION	9
2. AN OVERVIEW OF THE SOCIOECONOMIC SITUATION	13
2.1 Age and Sex	14
2.2 Migrant Background	15
2.3 Education	16
2.4 Income, Wealth, Poverty	17
2.5 Conclusion	20
3. SOCIAL RELATIONSHIPS	21
3.1 Lifestyles and Households	22
3.2 Familial and Generational Relationships	24
3.3 Extrafamilial Networks	27
3.4 Caring for Relatives	29
3.5 Conclusion	32
4. HEALTH SITUATION	35
4.1 Subjective Health	36
4.2 Morbidity	37
4.3 Disability, Care Dependency, Rehabilitation	46
4.4 Mortality and Life Expectancy	48
4.5 Health Behavior and Risks	49
4.6 Health and Work	57
4.7 Health Costs	62
4.8 Conclusion	63
5. WORK: THE EMPLOYED AND UNEMPLOYED ELDERLY	67
5.1 Employment Rate	70
5.2 Forms of Employment	72
5.3 Employment Covered by Compulsory Social Insurance	73
5.4 Minor Employment (“Minijob”)	77
5.5 Jobless/Unemployed	77
5.6 Old-Age Pensions	87
5.7 Conclusion	98

6. LEISURE TIME	101
6.1 Volunteer Work and Local Engagement	102
6.2 Continuing Education	105
6.3 Cultural Activities	107
6.4 Media Use and Access to Information	107
6.5 Sport and Exercise	113
6.6 Mobility	115
6.7 Conclusion	125
7. LIVING ARRANGEMENTS	127
7.1 The Regional Distribution of this Age Group: Where Do the “Young Old” Live?	128
7.2 Ownership, Housing Space and Housing Costs	131
7.3 Living Accommodations of the Elderly	132
7.4 Migration Movements and Willingness to Relocate	134
7.5 Evaluation of the Residential Environment	136
7.6 Conclusion	138
8. CONCLUSION	139
9. APPENDIX	143
9.1 Tables	144
9.2 Figures	165
9.3 Short Questionnaire on Abuse of Prescription Drugs (KFM)	171
9.4 Abbreviations	172
9.5 References	173
9.6 List of Tables	182
9.7 List of Figures	186

INTRODUCTION



Most of the people designated in this work as the “young old” would probably prefer not to think of themselves as being “old.” They are between 55 and 65 years of age and stand squarely in the middle of life. Together with 10 million other Germans in the same age range they form a major block of the overall population – and yet are very heterogeneous. Besides their many differences, however, they also have many things in common: The end of their tenure in the job market is approaching, their children have grown up and maybe even founded their own families, their parents may be in need of help, lost their spouses or have died. The future perspectives are now very different than they once were in younger years; “retired” life poses a multitude of challenges; one’s health is not what it used to be. This stage of life necessarily poses important questions for the stage that will follow, the answers to which depend both on the individual biography and the collective experiences of the entire generation.

The age group described in this expert report was, depending on the database consulted*, born between 1945 and 1955. Their earliest memories go back to the time following World War II. They were influenced by deprivation and destruction as well as by the freedom they enjoyed in the shadow of busy adults. During their youth they experienced the reconstruction of Germany, but under very different circumstances: In East Germany it was accompanied by the promises of Socialism, in West Germany by the glow of Capitalism. As young adults they lived through the building of the Berlin Wall, the Prague Spring, the hippie and protest generation at the universities in the 1960s.

The economic situation in both parts of Germany was characterized by an ever-increasing level of material prosperity and social security available to nearly all parts of the population. Upward mobility was a given, and especially the working classes in East Germany profited from this circumstance. The dearth of workers led to many women entering the work force, again particularly in East Germany, whereas West Germany long retained the ideal of the stay-at-home mother. Soon, in West Germany, so-called “guest workers” as well as many migrants from other countries entered the country and today make up nearly 12% of the persons in this age group.

The Women’s Movement starkly changed gender roles. Traditional styles of educating and raising children came to be questioned and new forms of life discussed. The fear of environmental pollution, the specter of exploiting the world’s resources and later concerns about world peace drove many from this generation into the streets to protest.

* The sources at our disposal made it necessary to use data from different years. In order to describe this group of “young old,” we evaluated the publicly available data from 2003 on, in exceptional cases from 2001 on. Persons 55 to 65 years of age in 2003 were thus born between 1938 and 1948, whereas those presently (2010) 55 to 65 years of age were born between 1945 and 1955. A look at the most relevant data sources shows that the way data are classified can vary considerably (e.g., cohorts comprise persons 50–65 years in some, in others 55–69 or 45–60). Thus, we had to use very different categories in parallel in order to achieve comprehensive results. The different groups referenced are denoted as such in the text.

In 1989, when the Berlin Wall and other borders fell, these “young old” from East Germany were between 35 and 45 years old. A good portion of their life had already taken place when these very fundamental upheavals changed the political system in Europe, including their local situation and everyday life. They had to find new paths in life and cope with new risks (such as unemployment).

The historical synopsis given here in all brevity forms the backdrop for understanding and interpreting the data material compiled for this expert report. It proposes a portrait of those presently 55 to 65 years old whose varied backgrounds form the basis for a nuanced understanding of the health risks and potentials of this generation. The themes we have chosen reflect a rather comprehensive sense of what “being healthy” means – far more than just the absence of disease.

In the following the reader will find a short overview of the socioeconomic situation of this age group as well as a description of their integration in both familial and nonfamilial networks as sources of well-being and support. There then follows a chapter containing information and data on the health of the “young old” – their morbidity and mortality, specific health risks and health behavior. Then we present a rather long section detailing the most important questions concerning employment, unemployment and retirement, all of which reflect important events in everyday life. A look at social engagement, recreational and sports activities as well as the media use of this age group shows us how they fill their free time. The end of gainful employment and the onset of impaired health cause the living conditions and surroundings to assume a greater role in life: How and where one chooses to live also have an effect, be it positive or negative, on one’s health. The living arrangements of this age group are depicted in the chapter on “Living Arrangements.” This expert report also looks at the heterogeneous nature of the various lifestyles, life forms and contexts of the group of 55- to 65-year-olds in Germany. We direct our attention to the individual prerequisites, life circumstances and life courses we discovered as well as to the chances and risks to health involved with these choices. The data tapped provide information on both the risks/vulnerabilities and the resources/strengths present. We also point out where those active at the national, state and local levels need to take future action in this regard.

**AN OVERVIEW OF
THE SOCIOECONOMIC
SITUATION**



This chapter highlights the present situation of the “young old.” First, we differentiate this age group according to age, sex, migrant background and education; then we take a look at their wealth, income and the distribution of poverty risks in this age group.

2.1 Age and Sex

In the year 2008, the “young old” in the age group of those presently 55 to 65 years old comprised a total of 11.89% of all inhabitants of Germany. On 31 December 2008 there were 9,770,000 persons living in Germany between the age of 55 and 65 – 4,814,000 men and 4,956,000 women (Statistisches Bundesamt 2010a, p. 48)¹. The following table shows the age distribution according to birthyear and sex.² Those listed in the table as being 63 to 64 years old represent persons born in the final war years of 1944 and 1945 (cf. Appendix, Figures 33 and 34).

Age from ... to less than	Total	m	f
55–56	1,092.6	541.8	550.8
56–57	1,094.1	541.7	552.4
57–58	1,071.3	529.9	541.4
58–59	1,076.3	531.9	544.5
59–60	1,037.9	514.5	523.4
60–61	951.7	472.2	479.4
61–62	894.1	441.3	452.8
62–63	780.6	384.4	396.2
63–64	689.2	335.8	353.4
64–65	913.2	445.2	467.9

Table 1: Distribution of the age group 55 to 65 years according to birthyear (data from 31 December 2008), in 1000s. Source: Statistisches Bundesamt 2010a, p. 44.

1 An analysis of the Microcensus 2009 reveals that there is no appreciable difference a year later, with 9,813,000 persons between 55 and 65 years of age.

2 Those 63 years old form a particularly weak birthyear, having been born in 1945.

2.2 Migrant Background

Persons with a migrant background make up 11.7% of the age group “young old.” According to the usual definition provided by the German Statistisches Bundesamt, persons with a migrant background are “those who moved to the present territory of the Federal Republic of Germany after 1949 as well as all foreigners and other persons born in Germany as Germans with at least one parent or foreigner who moved to Germany or was born in Germany” (Statistisches Bundesamt 2010a, p. 31).³ Thus, in 2008 a total of 1,446,000 persons in the group of 55- to 65-year-olds had a migrant background: 713,000 men and 733,000 women (ibid., p. 48).

The largest subgroup of the “young old” with a migrant background possesses or previously possessed citizenship from another European country. According to a detailed listing based on the Microcensus 2009 (Statistisches Bundesamt 2010b, pp. 60f.), 590,000 of the present 1,501,000 persons with a migrant background in the age group 55 to 65 years stem from the so-called EU27 countries (thereof 142,000 from Poland, 100,000 from Italy and 43,000 from Greece) and 603,000 come from other countries of Europe (including 104,000 from the Russian Federation). The largest group of “young old” with a migrant background were the 211,000 persons 55 to 65 years old from Turkey. For 233,000 persons no information on their previous citizenship was provided or the information was considered inaccurate.

The next-youngest cohort, i.e., those 45 to 55 years of age in 2009, had even more persons stemming originally from Turkey (286,000), from the Russian Federation (182,000) and from Poland (253,000). But this age group, too, also has a large number of persons of unknown origin.

Most of those 55 to 65 years of age with a migrant background (1,017,000) have been living for 20 or more years in Germany; only some 34,000 had moved there in the past 5 years. In the younger group of persons 45 to 55 years of age, on the other hand, 245,000 had moved to Germany during the last 5 years.

A look at the regional distribution in the 2007 Microcensus shows that people with a migrant background in the age group 45–64 years make up 18.8% of the population in agglomeration areas, 13% in urbanized areas and 9.1% in rural areas (Menning and Hoffmann 2009, p. 11). The largest portion of migrants in the age group 50–64 years

³ This is the definition employed in all subsequent comments on the situation of persons with a migrant background if not otherwise specified. Where the data could not be further broken down, we had to resort to the category “non-Germans” or “foreigners,” which includes all persons living in Germany who do not have German citizenship.

may be found in Frankfurt (31.6%), in Stuttgart (29.9%), in Munich (26.6%) and in West Berlin (22.3%), followed by Hamburg, Bremen and various cities in the state of Northrhine-Westfalia (ibid., p. 12).

2.3 Education

The Microcensus 2009 provides a detailed portrait of the educational and vocational status of the “young old” (Statistisches Bundesamt 2010a, pp. 131f.; cf. Table 49 in the Appendix).

Table 2 demonstrates that women from this age group on average have a lower level of education than men. Table 3 shows that 20.4% of the women – that’s three times as many as men – have no vocational qualification whatsoever. Whereas 8% of the men without a migrant background have no vocational qualification, among those with a migrant background the number is 40%.

A comparison of the vocational status (cf. Table 3) of women 55–65 years of age both with and without a migrant background clearly reveals that about half of the women in this age group with a migrant background (51.7%) did not complete vocational or educational training.

On the other hand, women with a migrant background as well as those stemming from German ethnic regions abroad (“resettlers” or “repatriates”) have a higher level of university diplomas than women without a migrant background.

Age: 55–65	Total ¹	With a diploma from					Without school diploma
		Middle school	Polytechn. secondary school	Secondary school or equivalent	University/polytechnical college qualification	Not specified	
Total	9,813	4,571	1,108	1,578	2,105	30	386
Men	4,846	2,198	515	646	1,281	15	172
Women	4,967	2,373	593	932	824	15	214

1 Includes those who failed to provide information on their educational background.

Table 2: Population by age group, sex and level of education, 2009 (in 1000s). Source: Statistisches Bundesamt 2010a, p. 131, own depiction.

	University diploma		Did not complete vocational training	
	Men	Women	Men	Women
W/o migrant background	12.2 %	6.8 %	7.9 %	20.4 %
With migrant background	10.5 %	8.9 %	37.5 %	51.7 %
Foreigners	9.2 %	7.7 %	47.5 %	65.5 %
Resettlers/repatriates	8.0 %	8.1 %	17.4 %	31.9 %
Naturalized German citizens	17.6 %	13.6 %	26.4 %	38.1 %

Table 3: Men and women 55 to 65 years old with/without migrant background with university diploma and without vocational training. Source: Menning and Hoffmann 2009, p. 26, calculated according to data of the Statistisches Bundesamt 2007.

2.4 Income, Wealth, Poverty

Income

The material situation of this age group is very heterogeneous. Generally speaking, the financial means of the “young old” may be considered “not all that bad” (Motel-Klingebiel, Simonson et al. 2010, p. 85), though their overall situation is characterized by great social disparities. This may be seen particularly in the differences found between those living in the eastern and western part of the country as well between men and women: Their income, their accumulated wealth and their risk for poverty are very diverse.

The average household income in Germany is based on a representative sample of the income and consumption of private households and amounts to EUR 2,914/month. For persons 55–65 years of age (tagged to the age of the main income provider in the household), the sum is EUR 2,993 – and thus EUR 384 below the average household income of persons 45–55 years of age but EUR 442 higher than in the households of persons 65–70 years (Statistisches Bundesamt 2010a, p. 553). In households of persons with a migrant background, the number of households with a very low income below EUR 1,300 is clearly overrepresented, households with a high income clearly underrepresented (Menning and Hoffmann 2009, pp. 19f.). If we calculate in the size of the households, then we can determine the so-called mean monthly equivalent income.⁴ According to the data of the German Age Survey (DEAS; Motel-Klingebiel, Simonson et al. 2010, pp. 69f.; Motel-Klingebiel, Wurm et al. 2010, Appendix Table A3-1), in 2008 the mean monthly

⁴ This calculation takes into account that households with more than one person are more efficient than a single-person household and thus effectively have a higher standard of living with the same per capita income. The equivalent scale assigns a certain weighting to each person present in the household.

equivalent income of the entire group of persons 40 to 85 years old was EUR 1,694. The group of “young old” – in this particular survey designated as the age group 55–69 years of age – had a higher value of EUR 1,796 than both the younger and older cohorts. Yet there were major social differences with respect to education, sex and region (East/West Germany). Elderly with no vocational training earn slightly less than half of what persons with an upper-secondary school or university diploma earn; men earn on average considerably more than women (*ibid.*). For the year 2007, the data of the Statistisches Bundesamt (Menning and Hoffmann 2009, p. 23) reveal that a total of 40.2% of the 55–64-year-olds without a migrant background – and 61.6% of those with a migrant background – have an equivalent income of less than EUR 1,300 per month at their disposal. 36.8% of the elderly with a migrant background and 17.9% of those without a migrant background must even make do with less than EUR 900.

Wealth

The German Age Survey shows the distribution and extent of the monetary assets of the age group 55–69 years (in brackets are the results of the next-younger cohorts, i.e., persons who were between 40 and 54 years in the year 2008): In 2008, 17.4% [18.9%] had no assets whatsoever, 70% [71.4%] had assets below EUR 100,000 and 12.6% [9.7%] were in possession of EUR 100,000 and more. But here too it is worth looking more closely at the social background: Whereas 26.9% of the women in East Germany had no assets, only 1.6% of them had assets of more than EUR 100,000. Among West German men, on the other hand, 17.9% had assets of more than EUR 100,000. But note that 11.9% of the West German men had no wealth to their name (Motel-Klingebiel et al. 2010: Appendix Table A3-5).

A closer look at the social background in the next-younger cohort shows that, among men from the East German federal states who were between 40 and 54 years in 2008, 28.7% had no assets. Among the women from East Germany in this age group, 25.9% had no assets. Particularly East Germans with small pension claims due to long periods of unemployment will thus be faced with a high risk of poverty in old age – particularly since they have no way to compensate by putting money aside on their own (cf. Chapter 5, pp. 67ff., concerning the development of pensions and old-age poverty). In total, in 2008, 69.2% of all persons between the ages of 55 and 69 years in Germany had assets in the form of property: The highest levels were among West German men (77.4%) and West German women (68.5%), whereas fewer East German men (55.1%) and East German women (53.2%) were property owners (Motel-Klingebiel et al. 2010: Appendix Table A3-6).

The unequal distribution of wealth is continued in the inheritances left to these generations. In 2008, some 65% of the 55–69-year-olds had already received an inheritance, and another 11% were awaiting an inheritance (Motel-Klingebiel, Smonson et al. 2010, p. 75). The data of the German Age Survey show that West Germans tend to inherit more than their counterparts from the eastern part of the country. The differences are partic-

ularly significant between the various levels of education and income. Because these differences remain constant over time, Motel-Klingebiel, Simonson et al. (2010, p. 76) speak of a “continual strengthening of the absolute social disparities within the generations through inheritance.”

Poverty

In 2008, 9.9% of those 55–69 years old were confronted with poverty (Motel-Klingebiel et al. 2010: Appendix Table A3-3). “Poor” in the official sense of the word in the German Age Survey is anyone who has less than 60% of the overall median income (ca. EUR 772) at his or her disposal.⁵ According to this definition of relative poverty, 6.1% of the West German men 55–69 years old and 8.8% of the women in this age group were deemed poor. In East Germany, the rates are 20.1% for men and 17.9% for women. The high number income-poor East German men in this cohort corresponds to their experiences of occupational degeneration following the rapid deindustrialization in the East after the fall the Berlin Wall. Women, on the other hand, were apparently better able to meet the challenge of structural change. The older generations in turn profited from the stable and relatively high pension claims they had accrued in the years before reunification. Remarkable, however, is the fact that in the next generation in East Germany – those between 40 and 54 years of age – the victims of gender-specific poverty were swapped once again: In this cohort 22.8% of the women but only 16.7% of the men were statistically poor.

The German Age Survey also looked at the subjective perception people had of their own material situation. In all of Germany, 63.5% of those 55–69 years old considered their living standard to be “very good,” with only 5.4% judging their status as “very poor.” But, again, there were large differences between East and West: 11.4% of the women and 9.8% of the men in East Germany considered their living standard to be “very poor” (Motel-Klingebiel et al. 2010: Appendix Table A3-13).

When asked “Do you have enough money to meet your needs?”, 12.2% of the 55–69-year-olds in Germany said “not at all/not very,” 32.2% said “more or less” and 55.6% said “mostly/completely.” Among citizens of East Germany, the men seemed especially dissatisfied with their financial lot, with 23.3% (compared to 16.5% of the women) answering that they managed to get along “not at all/not very.” That represents about double the values of their West German counterparts. In younger cohorts (40 to 54 years), 26.9% of the men and 25% of the women considered their financial situation to be “insufficient” (Motel-Klingebiel et al. 2010: Appendix Table A3-15).

5 This common definition of relative poverty as the median of the net equivalent income has been used in the EU since 2001. The median is safe from “outliers” and represents the income of that person who, after everyone in the cohort has been listed according to ascending equivalent income, stands at exactly the middle of the two halves: One half has more income, the other less income.

2.5 Conclusion

This short look at the heterogeneous socioeconomic parameters of the 55–65-year-olds living in Germany should give pause to consider their situation in more detail. As mentioned, presently a large section of these “young old” enjoy material security and live under satisfactory socioeconomic circumstances. At the same time, there are a number of subgroups who suffer from one or more strains due to disparities that influence their ability to partake in and realize their resources. This in turn affects their well-being and with it their mental and physical health. The risk of poverty and its effects in old age is present in all of Germany but particularly for persons with few vocational qualifications as well as according to some regional criteria – i.e., East/West and structurally weak/strong regions. It also affects women and men in the various age cohorts differently. Persons with a migrant background are at particular risk.

The risk of poverty in the elderly, and with it the risk of social isolation as well as increased morbidity and mortality, cannot be derived directly from the existing data on social structure. These tend to depict the entire population, not the individual social groups (such as persons with a migrant background) according to age group, or women, adolescents and their families. Thus, we must take a closer look at how the positive and negative factors influence the risk of poverty among the elderly in different regions and municipalities. We need above all to determine which social groups are particularly in need of support. We especially should look at why elderly persons in East Germany have a higher risk of poverty and are more dissatisfied with their life situation.

**SOCIAL
RELATIONSHIPS**



This chapter is devoted to discovering the social circumstances of the “young old.” We first look at their households, their family status, their children and grandchildren. Then we turn to other forms of social interaction: What do we know about the familial and generational relationships of this age group? What do we know about their relationships with persons outside their immediate family? Who do they feel emotionally drawn to, who supports them, who counsels them, who comforts them?

In the end, such social support represents an important resource for coping with psychosocial stress and for ensuring healthy well-being. This is particularly true for those who assume the care of loved ones – the theme of the final section of this chapter.

3.1 Lifestyles and Households

In 2008, by far a large part of the group of 55–69-years olds were living together with their spouse: 76% were married and living in a common household; 4% were couples but without a common household; and 3% were unmarried but cohabiting couples. A total of 17% did not have a partner. Based on their family status, 76% were married, 9% widowed, 10% divorced or separated, and 5% were single. The next-younger age cohort, those 40 to 54 years of age, tended to be married less often: In 1996, 83% of them were married, but by 2008 this rate had gone down to 70% (Engstler and Tesch-Römer 2010, pp. 169f.).

In 2008, 87% of the 55- to 69-year-olds had children and 54% had grandchildren (Mahne and Motel-Klingebiel 2010, p. 194); 13% were childless. By comparison, 19% of the 40- to 54-year-olds were childless (ibid., p. 173).

The Microcensus 2007 counted a total of 1,843,000 singles among the group of 55–65-year-olds, 802,000 men and 1,041,000 women. This age group thus represents 11.2%

Age of main income provider	Total no. of households	Single-person households	Multiple-person households					
			Total	No. of household members				
				2	3	4	5+	Ø
55–60	3,126	904	2,222	1,414	507	229	72	2,10
60–65	2,580	854	1,726	1,393	240	73	20	1,84

Table 4: Size of households by age of main income provider (in 1000s). Source: Statistisches Bundesamt 2008, p. 39.

Main income provider	55–60 years old	60–65 years old
Single	262	189
Married, separated	101	78
Divorced	376	314
Widowed	165	273
<i>Total</i>	<i>904</i>	<i>854</i>

Table 5: Single-person households (in 1000s). Source: Statistisches Bundesamt 2008, pp. 38ff.

of all singles in Germany (Statistisches Bundesamt 2008, p. 60). The definition of “single” in this regard comprises everyone living without a partner and without children in a single- or multiple-person household. This age group (tagged to the age of main income provider) comprises a total of 5,706,000 separate households: The group of 55–60-year-olds live in 3,126,000 households, the 60–65-year-olds in 2,580,000 households. There is an average of two persons living in these households (ibid., p. 39).

Predominantly divorced and single persons – and with increasing age widows and widowers – live in the 1,758,000 single-person households of 55–65-year-olds.

Of course, the “young old” do remarry. In 2008, for example, among the 55–60-year-olds, 12,295 men remarried (1,954 of whom had previously been single, 992 widowed and 9,349 divorced); among women in this age group 8,227 remarried (1,092 of whom had previously been single, 574 widowed and 6,561 divorced) (Statistisches Bundesamt 2010a, p. 56).

The heterogeneous group of so-called “singles” is confronted with a number of specific risks: Elderly persons without a partner, especially men, complain of a lack of social support (see below). The death of one’s partner or separation/divorce at this age can lead to loneliness and social disintegration. Here, too, men are at particular risk (cf. Pinquart 2003).

But we should also note that “singles” enjoy certain advantages that others in relationships, especially women in common households, do not, for example, the absence of certain emotional stress factors found in difficult or violent relationships (cf. Matthäi 2005, pp. 51f.), the necessity to care for a sick or helpless partner, or the codependence that may occur among the partners of addicts, etc. Particularly women who have to support or care for their partner in the last years of life or until they enter a nursing facility are victim to a number of psychosocial burdens (see below) that singles sidestep.

On the one hand, it is well known that married persons live significantly longer than singles (Brockmann and Klein 2004), that every separation and every divorce in turn short-

ens the lifespan, whereby men tend to profit more than women from the increased lifespan through being (or having been) married.

In summary, compared to the earlier cohorts of the “young old,” who tended more to live together as married couples, the forms of living preferred by today’s – and especially by tomorrow’s – generation of elderly (whether with or without a partner) will necessarily be more varied. The number of unmarried couples is on the increase, and the number of divorced and widowed persons entering unmarried relationships (without necessarily cohabiting) is also increasing. Nevertheless, the overall number of persons between 40 and 54 years living without a partner is on the rise (Engstler and Tesch-Römer 2010, pp. 171f.).

3.2 Familial and Generational Relationships

The familial relationships found in the group of “young old” are being subjected to far-reaching changes today (Mahne and Motel-Klingebiel 2010, p. 210). In addition to the rise of single-person living situations and the increasing number of childless couples (13% of those 55 to 69 years old, 19% of those 40 to 54 years old), this generation is also experiencing grandparenthood at ever-later times – if at all. In 2008, 54% of those in the age group 55 to 69 years already had grandchildren; they reported that having grandchildren was “very important” (57%) or “important” (36%) to them, with more women than men stressing this fact. Women also reported having a closer relationship with their grandchildren: 5% called it “not close,” 15% “somewhat close” and 80% “very close” (ibid., p. 200). Among men the values were slightly lower, but still 75% of them spoke of a “close” relationship to their grandchildren. Some 31% of those 55 to 69 years of age participate in the caretaking of their grandchildren – 10% less than the figures from the same survey done in 1996. Here, too, women are more active than men (Mahne and Motel-Klingebiel 2010, p. 206).

An important fact found in this regard says that grown children (and with them the grandchildren) today live farther from their parents than ever before. This is especially true of the elderly in East Germany: In 2008, 18.9% of them lived more than a 2-hour drive away from their adult children (compared to 12% in West Germany) (Motel-Klingebiel et al. 2010: Appendix Table A8-2).

Thus, the opportunities for exchanging spontaneous support within the family are slowly eroding. Overall, of course, there are still many constellations in which the generations live nearby, in the neighborhood or even in the same household. In families with a migrant background this is even more so the case (69.7%) than in families without a

Distance from own home to that of nearest adult child (in %)	55–69 years	
	w/MB	w/o MB
Same household/house	32.8	26.7
Neighborhood	17.4	14.1
Same municipality	19.5	23.5
Different city (max. 2 hours' drive)	18.1	26.9
Farther away but still in Germany	5.6	7.9
Abroad	6.4	0.9

w/MB = with migrant background; w/o MB = without migrant background

Table 6: Distance of own home to that of the nearest adult child. Source: Menning and Hoffmann 2009, p. 16, according to calculations of Baykara-Krumme 2007, based on data from the German Age Survey 2002).

migrant background (64.3%). On the other hand, 6.4% of the elderly with a migrant background are confronted with the fact that their children live abroad; this is true for only 0.9% of persons 55–69 years old without a migrant background.

The classical multigenerational household, where members of the extended family all live together under one roof, has become more seldom – despite the stereotypes that prevail about families with a migrant background. Still, one does find such multigenerational households more often there than among families without a migrant background.

Despite the large physical distance between members of the family, the frequency with which the elderly make contact with their grown children – also by telephone – remains high (cf. Table 8; see also Mahne and Motel-Klingebiel 2010, p. 197).

Coresidence in household (in %)	55–69 years	
	w/MB	w/o MB
At least one parent	2.1	7.0
At least one adult child	28.1	15.4
Multigenerational household with parents (in-laws) and child	1.2	0.7
Multigenerational household with child and grandchild(ren)	3.7	1.7

w/MB = with migrant background; w/o MB = without migrant background

Table 7: Cohabitation/coresidence with adult children. Source: Menning and Hoffmann 2009, p. 16, according to calculations of Baykara-Krumme 2007, based on data from the German Age Survey 2002).

No. of contacts	40–85 years		40–54 years		55–69 years		70–85 years	
	w/MB	w/o MB						
Daily	29.4	24.5	28.3	22.4	30.8	23.9	28.3	27.1
Several times a week	35.2	42.0	34.2	41.3	37.1	42.9	32.5	41.2
Once a week	18.4	18.0	20.1	18.7	15.2	18.6	22.7	16.7
1–3 times a month	8.8	9.1	7.2	10.3	10.0	8.2	9.9	9.7
Several times a year	4.2	3.5	5.1	2.9	3.4	3.6	4.4	3.9
Seldom	4.0	1.3	3.0	1.3	1.6	1.4	0.4	1.1
Never	2.0	1.5	2.1	3.1	1.9	1.4	1.8	0.4
<i>N</i>	421	1,757	168	416	184	837	68	504

Table 8: Intensity of contact with adult child living elsewhere (in %). Source: Baykara-Krumme 2007, p. 30, based on data from the German Age Survey 2002 (own depiction).

Helen Baykara-Krumme (2007, pp. 30, 31) used data from the German Age Survey 2002⁶ to show that families with and without a migrant background differ only slightly in their intensity of contact and subjective perception of emotional closeness of the elderly to their grown children. Their emotional involvement with their children proved to be high and remained constant over time. However, mothers do tend to communicate more than fathers with their grown children and report having a close relationship with them (Mahne and Motel-Klingebiel 2010, pp. 197f.).

Yet a comparison of the various publications of the German Age Survey shows that less practical help in everyday life is being exchanged today by parents and their grown

Contacts	40–85 years		40–54 years		55–69 years		70–85 years	
	w/MB	w/o MB						
Very close	62.6	59.9	62.3	63.3	63.9	58.2	60.2	60.0
Close	28.6	32.2	27.4	26.7	28.2	34.0	32.5	33.9
Somewhat close	5.9	5.5	6.4	6.4	5.6	5,2	5.7	4.9
Less close	1.5	1.2	1.8	2.2	1.8	1,0	0	0.7
Not at all close	1.4	1.2	2.1	1.2	0.5	1.5	1.7	0.6
<i>N</i>	420	1,742	166	415	184	831	69	496

Table 9: Emotional closeness to an adult child living elsewhere. Source: Baykara-Krumme 2007, p. 31, based on data from the German Age Survey 2002 (own depiction).

⁶ Families with a migrant background were catalogued in DEAS 2002 by means of a so-called “foreigner sample” collected from the Resident Registration Offices, cf. Engstler and Motel-Klingebiel 2010, p. 41.

children (Mahne and Motel-Klingebiel 2010, p. 200). In her study on intergenerational assistance, Martina Brandt describes the gender-specific nature of such support relationships: “Mothers are helped considerably more, and daughters help more than sons do, which furthers the mother-daughter dyad in this point. There follow the mother-son and father-daughter relationships. Finally, the lowest level of help is exhibited by sons toward their fathers” (Brandt 2009, p. 80).

A further central conclusion from these surveys is that the emotional connection between the elderly parents and their adult children remains close, and that a sizable amount of financial help in the form of cash and material possessions flows from the older generation to the younger one. Particularly the age group of 55–69-year-olds often assume the role of giver and pass on money and furnishings chiefly to their own children (26%) and grandchildren (14%), sometimes also to other relatives (6%), but rarely to persons outside the family (2%) (Mahne and Motel-Klingebiel 2010, p. 201). Some 20% of the 55–69-year-olds transfer the equivalent of EUR 1000 or more per year (16% transfer less than this), whereas 5% of the persons in this age group are themselves recipients of such financial transfers (Motel-Klingebiel, Simonson et al. 2010, p. 75). 8.2% of the persons in this age group provide their children with practical help, and 7.9% of them receive practical help from their children (Mahne and Motel-Klingebiel 2010, p. 203).

3

3.3 Extrafamilial Networks

A comparison with previous surveys shows that the functional importance of relationships with persons outside the immediate family is on the increase. The 55–69-year-olds include on average five people in their social network – just as many as the 40–54-year-olds do. As they grow older, however, this number falls to four persons. People with a partner and with children have the largest network, those without a partner or children have the smallest network (Huxhold et al. 2010, p. 221). According to the Data Report of the German Statistisches Bundesamt from 2008, when asked about their social contacts, 41% of the West German and 32% of the East German 50–65-year-olds say that they meet with friends at least once a week. However, 5% of the West Germans and 2% of the East Germans report having no one to confide in about personal or confidential matters (Statistisches Bundesamt 2008, p. 377, based on data from the European Social Survey of 2004/2005).

The German Age Survey also queries people whether nonfamily networks serve as a source of advice and consolation. In the 2008 survey, 38% of the 55–69-year-old women and 19% of the men of this age group noted that they sought consolation from people outside their family. In the younger age group of 40–54-year-olds those values were 51%

and 20%, respectively, for women and men (Huxhold et al. 2010, p. 226). A comparison with earlier surveys shows that extrafamilial relationships have grown in importance for both age groups 40–54 and 55–69 years, especially for women.

12% of those 55–69 years of age, however, report being in need of more advice and consolation (ibid., p. 228). Men without partners are especially affected here, whereas women in partnerships (especially those without children) desire – and seek out – more emotional support from outside the partnership or immediate family, for example, through a “best girlfriend.” Other studies confirm that men in a partnership are concentrated more on their partners than is the case among comparable women (Diewald and Lüdicke 2007, p. 24).

Social support is an important resource for coping with psychosocial burdens and thus for ensuring health and well-being. In its study entitled “Health in Germany Today 2009” (Robert Koch-Institut 2010a, pp. 89f.), the Robert Koch Institute (RKI) asked how many people felt they were receiving adequate emotional, instrumental, informal and decision-relevant support, which it cataloged according to the various age groups and educational levels. The results for the age group 45–64 years by sex were as follows: About a fourth of those from lower educational levels experienced weak support – 24% of women and 28.3% of men; at higher educational levels the rates were 11.3% for women and 13.5% for men. To summarize, older people with a lower educational level tend to consider their personal support to be insufficient.

These results confirm those of earlier studies that discovered a relationship between level of education and the number of personal friends (Höllinger and Haller 1993, p. 115; Diewald and Lüdicke 2007). Elderly persons with low social status (lower level of education and lower household income) reported having fewer friends than those with a higher social status.

Those offering assistance in such cases were more often relatives than among people with a higher education level: People from higher educational levels more often mentioned “self-chosen” friendship networks than receiving “passive” help from relatives (Diewald and Lüdicke 2007, p. 32). However, at this juncture we should point out the results of the studies of Perrig-Chiellos (1997), who found that, as one grows older, it is not the quantity but the quality of social relations that determines one’s well-being. Decisive is not how big one’s network of friends is, but how stable the relationship is to at least one individual in that network.

3.4 Caring for Relatives

Taking care of a loved one – especially someone from the immediate family – is still seen by large parts of the population as a matter of course: Nearly two thirds of all persons officially in need of long-term care live in private households. There are, of course, many differences in the way this care is carried out, depending on the social milieu. The ideal of caring for one's own is still very widespread in rural areas and in more traditional milieus, whereas resorting to care-taking institutions for inpatient care is more at home in metropolitan areas where people tend to have higher levels of education, more vocational training, postmaterialistic values and modern lifestyles (Blinkert and Klie 2004, pp. 108ff.).

But the various social milieus also differ in how they determine whether care should be given, whether the needy person is to be welcomed into one's household, how care is to be generally organized (such as whether to use a nursing service), and how care and worklife can best be combined (Heusinger and Klünder 2005). Such milieu-specific differences are of course also found in families with a migrant background. Persons who have moved to Germany from less modern countries tend to advocate caring for a relative strictly within the family (Blinkert and Klie 2004, p. 128).

No reliable data are available on the number, type and overall situation of relatives who care for their loved ones in Germany, and the data we do have are incomplete and sometimes not up to date (Backes et al. 2008). One exception concerns the study commissioned by the German Ministry of Family Affairs, Senior Citizens, Women and Youth and carried out by a research association, entitled “The Possibilities and Limits of an Independent Lifestyle in Private Households – MuG III” (Schneekloth and Wahl 2006). The data collected, however, referred to the years 2002/2003. In this study, the authors prepared a national representative survey in combination with various other more detailed studies. They differentiated between persons in need of practical help (particularly for doing household and everyday chores, where no official care status had yet been determined; cf. Schneekloth and Wahl 2006, pp. 15f.) and those in need of physical care (where an official level of care-dependence had been established). This approach allows us to better adjudge the needs of individuals and the amount of help they are already getting. It also provides an additional perspective on the care benefits the respective persons were officially receiving according to the German statutes (SGB XI).

According to the results of this study, in 2002 there were 378,000 persons in the age group of 55–65-year-olds who were taking care of another relative. Further 897,000 of them were directly helping out a member of their family. Thus, a total of 1,275,000 persons in this age group were involved in either the care or assistance of a relative (Schneekloth 2006, pp. 77, 79, own calculations). Additional data are not available, for example, con-

Mean no. hours/week (according to own estimation)	Total	Cognitively impaired	Cognitively unimpaired
Official care level*			
Level 1	29.4	31.4	28.1
Level 2	42.2	43.7	40.0
Level 3	54.2	61.9	46.6
Total	36.7	39.7	33.7
Otherwise in need of help**			
Total	14.7	19.3	13.2

* Recipients of public social insurance payments (SPV) and private social insurance payments (PPV)

** Persons limited in their everyday activities but without official need for care according to German statutes (SGB XI)

Table 10: Average weekly time expended helping and caring for a relative in need of help or care in private households. Source: Schneekloth 2006, p. 80; data from TNS Infratest representative survey 2002, own depiction.

cerning the respective involvement of men and women in both the subgroups of caretakers and helpers. If we disregard the age group, however, then we discover that 73 % of the caretakers and 70 % of those offering assistance to their relatives were women.

Caretakers expend an average of 36.7 hours a week, persons offering assistance to their relatives an average of 14.7 hours a week (ibid.).⁷

Many people consider taking care of a loved one to be a very fulfilling task that contributes to their own personal growth (Zank and Schacke 2005, Gauggel and Rößler 1999). Some, on the other hand, describe it as a very stressful experience. Many of those who care for their relatives must do so in addition to other tasks present in the household, and they must see to it that they can somehow combine this care with their own needs and life plans. Further, one encounters many role conflicts in this task; caring for a loved one ties up much time and hinders mobility (for a summary, see Meyer 2006, pp. 34f.).

More than 80 % of the caretakers surveyed felt burdened by the task, 42 % thereof considerably and 41 % extremely (Schneekloth 2006, p. 88). Nevertheless, only 16 % of these caretakers regularly consulted counseling services on caretaking, and a third did so only irregularly. Others sought out the advice of a professional caretaker (21 %), and 23 % used counseling hotlines (Schneekloth 2006, p. 82). Apparently, especially offers avail-

⁷ This does not include auxiliary support provided by persons from the extended family, for example, by the partners or husbands of women caretakers.

able to the older caretakers to relieve them temporarily of their duties did not meet their needs and did not offer appropriate approaches (Blüher and Dräger 2001, pp. 659f.). Offers of assistance should thus be better adapted to the needs of the caretakers in consideration of their limited time and the inability to leave their loved ones alone. They should be more specifically attuned to the respective caretaker and above all take place in the caretaker's home. It would also be advantageous if such assistance included offers for where to find care for loved ones, and information and brochures on how to find the pertinent support networks.

That taking care of a relative can be detrimental to the health of the caretaker has been widely proven (for a summary, see Blüher and Dräger 2011, p. 658). Besides causing problems with the musculoskeletal system and cardiovascular system as well as sleep problems, caretaking can lead to a number of mental and psychological disorders. Schäufele et al. (2006, pp. 128f.), for example, found depression in 22% of all caretakers, and among those caring for the very demented this value was 28%. Again, relatively speaking, more women than men were affected by this. Queried about their own health, 21% of the caretakers assessed it as poor or very poor (Schäufele et al. 2006, p. 126).

It is difficult to combine caring for a loved one and maintaining gainful employment. Many of the caretakers who were still working when they assumed their obligations had to reduce their workload or give up their job altogether, although the percentage of caretakers still working rose slightly between 1991 and 2002 (Schneekloth 2006, p. 81). Two factors proved to be crucial for combining the two tasks: (1) the availability of and the recourse taken to professional services and (2) a certain amount of flexibility at the workplace. Particularly difficult was the situation of caretakers from socioeconomically weak families who could not afford additional professional care since the national care insurance would have paid only part of the probable costs. Also, they tend to work at the lower hierarchical levels of organizations where fewer offers are available for flexible work hours or are more difficult to negotiate with superiors (Keck 2011). The wages lost to caretaking also weigh more heavily on family income and directly affect the caretakers' later retirement as well. But next to the financial repercussions that result from reducing one's workload because of caretaking tasks, cutting back on workload may have a paradoxical effect on one's ability to cope: Remaining active at a job outside the home is not necessarily only a burden, but can also serve to gain some distance from the responsibility of offering constant care (for a summary, see Berliner Beirat für Familienfragen 2011, p. 33).

In summary, although we do not have newer data at our disposal, we may assume that at least 10% of those 55–65 years of age provide assistance or care to a relative. The indications given above concerning how caretakers are affected by this task also suggest that at least 80% of them feel burdened by it. And considerable risks may incur to their own health, up to and including becoming in need of care themselves.

To avert these dangers from those in this age group who care for their loved ones, we need to look at a number of things that factor into this situation. Persons in need of assistance or care still want to live at home, and it is still the wish of their caretaking relatives to provide the necessary care themselves. Yet both the extent and the make-up of offers to provide relief for caretakers as well as to ensure their continued health have been inadequate, despite a recent increase in efforts to provide volunteers who can visit and accompany the family as well as to institute daycare facilities.⁸ It is important that offers of assistance be locally based, well-integrated in existing networks and have a low threshold (Heusinger 2011). Also necessary are preventive offers that attend to the health of the elderly in younger years, which may lead to a delay or even circumvention of later need for care.

3.5 Conclusion

The cohorts born between 1945 and 1955 differ from earlier cohorts of the “young old” by the extent of their social contacts. Nevertheless, marriage and “family ties” still play a major role in the lives of this generation. Their partner still remains their most important reference person. Confronted with the vicissitudes of aging, elderly living together with a partner still have a multitude of resources to tap into. Presently, especially men tend to profit most from the support group “partnership.” And there can be no talk of a loss of meaning for the relationships between the generations: The emotional affinity to one’s grown children and to one’s grandchildren remains high. Clearly more than any extrafamilial ties, support from within the family still plays a major role in this constellation, especially with respect to providing assistance and care – and cannot be replaced with anything else soon.

Yet if we look more closely at what is changing rather than on what is staying the same, we do notice considerable upheavals in the offing. The elderly tend to live farther away from their grown children than ever before, making any exchange of help on a practical level difficult if not impossible. Telephone contact often has to replace personal contact. Partnerships today do not necessarily mean the same thing as marriage. Extrafamilial networks are gaining in importance. Particularly those elderly who have no partner or children cannot resort solely to relatives for their emotional and material needs, but rather must turn to friends in the neighborhood and at work for advice and consolation. This group, in turn, remains at a high risk of not receiving proper support.

⁸ The new provisions of the updated Long-Term Care Legislation from 2008 are in part responsible here.

The multiplication of new lifestyles today affects the age group in question too, albeit to a lesser extent than the younger cohorts. To understand this situation, we need to take a very careful look at the many different possible forms of social integration. Living “alone” need not be deemed an awful fate or divergent from the normative family or partnership ideal: 1,843,000 so-called “singles” in the age group of 55–65-year-olds (for the most part in one-person households) represent a very heterogeneous group of individuals with their own specific risks and resources. Many “singles” have been able to establish very well-oiled social networks that do not necessarily make up for the support well known from family constellations, but rather also provide new and independent approaches. “Singles,” especially women, also are spared some of the psychosocial burdens that can occur in partnerships (e.g., the obligation to care for one’s partner). If, on the other hand, destitution occurs, especially when combined with health problems and a lack of social contacts, then single women and men alike may be confronted with marked challenges. The data tell us that elderly in such situations often have little recourse to a stable and resilient network. Single elderly at risk of poverty thus represent a vulnerable group in need of particularly attention.

4

HEALTH SITUATION

With increasing age health becomes an ever more important issue, since illness and physical limitations will necessarily ensue over time. Yet the health situation of the elderly cannot be defined solely on the basis of the presence or absence of sickness and mortality. Rather, it also comprises the subjective feelings and attitudes toward health. If we want to properly describe the health situation of the “young old” age cohort, we must include their health behavior and the associated risks – particularly the theme of work and health – as well as looking at the matter of the health costs in this age group. Below we look at the gender-specific aspects and in part the role of educational status⁹ in health behavior – inasmuch as the data lend themselves to this portrayal. We also delineate between Germans in East and West and differentiate between Germans and foreigners as well as those with a migrant background. Unfortunately, we cannot always make valid statements about regional or education-specific characteristics of the age group at hand. Even more difficult are assertions concerning the health situation of foreigners from this age group who are presently living in Germany. An exception to this rule is infectious diseases, where transmission can often be clearly coupled with migrational movements.

4.1 Subjective Health

“Subjective health” refers to the personal assessment made by those surveyed about their own health situation – something that increases in importance with increasing age. On the one hand, studies show that, with increasing age and especially in old age, the objective health status of individuals tends to diverge from subjective perception. On the other hand, subjective health status in advanced age groups does seem to be a better predictor of mortality than more objective measures (Tesch-Römer and Wurm 2009, p. 14). In the study entitled “Health in Germany Today” (GEDA 2009), prepared by the Robert Koch Institute as part of the Health Monitoring Project, the participants were asked to rate their overall health status (cf. Table 11): “What is your general health status? It is *very good*, *good*, *mediocre*, *poor* or *very poor*?” In the age group of persons 55–65 years nearly two thirds (women: 61.3%, men: 60.7%) reported their health situation as being *good* or *very good*. Yet there were large differences depending on the educational background: Whereas three fourths of those with a higher education (women: 73.9%, men: 78.2%) considered their health to be *good* or *very good*, this is true for only slightly more than half (women: 57.5%, men: 51.3%) of those in the lower educational strata. Especially men with lower educational levels tended to view their health as *poor* or *very poor*.

⁹ The classification into educational groups was done according the usual standardized method (International Standard Classification of Education – ISCED) that reflects both the school and vocational education of the participants (RKI 2010a, p. 24).

Women	Very good	Good	Mediocre	Poor	Very poor
<i>Total</i>	16.30 %	45.00 %	29.50 %	7.40 %	1.80 %
Low educat. level	13.0 %	44.5 %	33.8 %	7.0 %	1.7 %
Middle educat. level	17.7 %	44.1 %	27.8 %	8.5 %	2.0 %
High educat. level	23.6 %	50.3 %	21.1 %	3.7 %	1.2 %
Men					
<i>Total</i>	13.80 %	46.90 %	27.70 %	8.60 %	2.90 %
Low educat. level	11.1 %	40.2 %	32.8 %	11.5 %	4.4 %
Middle educat. level	13.1 %	49.0 %	27.7 %	7.5 %	2.7 %
High educat. level	20.7 %	57.5 %	16.7 %	4.7 %	0.4 %

Table 11: Subjective health status of persons 55-65 years of age by sex and educational level, 2009. Primary source: Robert Koch Institute – Health in Germany Today, A Telephone Survey (GEDA 2009), own calculations.

4.2 Morbidity

Overall Health Status and Impairments

On the Microcensus 2009, about one sixth of both the men (16.5%/17.2%) and women (16.6%/16.2%) in the age groups 55 to 60 years and 60 to 65 years, respectively, reported being ill or having been injured in an accident. A comparison with an earlier census from 2005 shows that this number had increased by about 2%, in men slightly more than in women (Mikrozensus: Fragen zur Gesundheit 2009a, quoted according to www.gbe-bund.de). The Age Survey regularly queries its participants about the number of existing diseases. Figure 1 (page 38) shows that, in 2008, in the age group of persons 52–57 years old, about half reported not having any serious medical conditions. In the age group of 64–69-year-olds, on the other hand, this number fell to about 37% – while multimorbidity (many different problems at the same time) increased with age. But Figure 1 also clearly shows that, in the long term, the “young old” are entering old age with ever fewer medical conditions

Nearly two thirds (60%) of those 55–69 years old were limited in their ability to carry out difficult tasks such as lifting heavy objects or running at a quick pace. And 38% of them listed very serious limitations (see Figure 2). One should note, however, that even 42% of the younger group of 40–54-year-olds reported having physical limitations in everyday life. Again, the differences discovered here depend on the level of education: 70–85-year-olds with a higher level of education show a degree of mobility similar to that of 55–69-year-olds with a low level of education (BMFSEJ 2009, p. 22). Bending down, stooping and kneeling caused 31% of the 55–69-year-olds problems, compared to 19% of those in the younger cohort.

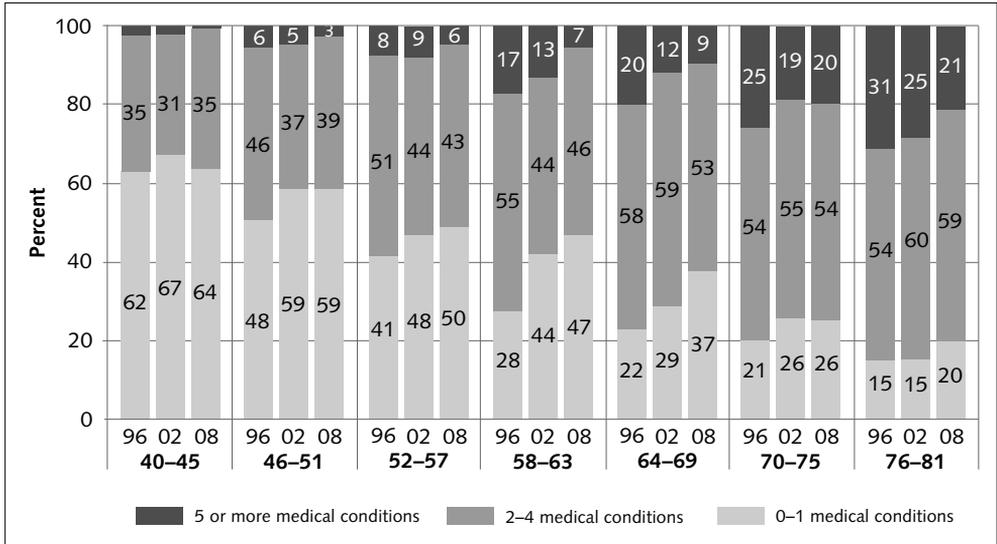


Figure 1: Number of afflictions in the years 1996, 2002 and 2008. Source: BMFSFJ 2009, p. 22.

Vision impairments (despite corrected vision) were reported by a fourth of all women (24.5%) and a fifth of all men in those 45–65 years old; 1.9% of the women and 0.4% of the men report not being able to read the newspaper or to make out faces at a distance of 4 meters (RKI 2010a, p. 38). Nearly a fifth of the women (18.5%) and a little more than a fifth of the men (20.8%) aged 45 to 65 years report impairments to their hearing (despite any hearing aids); 0.4% of the woman and men alike said they were unable to understand what was going on in a conversation among several persons (RKI 2010a, p. 41)

Diseases of the Musculoskeletal System

Diseases of the musculoskeletal system represent the fourth most prevalent diagnosis in German hospitals among men in the 55–65-year-old age group, and the second most prevalent diagnosis among women of the same age group. But they are the most often cited problem for which both men and women of this age group attend prevention and rehabilitation centers (cf. Appendix, Table 50). This also makes them a leading cause of people missing work and taking early retirement (cf. Chapter 4.6).

In the GEDA 2009 study, a fourth of those surveyed from 55–65 years of age complained about having had backpain in the previous 12 months. Women (27.7%) complained more than men (22.3%), East Germans¹⁰ (27.8%) more than West Germans (24.3%), and those with a lower level of education (28.7%) nearly twice as much as those with a higher educational level (15.1%) (GEDA 2009, own calculations).

¹⁰ East Germans in the definition used by GEDA were those residing in the five new states of Germany and in Berlin.

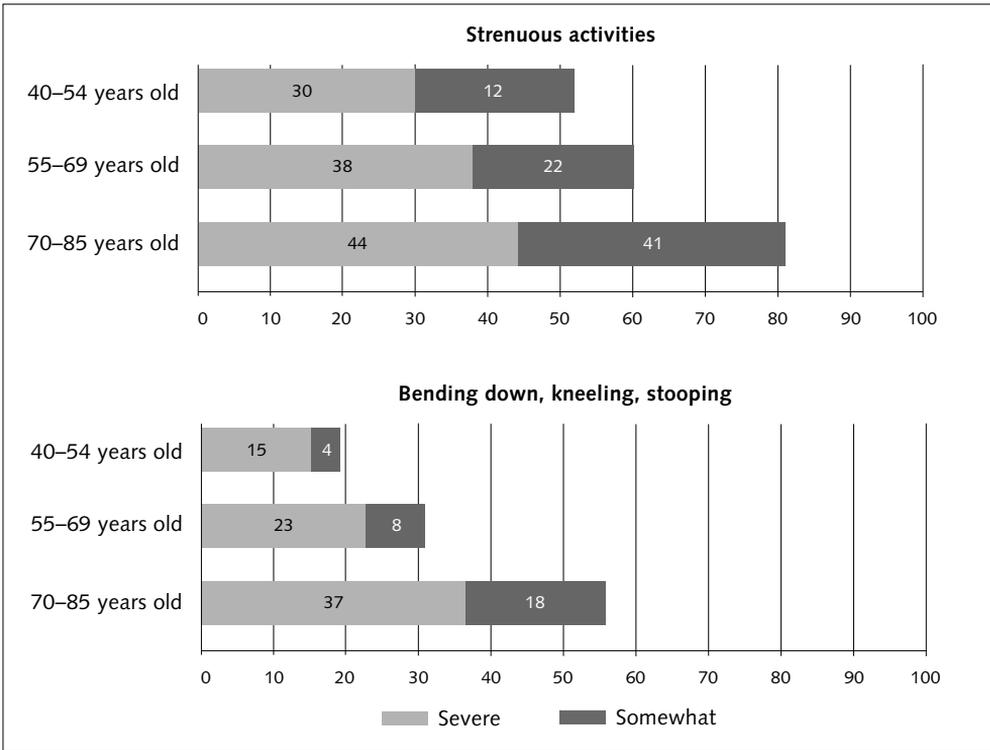


Figure 2: Limitations to mobility by age group (in %), 2008. Source: BMFSEJ 2009, p. 23.

In the same year more than a third (35.7%) of those 55 to 65 years reported having received a diagnosis of osteoarthritis. Besides higher age, being female was one of the major risk factors: 41.4% of the women but only 29.9% of the men reported this disease. In the next-higher age cohort of persons older than 65 years, over half of the women (52.0%) but only a third of the men (33.1%) report having osteoarthritis (GEDA 2009, own calculations). A comparison between East and West Germany shows that rates are lower in East Germany and lower in the age group in question with increasing level of education (cf. Appendix, Table 51).

Arthritis in turn occurred less often than osteoarthritis (lifetime prevalence: 8.1%), though the age group 55 to 65 years had a much higher rate than the next-younger age cohort (RKI 2010a, p. 68). Further, women, especially those from West Germany, and persons from lower educational strata tended to have a higher prevalence of arthritis (GEDA 2009, own calculations).

Osteoporosis was diagnosed in 6.9% of those surveyed in the 2009 GDAGA study in the age group 50 to 65 years (RKI 2010a, p. 71). Here too women report a higher rate (9.0%)

than men (4.8%), a difference that increases with educational level. Both men and women, however, with a higher level of education experience an overall lower level of osteoporosis. Generally speaking, East Germans report a lower number of such diagnoses than West Germans, whereby this tendency reverses among persons with a high level of education (RKI GEDA 2009a, quoted according to www.gbe-bund.de). Among those over 65 years there are clear differences between the sexes, where a fourth of the women and a steady rate of 5.7% of the men report having osteoporosis. Not surprisingly, in the cohort under study women were the most important group of persons in need of prevention measures for osteoporosis.

Diseases of the Lung and Bronchia

The reports provided by the GEDA 2009 for the age group of 55- to 65-year-olds show a lifetime prevalence of 9.1% and a 12-month prevalence of 6.1% for asthma (GEDA 2009, own calculations). Women have a higher prevalence than men, and West Germans have a higher prevalence than East Germans. Here, however, there were no differences based on educational level. The results of the telephone survey 2003 (GSTel) yielded a lifetime prevalence of 5.6% in men and 5.2% in women aged 55 to 65 years (Hoffmann 2007, p. 434) – a clear increase in lifetime prevalence in the group in question. At the same time, a closer analysis of the data found no connection between smoking and asthma, whereas there was one between asthma and unemployment as well as living in the western part of Germany.

In the age group studied the prevalence for chronic obstructive pulmonary disease (COPD) was similar to that of asthma. COPD is characterized by a chronic cough and is caused almost exclusively by smoking or poor environmental circumstances such as the inhalation of gases and/or dust particles in the workplace. In the age group 50 to 60 years, 7.3% of the women and 4.8% of the men suffered from COPD; in the age group 60 to 70 years, the rates were 8.8% of women and 7.6% of men (Geldmacher et al. 2008). The increase in smoking among those now 40 to 50 years of age compared to earlier generations portends an increase in COPD prevalence in the future, particularly because studies have posulated that the female respiratory system reacts more sensitively to cigarette smoke than the male one does (*ibid.*, p. 2613). The higher rate of smoking in this age group (cf. Chapter 4.5, section “Consumption of Addictive Drugs”) thus demands a greater educational effort.

5.1% of men and 6.7% of women in the group of persons 55 to 65 years reported the presence of chronic bronchitis (coughing and expectoration over a period of 3 months) in the past 12 months. Both men and women had a higher respective rate than the 12-month prevalence in the next-younger cohort of 45- to 55-year-olds. In addition, both men and women exhibited a lower rate of bronchitis with increasing level of education. Generally speaking, East Germans showed lower rates than West Germans (GEDA 2009, own calculations). A comparison of the 2009 rates with those from the 2003 GSTel shows an increase in lifetime prevalence in the age group in question (RKI 2004, pp. 44f.).

Diabetes mellitus

In the 2009 survey, 11.4% of those 55 to 65 years reported having been diagnosed with diabetes; 10.5% said that this illness had been present in the last 12 months (GEDA 2009, own calculations). Generally speaking, women in this age group had a lower prevalence than men, the exception being women with a lower educational level. People with a higher educational level, on the other hand, from both East and West Germany, showed the lowest 12-month prevalence. But there were some regional differences in the prevalence between the two sexes and the various educational levels, with East Germans having an overall higher rate of diabetes (cf. Appendix, Table 52). A comparison with the Telephone Survey of 2002/2003 demonstrated a lifetime prevalence of 7.6% for 50–65-year-olds (Robert Koch-Institut: Telefonischer Gesundheitssurvey [GSTel03] 2003, quoted according to www.gbe-bund.de). One should note that diabetes is not always properly diagnosed – or even known – in this age group, so that reliable data on its true prevalence can be obtained only from the results of the DEGS (Study on Adult Health in Germany). There are presently no representative studies available on diabetes prevalence in Germany in persons with a migrant background. However, experts in the field assume that the prevalence is higher among older persons with a migrant background than in the respective nonmigrant population (Icks et al. 2010).

Cardiovascular Diseases

According to the GEDA 2009 study, 3.5% of women 45 to 65 years old and 8.6% of men in this age group reported having been diagnosed with a cardiovascular problem¹¹ (RKI 2010a, p. 82). Besides the differences found between the sexes, there were also large regional differences. Generally speaking, West German men had a higher prevalence than men from East Germany. A closer examination of the various levels of education, however, reveals that this trend is not confirmed in persons with a higher education level. In women, the situation was reversed: East German women had generally higher lifetime prevalence rates for coronary heart disease, though again among those from higher educational levels the opposite was the case, with lower prevalences reported than among West German women (cf. Appendix, Table 53).

In 2008, 413,675 cases (women: 148,853, men: 264,822) of cardiovascular diseases were diagnosed and treated in German hospitals in persons between 45 and 65 years of age¹² (Statistisches Bundesamt: Krankenhausstatistik 2008, quoted according to www.gbe-bund.de). Most of these cases (132,249) were labeled as coronary heart disease (disease of the coronary vessels). In the same year 7,484 of those 55 to 60 years of age and 10,028 of those 60 to 65 years of age died due to cardiovascular diseases (Statistisches Bundesamt: Todesursachenstatistik 2008a, quoted according to www.gbe-bund.de).

11 Cardiovascular disease includes circulatory disorders, constriction of the coronary vessels and heart attacks.

12 This comprises the ICD-10 categories 100–199.

Hypertension (high blood pressure), a disease of its own as well as a symptom of many cardiovascular diseases and a major risk factor for many other diseases, was found in about half of the women (42.9%) and men (44.8%) aged 55 to 65 years (GEDA 2009, own calculations). In the previous 12 months, hypertension had been diagnosed in slightly more women (37.5%) than men (36.5%) in this age group. East Germans of this age group showed a higher prevalence than West Germans, although this difference is mainly due to the higher prevalence among women in general (cf. Appendix, Table 54). East German men present a slightly lower prevalence than West German men.

Cancer¹³

In 2007, according to the estimates made by the RKI, 38,606 men and women from 55 to 60 years and 47,720 of those 60 to 65 years suffered from cancer (cf. Appendix, Table 55). The cancer incidence in persons from the older of the two cohorts was higher for all types of cancer than in the younger cohort. Women from both cohorts were plagued mostly with breast and intestinal cancer, whereas men suffered mostly from prostate, lung and intestinal cancer. With the exception of breast cancer, men in this age group had higher rates for all cancers than women, the largest difference being found for lung cancer and oropharyngeal cancers (GEKID 2010).



Figure 3: Age-specific rates of cancer in Germany by sex, 1980, 1990, 2006, ICD-10 C00-C97, without C44. Source: RKI 2010b, p. 21.

¹³ The data quoted here are based on cancer databases collected by the individual federal states, which are not necessarily complete – a fact that should be considered when interpreting the following statements.

Figure 3 shows that men had a higher prevalence of cancer than women, that the prevalence rose with increasing age, and that the rates in all cohorts increased over time. According to the RKI, in 2006, both a 50-year-old man and a 50-year-old woman had a 6.1% risk of getting cancer in the next 10 years (RKI 2010b). In comparison, the risk for a 60-year-old man to get cancer in the next 10 years rose to 15.5%, that of a 60-year-old woman to only 10.0% (cf. Appendix, Table 56).

In 2007, a total of 13,725 people 55 to 60 years and 17,684 people 60 to 65 years died from malignant tumors, including more men than women (cf. Appendix, Table 57). Although the overall number of deaths from cancer per 100,000 population was higher in 2007 than it was in the year 2000, in the two cohorts in question it actually decreased – in men more so than in women (Statistisches Bundesamt: Todesursachenstatistik 2008b, quoted according to www.gbe-bund.de).

Mental Health

The GEDA Survey 2009 registered health-related quality of life through its index of “mental distress,” which indicates whether a person has been limited by mental problems from carrying out everyday business for more than 14 of the past 28 days (RKI 2010a, p. 53). In this sense 13.5% of women and 9.7% of men from 45 to 65 years of age were classified as mentally distressed. This occurred most often among East German women, a sixth of whom (16.0%) were described as experiencing mental distress. The prevalence of major mental problems, however, decreased with increasing educational level (cf. Appendix, Table 58).

In 2009, 8.7% of those 55 to 65 years reported a diagnosis of depression or depressive mood over the past 12 months, with East Germans reporting a lower prevalence than West Germans. Thus, although East Germans overall reported more mental-health problems, they had a lower rate of the diagnosis depression. The question is whether they can somehow better deal with mental distress or whether they seek less medical attention on this matter. Whereas men from higher educational strata presented the lowest rate of depression, women with higher educational levels had the highest prevalence (GEDA 2009, own calculations).

The data of the 2009 GEDA also demonstrated that, with increasing age, people reported less depression occurring over the past year (RKI 2010a, p. 50). Figure 4 provides an overview of the lifetime prevalence of depression in the various cohorts. One interesting observation is that both the 12-month prevalence and the lifetime prevalence in both men and women from the age groups 65+ and 60+ years is lower than those found in the younger age cohorts. This leads us to presume that the cohorts of the present 55- to 65-year-olds will enter old age with a higher risk of depression than their predecessors. It is, however, questionable whether this increase in absolute numbers represents a truly higher prevalence of mental disorders or whether it only shows the effects of increased perception or better means of diagnosis. What is known in any case is that mental disor-

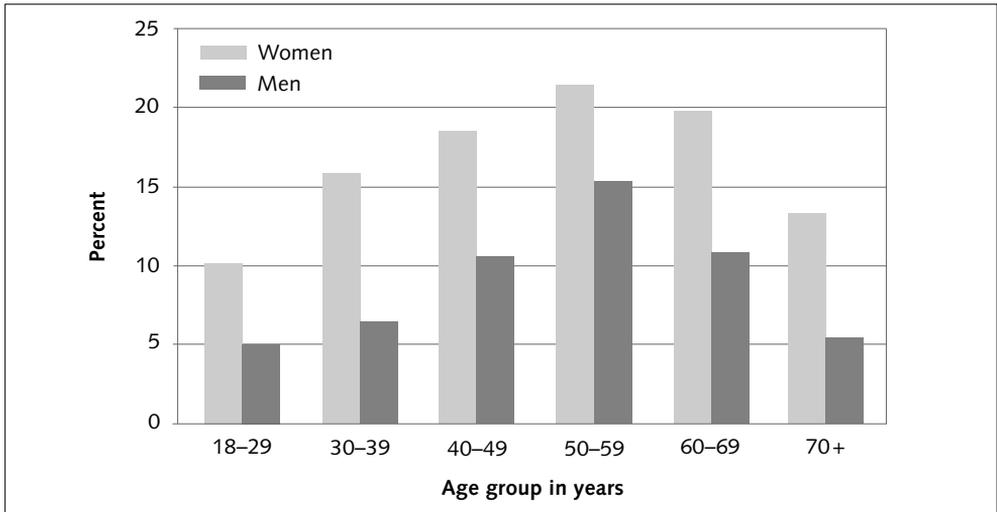


Figure 4: Incidence of clinical or therapeutic depression in the adult population, 2009. Source: RKI 2010c, p. 20.

ders represent one of the major reasons today for instituting rehabilitation measures as well as of early retirement in the age group in question.

Among persons with a migrant background, the act of emigrating to another country as well as the loss of one’s accustomed surroundings and the uncertainty of one’s future in Germany can all contribute to negative effects on their mental health. Especially those seeking asylum show high levels of posttraumatic stress syndrome (RKI 2008, p. 59). Unfortunately, the existing official statistics and other available data fail to provide adequate information on the mental health status of persons with a migrant background in the cohort in question.

What we do know is that, compared to other types of diseases, mental and behavioral disorders as well as disorders of the nervous system have been on the rise since 2000 as cause of death among persons with a migrant background living in Germany (Statistisches Bundesamt: Todesursachenstatistik 2008a, quoted according to www.gbe-bund.de). We also know that, in the age group under study, mental disorders represent one of major reasons persons with a migrant background have for receiving a disability pension (see Chapter 4.6).

Infectious Diseases

The incidence of most infectious diseases in the age group in question lies below that of younger cohorts. This is also true for the newer diagnoses of HIV/AIDS per 100,000 population, although the last years have witnessed a marked increase among those 50 to

60 years old and a slight increase among those 60 to 70 years with a low educational level (Robert Koch-Institut: AIDS-Fallregister 2009, quoted according to www.gbe-bund.de). More recent prevalence data will become available with the next DEGS results. Since about one fourth of all new cases of HIV/AIDS are presently being discovered in persons with a non-German background, one may assume this will also be the case for those in the age group under consideration; more exact statements, however, cannot be made at this time.

Other infectious diseases are increasingly being found among foreigners living in Germany and in persons with a migrant background from countries with a high prevalence. Of particular interest in this regard is tuberculosis. For example, in 2006 the incidence of tuberculosis among German males 50 to 60 years old was 7.4 per 100,000 inhabitants. In comparison, the incidence among non-German men from the same age group was 24.8 per 100,000 inhabitants. Even more drastic are the differences found in the 60- to 70-year-olds, especially among men (RKI 2008, pp. 40f.).

In 2008, fewer cases of influenza were registered in the age group under study than in younger cohorts: 4.5 cases per 100,000 population for those aged 55–60 years, 2.4 cases per 100,000 for 60–65-year-olds (Robert Koch-Institut: Meldepflichtige Infektionskrankheiten 2008). Note, however, that an increasing number of persons in these cohorts are being inoculated against the flu, which reduces its overall incidence.

Accidents

In 2008, German hospitals reported treating a total of 183,467 cases of persons 55 to 65 years for injuries, poisonings and the results of other external influences. This statistic does not provide information as to whether these injuries stem from accidents or intentional injuries (Statistisches Bundesamt: Statistik der Straßenverkehrsunfälle 2009, quoted according to www.gbe-bund.de).

In 2009, road traffic accidents caused injuries in 21,114 persons 55 to 60 years of age and in 14,006 persons 60 to 65 years of age; slightly more men (55%) than women were involved. In the same year, 243 persons from younger and 163 from older age cohorts were killed in traffic accidents. Here, again, men were overrepresented (78% and 75% of the cases) (Statistisches Bundesamt: Statistik der Straßenverkehrsunfälle 2009, quoted according to www.gbe-bund.de).

4.3 Disability, Care Dependency, Rehabilitation

Disability

In 2007, a total of 1,410,756 persons aged 55 to 65 years – about a sixth of this age group – had officially been declared disabled.¹⁴ About a third thereof (588,999) were classified as having a 50% disability, and 222,676 persons from this age group had a 100% disability (Table 59 in the Appendix shows the complete distribution of disability grades). In 2007, in those 55 to 60 years, 12,347 per 100,000 had a disability, and in those 62 to 65 years the rate was 18,510 per 100,000. East Germans have comparably lower rates of disability of all types than West Germans. Women have overall lower rates of disability in all three age cohorts, the gender gap growing larger with increasing age (Statistisches Bundesamt: Statistik der schwerbehinderten Menschen 2007, quoted according to www.gbe-bund.de).

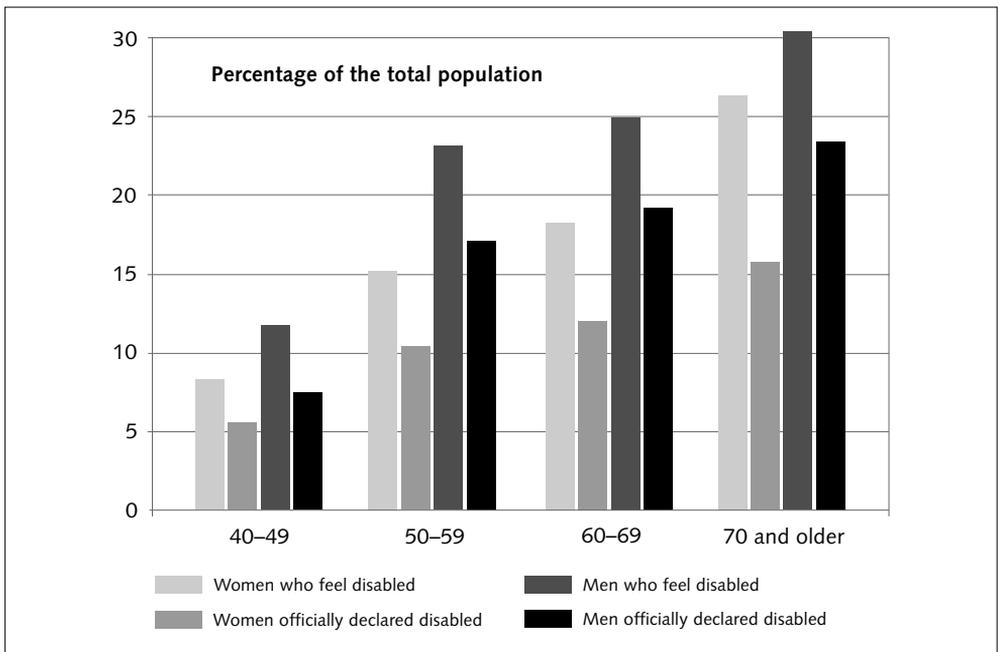


Figure 5: Number of men and women who consider themselves disabled compared to those with an official status of disability, in % of total population in 2006, by age group. Source: Köhncke 2009, p. 14.

¹⁴ “Disabled” according to German statutes (SGB IX) are persons with at least a 50% level of disability.

Figure 5 compares persons with an official recognition as disabled with those who consider themselves disabled. This comparison reveals that not only do men more often have an official certificate of disability, they also feel more disabled than women do. Both men and women show sizable discrepancies between subjective and official disability – and this gap clearly increases with age, especially among women. In the age cohorts 40 to 49 years old and 50 to 59 years old, disability is particularly relevant to the ability to work. Thus, in the group of 55–60-year-old disabled persons only some 50% are able to work or are looking for work. This number is reduced to 20% in persons over 60 years of age (Köhncke 2009).

The rates of disability among Germans and non-Germans differ only slightly; however, with increasing age non-German women show a lower rate of official disability than German women (see Appendix, Table 60). In the age group 55 to 65 years, both among women and men alike, the official recognition as disabled is provided mostly because of afflictions in the function of inner organs and organ systems, followed by the categories “paraplegic,” “cerebral disorders,” “emotional and mental disorders” and “addictions” (Statistisches Bundesamt: Statistik der schwerbehinderten Menschen 2007, quoted according to www.gbe-bund.de).

Care Dependence

A small percentage (1.3%) of people from the age group studied had officially been declared in need of care and put into one of the three official care levels. Thus, in 2007, a total of 124,292 men and women from 55 to 65 years of age were care-dependent. Table 12 shows the distribution of care dependence according to care levels and sex. Of course, the overall number of persons in need of care will increase in the future due to the demographic changes taking place in Germany (Statistische Ämter des Bundes und der Länder 2010, p. 28).

Care level	Men	Women
I	34,632	32,477
II	23,401	19,837
III	7,837	8,040
Hardship cases from level III	418	316

Table 12: Number of care-dependent persons in Germany aged 55 to 65 years by sex and care level, 2007. Source: Statistisches Bundesamt: Pflegestatistik 2007, quoted according to www.gbe-bund.de, own depiction.

Rehabilitation

The relative number of people in need of a rehabilitation measure increases with increasing age – for most medical indications at least (Deutsche Rentenversicherung

Men		Women	
Diagnose	No.	Diagnose	No.
Diseases of the musculoskeletal system and the connective tissue	33,939	Diseases of the musculoskeletal system and the connective tissue	37,273
Diseases of the circulatory system	15,180	Mental and behavioral disorders	13,436
Neoplasms	9,258	Neoplasms	12,471
Mental and behavioral disorders	8,866	Diseases of the circulatory system	5,164
Endocrine, nutritional and metabolic diseases	2,743	Diseases of the respiratory system	2,343
All afflictions and consequences of external causes	84,821	All afflictions and consequences of external causes	84,902

Table 13: Inpatient services (in absolute numbers) for medical rehabilitation and other integrative services among those 55-60 years old under the German pension insurance. Source: Deutsche Rentenversicherung Bund: Statistik der Leistungen zur Rehabilitation 2007, quoted according to www.gbe-bund.de.

2010, pp. 29ff.). In the age group of 55–60-year-olds, in 2008 there were 84,821 men and 84,902 women who received inpatient rehabilitation services in medical facilities or other integrative services provided by the German national pension insurance. Men received rehabilitation services largely because of diseases of the musculoskeletal system, followed by cardiovascular diseases and tumors/neoplasms. Women too receive rehabilitation services chiefly because of diseases of the musculoskeletal system, followed however by mental and behavioral disorders (see Table 13), a reflection of the greater incidence of depression among women. In persons older than 60, on the other hand, the situation changes dramatically for both men and women: Tumors/neoplasms become the main reason for prescribing rehabilitation measures (Deutsche Rentenversicherung Bund: Statistik der Leistungen zur Rehabilitation 2007, quoted according to www.gbe-bund.de). In both men and women in the age group 55 to 65 years of age mental and behavioral disorders also lead to the longest periods of rehabilitation (Statistisches Bundesamt: Krankenhausstatistik 2008b, quoted according to www.gbe-bund.de).

4.4 Mortality and Life Expectancy

In 2006/2008, a 55-year-old man had a life expectancy of about 25 years; a woman of same age had a life expectancy of about 29 years. The 60-year-old man in the year 2006/2008 had about 21 years to live; the 60-year-old woman 24 years (Statistisches Bun-

desamt: Statistik der natürlichen Bevölkerungsbewegung 2008, quoted according to www.gbe-bund.de).

In 2008, a total of 34,423 men and women aged 55 to 60 years of age as well as 41,219 persons aged 60 to 65 years died (Statistisches Bundesamt: Todesursachenstatistik 2008a, quoted according to www.gbe-bund.de). This corresponds to 612.2 deaths per 100,000 population (so-called mortality rate) among those 55 to 60 years and 937.9 deaths per 100,000 population in the age group 60–65 years (Statistisches Bundesamt: Todesursachenstatistik 2008b, quoted according to www.gbe-bund.de). The mortality rate for men is higher than for women in both age groups. A comparison within the age groups demonstrates that both male and female non-Germans have a considerably lower mortality rate than Germans (see Appendix, Table 61). Over time (since 1998), however, the mortality rate of non-Germans in the age groups under consideration has in fact increased, while that of Germans has decreased. In a 2006 paper, the German Federal Agency for Migration and Refugees proved that the mortality rate given in the official statistics differs greatly from that found in the statistics kept by the central registry of foreigners: The official statistics apparently register too few deaths among foreigners (BAMF 2008, pp. 23ff.). For this reason, the mortality data among both Germans and non-Germans should be interpreted with all due caution. The cause of death most often given in the age groups in question is tumors (“neoplasms”), followed by diseases of the circulatory system. This result of course can be differentiated according to sex, nationality and region (Statistisches Bundesamt: Todesursachenstatistik 2008a, quoted according to www.gbe-bund.de). Of the total deaths in these age groups, 4.4% were caused by external (nondisease) events (including accidents) and their sequelae.

4

4.5 Health Behavior and Risks

In 2004, when asked “How much do you generally watch out for your health?”, nearly half of the women (49.1%) and men (44.1%) queried aged 50 to 60 years answered with *much* or *very much*. In contrast, only 8.6% of the women and 7.8% of the men in this age group replied with *little* or *not at all*. Health awareness tends to increase with increasing age: In those 60–70 years old, 55.5% of the women and 53.0% of the men said they paid *much* or *very much* attention to their health (Menning 2006).

Consumption of Addictive Substances

In 2006, 67.1% of the men and 78.3% of the women aged 50 to 59 years reported being nonsmokers or ex-smokers. In the next higher age group, 60- to 65-year-olds, this rate was 78.6% for men and 83.9% for women (see Table 14). Of those who admitted to presently being smokers, 66.8% of the men and 46.6% of the women in the younger

		Age groups						
	Total	18–20	21–24	25–29	30–39	40–49	50–59	60–64
Total	7,839	930	948	898	1,302	1,433	1,453	875
Nonsmokers ¹	41.3 (3,442)	54.9	47.9	43.4	45.6	37.9	34.5	43.8
Ex-smokers ²	26.8 (1,911)	7.3	11.3	20.0	20.8	29.1	37.9	37.2
Smokers ³	31.8 (2,486)	37.7	40.7	36.6	33.6	33.0	27.5	19.0
Men	3,499	449	415	381	551	618	660	425
Nonsmokers	34.9 (1,311)	53.7	45.6	41.1	39.8	32.4	24.1	33.2
Ex-smokers	29.3 (943)	6.9	11.8	19.6	19.8	31.8	43.0	45.4
Smokers	35.8 (1,245)	39.4	42.7	39.3	40.4	35.8	32.9	21.4
Women	4,340	481	533	517	751	815	793	450
Nonsmokers	47.9 (2,131)	56.4	50.3	45.5	51.4	43.4	45.9	56.3
Ex-smokers	24.3 (968)	7.9	10.9	20.4	21.8	26.5	32.4	27.6
Smokers	27.8 (1,241)	35.7	38.8	34.1	26.9	30.1	21.7	16.1

1 Smoked no more than 100 times

2 Smoked more than 100 times, but not in the past 30 days

3 Smoked in the past 30 days

Table 14: Distribution of smokers, ex-smokers and nonsmokers by age group, 2006. Source: Baumeister et al. 2008, p. 29.

age group and 75.7% of the men and 48.9% of the women in the older age group said they smoked more than 10 cigarettes a day (Baumeister et al. 2008). Thus, 20.3% of the smokers in the younger and 24.0% of those in the older age cohort may be classified as nicotine-dependent according to the criteria of the DSM-IV. The GEDA 2009 data reveal that both men and women between 45 and 65 years of age smoke less with increasing educational status (RKI 2010a, p. 93). The differences in smoking behavior between East Germany and West Germany are not significant, although this age group has more smokers from East Germany. A comparison of the microcensus data from 2005 for Germans and non-Germans for the age group 45 to 65 years shows that there were 30.3% regular smokers among German men – considerably less than the 37.0% regular smokers among non-Germans. There are 22.7% regular smokers among German women, slightly more than the rate of 19.5% regular smokers among non-German women (RKI 2008, p. 55).

In 2006, 73.4% of the 50–59-year-old and 74.0% of the 60–64-year-old Germans consumed alcohol (Pabst and Kraus 2008). The interesting thing is that these two age

groups had the highest rates of risky consumption¹⁵, dangerous consumption¹⁶ and high consumption¹⁷, particularly among men (see Table 15). The GEDA 2009 data point to the fact that East Germans from 45 to 64 years of age show more risky consumption (30.8%) than West Germans (26.2%). Of particular importance are males from the states of Thuringia and Saxony, 42.1% of whom reported risky consumption (Robert Koch-Institut GEDA 2009b, quoted according to www.gbe-bund.de). Table 62 in the Appendix reports on which alcoholic beverages, and how much, were being consumed. Although binge drinking (consuming five or more alcoholic drinks on any one occasion) decreases with age, still over one third (37.3%) of the 50–59-year-olds and over one fourth (29.2%) of the older age cohorts reported binge drinking at least once in the course of the past month. The prevalence of alcohol abuse¹⁸ among the 50–59-year-olds was 3.1%, among the older age cohort 2.5%. The prevalence of alcohol dependence¹⁹ in these two age groups lies at 1.6% and 0.8%, respectively. According to the statistics from the German Suchthilfe organization, 12.3% of all persons in outpatient and inpatient treatment for alcohol dependence were between 55 and 64 years of age, with slightly more women in this group than men (Steppan et al. 2010, pp. 20f.).

In 2008, 47.3 deaths per 100,000 population were attributed to alcohol-related diseases. Men (69.8/100,000) have a much higher tendency to die from alcohol-related diseases than women (25.5/100,000), and Germans (49.7/100,000) die more often than non-Germans (20.0/100,000) for alcohol-related reasons (Statistisches Bundesamt: Todesursachenstatistik 2008b, quoted according to www.gbe-bund.de).

The consumption of illegal substances is relatively low in in this age group. The number of 55–65-year-olds in institutions for treatment of addiction-related disorders is less

15 Men: >30–60 g, women: >20–40 g per day.

16 Men: >60–120 g, women: >40–80 g per day.

17 Men: >120 g, women: >80 g per day.

18 “A maladaptive pattern of alcohol abuse leading to clinically significant impairment or distress, as manifested by one or more of the following, occurring within a 12-month period: (1) Recurrent alcohol use resulting in failure to fulfil major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions or expulsions from school; or neglect of children or household). (2) Recurrent alcohol use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine). (3) Recurrent alcohol-related legal problems (e.g., arrests for alcohol-related disorderly conduct). (4) Continued alcohol use despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the alcohol (e.g., arguments with spouse about consequences of intoxication or physical fights).” (DSM-IV)

19 “A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by three or more of the following seven criteria, occurring at any time in the same 12-month period: (1) Tolerance, as defined by either of the following: (a) A need for markedly increased amounts of alcohol to achieve intoxication or desired effect. (b) Markedly diminished effect with continued use of the same amount of alcohol. (2) Withdrawal, as defined by either of the following: (a) The characteristic withdrawal syndrome for alcohol. (b) Alcohol is taken to relieve or avoid withdrawal symptoms. (3) Alcohol is often taken in larger amounts or over a longer period than was intended. (4) There is a persistent desire or there are unsuccessful efforts to cut down or control alcohol use. (5) A great deal of time is spent in activities necessary to obtain alcohol, use alcohol or recover from its effects. (6) Important social, occupational, or recreational activities are given up or reduced because of alcohol use. (7) Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the alcohol.” (DSM-IV)

	Total	Age groups						
		18–20	21–24	25–29	30–39	40–49	50–59	60–64
Total	7,573	898	911	867	1,259	1,391	1,412	835
Lifelong abstinence	3.1 (264)	5.5	3.3	4.1	2.5	3.2	2.6	3.1
Abstinent in last 12 months	8.0 (577)	5.8	5.5	6.3	6.7	7.6	11.1	9.5
Abstinent in last 30 days	14.1 (1,113)	14.5	15.5	16.6	14.3	14.1	13.0	12.2
Low-risk consumption	64.2 (4,818)	62.4	63.8	65.5	69.4	64.2	60.2	60.8
Risky consumption	7.9 (599)	8.6	9.1	6.3	5.4	7.8	9.8	10.4
Dangerous consumption	2.4 (176)	2.9	2.1	1.1	1.2	2.9	3.1	3.4
High consumption	0.4 (26)	0.4	0.6	0.1	0.5	0.3	0.3	0.6
Men	3,396	435	400	370	534	599	646	412
Lifelong abstinence	2.3 (91)	5.8	2.4	3.8	2.0	2.7	1.2	1.7
Abstinent in last 12 months	7.6 (242)	5.0	3.7	3.8	4.9	7.5	12.4	11.0
Abstinent in last 30 days	10.3 (353)	13.4	9.7	12.6	10.7	9.8	10.2	7.8
Low-risk consumption	65.7 (2,210)	60.5	68.4	68.3	74.0	65.3	59.5	59.9
Risky consumption	10.0 (359)	10.5	12.1	9.7	6.1	10.3	11.6	13.5
Dangerous consumption	3.5 (121)	4.0	2.9	1.6	1.8	4.0	4.6	5.3
High consumption	0.6 (20)	0.7	0.9	0.3	0.6	0.5	0.5	0.9
Women	4,177	463	511	497	725	792	766	423
Lifelong abstinence	3.9 (173)	5.0	4.3	4.4	3.1	3.6	4.2	4.8
Abstinent in last 12 months	8.3 (335)	6.8	7.4	8.6	8.5	7.6	9.6	7.7
Abstinent in last 30 days	18.1 (760)	15.8	21.4	20.4	17.8	18.5	16.1	17.4
Low-risk consumption	62.7 (2,608)	64.5	59.2	62.9	64.8	63.1	60.9	61.9
Risky consumption	5.7 (240)	6.2	6.1	3.1	4.8	5.3	7.8	6.6
Dangerous consumption	1.3 (55)	1.6	1.3	0.7	0.6	1.8	1.4	1.3
High consumption	0.1 (6)	0.0	0.3	0.0	0.4	0.0	0.0	0.3

Table 15: Distribution of alcohol consumption (abstinence and categories of average amounts of alcohol), by age groups, 2006. Source: Pabst and Kraus 2008, p. 39).

than 1% for all types of substances (Steppan et al. 2010, pp. 20ff.). A more detailed analysis of the consumption of illegal substances in this age cohort may be found in Kraus et al. (2008).

Of greater importance for the age cohort in question, however, is the use, and abuse, of medical (prescription) drugs. It is difficult to properly ascertain the extent of this phenomenon since the persons concerned are generally “normal” and socially well adapted. They tend to deny the problem both toward themselves and others. According to esti-

mates, some 1.4 million persons in Germany are addicted to medical drugs. The literature clearly shows that primarily women and the elderly are affected by this addiction (Elsesser and Sortory 2009, p. 384). Unfortunately, however, the research often ends at this ascertainment – without preparing more differentiated statements about the various age groups.

One exception may be found in an epidemiological survey on addiction that queried the participants about their medicine abuse. Results show that the prevalence of taking at least one medical drug within the past 12 months declines steadily from age 40 on (57.5% among the 50–59-year-olds, 54.8% among those 60 to 64 years of age). On the other hand, the prevalence of taking such drugs regularly (21.3% and 24.5%, respectively) or daily (10.1% and 13.2%, respectively) is highest in these two age cohorts (Rösner et al. 2008, pp. 50ff.). Whereas younger people tend to abuse pain medication, the two older cohorts under consideration take more sleeping pills and tranquilizers as well as antidepressives – which of course reflects the higher rate of depression in these two age groups. This study used a short questionnaire to ask about abuse of medical drugs (KFM, see Chapter 9.3), which included criteria for adjudging so-called problematic consumption²⁰. Thus, the prevalence of problematic medical drug consumption increases with age and lies at 5.9% among those 50 to 59 years old and at 8.4% among those 60 to 65 years old (ibid., p. 51). There are presently no representative studies available on medical drug dependency among persons with a migrant background (RKI 2008, p. 57).

Overweight and Adipositas

The average 55–60-year-old man is 177 cm tall and weighs 85.9 kg (body mass index – BMI²¹ of 27.4); the average woman in this age group is 165 cm tall and weighs 70.7 kg (BMI of 26.0). The average 60–65-year-old man is 176 cm tall and weighs 85.2 kg (BMI of 27.5); the average woman in this age group is 164 cm tall and weighs 71.0 kg (BMI of 26.4). The officially suggested BMI for this age group (55–64 years) lies between 23 and 28. According to the classification system of the World Health Organization (WHO), regardless of age, adults may be divided up into the following categories: underweight (BMI < 18.5), normal weight (BMI = 18.5–24.9), overweight (BMI = 25.0–29.9) and class 1 adipositas (BMI = 30.0–34.9), class 2 adipositas (BMI = 35.0–39.9) and class 3 adipositas (BMI = > 40).

Table 16 (page 54) shows the BMI distribution in the German population between 50 and 70 years. Thus, according to the WHO definitions, nearly three fourths of the men (71.1% and 73.4%, respectively) and over half of the women (56.7% and 53.5%, respectively) between 55 and 64 years are at least overweight – and about 20% of both the men and women who are overweight are obese.

²⁰ Four positive answers on the KFM are considered the cut-off value for problematic consumption of medicines. This questionnaire is documented in Chapter 9.3 of this publication.

²¹ BMI = kg/m²

Sex	Age	Average	< 18.5	18.5 to 25	25 to 30	> 30
Men	50 to 55 years	27.1	0.4	31.8	48.8	19.0
	55 to 60 years	27.4	0.4	28.5	49.5	21.6
	60 to 65 years	27.5	–	26.4	51.1	22.3
	65 to 70 years	27.4	0.3	26.8	51.6	21.3
Women	50 to 55 years	25.4	2.1	52.2	30.5	15.2
	55 to 60 years	26.1	1.9	44.6	34.4	19.1
	60 to 65 years	26.3	1.4	41.8	37.4	19.3
	65 to 70 years	26.4	1.6	40.5	38.3	19.7

Table 16: Distribution of population by BMI (in %), 2009. Source: Mikrocensus: Fragen zur Gesundheit 2009a, quoted according to www.gbe-bund.de).

A comparison of the microcensus data for German and non-German participants between 55 and 64 years of age collected from 1999 to 2005 shows that, over time and independent of nationality, there has been a large increase in the prevalence of adipositas, the increase being greatest among non-German women aged 60 to 65 years. Generally speaking, non-German women of this age group had a very much higher prevalence of adipositas than German women (RKI 2008, p. 53). Among the men in the age cohorts under consideration, however, there were only minimal differences between Germans and non-Germans.

Nutritional Behavior

In 2009, 40% of those 50 to 60 years old as well as 44% of those 60 to 70 years old reported having a high interest in eating a healthy diet and adopting a healthy lifestyle. This reflects a major increase over the values found in the next-older age cohorts (Institut für Demoskopie Allensbach: Allensbacher Markt- und Werbeträgeranalyse 2009a, quoted according to www.awa-online.de). Also the willingness to spend more money to ensure a good diet and buy better foodstuffs was highest among those in the age group 50- to 59-year-olds (57%), followed by the next two age groups (54%) (Institut für Demoskopie Allensbach: Allensbacher Markt- und Werbeträgeranalyse 2009b, quoted according to www.awa-online.de). In this age group cooking is still relegated mostly to the women. Thus, in 2008, 73% of the women aged 51 to 65 reported they they were good or very good cooks. Of the men in this age group only 32% made this claim. In contrast, 45% of the men were of the opinion that they were able to cook only little or not at all – something only 3% of the women in this age cohort reported of themselves (Max Rubner-Institut 2008a, pp. 107ff.).

The present recommendation for caloric intake of a male aged 51 to 64 years lies at 2,500 kcal/day. On average men of this age group consume 2,400 kcal/day, although 38.4% of them consume more than they need. The recommendation for women in this age cohort lies at 2,000 kcal/day, whereas women actually consume on average 1,856

kcal/day, with 35.6% consuming more than they need (Max Rubner-Institut 2008b, p. 235). Both men and women should get 50% of their caloric intake from carbohydrates. In the age group 51–64 years, however, 78.3% of the men and 62.5% of the women do not adhere to this recommendation (ibid., p. 238). In contrast, 66.3% of the men and 70.1% of the women in this age group consume too little dietary fiber, and 80.7% of the men and 76.9% of the women consume too much fat in their diets (ibid., pp. 239ff.). Also, 57.9% of the men and 34.1% of the women aged 51 to 64 years have an increased cholesterol level. Further, more than half of the men and women in this age group get too little vitamin D, folates and calcium from their usual diet (ibid., pp. 242ff.).

In the GEDA 2009 study, 70.7% of those 55 to 65 years of age reported eating fruit daily, and 43.6% reported eating vegetables on a daily basis. Women of this age group tended to consume more fruit and vegetables than men, with East Germans generally eating more fruit than West Germans. There were no regional tendencies with respect to vegetables (cf. Appendix, Tables 63 and 64). However, there was a clear relationship between fruit and vegetable consumption and educational status: Persons with a higher level of education ate greater amounts of fruit and vegetables than persons with a lower level of education. Compared to the next-younger age cohort (45 to 55 years of age), there was also overall a clear increase in fruit consumption and a small decrease in vegetable consumption (GEDA 2009, own calculations).

Doctor Visits and Participation in Prevention and Early Detection Examinations

In 2009, among those aged 55 to 64 years, 9.7% of the women and 13.2% of the men reported not having been to a doctor's office (excluding dentists) in the past 12 months. The differences between persons with various levels of education were not significant. There were also no differences between men from East and West Germany, though East German women did tend to visit doctors slightly less than West German women (GEDA 2009, own calculations).

In 2009/2010, 56% of the 50–60-year-olds as well as 66% of the 60–70-year-olds reported going regularly to get their prevention checkups. Only 7% of those from younger cohorts and only 5% from older cohorts reported never having had a prevention checkup (Institut für Demoskopie Allensbach: Allensbacher Markt- und Werbeträgeranalyse 2010, quoted according to www.de.statista.com). This contradicts somewhat the data gathered by the national health insurance companies, whose clients are advised to go to the exams provided by their general practitioner every other year. According to their data, in 2007/2008, 44.2%/43.8% of the women and 46.8%/46.6% of the men aged 55–60 years and 60–65 years went to the prevention checkups, respectively (Zentralinstitut für die Kassenärztliche Versorgung 2009). Besides the yearly gynecological checkups with a breast exam, women of these age groups should also have a mammography done every two years (early cancer diagnosis).

In 2008, 46.9% of the women in the younger age cohort and 41.5% of those in the older age cohort had these exams done. Men of the same age cohorts should go to a yearly prostate and genital exam; in 2008, 20.8% and 23.8% from the two age cohorts attended such exams (ibid.). In addition, a Hemocult test is foreseen for both sexes to detect hidden blood in fecal material, which in 2007 and 2008 only about a fourth of the men and half of the women (46.4%) in the younger age cohort as well as about a third (37.0%) of the women in the older age cohort did. Between 2003 and 2008, a colonoscopy, which is to be carried out every 10 years in all persons from the age of 55 on, was done only in an eighth (12.1%) of the women between 55 and 60 years of age and in about a fifth (20.9%) of those 60 to 65 years old. Of the men in the younger age cohort, 9.6% had this procedure done, and 17.5% of the men in the older age cohort had it done (see Appendix, Table 65).

A greater number of people in the age groups under consideration took part in the yearly dental exam. In 2009, that meant that 82.2% of the women and 70.7% of the men aged 55 to 65 years had had such an exam in the past 12 months (GEDA 2009, own calculations). In those over 65 years of age, however, this rate declined. There were also marked differences in utilization depending on the level of education: The more education someone had, the more they tended to go to the foreseen preventive exams. Both East German men and women utilized the preventive dental exams more than their counterparts from western part of the country (RKI 2010a, p. 118). But it is unclear whether the so-called “Personal Bonus Booklet,” where all preventive measures are registered, actually works to motivate people to go to the dental exam more often than to other early detection screenings – or whether dental hygiene is just more important to people than their overall health is. The existing surveys carried out on this matter unfortunately cannot help us here since they do not cover the age group we are interested in (Micheelis and Hoffmann 2006).

From the data available from the winter season 2007/2008 we learn that 29.3% of the women and 28.9% of the men from the age group 45 to 65 years got their flu shots. Women with middle and high levels of education got flu shots more often those from a low educational level. Among men, this trend was vice versa, albeit only slightly. East Germans overall got a flu vaccination more often (42.4%) than did West Germans (25.5%) (Robert Koch-Institut GEDA 2009c, quoted according to www.gbe-bund.de).

About a fourth (26.5%) of the Germans in the age group under study reported having got their last tetanus shot more than 10 years ago. Although there are no statistically relevant differences between the sexes on this matter, again the East Germans were more diligent and had this vaccination carried more conscientiously than West Germans. Further, persons with a low educational level had had a vaccination for tetanus less often during the past 10 years than those from high educational levels (Robert Koch-Institut GEDA 2009d, quoted according to www.gbe-bund.de).

Participation in Prevention Courses

In 2009, of all persons insured by the federal health insurance program aged 50 to 59 years, 432,170 took part in primary prevention activities sponsored by the insurance companies. Although this corresponds to only about 4% of all insured persons in this age group, it is proportionally more than in other age groups. About three fourths of all such courses (74%) serve the improvement of the locomotor system, which is necessary because of the major problems that exist in the musculoskeletal system of this age group. Another 19% of the activities serve to prevent specific risks and stress-relevant disorders; 7% are concerned with dietary measures; and less than 0.5% teach the responsible use of addictive substances and other “pleasure” items (Zelen and Strippel 2010, pp. 66ff.). The makeup of the course offerings has not changed much, though recently overall attendance is down slightly. Compared to 2004, however, the number of participants has tripled (Medizinischer Dienst des Spitzenverbandes Bund der Krankenkassen e.V.: Präventionsbericht 2008, quoted according to www.gbe-bund.de).

Remedial Prescriptions

Data taken from the Remedial Prescription Information System of the AOK²² allow us to draw inferences at the extent of the prescriptions written for medical remedies for persons in the age groups in question (Schröder and Waltersbacher 2009, pp. 16ff.). Such remedies (physiotherapy, speech therapy, ergotherapy, etc.) are prescribed to mitigate the effects of a disease, to heal a disease or to check its spreading. Generally speaking, among adults the number of people receiving such prescriptions increases with age, with more women than men receiving them: 18.2% of the men and 27.2% of the women aged 55–60 years (19.4% of the men and 27.0% of the women aged 60 and 65 years) insured by the AOK received at least one such prescription in 2008. In these age groups they are mostly for physiotherapy as well as ergotherapy, especially in men.

4.6 Health and Work

Since Johoda et al.’s early study (1933/1975) of the unemployed in Marienthal we know that unemployment increases the risk of getting sick. More recent studies (e.g., Hollenderer 2010, Kieselbach 2007, RKI 2005, Schunck and Rogge 2010) also show that, even today, compared to those in gainful employment, the unemployed become sick more often and have more severe health restrictions (as well as more unhealthy habits). Yet it remains controversial whether unemployment actually causes the disease or whether the

²² Note that the AOK has a different structure than other statutory insurance companies, so that the data are not necessarily representative of all insured persons. Yet they are often quoted when no other data are available on the particular matter.

disease represents the cause for the unemployment. The literature is full of evidence supporting both hypotheses. A recent article by Zenger et al. (2010) shows that repeated unemployment during life does affect one's health in old age. Unfortunately, however, no age-specific information was given on this relationship, though one can presume that the negative influence of being unemployed would affect our age cohorts as well.

Conversely, it has long been known that being employed can be dangerous to one's health and can precipitate impairments to health. In 2009, the GEDA discovered that about one fourth (26.1%) of those employed in the age group of 55–65-year-olds thought their health was being harmed through their work, men (28.9%) more often than women (22.6%). The interesting thing is that women with a low level of education (17.9%) consider this to be the case much less than women with a middle level (22.4%) or a high level of education (34.8%).

Sickness as the Cause of Temporary Unemployment

Again in 2009, GEDA reported that 8.1% of the men and 7.3% of the women aged 45 to 65 years were off sick more than 50 days in the last 12 months. These numbers are considerably higher than those of both the next-younger cohort and the next-older (no longer employed) cohort (RKI 2010a, p. 121). The data behind Figure 6 support this finding. Older employed persons are thus not sick more times, but overall longer. The data documenting medical certificates (“sick notes”) of statutory and voluntary health insured persons in 2008 provide a good overview of how often people over 45 years miss work because of sickness. Note, however, that this statistic does not include persons who fail to go to work for very short periods of time but do not get a sick note, nor does it include persons with private health insurance. The data were also not standardized. In 2008, according to these data, there were a total of 7,050,144 cases of short-term or long-term incapacitation due to sickness among employable persons over 45 years of age. In men, this occurs most among those employed in the manufacturing sector (without the building industry); in women when they are employed in the public or private service industries (BMAS 2010, p. 34).

Figure 6 shows that, with increasing age, the average time work missed for health reasons rises, going up to 22 days for persons 60 to 65 years old. Men who work in the building industry and women who work in agriculture, forestry and fishery miss the most days of work (ibid., p. 37). The most common diagnoses in men over 45 years are diseases of the musculoskeletal system and connective tissue (24.2%), followed by diseases of the respiratory system (18.6%). In women, 21.5% of those incapacitated by sickness report diseases of the respiratory system, followed by diseases of the musculoskeletal system and connective tissue (20.0%) (see Appendix, Table 66). These data were confirmed by those collected by the AOK for its members 55 to 65 years old – the exception being the diagnosis of diseases of the musculoskeletal system and connective tissue, which had an even higher rate of 31.9% in men and 27.4% in women of this group (AOK Bundesverband: Krankheitsartenstatistik 2008, quoted according to www.gbe-bund.de). The data also

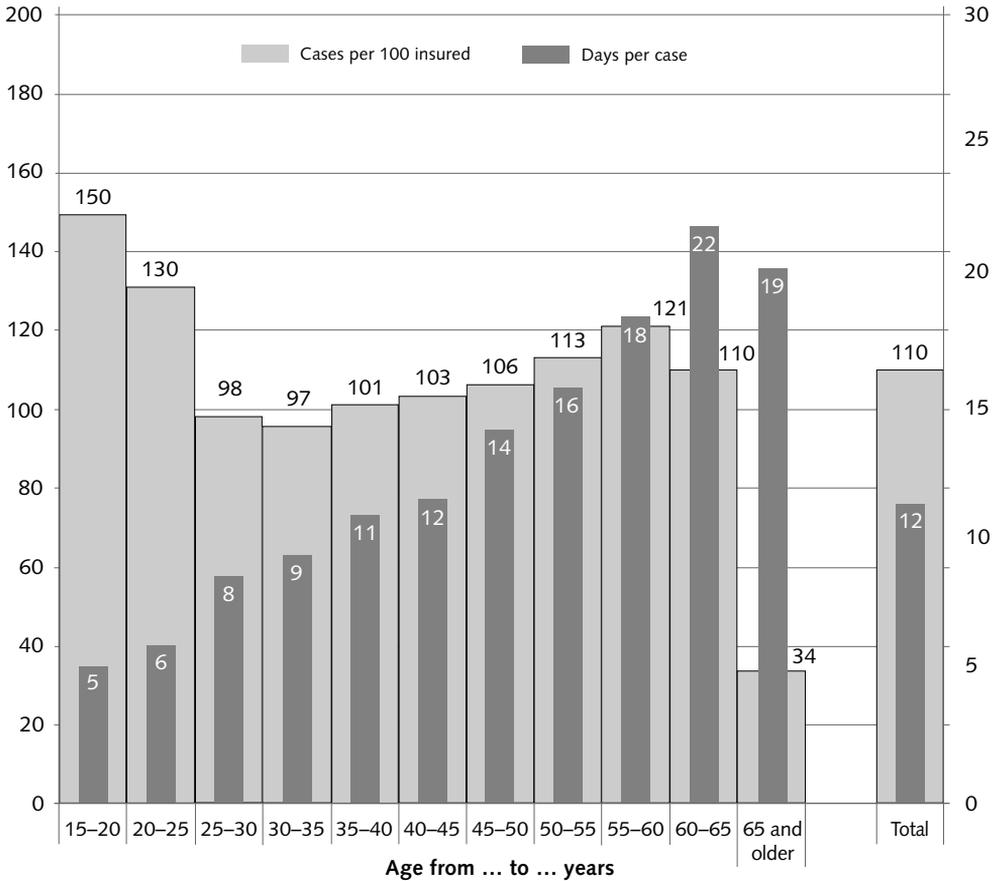


Figure 6: Work incapacitation by age group, 2008. Source: BMAS 2010, p. 36.

demonstrate that, in 2008, the longest periods of incapacitation in this age group occurred in men with a diagnosis of diseases of the musculoskeletal system and connective tissue, followed by diseases of the circulatory system, which caused the most days missed from work (see Appendix, Table 67). However, whether work conditions or work accidents are responsible for this level of incapacitation cannot be culled from the data available for the age cohorts in question.

Sickness as the Cause of Limited or Complete Loss of Work Capacity

Diseases can sometimes also cause a decreased level of performance and thus necessitate a partial or complete withdrawal from active worklife. According to Clause 43 of the SGB VI, persons who are unable to work for at least 6 hours a day are entitled to receive the status of partial disability due to reduced work capacity; if they are unable to work more than 3 hours a day, they can receive a pension for complete disability due to

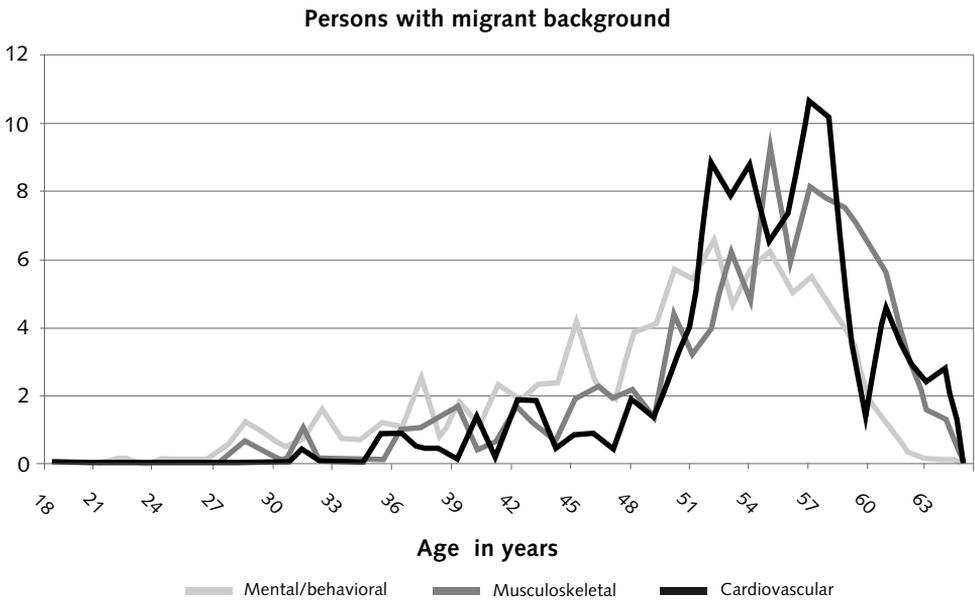
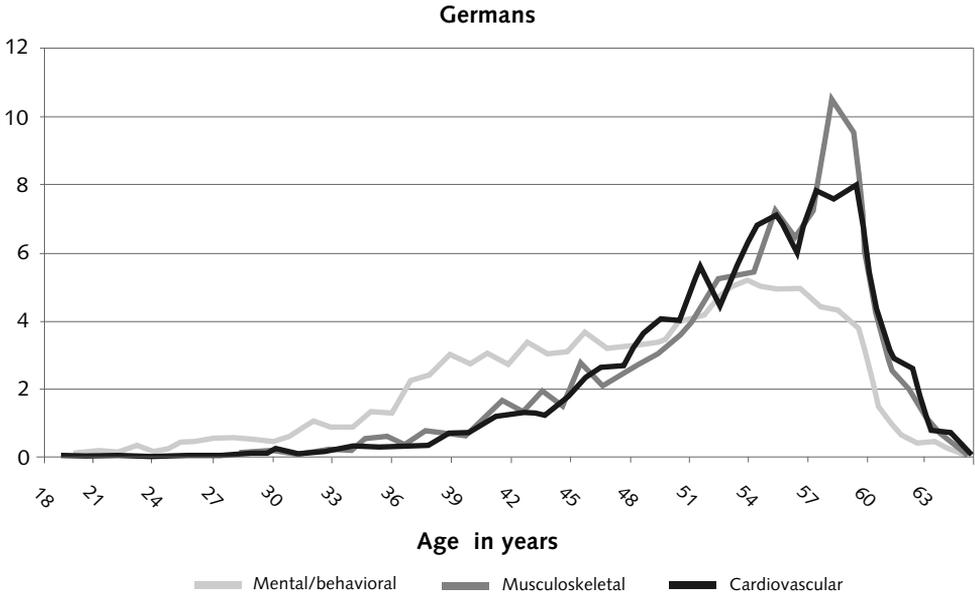


Figure 7: Age distribution at commencement of disability retirement for selected diagnoses among Germans and persons with a migrant background (in %). Source: Höhne and Schubert 2007, pp. 116ff.

Age	Men	Women
55	5.87 %	5.73 %
56	5.92 %	5.66 %
57	5.89 %	5.38 %
58	6.73 %	6.03 %
59	6.37 %	4.81 %
60	3.90 %	1.95 %
61	2.68 %	0.97 %
62	1.91 %	0.72 %
63	0.98 %	0.58 %
64	0.44 %	0.27 %

Table 17: Early retirement figures from 2003 by age and sex (percentage of age group of all persons receiving early retirement status). Source: RKI 2006, p. 14.

reduced work capacity (“early retirement”). Among Germans of the age group studied, cardiovascular and musculoskeletal diseases most commonly lead to disability retirement. The same is true of persons with a migrant background, albeit at a higher level (see Figure 7): Whereas in Germans mental and behavioral diseases, particularly in younger years, are the main cause for early retirement, in persons with a migrant background these diseases play a major role from age 50 on, only to decrease again at the end of the 50s. But Figure 7 also shows that persons with a migrant background generally tend to leave the workforce at a later point in time for health reasons, leading to an accumulation in the age group under consideration (Höhne and Schubert 2007).

Table 17 shows the relative distribution of early retirement for the year 2003 according to the individual age and for both sexes. These data confirm what Figure 7 shows: 59% of the men and 68% of the women who receive early retirement status do so because of a disease that sets in before they are 55 years old.

Company-Wide Health Promotion Plans

According to Clause 20a of the SGB V, medical insurance companies are required to provide “measures for the promotion of health in business establishments (company-wide health promotion) to ensure that all insured persons and those responsible in the companies are aware of the work conditions and their potential risks and potentials. They are obliged to make suggestions to improve the situation and to strengthen the resources and skills to deal with and implement them.” One of the three major prevention goals of the statutory medical insurance companies focuses on the situation of older employees (from 50 onward). The latest report on prevention measures says that the proportion of older employees who participate in such prevention measures to reduce mental stress rose by about 50% from 2007 to 2009 to a total of 52,509 persons (Zelen and Strippel

2010, p. 29). Note, however, that, whereas the percentage of all employees over 50 years of age lies at 26%, the percentage of employees over 50 participating in these prevention measures lies at only 17% (ibid., p. 107).

Company-wide programs promoting the health of employees over 50 have been carried out most often in the building industry (20%) but much less, usually between 5% and 9% (ibid., p. 96), in other industries. In addition, in 2009 on average 20% of the large companies (those with over 1,500 employees) made such programs available to their employees, whereas only 1 of 15 smaller companies was this the case.

4.7 Health Costs

A total of EUR 67 billion are expended yearly to cover the health costs²³ of those in the age group 45–65 years (Statistisches Bundesamt: Krankheitskostenrechnung 2008a, quoted according to www.gbe-bund.de). It is interesting to note that these costs are more or less equally spread among men and women: EUR 2,960 per male and EUR 3,060 per female in this age cohort, although statistically women go to the doctor more than men (Statistisches Bundesamt: Krankheitskostenrechnung 2008b, quoted according to www.gbe-bund.de).

Compared to the previous year, the overall costs rose by 5.7%, and compared to 2002 by 7.4%. This rise is only partially attributable to the increasing number of persons in this age cohort. The highest costs were for diseases of the digestive system (which also includes dental costs and dental prosthesis), followed by diseases of the musculoskeletal and cardiovascular systems.

In 2008, 13.4% of all health costs were borne by private households. We have only little information about these private health costs in the age cohorts under consideration. We do get a hint at their extent, however, by studying the data collected by the German Statistisches Bundesamt, which also calculates the expenditures of the private households in Germany whose main income earner is 55 to 65 years old: EUR 88 per month for health costs. Households in West Germany spend on average of EUR 98 (3.1% of their net household income), considerably more than households in the eastern part of the country: EUR 43 (2.1% of net household income) (Statistisches Bundesamt 2009a, pp. 38ff.).

²³ Health costs comprise the costs incurred directly because of medical treatment or a prevention, rehabilitation or care measure carried out with the health system. This also includes all administrative costs of health providers as well as of all public and private institutions that finance healthcare in Germany.

The Scientific Institute of the AOK (Zock and Schuldzinski 2005) keeps a statistic on the amount people spend for services from the so-called IGEL Catalogue²⁴: 25 % of those surveyed who were 50–65 years old reported being offered IGEL services in the past months, slightly more than in the younger age cohorts. No further specifications on age-specific data can be extracted from this study.

4.8 Conclusion

The data introduced in this chapter support the proposition stated at its beginning for the age group in question: Health and disease take on a greater meaning in life with increasing age. Not only do persons from 55 to 65 years of age subjectively have a poorer health status and experience more limitations to their everyday activities, they also objectively produce higher morbidity rates and correspondingly higher rates of work disability due to sickness than do younger age cohorts. At the same time, members of this age group today present with less multimorbidity than was the case in the early 2000s since they are now attending more health-related prevention courses and have adapted their lifestyle toward more healthy activities.

Cardiovascular diseases and diseases of the musculoskeletal system are the most common diagnoses in this age group, and they are also the most common reasons for instituting rehabilitation measures or applying for early retirement. Less often diagnosed are tumors, although they remain the leading cause of death because of their high lethality. Means of preventing arthrosis and osteoporosis are still gaining in importance at this age, particularly among women, since their prevalence is very high. Infectious diseases, on the other hand, play a rather minor role in this age group, although the high rates of HIV infection should serve as a signal to remain diligent about its spread.

Besides these physical impairments, there has also been a strong increase in mental disorders not found in the next-younger age cohort. Since mental disorders often result in long periods of unemployment or rehabilitation, they are also often the reason why so many in this age cohort take early retirement. This factor, too, should be closely watched.

The addictive behavior of this age group also reflects the mental state of its members. The risky use of addictive substances found in a comparison of the age cohorts – regardless of whether we are dealing with alcohol, tobacco or prescription drugs – is one way

²⁴ IGEL stands for “individuelle Gesundheitsleistungen” = individual healthcare services, which doctors in Germany can offer to their statutorily insured patients but have to be paid for personally and are not covered by insurance.

people cope with mental problems. This age group also tends to choose substances whose abuse is not so obvious to others – substances that are “always around.” The risks involved – or put differently: the proper ways to approach these substances – are not sufficiently known to the group of “young old.” There is also a clear lack of offers, including from addiction centers, providing information befitting this age group.

A further risk potential of the age cohort in question may be seen in the tendency toward becoming overweight or obese, which can precipitate diabetes, hypertension and cardiovascular diseases. A proper diet in conjunction with regular physical exercise remains the best way to keep weight in check. Research shows that less than half of the persons in this age group value good nutrition – and even fewer follow the recommendations on energy and nutrient intake.

A large portion of the age cohort of persons 55 to 65 years still do not participate in the early detection programs available. The research here shows that many have considered going to such exams but then fail to do so. The data also reveal that the calls for the more unpleasant exams (such as a colonoscopy) are less well heeded than those for exams that are less complicated but may even lead to pain, such as dental exams.

The analysis provided here has pointed up various risk groups that need special attention with respect to health education: People from lower educational strata have higher morbidity rates, which in turn increases their morbidity and mortality with increasing age. Also, this age group often demonstrates considerable gender differences, first with respect to their risk of becoming sick as well as to their risk behavior. Thus, offers should be made of prevention programs that focus on the socioeconomic and gender-specific aspects of their particular risks.

Further, nearly all diseases studied as well as lifestyle risk factors demonstrated clear regional differences between East and West Germany, though there is no general tendency in these differences: West Germans tend to suffer more from allergies, whereas East Germans tend more toward obesity and the resulting diabetes prevalence. East Germans drink more alcohol but also frequent more often early-detection exams and are more up to date on their vaccinations. East Germans report having more mental problems but have fewer diagnoses of depression; they do not come down with fewer illnesses, but they do go to a doctor's office less than those from the West. One could presume that sometimes they do not seek medical care even when they are sick. The work situation in the federal states of East Germany may be one reason for this: Losing one's job at this age carries the high risk of not being able to find a new one. These regional differences should be considered when developing prevention strategies.

A further group in need of special attention for health prevention strategies is people with a migrant background. The analysis shows that, though the literature contains much information about the overall health of such persons, we have little data containing

age-specific information – or it speaks only of “adults” (18 to 65 years) or the “elderly” (over 65 years). So there is a great need for more intensive research and analysis of the existing data on this aspect. The present analysis, however, does show that people with a migrant background are either underrepresented in the existing data or have been inadequately recorded, even though they show higher levels of diabetes than the overall German population and in women a general tendency toward obesity. People with a migrant background also often suffer from mental disorders that may go undetected – or be discovered only very late. Finally, it should be noted that people with a migrant background do not form a homogeneous group. Rather, depending on their nationality and cultural background, they may present with very specific health problems. For example, Islamic migrants consume much less alcohol than those from Russia, who have higher infection rates for HIV and tuberculosis, too. Furthermore, people with a migrant background show health differences that are apparently linked to their socio-economic situation. Because of the dearth of differentiated data, however, the health of migrants cannot be treated exhaustively. Here, too, there is a great need for further research, especially given that the rate of 55–65-year-olds with a migrant background lies at 15% (see Chapter 2.2) – and is much higher in the younger cohorts.

More than one fourth of the employed persons in this age group consider their work to be dangerous to their health. Fewer people from this age cohort receive sick notes from their doctors, but when they do get sick they are sick longer than those in younger age cohorts. Despite the clear need among persons over 50 years for measures to promote health in the workplace, their participation in such programs is much lower than their share of the overall workforce.

**WORK: THE EMPLOYED
AND UNEMPLOYED
ELDERLY**



Work can be more than a way to ensure economic security – it can be a productive source of meaning, an indispensable aspect of life and a way to participate in social processes. Going to work can be a source of personal recognition and self-value, social integration, daily structure, happiness and health. Of course, it can sometimes prove to be physically and mentally stressful, making one uncertain and unsettled and sick. Being “without work” can be an experience of delightful retirement, a time for volunteering, a positive change toward one’s family or personal network. Or it can represent economic precarity, poverty, the painful exclusion both from the job market as well as from important dimensions of social life. Being unemployed can result in grave emotional and health issues.

The “young old” we are concerned with here are in a phase of life where most of them are thinking about or already in the process of exiting active worklife. For some this comes sooner, for others later. Whereas highly qualified 55-year-olds may be at the zenith of their career, unskilled workers may be in danger of having to leave the workforce even at this early age. Globally speaking, today only few people at age 65 go directly from being fulltime employees to being retirees. Rather, retirement has become for many a step-wise and a long-term process, consisting of many flexible and in part precarious forms of transition. When and how retirement occurs today is dependent not only on individual decisions, but is rather a matter of how social-political decision-making has determined it to be (Zähle and Möhring 2010). We are now confronted with a multitude of various models of parttime work, reduced employment and an overall difficult employment situation with high unemployment among persons over 60 years of age.

One can also observe an increasing withdrawal into that group of “nonworking” people, who are unemployed and not looking for work (an example being housewives). At the same time, the proportion of those who are receiving a pension and still working has increased, either because they never stopped working or because they started working again out of the need to augment their income. Tables 18 through 20 provide an overview of the participation of this age group in the workforce. It shows where they get their means of subsistence, how they participate in worklife according to economic sector and their position at work.

55 to 65 years	Total population	Agriculture and forestry	Manufacturing industry	Trade, hospitality industry, transportation	Other services
Total	9,813	150	1,511	1,147	2,676
w/o MB	8,308	141	1,250	986	2,382
w/MB	1,505	9	261	161	294

w/MB = with migrant background; w/o MB = without migrant background

Table 18: Participation in workforce by economic sector (in 1000s). Source: Statistisches Bundesamt 2010b, pp. 256f., according to Microcensus 2009.

55–65 years	Total population		Employed		Unemployment benefits		Retirement, pension	
	m	f	m	f	m	f	m	f
Total	4,846	4,967	2,910	2,042	120	88	1,233	1,282
w/o MB	4,105	4,203	2,523	1,777	93	73	1,068	1,110
w/MB	741	764	387	265	27	15	165	172

55–65 years	Supported by relatives		Assets, rent, interest		Existing subsistence assistance		According to Hartz IV: Unemployment II benefits, welfare payments		Other means of support
	m	f	m	f	m	f	m	f	m/f
Total	108	1,195	71	47	31	30	340	265	54
w/o MB	84	994	63	42	22	21	224	170	45
w/MB	24	201	8	5	8	9	116	95	9

w/MB = with migrant background; w/o MB = without migrant background

Table 19: Predominant sources of means of subsistence (in 1000s). Source: Statistisches Bundesamt 2010b, pp. 236f., according to Microcensus 2009.

55–65 years	Total population	Not employable	Employable persons		
			Total	Employed	Unemployed
Total	9,813	3,854	5,959	5,483	475
w/o MB	8,308	3,200	5,108	4,758	351
w/MB	1,501	653	848	723	125

55–65 years	Vocational position				
	Self-employed	In family business	Civil servants	Clerical workers	Blue-collar workers
Total	794	49	437	2,799	1,404
w/o MB	709	44	426	2,515	1,063
w/MB	85	–	11	283	340

w/MB = with migrant background; w/o MB = without migrant background

Table 20: Participation in workforce (according to ILO definition, see below), by vocational position (in 1000s). Source: Statistisches Bundesamt 2010b, pp. 265f., according to Microcensus 2009.

5.1

Employment Rate

The European Union (EU) has set the goal of increasing the overall employment rate in its member states. In 2001, it set as its target that half of those 55–64 years old should be employed. To this end, the age limits for receiving a full old-age pension were raised.²⁵ Also, by replacing the previous disability and invalidity pensions with a two-step pension for reduced employability, it intended to stop the withdrawal from active worklife for health reasons. The so-called Hartz reforms in Germany, enacted between 2002 and 2005, also aspired to motivate the unemployed to take up employment again (cf. the overview in Naumann and Reoeu Gordo 2010, pp. 119f.).

At first glance (see Figure 8) this thrust has led to the desired increase in overall employment rate: The Microcensus 2009 (Statistisches Bundesamt 2010a, p. 90) counted a total of 5,484,000 employed persons in the age group 55–65 years (according to the Labour Force Concept of the ILO²⁶), corresponding to an overall employment rate of 56.1% for the this age cohort. But this increase may also be linked to a simple demographic effect: The past few years have seen the age group 55–64 years bulge with the large birthyears causing a rise in overall employment in this age cohort. The rate falls rapidly with age: In those 55–60 years there are 3,803,000 persons employed, but in the age group 60–65 years only 1,681,000 persons are employed (ibid.).

Statistics on employment based on the ILO formula also include any marginal or irregular activities as employment. This allows for very few true conclusions about the real character of the employment relationships of older employees. Bäcker et al. (2010) thus urge caution concerning the interpretation of the data. They note the starkly reduced employment rate of those 60 years and more: In 2008, only 28% of the men and 14.5% of the women of age 64 and older were employed (ibid., p. 11).

Social Inequality in Labor Force Participation

The participation of older persons in the labor force is marked by much social inequality. The employment rate among migrants on the 2008 Microcensus, for example, was 47.3% in persons 55–65 years of age – a good 10% less than the rate for the overall age group.

25 A law enacted in 2007 updated the Retirement Age Law and became effective in 2012. It slowly pushes the age limit for retirement to a higher level, i.e., the “standard retirement age” will slowly be raised from 2012 to 2029 to 67 years. First, a month for every year is added, raising the standard retirement age from 65 to 66 years. Then all persons born from 1959 on will work 2 months longer per year, raising the limit again to 67 years. Thus, anyone born in 1947 and later is affected by the new rules, and anyone born in 1964 and thereafter will have to work to age 67.

26 The ILO concept counts anyone as “employed” who works at least one hour in the period of a week and receives compensation or some other remuneration, has an active work relationship (employees including soldiers as well as contributing family members), is self-employed, engaged in agriculture or some other form of freelance work (Statistisches Bundesamt 2010b, p. 81). According to this definition, persons without work need not be registered as unemployed.

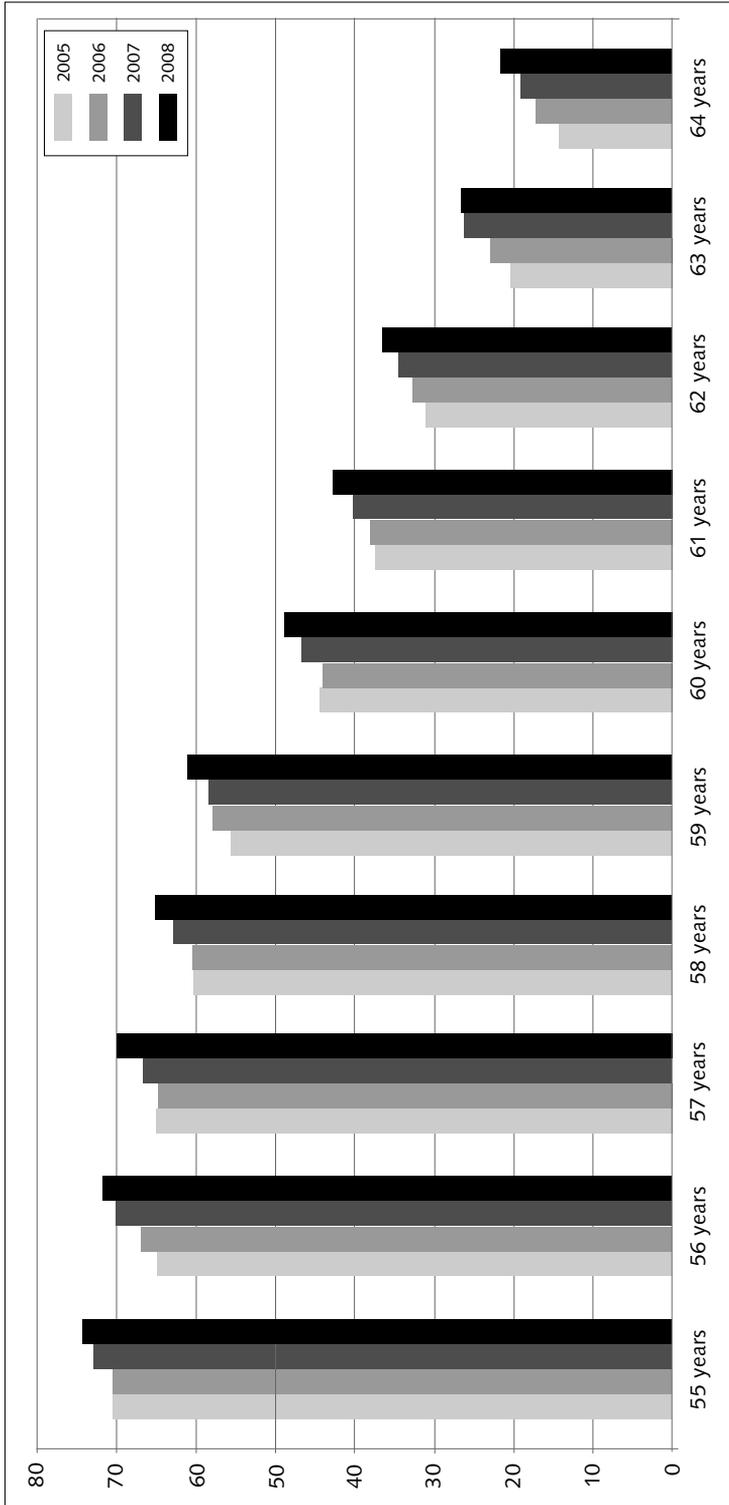


Figure 8: Rate of employment by age, 2005-2008 (employed persons as percentage of total population of same age). Source: Statistisches Bundesamt, Mikrocensus, Fachserie 1, Reihe 4.1.1: Bevölkerung und Erwerbstätigkeit, from Bäcker et al. 2010, p. 11.

Bäcker et al. (2010, p. 12) expressly note that less qualified older persons have a less of a chance of being (and staying) employed than their counterparts with a higher educational level. The lower the level of qualification, the lower the employment rate at a higher age. In the age group of persons 60 to 65 years, only about a fourth of those without vocational qualification are still employed. Of course, this could be the result of the enormous work strains they have experienced (and few resources to compensate for them) as well as the resulting health problems and the increased risk of then becoming unemployed. Persons with a university diploma, on the other hand, have an employment rate in this age group that is more than twice as high (54.3%). Naumann and Romeu Gordo (2010, p. 128) come to the same conclusion when they say that highly qualified persons in stable work situations are better able to delay the onset of their retirement. Analyses based on the data of the German Age Survey show that older women with a low level of education from East Germany have the worst chances, and that well-educated older men from West Germany have the best chances to remain employed.

5.2 Forms of Employment

Martin Brussig calculated the forms of employment for the “young old” based on the Microcensus 2007 for the Altersübergangs-Report. Of the 55–64-year-olds who are employed, 70.9% work fulltime, 17.8% parttime, 6.8% in so-called minor employment (“minijobs,” limited to EUR 400 income per month) and 4.5% in a combination of employment and support payment (Brussig 2010b, cf. Appendix, Figure 35). The extent of fulltime employment is socially very disparate: In 2007, according to the microcensus data, 55–64-year-olds with high qualifications are employed fulltime at a rate of 80.8%, those with mid-level qualifications at a rate of 70.9% and those with low-level qualifications at a rate of 57.2%. Generally speaking, persons with a lower qualification tend to have more parttime work (22.7%) or minijobs (13.8%) (Brussig 2010b, cf. Appendix, Table 5).

If we look at the absolute numbers, the large increase in parttime employees in our age group is conspicuous. In 2001 about 550,000 persons between the age of 55 and 64 years were working parttime. By 2007 this number had risen to nearly 900,000, not including people in minijobs and who receive support benefits (Brussig 2010b, p. 3). Table 21 shows the job market participation of women and men (56–64 years) in East and West Germany, according to forms of employment, based on SOEP²⁷ data for the years 1996, 2001, 2006. It also shows the clearly lower level of employment in the eastern part of Germany.

27 SOEP = Sozioökonomisches Panel (Socioeconomic Panel).

Age group 56–64 years	West Germany			East Germany		
	1996	2001	2006	1996	2001	2006
Men						
<i>Total</i>	100	100	100	100	100	100
Employed ¹	53	49	63	37	41	42
Fulltime	52	43	53	34	34	36
Parttime	2	6	6	3	7	4
Partial retirement ²	–	–	4	–	–	2
Not employed	47	51	37	63	59	58
Registered as unemployed ³	13	9	9	20	20	13
Others: Not employed	34	42	28	44	39	45
Women						
<i>Total</i>	100	100	100	100	100	100
Employed	33	38	45	20	28	35
Fulltime	18	18	19	13	20	14
Parttime	15	19	22	7	9	18
Partial retirement	–	–	4	–	–	3
Not employed	67	62	55	31	72	64
Registered as unemployed	6	6	6	16	17	15
Others: Not employed	61	57	49	65	55	50

1 Persons not employed (i.e., including unemployed) with additional income are calculated as being employed.

2 Partial retirement (block model) queried only in 2006.

3 Unemployed with no participation in job market

Table 21: Job market participation in East and West Germany, age group 56–64 years. All data have been cross-sectionally weighted. Data basis: Sozioökonomisches Panel 1996, 2001, 2006. Source: Statistisches Bundesamt et al. 2008, p. 124.

5.3 Employment Covered by Compulsory Social Insurance

A comparison of the data on persons employed according to the ILO definition and the data on employment covered by compulsory social insurance and minjobs gives us a very detailed picture of the situation of older employees. The number of “young old” who are employed and covered by compulsory social insurance has risen over the past 10 years. In the age group 55 to 65 years, in 2009 there were 3,681,676 persons covered by compulsory social insurance (Statistisches Bundesamt: Beschäftigungsstatistik 2009, see Table 22) or 37.5% of that age group. Broken down further, in the age group 55–60 years, there were 2.6 million persons in jobs covered by compulsory social insurance, whereas

Persons employed in jobs covered by compulsory social insurance by age group on 31 Dec. 2009			
Age from ... to ... years	Total	Men	Woman
45 to 50	4,134,113	2,206,641	1,927,472
50 to 55	3,368,930	1,769,083	1,599,847
55 to 60	2,626,485	1,390,665	1,235,820
60 to 65	1,055,191	618,597	436,594
65 +	138,233	91,900	46,333

Table 22: Number of persons employed in jobs covered by compulsory social insurance by age. Source: Statistisches Bundesamt: Beschäftigungsstatistik 2009; based on employment data provided by the Bundesagentur für Arbeit; preliminary results; includes persons listed under “not specified.”

in the age group 60 to 65 years the figure was about 1 million – or only about a fourth (24.2%) of everyone in this age group (Bäcker et al. 2010, p. 14). The collapse of the proportion of persons covered by compulsory social insurance in this age group is particularly salient in those 63 and 64 years old: Here there are only about 100,000 employees left in these two age groups, respectively. And of these about a fourth are in parttime employment (Bäcker et al. 2010, p. 15). Figure 9 shows that the rate of fulltime employment falls first to 9.2% (63 years) and then to 6.3% (64 years).

The number of 64-year-olds with a migrant background working in jobs covered by compulsory social insurance is listed in the 2008 Microcensus at 13,000, two thirds of whom work fulltime (Bundesregierung 2010, p. 31). If we look at the job status of men and women shortly before they reach retirement (regardless of their age at retirement), we find only few differences: About 20% of the men (East and West Germany) and 19.7% (West Germany) and 18.3% (East Germany) of the women are employed in jobs covered by compulsory social insurance (ibid., p. 32). Note: This statistic on persons covered by compulsory social insurance also includes those persons who are in the nonworking block of their partial retirement plan after having completed the work block – thus, effectively, no longer actively working. The block model has two halves, whereby during the first half the person works fulltime and during the second half not at all. According to the statistics of the Bundesagentur für Arbeit, in December 2008 a total of 530,000 persons were participating in the block model (Bundesregierung 2010, p. 91).

In order to determine how many older persons were actually working, one must take a closer look at the employment data gathered on the block model. In the age group 60–65 years some 35.9% of those participating in this model were in the nonworking phase (Bäcker et al. 2010, p. 15). Table 23 compares the total of all persons in jobs covered by compulsory social insurance with the number of persons in the nonworking phase of the block model.

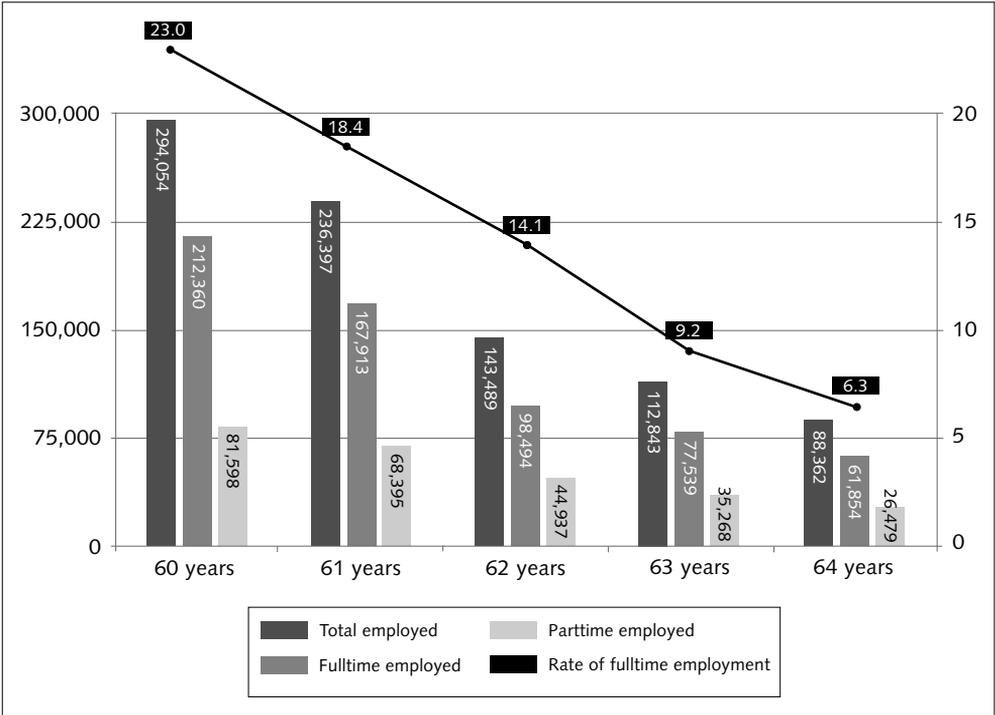


Figure 9: Number of persons employed in jobs covered by compulsory social insurance (fulltime and parttime), by age and in % of total population, as of June 2008. Source: Statistik der Bundesagentur für Arbeit, from Bäcker et al. 2010, p. 16.

	2000	2001	2002	2003	2004	2005	2006	2007	2008
55- to 60-year-olds									
Workers covered by compulsory social insurance	2,143	1,958	1,918	1,894	1,918	2,021	2,198	2,361	2,517
Minus those in nonworking phase of block model	2,038	1,807	1,729	1,685	1,671	1,756	1,917	2,078	2,254
60- to 64-year-olds									
Workers covered by compulsory social insurance	623	676	727	745	781	778	737	799	875
Minus those in nonworking phase of block model	567	564	590	576	569	553	494	545	610

Table 23: Number of persons covered by compulsory social insurance with and without those in the nonworking phase of the block model, in 1000s. Source: Deutscher Bundestag 2010, pp. 195 and 162, from Bäcker et al. 2010, p. 17.

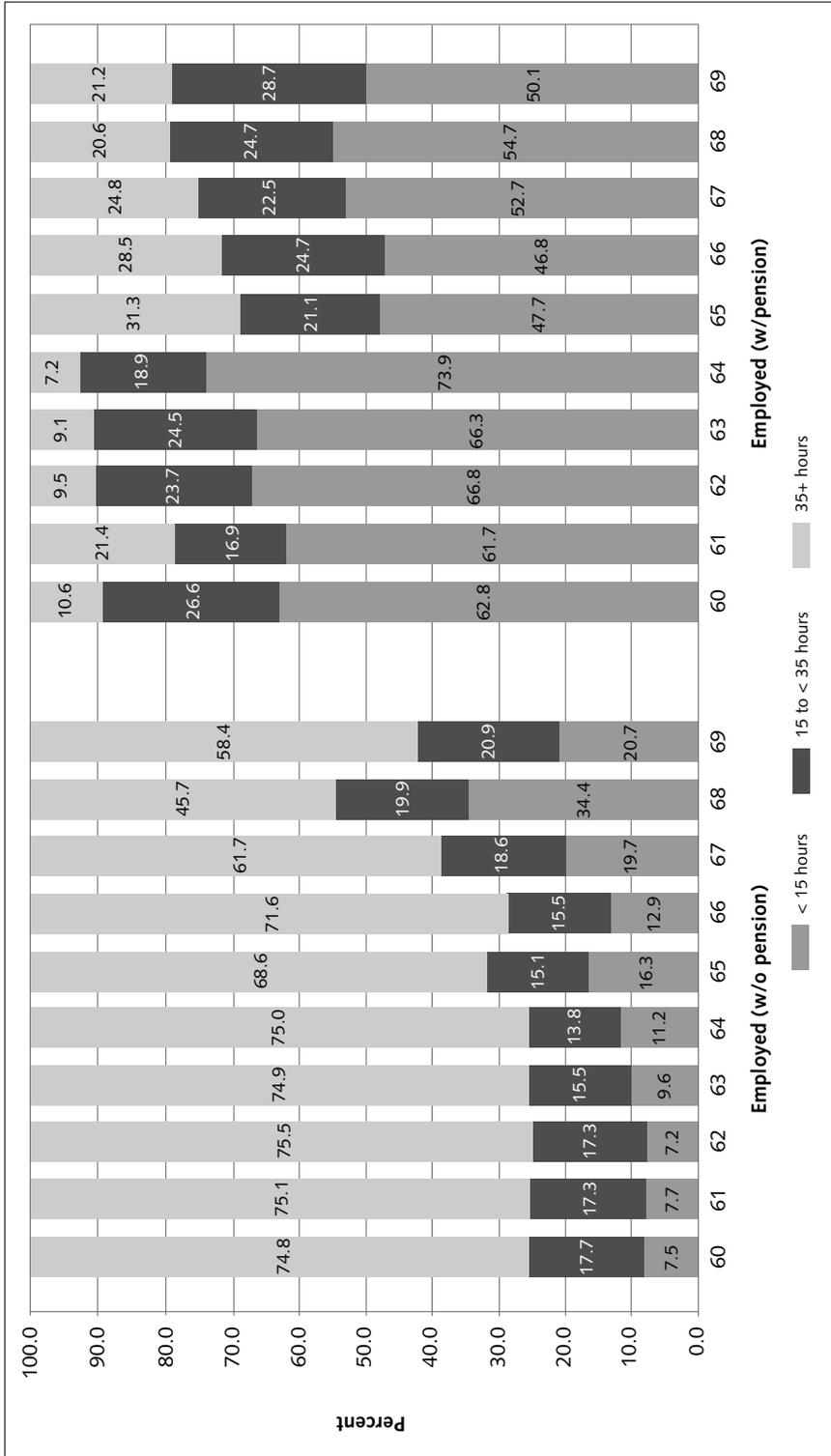


Figure 10: Number of regular workhours per week of those employed of retirement age (60-69 years). Source: Brussig 2010b, p. 12.

5.4 Minor Employment (“Minijob”)

Many of the employed elderly have so-called “minijobs”: A statistic from March 2010 (Bundesagentur für Arbeit: Beschäftigungsstatistik 2010) says there were 561,515 such persons (398,909 thereof exclusively) in the age group 55 to 60 years, and in the age group 60 to 65 years there were 467,830 such persons (396,903 thereof exclusively).

One should remember that many in the age group of persons 60 and older already draw a pension but are still working to augment their income. It is, however, unknown how many of them had their begun minijobs before drawing retirement and have simply chosen to remain on the job, and how many began their minijobs upon retirement. Whether they act for financial reasons or just want to keep a foot in the working world while retired is also unknown (cf. Bäcker et al. 2010, p. 14). Figure 10 differentiates by age group the workhours per week of those who are still working (or have taken up work again) despite having reached retirement age.

5.5 Jobless/Unemployed

The act of losing one’s job can be as psychosocially stressful as the fact of being unemployed and should be viewed as a health risk factor of its own accord (cf. Hollederer 2010, Kieselbach 2007, RKI 2005, Schunck and Rogge 2010). Not only can being without a job entail economic insecurity and hardship, it also precipitates a loss of social interactions, recognition, status and self-esteem, and is accompanied by the absence of a daily structure and sometimes feelings of stigmatization and shame.

Similar to the way employment statistics are recorded, there are many different ways of measuring and defining those who do not work. This explains why the data of the Bundesagentur für Arbeit (National Employment Agency, which speaks of the “jobless”) and the Statistisches Bundesamt (Federal Statistical Office) sometimes differ, especially since the latter, to ensure internationally valid comparisons, uses the ILO concept, which prefers the term “unemployed” over other terms (cf. for an overview of such concepts and variables Menning et al. 2007).

When studying the participation of the elderly in the workforce one must consider that only a small portion of the elderly who do not work are listed as being “jobless” (or according to the ILO concept “unemployed”). In fact, many elderly no longer belong to the job pool at all, whether forced out or of their own accord. They are then “outside the

labor force” or “inactive.” In 2009, of the 9,813,000 members of the age group 55–65 years, 3,854,000 (about 40 %) were thus inactive according to the ILO definition (Statistisches Bundesamt 2010b, pp. 265f.; cf. Table 20). They are missing in the calculations on official unemployment.

Development of Unemployment among the Elderly

Since 2007 the share of elderly among the larger group of unemployed has risen considerably (Bäcker et al. 2010, p. 27) after falling in the previous years and bottoming out in 2004 (cf. Figure 11). The recent (significant) rise is thought to be related to the expiration of job-market instruments that originally had led to a decrease in unemployment among older persons: block models, early retirement (with prorated pensions) and the so-called “58 rule”²⁸ for persons receiving benefits under Unemployment Benefits II/“Hartz IV.”

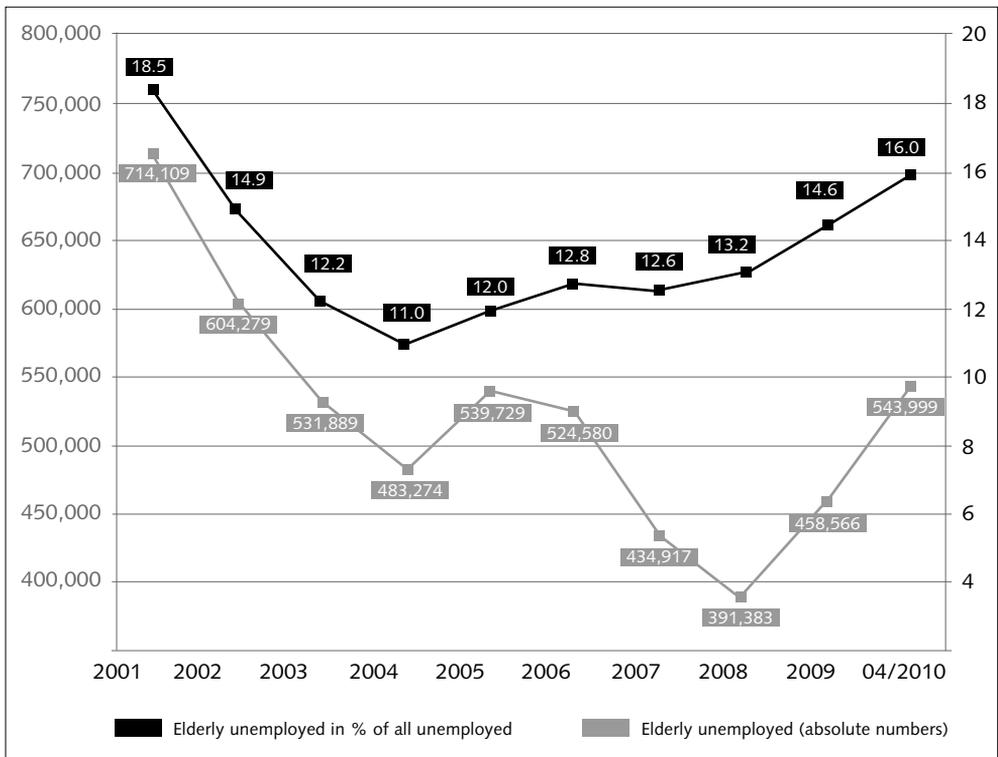


Figure 11: Elderly unemployed (55 to 65 years), 2001-2010. Source: Bundesagentur für Arbeit, Arbeitsmarktstatistik, from Bäcker et al. 2010, p. 27.

²⁸ The “58 rule” (also called the “59 rule”) allowed persons receiving benefits under Unemployment II to proceed directly to retirement without prorated losses. This also meant their removal from the unemployment statistics. This program expired in 2008.

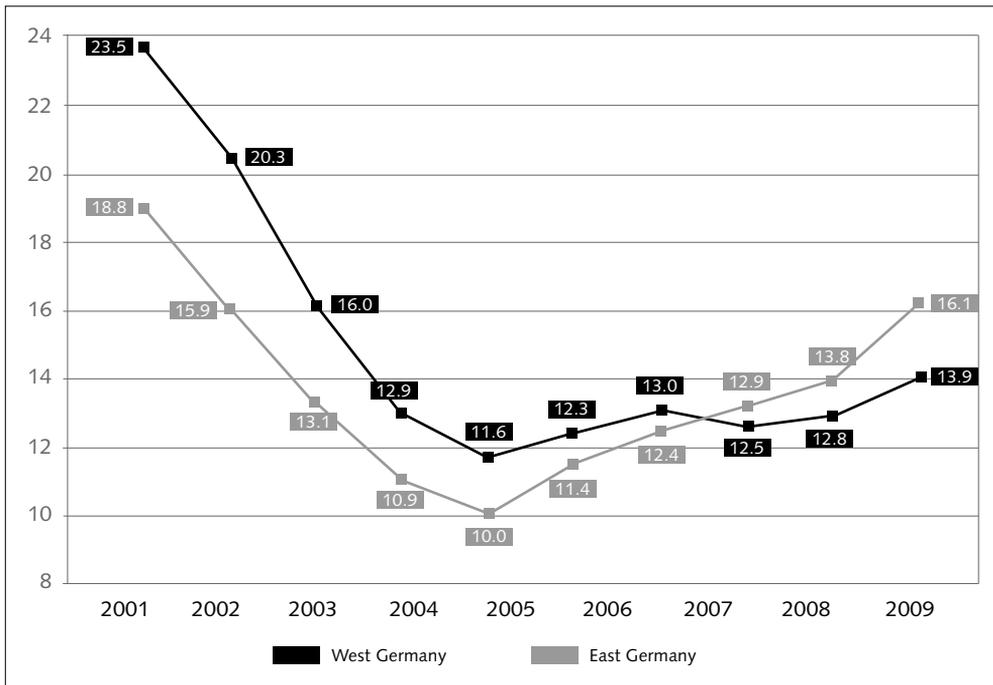


Figure 12: Elderly unemployed (55 to 65 years) in East and West Germany, 2001-2009, in % of all unemployed. Source: Bundesagentur für Arbeit, Arbeitsmarktstatistik, from Bäcker et al. 2010, p. 29.

A comparison of the situation in East and West Germany shows that this increase is particularly noticeable among the elderly in East Germany (cf. Figure 12).

Elderly Unemployed Registered in the Statistics of the Bundesagentur für Arbeit

In April 2010, a total of 543,999 persons from the age group 55 to 65 years were officially registered in the unemployment statistics of the Bundesagentur für Arbeit (Bäcker et al. 2010, p. 27). This means an unemployment rate of 9.4% of this age cohort and 16% of all unemployed persons. More than half of them, 214,851 persons, were long-term unemployed, i.e., 56.6% of the total unemployed in this age group (March 2010, see Figure 13).

The number of men and women among those registered as unemployed are about equal. However, the differences between those living in East and West Germany are alarming: 7.6% of the older unemployed in this age group live in West Germany, 16.9% in East Germany (Bäcker et al. 2010, p. 27).

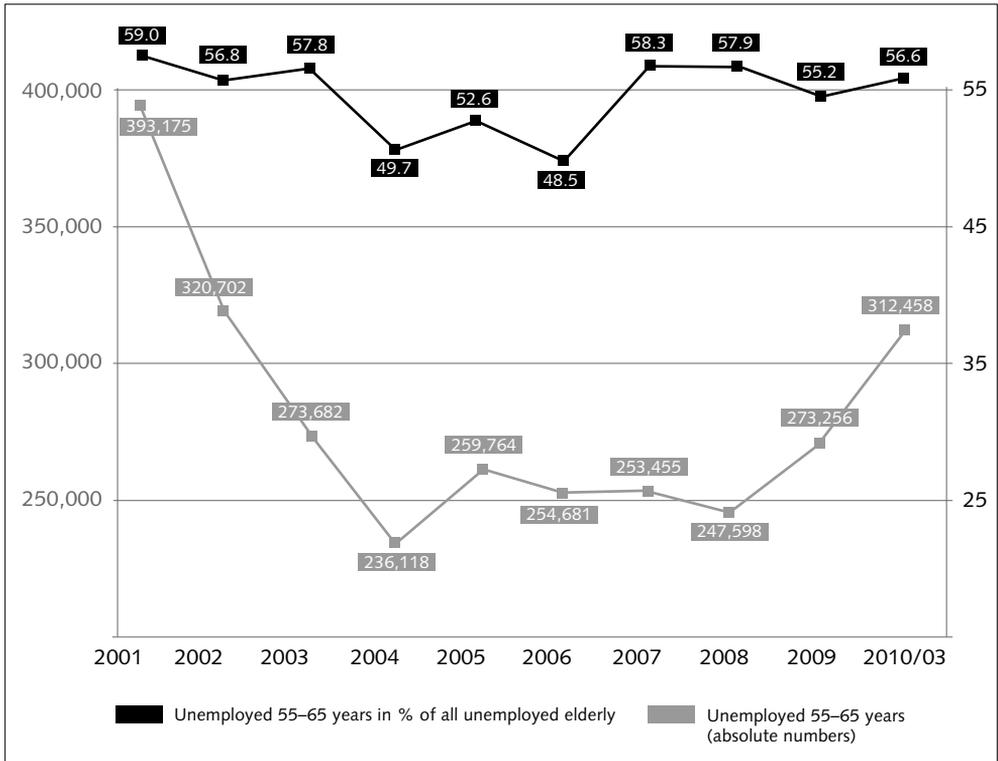


Figure 13: Long-term unemployed 55 to 65 years, 2001-2010, in absolute numbers and in % of all unemployed elderly. Source: Statistik der Bundesagentur für Arbeit, 2010, from Bäcker et al. 2010, p. 30.

The definition of “unemployed” in the statistics of the Bundesagentur für Arbeit is as follows: “Persons who have no employment or work less than 15 hours a week or are looking for a job covered by compulsory social insurance with at least 15 hours a week. These persons must be available to the local Employment Agency or the responsible municipal authority for placement purposes” (Statistisches Bundesamt 2010a, p. 80). Thus, the term “unemployed” also comprises persons receiving benefits according to Unemployment I plan (ALG I, part of the official unemployment insurance according to SGB III, which ends after 12 months’ time) and according to the Unemployment II plan (ALG II, “Basic Security Needs for Persons Seeking Employment” according to SGB II, colloquially called “Hartz IV”). Benefits drawn according to SGB II are considered “subordinate,” i.e., one may apply for them only after all other means of securing one’s basic needs have been exhausted (such as personal assets, family support system, etc.).

The unemployment statistics do not include persons taking part in “job-market initiatives” of more than 15 hours a week as well as training courses, or persons who receive

additional benefits from the Employment Agency according to SGB II to supplement their low income or low level of unemployment benefits according to the Unemployment I plan (as benefits arising from the official unemployment insurance according to SGB III) and to raise it to the level of basic income via the program “Basic Security Needs for Persons Seeking Employment”/ALG II (on job-market initiatives and underemployment, see the Appendix, Table 68).

If we calculate in the entire circle of persons registered at the local Employment Agencies, then in April 2010 the Federal Employment Agency listed 7.5% of all persons over 55 years as employable but needy persons in the category “Basic Security Needs for Persons Seeking Employment” – including persons seeking to augment their income. In absolute numbers there were 731,944 women and men over the age of 55 who were looking for work and receiving payments for their “basic security needs” (Bundesagentur für Arbeit 2010, p. 12). Thus, this age bracket represents 14.6% of all employable persons with such need at the time (April 2010).

The entitlement to payments for “basic security needs” ends at the latest when the recipient turns 66 since retirement pension payments then kick in²⁹ or – if the person is not entitled to receive a pension or receives only a very small pension – he or she becomes eligible to receive the basic security benefits in old age/disability (according to SGB XII). Table 24 (page 82) gives an overview of the unemployment situation in this age group and its recent development.

Above we have already pointed out that there are great social differentials in the number of elderly employed. Table 25 (page 83) shows a statistic of the Bundesagentur für Arbeit concerning persons 60–65 years of age: Most of those unemployed in this age group have only a low-level school qualification.

Odds of Being Reemployed

Older unemployed persons have an overall lower rate of reemployment. They rarely succeed in overcoming unemployment and start working again. Figure 14 (page 84) shows that, in 2009, according to the statistics of the Bundesagentur für Arbeit, only 24.2% of the unemployed over 55 years (Bäcker et al. 2010, p. 32) were successful in this regard. The majority of the older unemployed in fact withdrew from the job market, often by taking (early) retirement.

Of the 60–65-year-olds registered as unemployed in 2009, a total of 25,502 were taking part in training or employment incentive measures, more than in the previous years (Bundesregierung 2010, p. 16).

29 On the law regulating the retirement age in Germany (from 2007), see footnote 25 above.

Year	Unemployed elderly (absolute numbers)	"59 rule"	In % of all unemployed	Unemployed elderly receiving benefits according to SGB II – share of all unemployed elderly (%)	Long-term unemployed elderly		Unemployment rate (excl. military)
					Absolute numbers*	In % of unemployed elderly	
2001	714,109	224,979	18.5	–	435,160	60.9	
2002	604,279	291,521	14.9	–	353,128	58.4	
2003	531,889	370,693	12.2	–	291,936	54.9	
2004	483,274	395,384	11.0	–	267,691	55.4	
2005*	539,729	233,195	12.0	–	281,678	52.2	
2006*	524,580	255,518	12.8	48.3	299,135	57.0	
2007*	434,917	233,195	12.6	53.4	253,455	58.3	
2008*	391,383	129,306	13.2	56.2	193,318	45.2	7.9
2009*	458,566	28,556	14.6	51.4	191,538	49.4	8.7
4/2010*	543,999		16.0	51.4	214,851	56.6	9.4

* from 2005 on: excluding data of the respective approved local authority. Underreporting ca. 9%.

Table 24: Unemployment among the elderly 55 to 65 years, 2001-2010. Source: Statistik der Bundesagentur für Arbeit 2010, from Bäcker et al. 2010, p. 30.

Page 83:

Table 25: Number of employed and unemployed by educational level. Source: Bundesregierung 2010, p. 17.

Level of education	No. of employees on 30 June 2009					
	Total		60 to 63 years		63 to 65 years	
	in 1000s	in %	in 1000s	in %	in 1000s	in %
	1	2	3	4	5	6
<i>Total</i>	27,380	100.0	809	100.0	187	100.0
Primary, middle or second. school without vocational education	3,365	12.3	105	13.0	24	12.7
Primary, middle or second. school with vocational education	14,643	53.5	496	61.3	108	57.9
Abitur without vocational education	538	2.0	4	0.4	1	0.5
Abitur with vocational education	1,330	4.9	19	2.4	5	2.6
Polytechnic degree	1,050	3.8	33	4.0	8	4.5
University degree	1,808	6.6	52	6.4	16	8.8
Educational status unknown	4,645	17.0	100	12.4	24	12.8

School qualification	Average no. of unemployed 2009 ¹					
	Total		60 to 63 years		63 to 65 years	
	in 1000s	in %	in 1000s	in %	in 1000s	in %
	1	2	3	4	5	6
<i>Total</i>	3,140	100.0	67	100.0	19	100.0
No qualification	502	16.0	5	7.6	2	8.8
Primary or middle school qualification	1,287	41.0	35	51.4	10	49.4
Secondary school certificate	872	27.8	15	22.8	4	20.6
Abitur or polytechnic certificate	423	13.5	11	15.6	3	18.0

1. Data based exclusively on information provided by the German Federal Employment Agency, i.e., does not include approved local agencies.

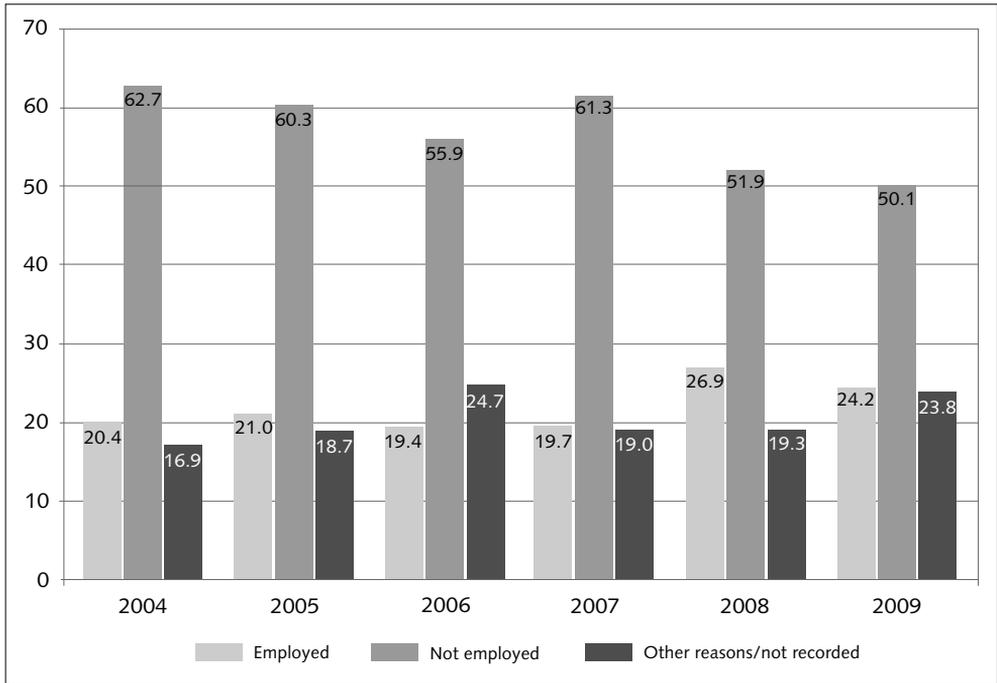


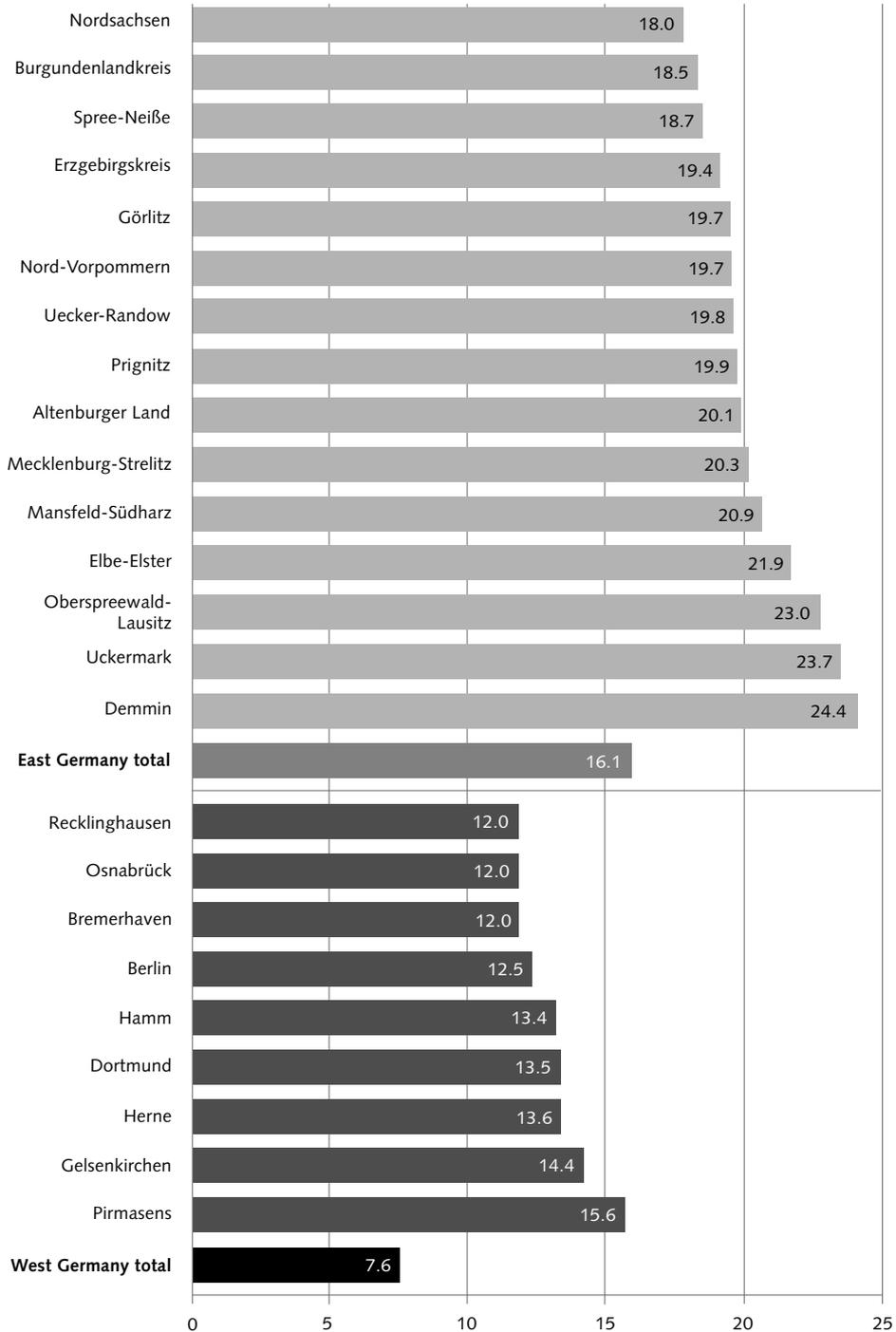
Figure 14: Outflow from unemployment of those over 55 years (in %). Source: Statistik der Bundesagentur für Arbeit 2010, from Bäcker et al. 2010, p. 32.

Regional Differences in Unemployment

Like unemployment in general, unemployment among older persons shows regional differences. Figure 15 shows how and where average rates are exceeded. Note that this is not limited to cities and regions with a high overall unemployment (Bäcker et al. 2010, p. 31). Rather, one must take a closer look at the various factors that determine how this age cohort participates regionally in the job market.

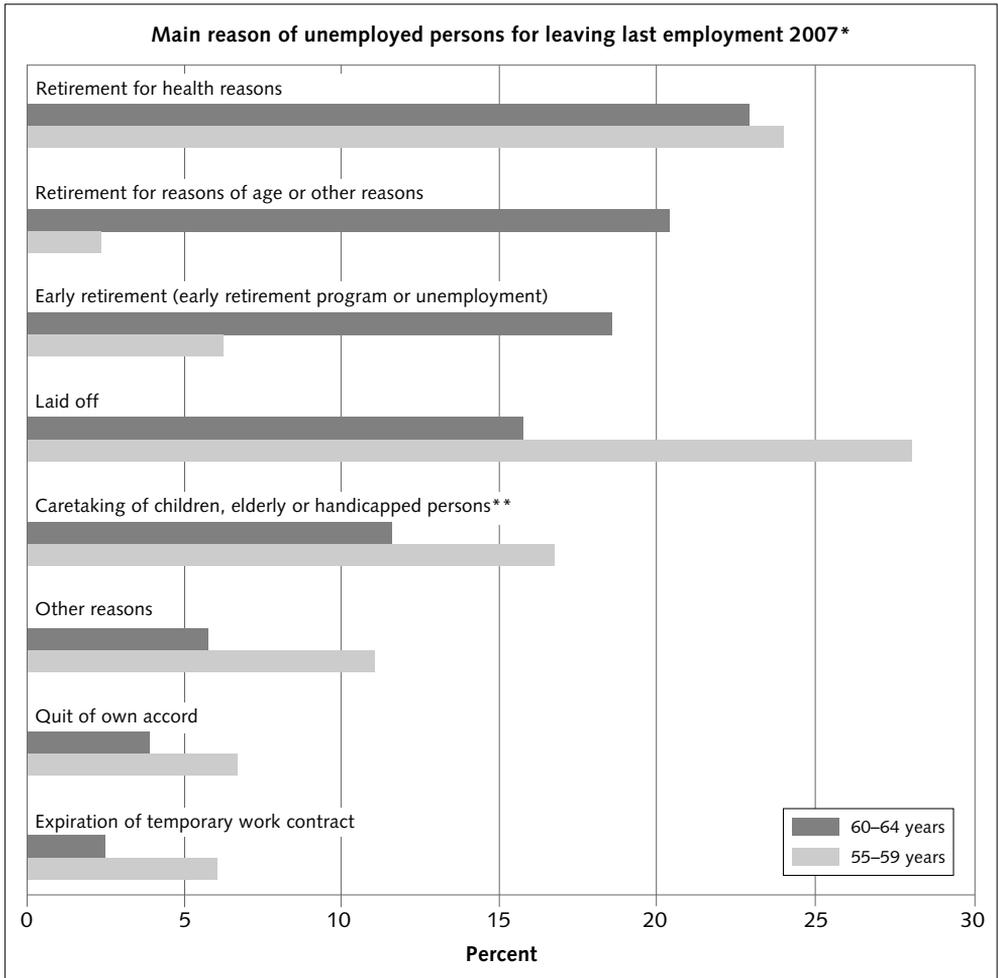
Reasons for Terminating Last Employment

In 2007, when asked why their last term of employment had been terminated, a third of those in the age group 55–59 years reported having entered retirement for “health or other reasons” (cf. Section 4.6 in the chapter on “Health and Work”). More than a fourth of them had been laid off. In the older group of employees 60 to 64 years of age, familial caretaking and support tasks moved alone 15% of them to exit the workforce. About 60% of this group reported that “health or other reasons” were decisive. It is interesting to note that in East Germany “laid off” and “expiration of temporary work contract” were listed more often than in West Germany as reasons for leaving work. On the other hand, persons from East Germany listed “caretaking of children, elderly or handicapped persons” or “other personal or familial responsibilities” less often than their counter-



5

Figure 15: Unemployment rates of those 55-65 years old in selected cities and counties, April 2010. Source: Statistik der Bundesagentur für Arbeit, 2010, from Bäcker et al. 2010, p. 31.



* Share of the respective age group among all unemployed

** Includes other personal or familial responsibilities

Figure 16: Main reason for leaving last employment. Source: Microcensus in comparison with EU Workforce Survey, © Statistisches Bundesamt, Wiesbaden 2008, from Puch 2009).

parts from West Germany (Puch 2009). The reason behind this may lie in the fact that in many East German families several members are without work and can be more easily “recruited” for caretaking tasks.

The reasons given for leaving the workforce point to an increased need for programs that provide incentives to work or qualify for work, and for programs concerned with the health of older employees. The statistics concerning such company-wide programs reveal

large gaps: Older employees are underrepresented in inhouse training courses and health incentives; measures aimed specially at older workers are very rare indeed (Bellmann et al. 2007, cf. also Chapter 4.6 “Health and Work”).

5.6 Old-Age Pensions

In the age group of 55–65-year-olds, some 2,515,000 persons – about a fourth of the total – are primarily dependent on their pension payments (cf. Table 18 above). When people retire and when they leave the workforce, however, need not be the same thing: Giving up one’s (socially insured) job usually occurs (much) earlier than beginning to draw retirement payments. Martin Brussig (2010c) claims that, in 2008, based on the data from Eurostat, the average age upon exiting the workforce was 61.7 years (men: 62.1, women: 61.4).

However, according to the official statistics of the Deutsche Rentenversicherung (2009, pp. 117ff.), the average age of retirement in 2008 was 63.2 years (men: 63.4, women:

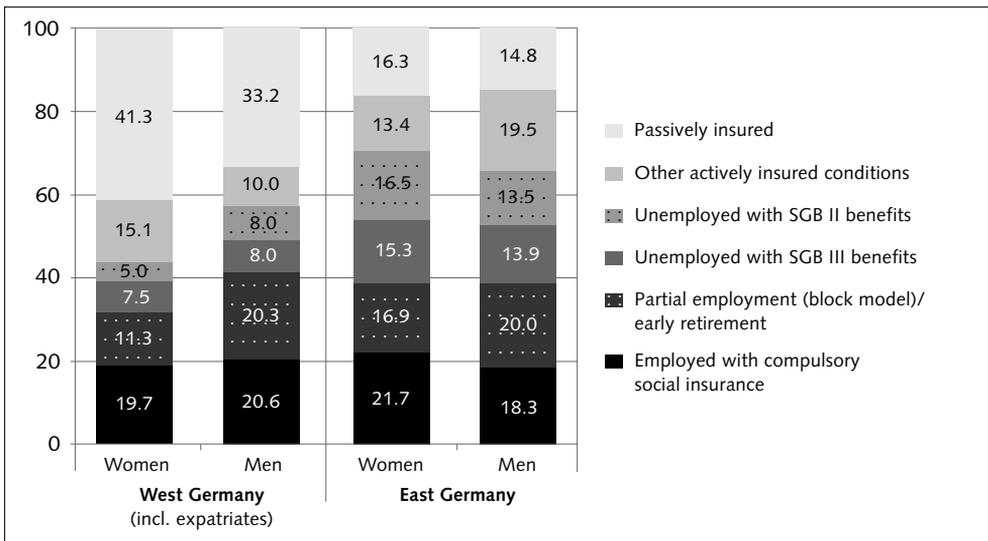


Table 26: Status previous to receiving pension* - influx of old-age pensions 2009 (in %). Source: Deutsche Rentenversicherung Bund 2010, from Bäcker et al. 2010, p. 33.

* Pensions are also paid out to persons living abroad. See http://forschung.deutsche-rentenversicherung.de/ForschPortalWeb/content-Action.do?stataktID=E11C137FB03065E7C125773B0032E1D6&chstatakt_RenteRentenzugang=WebPagesIIOP1826&open&viewName=statakt_RenteRentenzugang#WebPagesIIOP1826

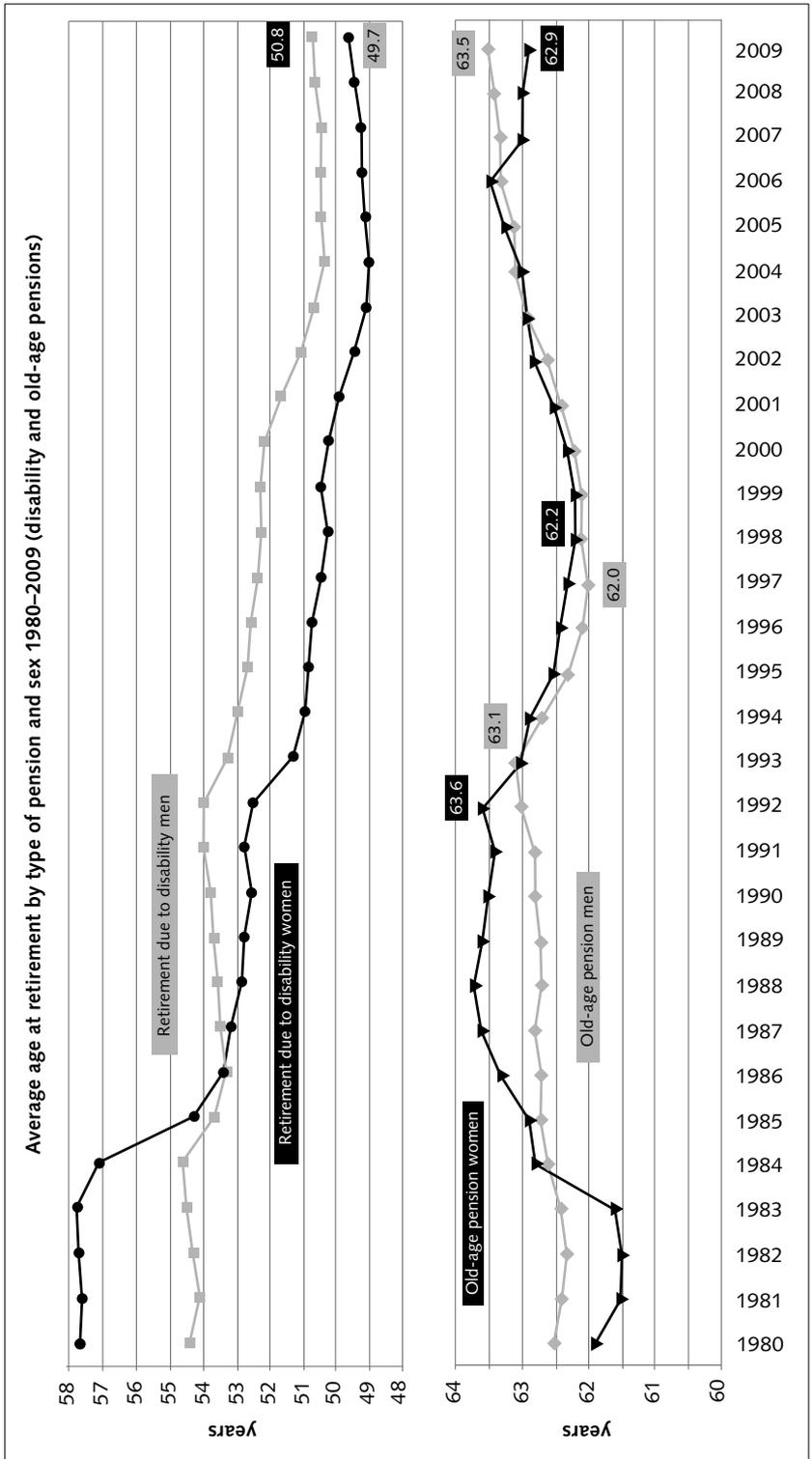


Figure 17: Age at retirement, including disability and old-age pensions, 1980–2009³⁰ (page 90). Up to 1993: West Germany, since 1993: all of Germany. Source: Deutsche Rentenversicherung Bund 2010, Rentenversicherung in Zahlen, Berlin, retrieved from www.sozialpolitik-aktuell.de.

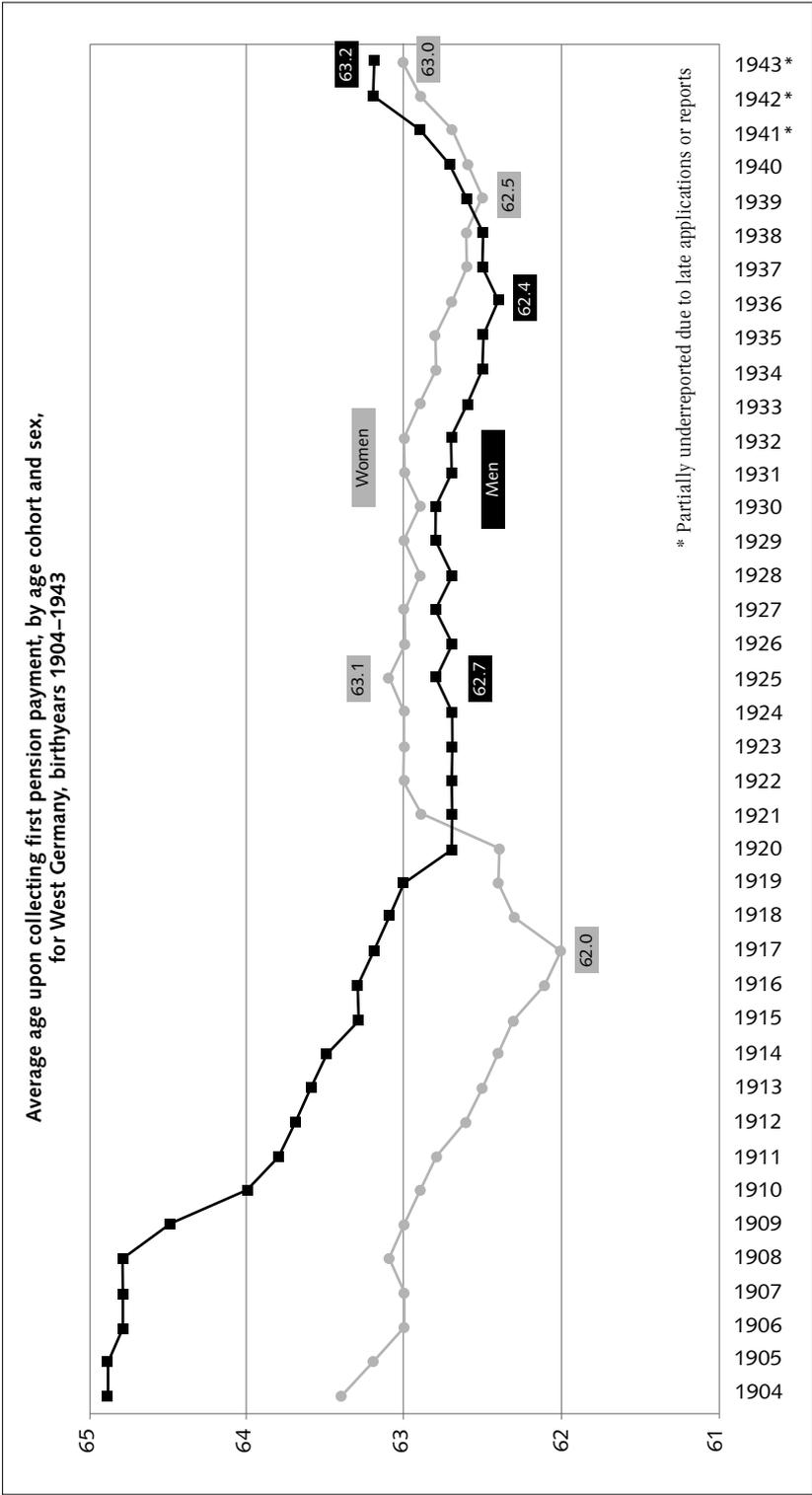


Figure 18: Age at first pension payment by age cohort, birthyears 1904–1943³¹ (page 90). Source: Deutsche Rentenversicherung 2009, Rentenversicherung in Zeitreihen, Berlin, retrieved from www.sozialpolitik-aktuelle.de.

63.0). In West Germany the average age is about 1 year higher than in East Germany; in regions with a low rate of unemployment (< 5%), it lies at 63.1 years, whereas in regions with high unemployment (> 10%) it is 62.8 years (Bundesregierung 2010, p. 34).

Figure 17 shows the development of the retirement age for both old-age pensions and disability pensions. Figure 18 shows the average age upon first receiving an old-age pension in the various age cohorts by sex (birthyears 1904–1943).

Table 26 shows the insurance situation of men and women in East and West Germany previous to receiving a pension. The number of persons who had been employed with compulsory social insurance coverage is small indeed. The group of "passively insured" consists of the self-employed, civil servants and nonemployed persons.

Pension Payments and Prognoses about Future Developments

The amounts drawn by the individual pensioners from the public pension fund are determined by the wages and salaries they had in jobs covered by the compulsory social insurance program. Thus, for calculating the amount of an individual pension, the amount of the individual's income compared to the average income of all insured persons is decisive – over the entire years of employment. Someone who has worked a long time under compulsory insurance conditions and has had a high level of income will receive a higher pension than someone with only few such years of employment or a low overall income. The resulting, sometimes large spread in the amount of retirement pensions may not always be reflected in a calculation based on the average pension payment.

On average women tend to have a lower retirement pension than men, regardless of the pension program: Women work fewer years in the course of their lifetimes, they often only work parttime, and their jobs often pay less than those of men. The graph shown in Figure 19, retrieved from www.sozialpolitik-aktuell.de, shows that these gender-specific differences are less distinct in East Germany than in West Germany. In the former GDR women usually worked fulltime jobs (and still do today, for that matter). It is also striking that men who receive early retirement in West Germany (because of unemployment, partial retirement [block model], disability or having fulfilled the required total number of years of employment) generally have a higher level of retirement than men who retire normally. One explanation might be that early retirement is

30 "The data are taken from the Retirement Influx Statistics of the Deutsche Rentenversicherung. Their plausibility is limited inasmuch as the average values calculated for the calendar years may be distorted due to demographic effects. For example, if the number of persons 65 years old is very large but that of the 63-year-olds is smaller, then the retirement influx statistics are highly influenced by those retiring regularly at 65 years of age. The average age at retirement then rises although the persons concerned have in no way changed their behavior" (ibid.)

31 Compared to Figure 17, where "the average age at retirement of men and women is calculated according to calendar year, in this case the age at first pension payment is divided according to age cohort/birthyear. This has the advantage that the size of the respective birthyear does not influence the results. The disadvantage, on the other hand, is that a calculation based on the birthyear is possible only after the fact, i.e., when the last birthyear has reached age 65. The youngest birthyear was born in 1943 and thus reached its 65th year of life in 2008" (ibid.)

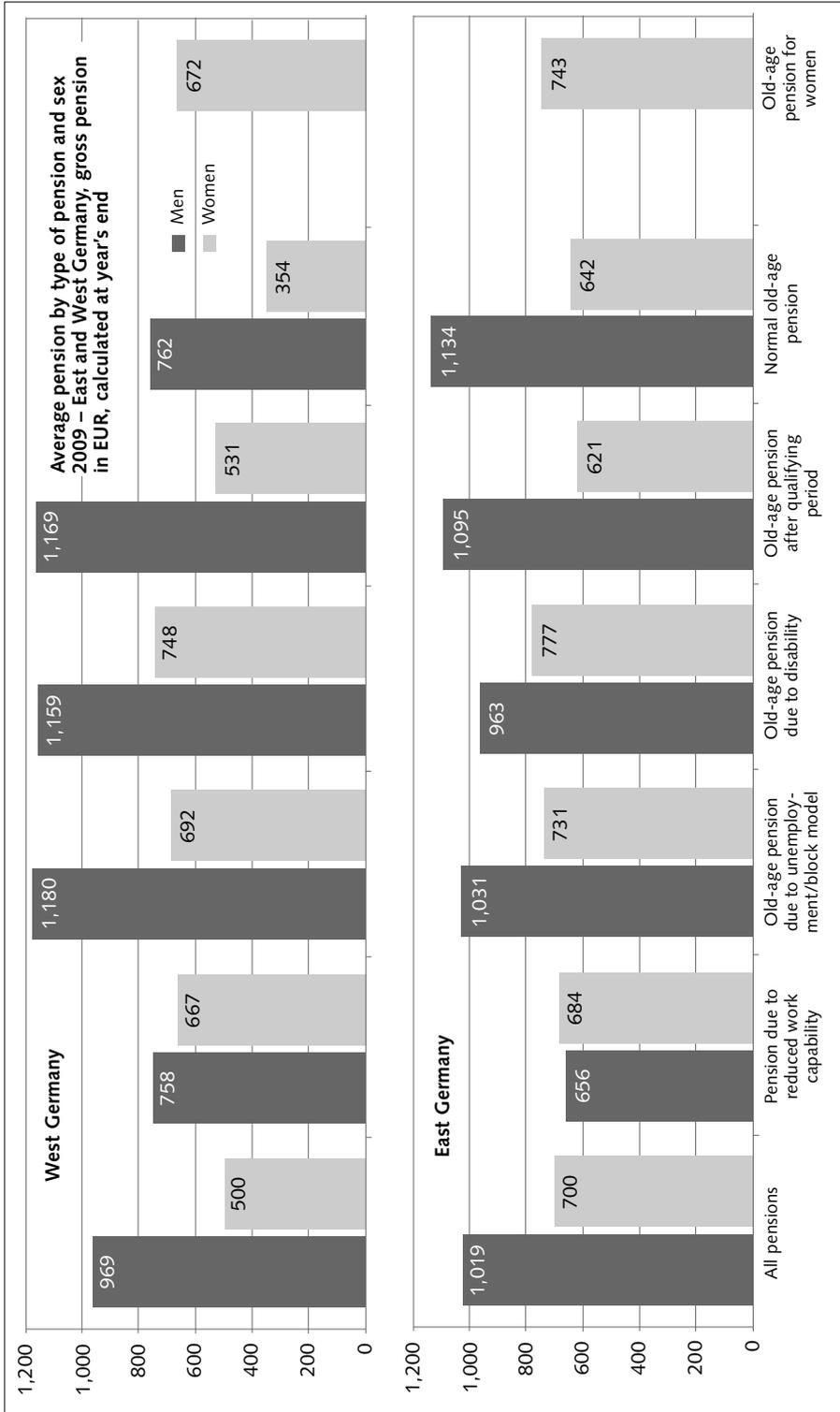


Figure 19: Average pension by type of pension and sex, in East and West Germany, 2009. Source: Deutsche Rentenversicherung 2010: Rentenversicherung in Zahlen, Berlin, retrieved from www.sozialpolitik-aktuell.de.



often implemented only after the candidates have accumulated the required years of employment (qualifying period). The reverse is true for normal old-age pensions of passively insured persons who have worked only very short times under compulsory insurance (e.g., at the beginning of their career before becoming self-employed or before becoming civil servants). Their pension rights are of course low, and their old-age security must be drawn from other sources.

With respect to our study object, the “young old,” let us look at their prospects for future pensions. To this end we first determine what the standard pension would be and compare it to that of the average income of other age groups. To calculate the net standard pension before taxes, we use the gross standard pension minus any social costs involved (health and long-term care insurance) and then compare it to the average income of the same year minus any social costs involved. The result shows that the net pension level (before taxes) has fallen continually since 1985.

By 2023 the net pension level will have fallen to about 46.3% (see Figure 20), the result being that for many people the statutory pension insurance no longer will be able to guarantee the basic needs level. The accustomed living standard from working life can be maintained only if additional private or company pension plans can be activated. Low levels of income over longer periods of time or extended periods of unemployment, however, will not only lead to low pension rights, but also make it difficult if not impossible to cover such gaps through one’s own means (cf. Frommert and Himmelreicher 2010).

The decrease in pension level, however, does not occur everywhere, but rather is distinct to certain social situations and regions. Geyer and Steiner (2010) did a microsimulation study on the development of future pension payments based on SOEP as well as samples drawn in 2005 by the Deutsche Rentenversicherung. They came to the conclusion that because of the poor job-market situation particularly people living the eastern part of Germany (cf. *ibid.*, p. 8) as well poorly qualified people in all of Germany will have to deal with falling pension levels in the near future.

It has also become clear that the level provided by basic security needs payments will increasingly be affected by the pension level. Bäcker et al. (2010, p. 31) calculated that, in 2007, an average earner had to contribute 26.3 years to the pension fund in order to obtain a pension at the level of basic security needs (standard benefits plus accommodation allowance of EUR 627). In the year 2020, when the pension level will have fallen to 46%, the same person would need to contribute 28.8 years to the pension fund to reach the same level; in 2030, when the pension is at 43%, one would need 30.9 years. Thus, many pensioners will eventually lie below the basic needs threshold (cf. Appendix, Figures 36 and 37).

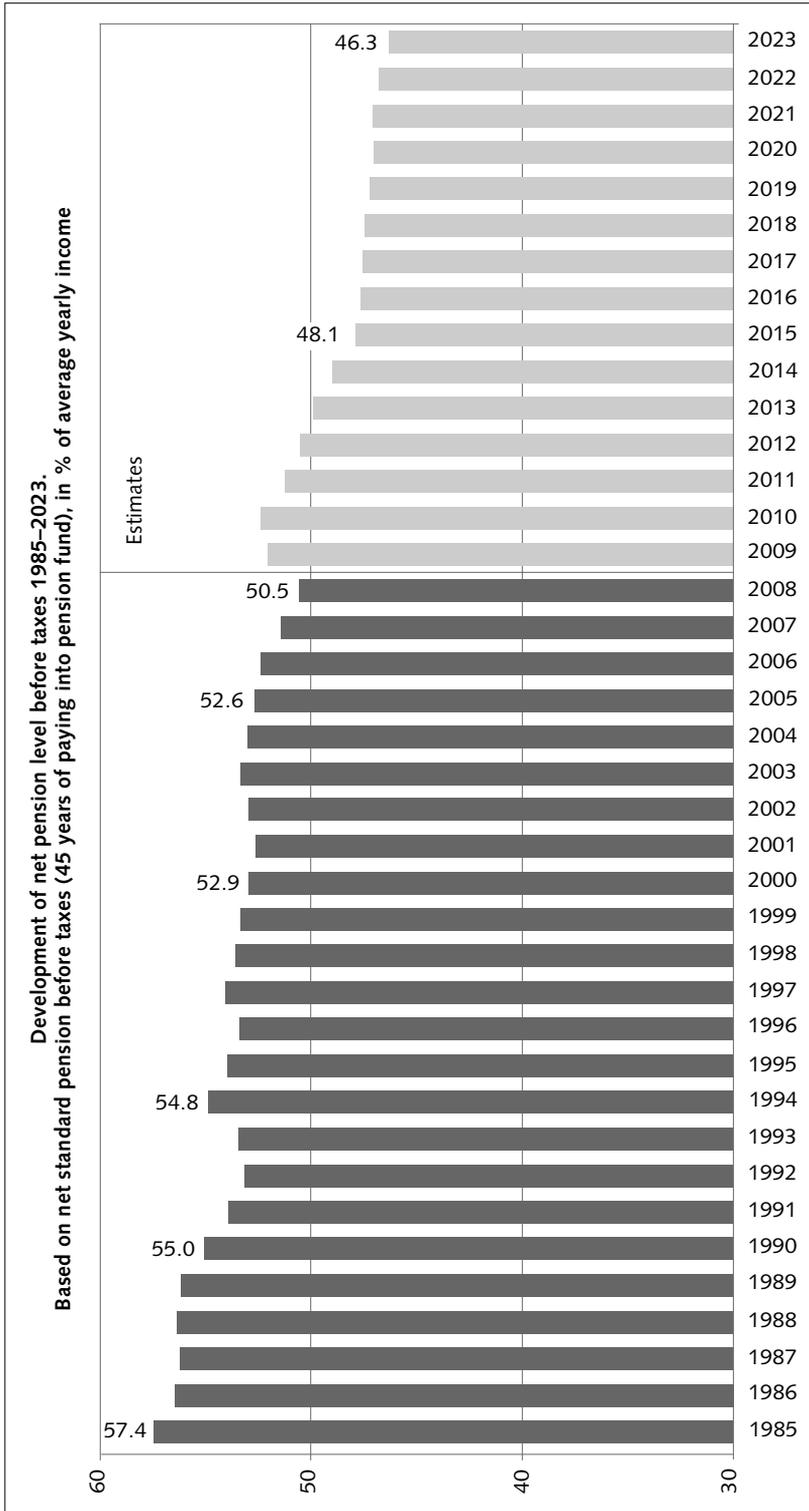
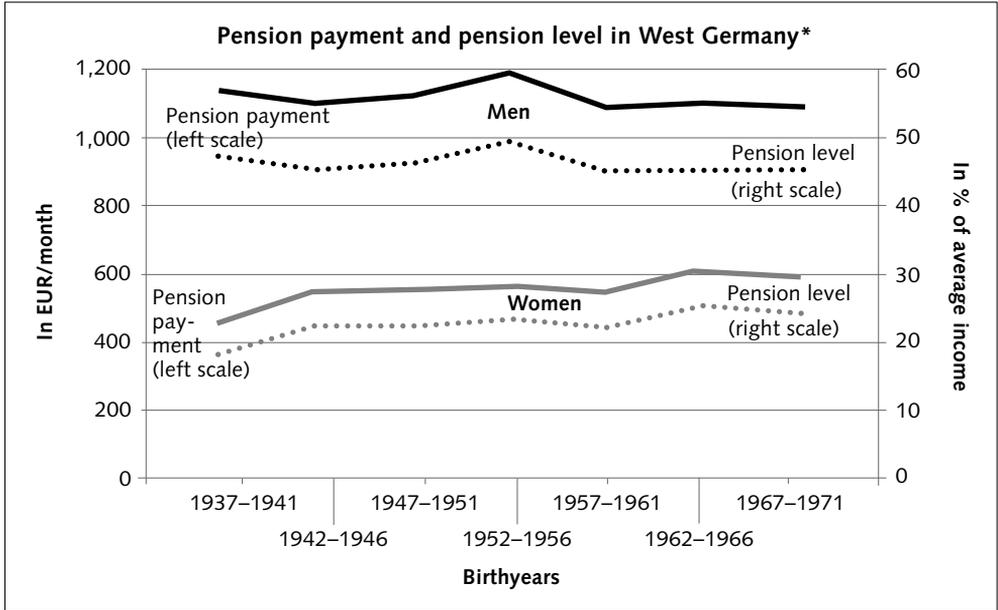


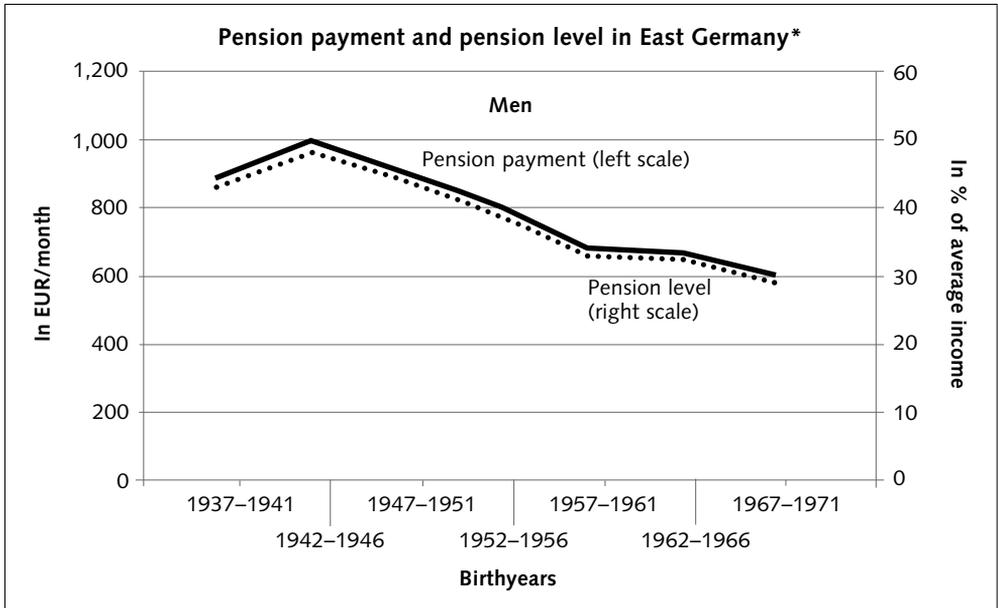
Figure 20: Development of net pension level before taxes 1985–2023, based on net standard pension before taxes (45 years of paying into pension fund), in % of average yearly income. Source: up to 2008: Deutsche Rentenversicherung Bund 2009; Rentenversicherung in Zeitreihen, Berlin; from 2009 on: Bundesregierung: Rentenversicherungsbericht 2009, Berlin, retrieved from www.sozialpolitik-aktuell.de.



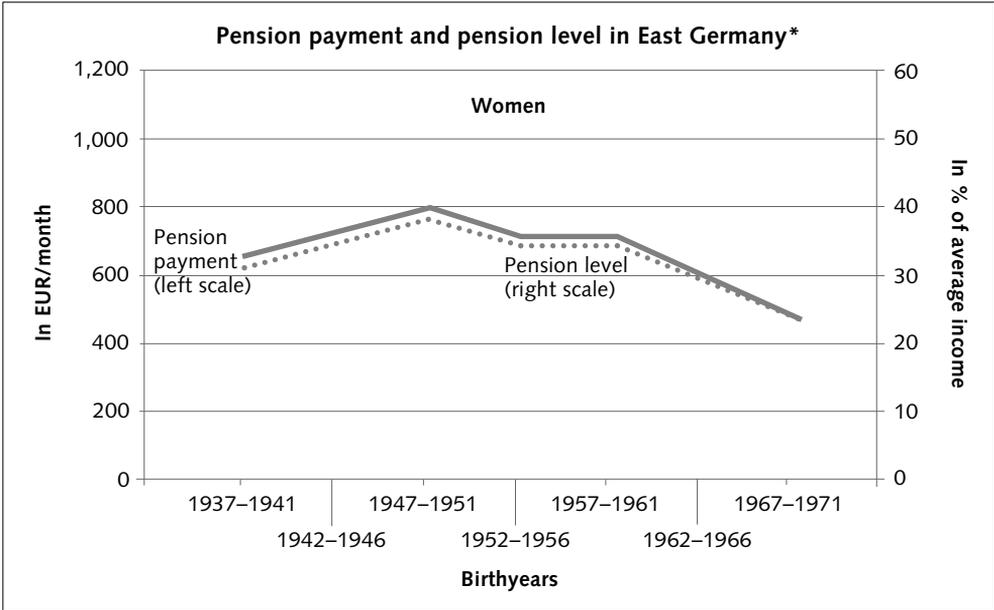


* Baseline scenario: relatively stable payments expected in West Germany; women can even expect a slight plus.

Figure 21: Pension payment and pension level in West Germany. Source: DIW Berlin 2010, from Geyer and Steiner 2010, p. 8.



* Baseline scenario: For many people in East Germany pensions will lie near or below the basic needs threshold.



* Baseline scenario: For many people in East Germany pensions will lie near or below the basic needs threshold.

Figure 22: Pension payment and pension level in East Germany. Source: DIW Berlin 2010, from Geyer and Steiner 2010, p. 8.



Projection: Increasing Poverty among the Elderly

The forecast concerning the future development of pensions in Germany foresee a new wave of poverty among the elderly. Two studies based on SOEP data projected which social groups will be particularly hard hit by these trends.

Christina Wübbecke (2007) studied whether persons receiving payments according to the Unemployment II plan (ALG II) will ever be able to overcome their need for help or whether they are in effect at danger of remaining impoverished through old age. She was able to show that presently older men and women from East Germany who receive benefits according to the Unemployment II plan will profit from their long-term employment and corresponding contributions to the pension fund during previous years in the former GDR. West German women receiving such unemployment benefits (ALG II), on the other hand, are poorly funded: Their future pension rights will remain clearly below the threshold for basic security needs. However, the pensions of West German women will experience a positive development, whereas the risk of poverty will increase among younger East Germans whose work biographies present many gaps. These projections are supported by the studies of Geyer and Steiner (2010) as well as Kumpmann et al. (2010).

Kumpmann et al. (2010) provided projections concerning future old-age poverty in the age group of 50- to 55-year-olds (in 2008). They used the SOEP data to determine the future income among the elderly who will reach retirement 15 years later, i.e., in the year 2023 (ibid., p. 18).³² For these 65–70-year-olds the rate of poverty will increase by about 3 % to 16.3 % and affect overproportionally more East Germans as well as more men than women. The most prominent result was that there will be a huge increase in the number of East German men who lie below the poverty threshold: According to their calculations, 23.6 % of the men from East Germany 65–70 years old in 2023 will slip below the poverty level – from 13.4 % in 2007 (ibid., p. 21).

These forecasts show that large parts of the present age group of “young old” will eventually be threatened by old-age poverty. This, of course, is likely a great concern for many of them even today. Poorly qualified persons in all of Germany, but especially in East Germany, will be most vulnerable to this effect.

Early Retirement

Depending on the physical and mental strains of the job, not everyone can work right up to the age of retirement. Usually around the age of 60 there is a shakeout in the rate of employment according to occupation (Brussig 2010c): In more qualified but manual jobs, such as toolmaker, electrician or industrial mechanic, retirement is often taken much earlier from age 55 on. Such occupations generally show a higher rate of early retirement and can thus be designated “risk occupations.” Other jobs with a disproportionately low level of continual occupation include many qualified service jobs (police, fire service, locomotive engineer). In higher level professions such as manager, but also in more simple service jobs such as building cleaner, the probability is relatively high of their working through until retirement age (cf. Bundesregierung 2010, p. 233).

Disability Retirement

Health problems can lead to partial or complete retirement from working life. According to Clause 43 SGB IV, people who in the foreseeable future will not be able to work at least 6 hours a day are entitled to receive retirement benefits due to partial disability. Anyone unable to work at least 3 hours a day is entitled to receive full retirement due to disability.

Statistics show that nearly one fifth of all new retirement applications are because of disability. Chronic diseases play a particularly important role in this situation. Hagen et al. (2010) reported that the risks for disability are, however, disproportionately allotted: Lower qualified persons are at a higher risk than higher qualified persons, men more than women, East Germans more than West Germans. Their analyses revealed that,

³² In contrast to past projections, this study included all income categories in the SOEP data, which according to Kumpmann et al. (2010) makes their estimates of future income risks for all age groups very comprehensive.

regardless of the age group, people with a higher educational qualification receive disability pensions at considerably lower rates than those with a middle or low level of qualification – this is true for women and particularly for men. These authors consider their hypothesis confirmed that in persons with a high level of qualification lower occupational risks and obligations, combined with a higher level of healthy lifestyle and behavior, reduce the overall risk of health-related early retirement.³³ Especially men with low qualification from East Germany have a high risk of having to leave their job for health reasons.

Why the risk of early retirement is so much higher in East Germany has been discovered retrospectively by many different authors in the higher morbidity and mortality in the former GDR and the sequelae. Further, they have detected a poorer level of health care in the first 5 years after reunification because of transformation processes that went on in the overall health industry in East Germany. Also many East Germans experienced that their professional qualifications were not fully recognized in the new united Germany, which had the effect of raising the risk of early retirement in East Germany. Hagen et al. also quoted Frommert and Himmelreicher (2010) that the present situation on the German job market – high risk of unemployment and low level of wages – has had particularly negative effects on older employees in the East.

The statistical accounting concerning professions at particular risk for early retirement for health reasons is poor – and we should note that in 2008 only 44.8% of the applications were actually rejected. The statistics of the Deutsche Rentenversicherung are only partially reliable in this regard (cf. Bundesregierung 2010, p. 24). Based on the data available (ibid., p. 233), there is a high risk of early retirement before the age of 40 among unskilled workers “without additional information on activity.” In persons between 40 and 50 years of age, high rates of disability pensions (relative to that found in the overall group) were found particularly among coal and mineral mineworkers (14.1% of all early retirees in 2008 were from this occupational group) as well as among unskilled workers (11.7%) and wood-processing workers (9.7%). In the age group 50–60 years the rate was highest among coal and mineral mineworkers (25.4%), employees in the building and interior furnishing industries including upholstery (22%), woodworkers and model assemblers (20.6%), unskilled workers (20.6%) as well as finally stone workers and persons employed in the production of building materials (19.6%).

33 Hagen et al. (2010) reported that both men and women with a low level of occupational qualification have, respectively, an 8 and 6 times higher risk of taking early retirement for cardiovascular diseases than men and women with a high level of occupational qualification. And both East German men and women have an even higher risk potential. These cases of early retirement due to cardiovascular diseases occur disproportionately more than the overall average with respect to both qualification differences and regional differences (ibid., p. 19). As to early retirement for mental or behavioral disorders, Hagen et al. (ibid., p. 21) pointed to clear differences as well: Men with a lower qualification have a nearly 5 times higher risk of early retirement than men with a high qualification.

5.7 Conclusion

This chapter was concerned with all matters surrounding employment and unemployment, the commencement of retirement and retirement benefits in the age group of 55–65-year-olds. We also looked at overall differences in social position and regional differences in the field of work. The “young old,” it turns out, enter old age with very different experiences, obligations and resources. Here we would like to summarize some of the most important aspects of the situation of the “young old.”

How Many Elderly Still Work?

About 60% of those 55–65 years old are still employed in accordance with the ILO definition, that is, they work at least 1 hour a week for pay or are actively seeking employment. The number of persons employed in jobs covered by compulsory social insurance, however, is considerably smaller: Of the nearly 10 million persons in the age group 55–65 years in the year 2009, about 3.6 million were employed under such conditions, a rate of 37.5% of the entire age cohort. In those older than 60 years, the number of persons working in jobs insured by the compulsory social insurance goes down to about 1 million or only one fourth of the total group. One should also note that many of these older workers are in the inactive phase of their partial retirement plan (block model) and are thus factually no longer working. In 2008, if we disregard those in the inactive phase, about 2.9 million persons 55 to 65 years were employed in jobs with compulsory social insurance.

The number of older persons in parttime positions has risen tremendously over the past 10 years, the result being that only about 10% of the 63–64-year-olds are still working fulltime. Note, however, that poorly qualified persons tend to work fulltime less than more highly qualified persons. Besides the economic consequences that a reduced workload can result in, the question arises whether the large extent of parttime work found particularly among the younger persons in this age group means that an overall reduction of worktime has become a popular strategy for retaining employability and quality of life in old age. The eventual elimination of many of the various programs for flexible worktime in old age, however, will thwart such strategies.

The most important reasons why people leave the workforce have to do with “health or other reasons” as well as layoffs in general and the termination of fixed-term work contracts. Nevertheless, older employees are disproportionately not included in company-wide training and health-promoting programs, and specific initiatives to help older employees are very rare indeed.

How Many Older Persons Are Unemployed?

The loss of one’s job and the experience of being unemployed can create enormous psychosocial stress and must be seen in and of themselves as risk factors. The present

situation on the German job market makes life difficult for older persons, especially if they have little or no vocational qualifications or if they live in the eastern part of the country. The number of older unemployed has risen considerably since 2007, and as of April 2010 it stood at 9.4%; older unemployed also now make up 16% of all unemployed. Over half of them are considered long-term unemployed, and in 2009 only about a fourth of those over 55 years were able to overcome their unemployment and take up work once again. Many, however, simply withdraw from the job market: They are no longer classified as unemployed, but as inactive.

Who in this Age Group Receives Retirement and When?

Most of those from the age cohort 55–65 years of age leave the job market when they retire and commence drawing retirement benefits. Some 2.5 million, however, are already largely dependent on such benefits. The average age upon exiting the job market presently lies at around 62 years, a full year less than the average age when first receiving retirement benefits. This is evidence to the fact that many older persons are not making a direct transition from worklife to retirement.

By 2023 the net retirement level will have fallen to 46.3% of average income, meaning that an increasingly large number of persons in the following generations will be strongly affected by this tendency when they become the “young old”: The state pension will slowly but surely lose its role of securing a minimum standard of life. The future decline in the amount of retirement payments, however, will not affect everyone in the same manner; rather, it is a phenomenon with many social and regional variations. Disproportionately many people living in East Germany – and many more men than women – as well as poorly qualified persons in all of Germany will be affected most. And they will likely be the ones whose health will also suffer the most from this development.

5



LEISURE TIME

How do the “young old” spend their leisure time? The aspect of recreational or spare time carries a certain ambivalence for this age group with respect to their lifestyle. Going to work is gradually taking up less and less time, and many people are leaving the workforce at a relatively young age. So more free time is at one’s disposal. This freedom to do as one pleases is for many both a desire and a challenge. Shaping how one spends all this free time demands much initiative, mobility, information and the economic resources to carry it all out.

Other important aspects in life, such as health, social interaction and education, can be indulged in through pertinent activities. For this reason this chapter is devoted to the themes of volunteer work, local engagement, continuing education, cultural activities, media use, information access, sports activities and mobility.

6.1 Volunteer Work and Local Engagement

How much do the “young old” become engaged in local activities and volunteer work in addition to their normal work or retirement? The studies that have addressed this question employ many different concepts. They speak of “volunteer work,” of “sharing” or “participation,” of “local engagement.” An exact definition of these concepts is not – or hardly – possible, and trying to pin down some sort of metaconcept may run the risk of overseeing important subaspects. For this reason, in the following we use these terms rather indiscriminately as they are in fact found in the secondary literature.

Every 5 years the BMFSFJ (German Federal Ministry of Family Affairs, Senior Citizens, Women and Youth) attempts to catalogue the amount of social commitment present in the German population in its *Freiwilligensurvey* (Survey on Volunteerism). Its object of concern is the civil engagement of citizens, which comprises “all ways of thinking and feeling, but especially all the practical activities that people do that serve to help our society advance toward being an even better society” (Gensicke 2010, p. 10). Private support in the family and in one’s personal circle of friends is not included in this definition of civil engagement, since that does not include the “public aspect of the activity” (*ibid.*).

According to the Survey on Volunteerism, according to this definition, about one third of the “young old” between 55 and 65 years are socially committed – 35% of those 55–59 years old and 36% of those 60 to 64 years. Since 1999 there has been a slight drop in the amount of engagement shown by the age group 50–59 years, but a slight rise in the engagement of those 60–69 years (*ibid.*, p. 32). Differentiated according to sex, in 2009

Age group	Total voluntary engagement	Male volunteers	Female volunteers
55–59 years	35 %	39 %	30 %
60–64 years	36 %	40 %	32 %

Table 27: Volunteerism by age and sex, in %. Source: Gensicke 2010, pp. 34/39, own depiction.

considerably more men than women were involved: In the age groups 55–69 and 60–64, some 39% and 40% of the men as well as 30% and 32% of women had become involved in such work, respectively. This gender-specific difference may be due to women – whether still employed or not – still carrying the major burden of tending to household matters and doing most of the housework. Men, according to this explanation, especially when the burden of normal employment has been reduced, have more free time to work with. Also, informal support work in the neighborhood is carried out mostly by women – something that is not collected in these statistics and thus officially does not exist.

In the German Age Survey 2010, Naumann and Romeu Gordo differentiated between job participation and personal social participation (Naumann and Romeu Gordo 2010, pp. 118ff.). Their term “extraprofessional participation” describes, on the one hand, volunteer work, for example, assuming positions in clubs, associations or self-help groups, as well as, on the other hand, engaging in educational activities such as attending courses, lectures or political events. The Age Survey collected information on such “extraprofessional” activities for a period of 12 years, from 1996 through 2008, and compared them to the development of “professional” participation (i.e., working) over the same time period.

Whereas professional or vocational participation (ibid., p. 139) increased continually and significantly in this timeframe for the age group 55–69 years, the number of persons from this age group who were involved in either additional educational or volunteer work rose from 1992 to 2002 from 44% to 59%, only to fall back to 54% by 2008. The share of those who were active only in educational activities reached its pinnacle in 2008 at 34%, whereas the level of solely volunteer work fell in that same year to the previous level of 1996, namely 4%. A total of 20% of the members of the age group 55–69 years were engaged in volunteer work.³⁴ If we differentiate them according to level of education, the following emerges: The higher the level of education, the more those surveyed were involved in extraprofessional activities in the area of education. In 2008, some 51%

³⁴ The clearly lower number of people involved in volunteer work compared to the number found on the Survey on Volunteerism is explained by Naumann and Romeu Gordo with the way the latter collected its data: It lists all voluntary social activities carried out in organized and institutionalized settings and not just volunteer work in general (Naumann and Romeu Gordo 2010, p. 135).



Extraprofessional participation over time (55–69 years)				
	Only volunteer	Both	Only education	Total
1996	4 %	8 %	32 %	44 %
2002	11 %	23 %	25 %	59 %
2008	4 %	16 %	34 %	54 %

Extraprofessional participation according to educational level (55–69 years)				
	Only volunteer	Both	Only education	Total
High level of education	3 %	26 %	51 %	80 %
Middle level of education	5 %	13 %	31 %	49 %
Low level of education	3 %	7 %	16 %	26 %

Table 28: Extraprofessional participation by year and type of participation/level of education, for 55–69-year-olds. Source: Naumann and Romeu Gordo 2010, p. 134, own depiction.

of the persons with a higher educational level, but only 16% of those with a lower educational level took part in educational activities outside the home. On the other hand, there were no signs that educational level influenced the amount of volunteer engagement (see Table 28).

Proportion of persons doing voluntary work according to sociodemographic characteristics	Age group 55–64 years	
	<i>Total for 2004</i>	
Size of household	1 person	31 %
	2 persons	37 %
	More than 2 persons	41 %
Employment status	Employed	41 %
	Not employed	34 %
Vocational status	Laborer (“blue collar worker”)	24 %
	Clerical worker/civil servant	40 %
	Self-employed	43 %
Household income (unweighted)	< 750 EUR	20 %
	750–1500 EUR	30 %
	1500–2500 EUR	39 %
	2500–4000 EUR	45 %
	> 4000 EUR	54 %

Table 29: Social disparity in voluntary work of the age group 55–64 years. Source: Gensicke et al. 2005, p. 373, own depiction.

The Survey on Volunteerism 2004 (Gensicke et al. 2005) collected data on the voluntary engagement of the age group 55–64 years as a function of socioeconomic categories. The results show that voluntary engagement (found to lie at 37% in the year 2004) is in fact dependent on a number of indicators: Men and members of multiple-person households do more voluntary work than women or persons who live alone. People who are employed as well as those with a higher income are also more involved in volunteer work, as are civil servants, clerical workers and the self-employed compared to laborers. Apparently voluntary engagement is dependent on one's social and economic resources, and the absence of a familial network, unemployment or a low family income seem to lower the willingness to become engaged outside the home (see Table 29).

6.2 Continuing Education

Compared to the older age cohorts, the “young old” exhibit an overall higher educational level. In contrast to the next-younger age cohort, the educational level of women in this age group is on average lower than that of men. According to the data of the Statistisches Bundesamt (Menning 2008, p. 4), in 2007 47% of the 55–69-year-old and 53% of the 60–64-year-old men had attended at least a middle/secondary school; 25% and 24%, respectively, had qualified to attend a polytechnic institute or the university (Abitur). Among the women of this age group, 49% of the 55–59-year-olds and 57% of the 60–64-year-olds had attended a middle/secondary school; 16% and 13%, respectively, had qualified to attend a polytechnic institute or the university (Abitur) (ibid., p. 5).

But how did the “young old” continue their education once they had started working? According to the data of the Statistisches Bundesamt (2009a), in 2007 28% of the men and 26% of the women attended some sort of continuing education classes. The category “nonformal further education” is used to describe participation in courses, seminars, distance learning courses and private tutoring for the purpose of continuing education. The opposite thereof is “informal learning,” which means learning via the internet, books, periodicals, museums, libraries or through other persons such as relatives and acquaintances. Here, we find an appreciable difference between those employed and those not employed: Whereas 43% of the employed men and 39% of the employed women participated in nonformal continuing education, only 12% of the unemployed men and 15% of the unemployed women did so (see Table 30). The vast majority of such efforts serve nonformal continuing education related to one's vocational situation. The same is true for informal education, albeit to a lesser degree: Of the employed men and women, 58% and 50%, respectively, reported using informal means of continuing education, compared to 45% and 31% of the unemployed, respectively.



	Total		Employed		Not employed	
	Men	Women	Men	Women	Men	Women
Nonformal learning (continuing education)	28 %	26 %	43 %	39 %	12 %	15 %
Thereof: – related to vocational situation	24 %	18 %	42 %	33 %	5 %	4 %
– not related to vocational situation	6 %	11 %	5 %	10 %	7 %	12 %
Informal learning	52 %	40 %	58 %	50 %	45 %	31 %

Table 30: Participation of the 55–64-year-olds in continuing education by employment status and sex, 2007, in % of age group. Source: Statistisches Bundesamt 2009a, p. 13, own depiction.

Menning (2008, p. 12) used the data from the TNS Infratest Sozialforschung to compare the distribution of activities of continuing education among the various age groups and to depict the situation since 1979. This study reveals that, in 2007, the 50–64-year-olds utilized considerably fewer offers of continuing education than the younger age cohorts. However, the rate of continuing education among the “young old” did increase steadily from 1979 to 1997, only to fall slightly and then level off at a rate of 20% since the year 2000.³⁵

Menning differentiated the participation in continuing education according to age and occupational category (*ibid.*, p. 16). The results show that civil servants, clerical workers and the self-employed take much greater and broader recourse to general continuing education than do blue-collar workers. As to vocation-specific continuing education, especially civil servants tend to participate in such offers, presumably motivated by respective perks and offers given by their employer. According to Menning (*ibid.*, p. 22), when asked for reasons for not participating, 58.8% of the 55–64-year-olds reported not seeing the benefits of such offerings, whereas the costs or quality of the courses played only a minor role in their decision not to pursue continuing education. A fifth of those surveyed reported not taking part out of a lack of time or because of other obligations.

35 Menning points out that there are many different definitions of “continuing education” circulating in the secondary literature. These result in turn in very diverse results on the respective surveys. Menning uses the term in accordance with the Berichtssystem Weiterbildung (BSW), which differentiates between general and vocational continuing education (Menning 2008, p. 6) and is more narrowly delineated than the concept used in the Age Survey which includes all extramural educational activities.

6.3 Cultural Activities

According to the Datenreport of the Statistisches Bundesamt, persons from the age group 50–65 years of age from both East and West Germany have attended an average of 3.3 cultural activities (theater, concert, museum, sport events, library) over the course of the last 12 months (Statistisches Bundesamt et al. 2008). Striking is the change among those over 65 years: In East Germany, this age group takes part in three cultural events a year, whereas in West Germany this rate lies at only twice a year.

Another, rather dramatic difference may be found in the data on church attendance in 50–65-year-olds in East and West Germany: 70% of the East Germans but only 18% of the West Germans claim to be nondenominational. By implication, 82% of the West Germans belong to a church, although only 26% of them report going to church with any regularity. In East Germany, on the other hand, 13% regularly attend church, whereas only 30% claim to belong to a church. These numbers show that the share of active churchgoers among registered church members is much higher in East than in West Germany, even though there are more churchgoers in the West in absolute numbers. Note, however, that this statistic comprises only the Protestant and Catholic churches and ignores other religious communities, such as Islam, limiting its significance.

6.4 Media Use and Access to Information

How do the “young old” get their information and what media do they use? There are a number of surveys that have studied the media behavior of the German population, for example, its use of the internet or print media. Particularly the data collected regarding internet use have a very short shelf-life since the technical advances are literally incessant. For example, the ability of individual households to access the internet via fast, extensive networks with relatively inexpensive tools, combined with the fact that most people now have a computer at their workplace, has changed the situation dramatically in the past few years. Thus, today only the very newest data have any relevance, which makes forecasting future development extremely difficult and speculative.

The data from 2009 on media use and leisure time reported by the national public television network ARD, based on representative data gathered by the “Media Analysis 2009 Radio II,” shows that the “young old” largely still read a newspaper, watch television and listen to the radio several times a week (see Table 31). Below we go into more detail on the media television, radio and print media in addition to looking at internet use.

Several times a week	50–59 years	60–69 years
Read a newspaper	83.5	90.2
Read a magazine	31.7	37.2
Read a book	37.8	41.3
Watch television	89.4	93.4
Listen to the radio	83.6	84.6
Go to a movie	0.1	0.1
Go to the theater/concert hall	0.2	0.4
Keep fit/exercise	37.1	42.2
Go out at night (discotheque, bar)	5.2	6.5

Table 31: Media use and leisure activities, 2009, by age (in %). Source: ARD Medien Basisdaten 2011, own depiction.

Internet Use

At present the number of persons using the internet is still falling parallel to rising age. From representative nationwide surveys carried out for the (N)Onliner Atlas 2010 (Initiative D21 e.V. 2010) we get the following picture of internet use among those 50–59 years old: 79.1% of the men and 64.6% of the women use the internet; 4.4% and 5.7%, respectively, are planning to do so; 16.5% and 29.5%, respectively, do not use the internet at all. In the age group 60–69 years, the share of persons using the internet is much lower, especially among women, 50.6% of whom do not use the internet at all (see Table 32). However, recently use of the internet has been on the rise among the older age groups: Among those over 50 years of age it rose by 5% alone from 2009 to 2010 (Initiative D21 e.V. 2010, pp. 44ff.).

Broken down regionally, the internet users in the age group 50+ years show clear differences depending on where they live. In Bremen, for example, 66.3% of them use the internet, the highest rate in this age group. Mecklenburg-Western Pomerania, on the

Age group	Onliners ³⁶		Planners		Offliners	
	Men	Women	Men	Women	Men	Women
50–59 years	79.1 %	64.6 %	4.4 %	5.7 %	16.5 %	29.5 %
60–69 years	65.8 %	43.1 %	4.2 %	6.2 %	30.0 %	50.6 %

Table 32: Internet use by age group and sex. Source: Initiative D21 e.V. 2010, own depiction.

³⁶ Onliners = use the internet, independent of place and reason; planners = presently do not use but plan to use in the next 12 months; offliners = do not use and do not plan to use.

other hand, shows the lowest use at 34.6%. Internet use also differs depending on the age group and employment status. In the age group 50+ years, some 74% of those employed (incl. temporarily unemployed persons) use the internet, whereas only 37.5% of the unemployed do (Initiative D21 e.V. 2010, p. 51). In contrast, internet use among persons 14 to 49 years of age does not differ significantly between those who are employed or unemployed – on the contrary, the unemployed in this age group tend to use the internet more. These numbers suggest that internet use among the older age groups is very strongly linked to vocational use of computers, and that their internet access is primarily provided at the workplace.

According to the Statistisches Bundesamt, in 2009 the internet was used by persons 45 to 64 years mostly to gather information on merchandise and services (89%) or to write and receive e-mails (87%) (Statistisches Bundesamt: Private Nutzung von Informations- und Kommunikationstechnologien 2010). About half of those in this age group who use the internet also do their banking via the internet. The Datenreport 2008 (Statistisches Bundesamt et al. 2008, p. 370) shows for 2007 that about 60% of the persons 45–64 years old gathered information on health matters via the internet, whereas online forums, chatrooms and internet games played only a relatively minor role for this age group. Asked how often they used the internet, 69% answered more or less daily, with 22% saying at least once a week. About 9% of these users went online even less (Statistisches Bundesamt: Durchschnittliche Nutzung des Internets durch Personen 2010). In the special issue of the (N)Onliner Atlas 2008 the question was posed concerning the connection between internet use and migration status (Initiative D21 e.V. 2008, p. 12). According to these data, older persons with a migrant background use the internet less than do older persons without a migrant background. The number of female internet users is lower than that of male users in all groups queried.

Television and Radio

To what extent do the “young old” consume television and radio? In a study of data from the Media Analysis 2007 entitled “Media Behavior of the Elderly,” Blödorn (2009) showed that the elderly spend more time watching TV and listening to the radio parallel to increasing age (see Table 33). Such a high level of TV and radio consumption is reasoned to derive from the fact that the elderly spend more time than other age groups at home and thus have a greater opportunity to consume these media (ibid., p. 159).

According to Blödorn, media behavior is influenced by the individual media experiences one has gathered in one’s lifetime (ibid., p. 161). Today’s elderly were largely influenced by public-sector broadcasting (ARD, ZDF and the so-called third programs with much regional content) and still see them as the main source of information and less of entertainment.

About a third of the elderly watch television to remain informed. The most popular information programs in 2007, besides the main news programs *Tagesschau* and *heute*,

Media use	50–59 years	60–69 years
Radio at home	122	150
Radio outside the home	91	39
Radio in car/bus/train	34	24
Radio at school/work	51	9
TV at home	191	224
TV outside the home	4	4
TV in car/bus/train	–	–
TV at school/work	–	–

Table 33: Media use inside and outside the home, Monday-Sunday from 5 am to 12 am, in minutes/day, by age group, 2007. Source: Blödorn 2009, p. 160.

TV channel	50–59 years	60–69 years
ARD regional programs (7 channels)	14.4	19.8
ARD Das Erste	13.9	19.0
ZDF	13.6	18.6
3SAT	1.3	1.3
Phoenix	1.0	1.1
ARTE	0.9	0.8
RTL	12.2	9.9
SAT.1	10.6	9.0
Pro Sieben	4.5	1.9
Vox	6.6	3.9
RTL II	3.3	1.8
Kabeleins	3.4	2.0

Table 34: Market share of German TV channels 2007, Monday-Sunday 3 am to 3 am, by age group (in %). Source: Blödorn 2009, p. 167.

were the program *Panorama* as well as documentaries on historical and nature themes (ibid., p. 165). This creates a certain loyalty toward the respective channel not found in younger age cohorts.

When asked by the ARD-Trend-Umfrage 2004: “Which channel would you choose if you could only have one?” 65% of those 50–59 years and 81% of those 60 to 69 years said they would choose a public-sector channel (ibid., p. 162). In all younger age cohorts, in contrast, the private channels dominated by far. The popularity and market share of the public-sector channels thus run parallel to the increasing age of the viewers (see Table 34).

Radio use	50–59 years	60–69 years
Daily usage (in %)	82.2	80.3
Listening time in min/day	214	193
On-time in min/day	261	240

Table 35: Radio use 2007, Monday to Sunday 5 am to 12 am, by age group (in %/minutes per day). Source: Blödorn 2009, p. 168, own depiction.

The “young old” spend more time on average listening to the radio than watching television (cf. Table 35). Together with the 40–49-year-olds, the 50–59-year-olds form the largest group of radio listeners among all age groups. According to the data of the Media Analysis 2007, the 50–59-year-olds and the 60–69-year-olds spend an average of 3.5 and 3 hours daily, respectively, listening to the radio, which is turned on for 4.5 and 4 hours a day, respectively (i.e., the radio is on but no one is actively listening) (see Table 35).

The core times for listening to the radio among the elderly lie between 7 am and 2 pm, the most intensive time being between 8 am and 10 am (ibid., p. 168). Time spent listening to the radio, however, does tend to decrease with age (while television watching increases). Blödorn sees the reason for this in the increasing level of hearing loss in old age.

Print Media: Newspapers and Magazines

The working group Media-Analyse e.V. published a report in 2009 on the penetration of certain media products in Germany (ma 2009: Pressemedien II). They studied both regional and national products in Germany to determine their penetration among various target audiences and regions. The data presented have a limited significance because the survey covered only the spread of the products and not their actual consumption. For example, the highest-ranking magazine in the list among men is the club magazine *ADAC Motorwelt* sent out automatically and at no cost to all members of ADAC, an automobile club (see Table 36). The numbers thus reflect only the number of club members, but not how many of the recipients actually read the contents.

A further problem lies in determining what newspapers mean today for the respective target audience. Since each newspaper has its own media penetration factor and cannot be lumped into the category “newspapers” – limiting the overall numbers polled for regional newspapers – the national newspapers will necessarily appear at the top of the list. An indirect clue to the meaning of newspapers lies in the dissemination of the magazines *rtv* and *Prisma*, television inserts delivered weekly together with regional newspapers which are independent print products and come in second and fifth in the ranking list.



Print product	50–59 years	60–69 years
ADAC Motorwelt	34.5	31.9
rtv	23.4	28.8
Bild/Deutschland	19.9	17.0
Bild am Sonntag	19.4	18.5
Prisma	13.6	16.4
Stern	13.2	11.9
Bild der Frau	11.5	12.1
Der Spiegel	10.7	9.7

Table 36: Media penetration of various print products, 2009, by age group (in %). Source: ma 2009: Pressemedien II, own depiction.

The list of newspapers and magazines read by the age groups 50–59 years and 60–69 years is different for men and women (see Tables 37 and 38). Except for *ADAC Motorwelt*, men above all prefer the *Bildzeitung* in the two variations *Bild* and *Bild am Sonntag*, followed by the television magazine *rtv* (which – see above – points to the widespread dissemination of daily newspapers). The political magazines *Stern*, *Der Spiegel* and *FOCUS* each reach between 12% and 15% of the men.

Among women *rtv* is most widely read, followed by *ADAC Motorwelt*, *Bild der Frau* and *Prisma*. If we presume that *Prisma* and *rtv* give us insight into how many newspapers are being read, then we may conclude that more women than men read a daily newspaper. *Bild* and *Bild am Sonntag* play a much smaller role in the lives of the female readers. The most widely read women’s magazines are *Brigitte* and *Bunte*.

Print product	Men	
	50–59 years	60–69 years
ADAC Motorwelt	47.4	49.0
Bild am Sonntag	25.6	25.1
Bild/Deutschland	24.8	20.8
rtv	20.6	28.1
Stern	15.6	15.2
Der Spiegel	14.0	13.8
FOCUS	12.8	11.6
Prisma	12.1	15.8

Table 37: Media penetration of print products among men, 2009 (in %). Source: ma 2009: Pressemedien II, own depiction.

Print product	Women	
	50–59 years	60–69 years
rtv	26.1	29.5
ADAC Motorwelt	21.7	16.1
Bild der Frau	21.0	20.3
Prisma	15.1	16.9
Bild/Deutschland	15.1	13.5
Bild am Sonntag	13.3	12.4
Brigitte	11.1	10.1
Bunte	11.0	10.9

Table 38: Media penetration of print products among women, 2009 (in %). Source: ma 2009: Pressemedien II, own depiction.

6.5 Sport and Exercise

Physical activities and sports are valued as preventive measures for many different diseases in old age, including cardiovascular diseases, hypertension, type 2 diabetes, various sorts of cancer and diseases of the musculoskeletal system. Regular exercise also helps to prevent falls and can at least forestall osteoporosis. But some mental disorders and cognitive impairments can also successfully be prevented by participating in sports and physical exercise. Engaging in recreational sports also furthers social contacts and greater participation as well as integration in personal networks – all of which have both physical and social effects. According to Ferrucci et al. (1999, quoted by Wurm et al. 2010, p. 109), people who remain physically active up to the age of 65 may expect an additional extension in their life expectancy of between 1 and 6 years over their counterparts who are not physically active.

Physical activities/ Sports	Total Germany		West Germany		East Germany	
	Men	Women	Men	Women	Men	Women
Several times a week	32.2	33.0	34.1	33.8	24.8	30.1
Once a week	15.8	24.7	16.2	25.9	14.5	20.3
Seldom/never	51.9	42.2	49.7	40.3	60.6	49.7

Table 39: Physical activities/sports by age and frequency, 2008, age group 50–69 years (in %). Source: Wurm et al. 2010, Appendix Table A4–10, own depiction.

The German Age Survey of 2008 also collected data on the sports activities of the elderly in Germany (Wurm et al. 2010, p. 110). It asked for information about the type and frequency of physical activities and provided as examples hiking, swimming, ball games and gymnastics. About a third of those queried from the age group 55–69 years reported engaging in physical activities several times a week; some 20% were active at least once a week. But nearly half of those interviewed reported getting physical exercise only seldom or never (see Table 39). Especially men from East Germany were more slack in exercising regularly than both West German men and women.

How often people in this age group exercise or do sports is also dependent on their educational background, resulting in very large differences. 42% of those questioned who had a high level of education reported being physically active several times a week, with 37% reporting being active only seldom or never. In persons with a low level of education only 15% were active several times a week, with 74% reporting only seldom or never.

In contrast to the German Age Survey 2010, in its own study on “Health in Germany Today 2009” the RKI did not gather information concerning *sports activities*, but rather on *physical activities* among men and women with respect to age and level of education. In this context, “physical activity” is defined as “*any movement ... that is produced by the skeletal muscles and raises the level of energy expenditure above resting metabolic rate*” (RKI 2010a, p. 77). According to this definition, ca. 58% of the persons in the age group 45–64 years were physically active less than 2.5 hours per week, and only about 22% were physically active for at least 30 minutes on five days of the week (see Table 41). Men were overall less physically active than women.

In this study, both men and women from the lower educational strata were more physically active than members of the higher educational levels. These data contradict the information reported on the German Age Survey concerning “sports activities”: Whereas persons with higher levels of education apparently took part more often in expressly sports-related activities, those with lower levels of education were privately more physically active (such as working in the garden or house) or worked in occupations involving physical activity (RKI 2010a, pp. 77ff.).

	High level of education	Middle level of education	Low level of education
Several times a week	42	28	15
Once a week	22	18	11
Seldom/never	37	54	74

Table 40: Physical activities/sports in the age group 50–69 years, 2008, by level of education (in %). Source: Wurm et al. 2010, p. 111, own depiction.

	Physically active less than 2.5 hours/week		Physically active more than 2.5 hours/week on less than 5 days		Physically active at least 5 times a week for at least 30 min	
	Men	Women	Men	Women	Men	Women
<i>Total</i>	56.9	58.9	21.0	18.9	22.0	22.3
Low level of education	51.2	57.5	22.2	16.0	26.6	26.5
Middle level of education	55.9	58.1	20.3	19.7	23.8	22.3
High level of education	60.7	62.6	22.0	19.5	17.3	17.9

Table 41: Physical activity among the age group 45–64 years, by level of education and sex (in %). Source: RKI 2010a, pp. 77ff., own depiction.

Using data provided by the Olympic Sports Committee drawn from the members of its local associations, we get a good idea of how the sports activities among the elderly can be calculated. In 2009, there were ca. 6.3 million members in German sports clubs between 41 and 60 years of age (3.8 million men and 2.5 million women) (Deutscher Olympischer Sportbund 2009). If we break the data down further by type of sport and sex we get the following: Most women of this age group were active in the section called “Gymnastics,” followed by “Soccer” and “Tennis.” In men the main sections were “Soccer” as well as “Shooting” and “Tennis.”

6.6 Mobility

How mobile are the “young old”? What types of transportation do they use, how often and for what reasons? The study entitled “Mobility in Germany 2008” (BMVBS 2010) did a broad survey of mobility behavior among all persons living in Germany. Its primary goal was to investigate overall mobility behavior over time as well as mobility behavior seen against the backdrop of spatial and personal factors. This survey revealed that both age and sex have marked influence on mobility behavior.

Number, Length and Purpose of Movement

What paths do older people take each day – regardless of what means of transportation they may be using? How long are they en route and how far are these trips on average? These basic parameters for describing mobility were collected in a study of mobility with respect to age group. The results provide much information on the development of mobility outside the home in conjunction with age. Not counting the normal work commuting, the average “transit time” in adults appears to hover at the relatively constant level of 80 to 86 minutes a day and is reduced to about 58 minutes a day only in those

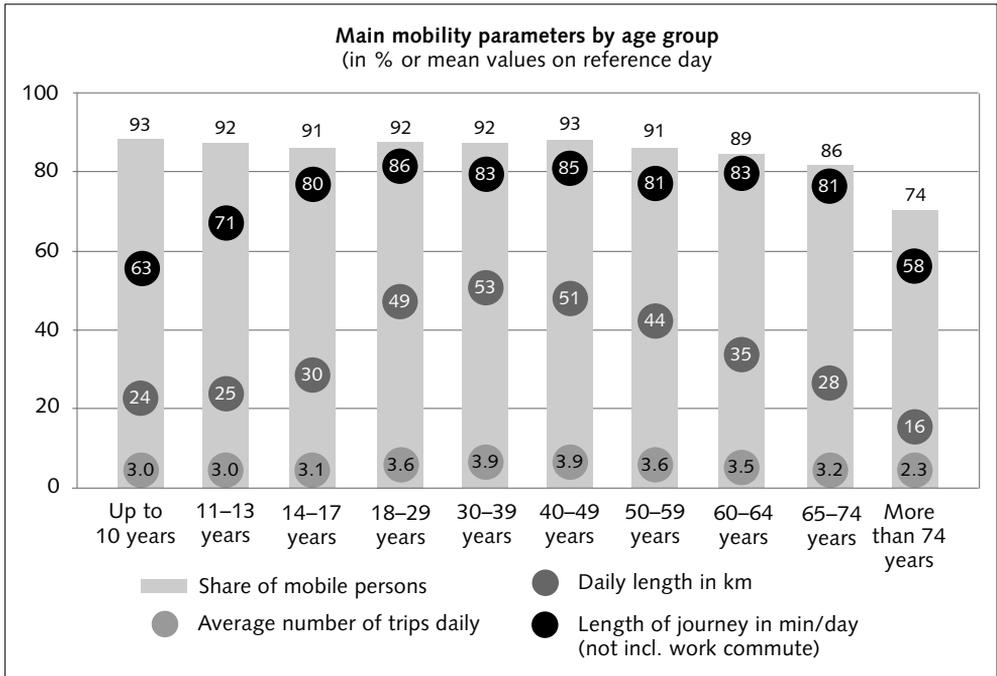


Figure 23: Routes, length of routes and number of routes per day by age, MiD 2008. Source: infas, DLR, from BMVBS 2010, p. 75.

over 74 years of age. The “young old” between 50 and 59 years and between 60 and 64 years take an average of 3.9 trips a day and travel an average total distance of 44 and 35 km per day in 81 and 83 minutes, respectively. Thus, with increasing age the paths grow shorter but the time needed to travel them grows longer. One may presume that these age groups are using slower means of transportation, moving slower or interrupting their movements more often.

A comparison of mobility according to age group between 2002 and 2008 show a disproportionate increase in the length of travel in persons over 64 years (BMVBS 2010, p. 171). Whereas the share of this age group in the overall population grew by 16% during this time period, their daily travels grew by 31%. This increase may partially be due to the overall increase in the size of this age group, but that doesn’t explain everything. Rather, one must assume that mobility in the elderly as such is expanding, be it because of reductions in mobility restrictions in old age, better chances and offers of mobility – or the increasing necessity of older people to remain mobile, for example, in order to reach and partake of infrastructure. According to this study *“the changes now taking place in the mobility behavior in this group of elderly ... lie far beyond what has repeatedly been expected”* (BMVBS 2010, p. 171).

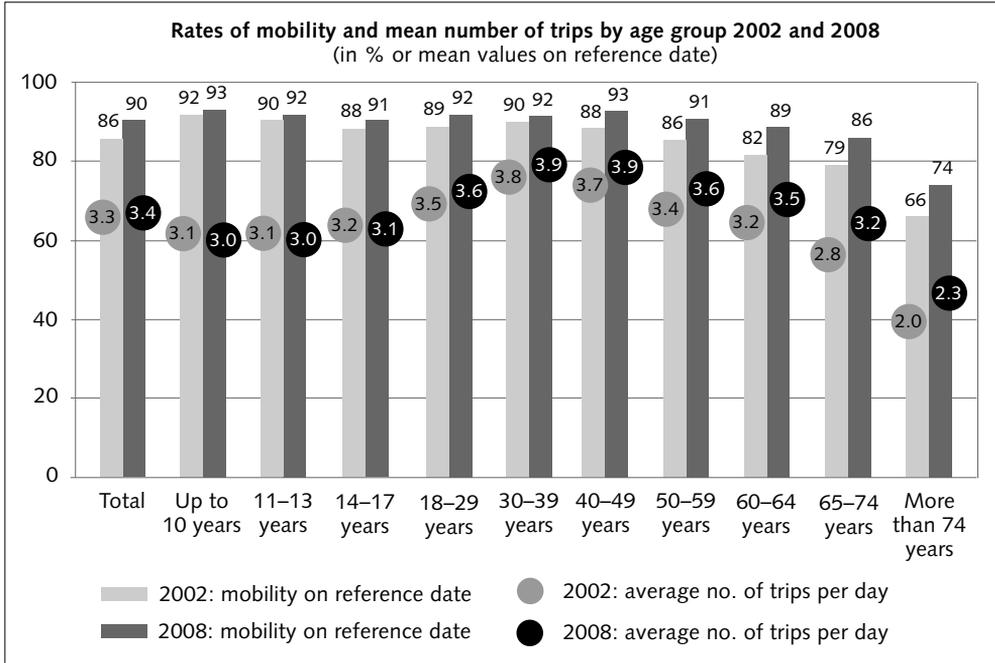


Figure 24: Rates of mobility and mean number of trips by age, 2002 and 2008 (MiD 2008). Source: infas, DLR, from BMVBS 2010, p. 75.

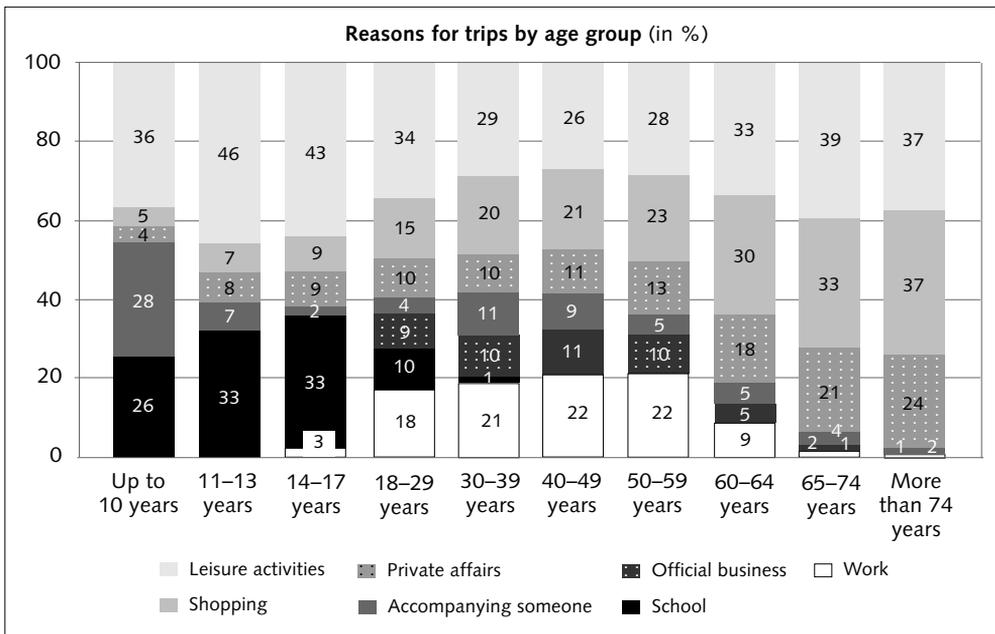


Figure 25: Reasons for trips by age group, MiD 2008. Source: infas, DLR, from BMVBS 2010, p. 76.

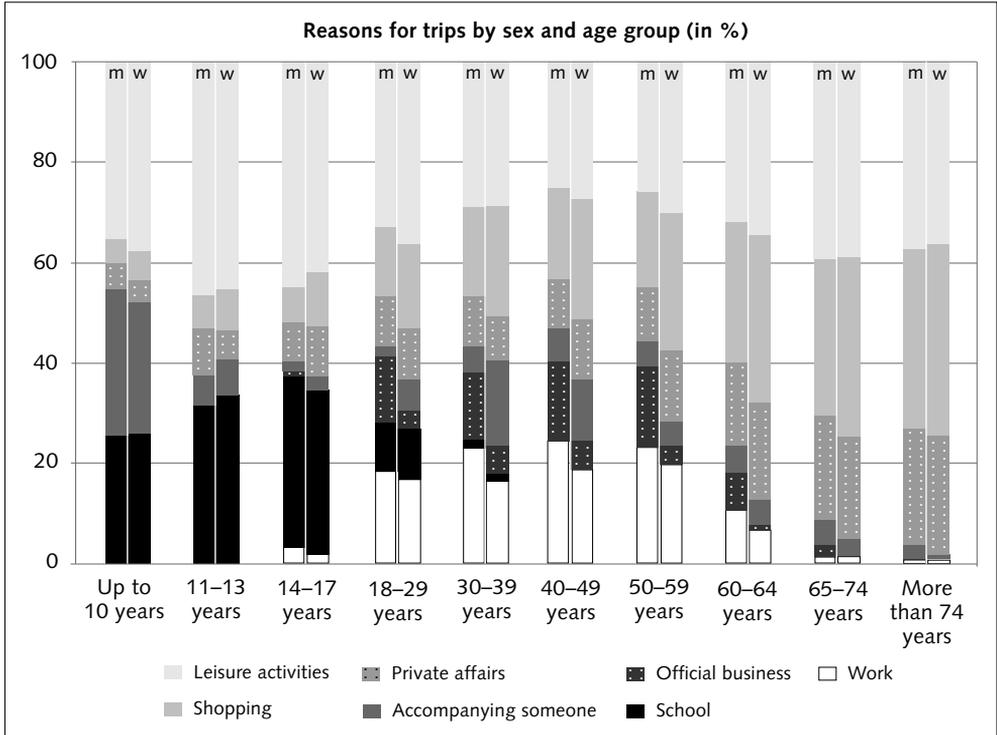


Figure 26: Reasons for trips by sex and age group (in %), MiD 2008. Source: infas, DLR, from BMVBS 2010, p. 76.

The mobility rates³⁷ of those 50–59 years and 60–64 years also increased significantly from 2002 to 2008: to 91% and 89% of the respective age group taking an average of 3.6 and 3.5 trips per day.

But why are the elderly now more “on the road”? In 2008, it was found that persons 60 to 64 years old took fewer trips to commute to work or for training reasons. Although the data from the chapter on “Work” reveal a clear decline in the number of persons employed in the age group 55–60 years, this circumstance does not seem to affect their daily travel patterns. The 60–64-year-olds, on the other hand, have an even higher rate of mobility to manage their shopping, leisure activities or private affairs than for work purposes.

A more differentiated depiction of why people go out, calculated by sex, shows clear differences between men and women in all age groups from age 18 onward. The gap is

³⁷ Mobility rate = number of persons in the respective age group who were out and about outside the home on the reference date, in %.

closed only at about age 65. In the age groups 50 to 59 years and 60–64 years women tend to go fewer kilometers than men for occupational reasons.

Figure 26 reveals that men aged 50 to 59 years go or drive about 40% of their paths for occupational reasons, compared to only 25% in women. Women, on the other hand, are more concerned with shopping, tending to private matters and leisure activities. Men and women of this age group are comparably little underway in the accompaniment of others, such as grandchildren or other older, needy persons: only about 5% of their overall trips.

Means of Transportation

Which means of transportation do the “young old” use to reach their destinations? The study “Mobility in Germany 2008” gathered information on public transportation, motorized private transportation (MPT) (whether as driver or passenger), bicycle and pedestrian. Those age 18 to 59 years made up a large part of the persons underway by MPT (BMVBS 2010, p. 76). After age 60, however, the importance of the automobile decreases considerably: Only 55% of those aged 50 to 59 years and only 47% of those aged 60 to 64 years were still driving themselves (see Figure 27). The onset of age-related health impairments, such as failing eyesight, often means sacrificing one’s car. On the other hand, this tendency is also a cohort effect: The number of persons with a driver’s license declines in this age group particularly among women (cf. Figure 28). The share (in %) of MPT

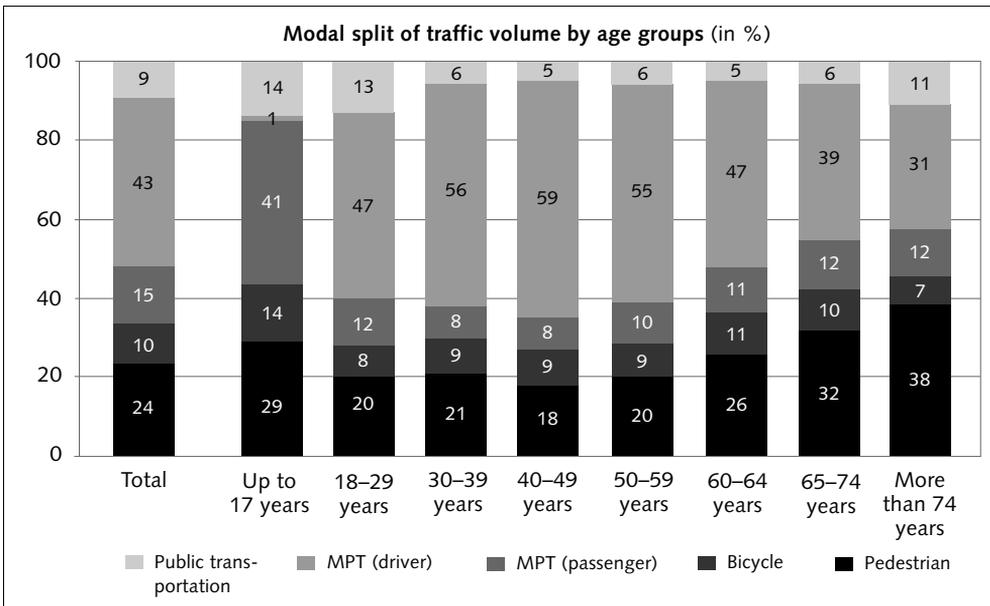


Figure 27: Traffic volume by means of transportation and age group (in %), MiD 2008. Source: infas, DLR, from BMVBS 2010, p. 77.

passengers rises slightly in the age groups 50–59 years and 60–64 years from 10% to 11%, whereas 6% and 5%, respectively, use public transportation and 9% and 11%, respectively, use a bicycle. The largest increase, however, is found among persons in these age groups who go by foot: 20% of those 50–59 years of age and 26% of those 60–64 years old walk to their destinations. Unfortunately, the data do not reveal whether these changes in behavior have to do with the age or the age group. Most likely, both elements are having an effect. Whether MPT will continue to decline in the future as it has in the past is a matter of speculation.

Motorized Personal Transportation

Getting their driver’s license is for many people a highlight in the history of their personal mobility (BMVBS 2010, p. 70). The ability to comfortably navigate long trips to

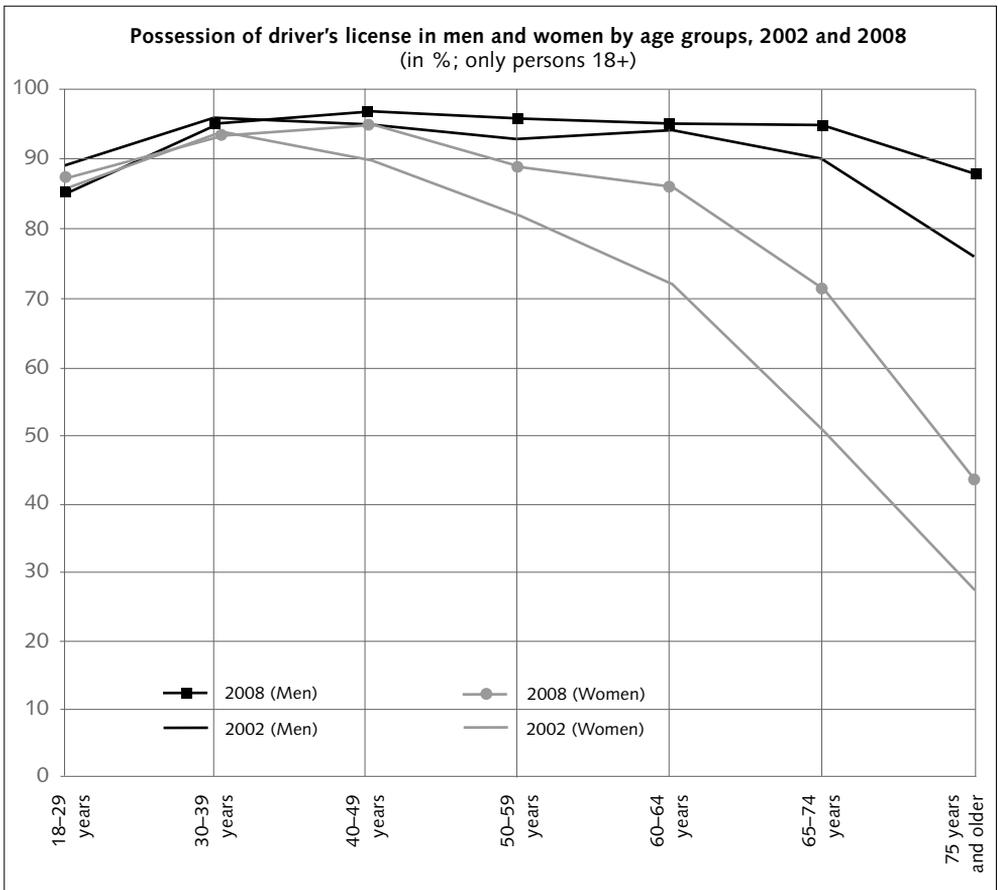


Figure 28: Possession of driver’s license by sex and age in the years 2002 and 2008 (MiD 2008). Source: infas, DLR, from BMVBS 2010, p. 71.

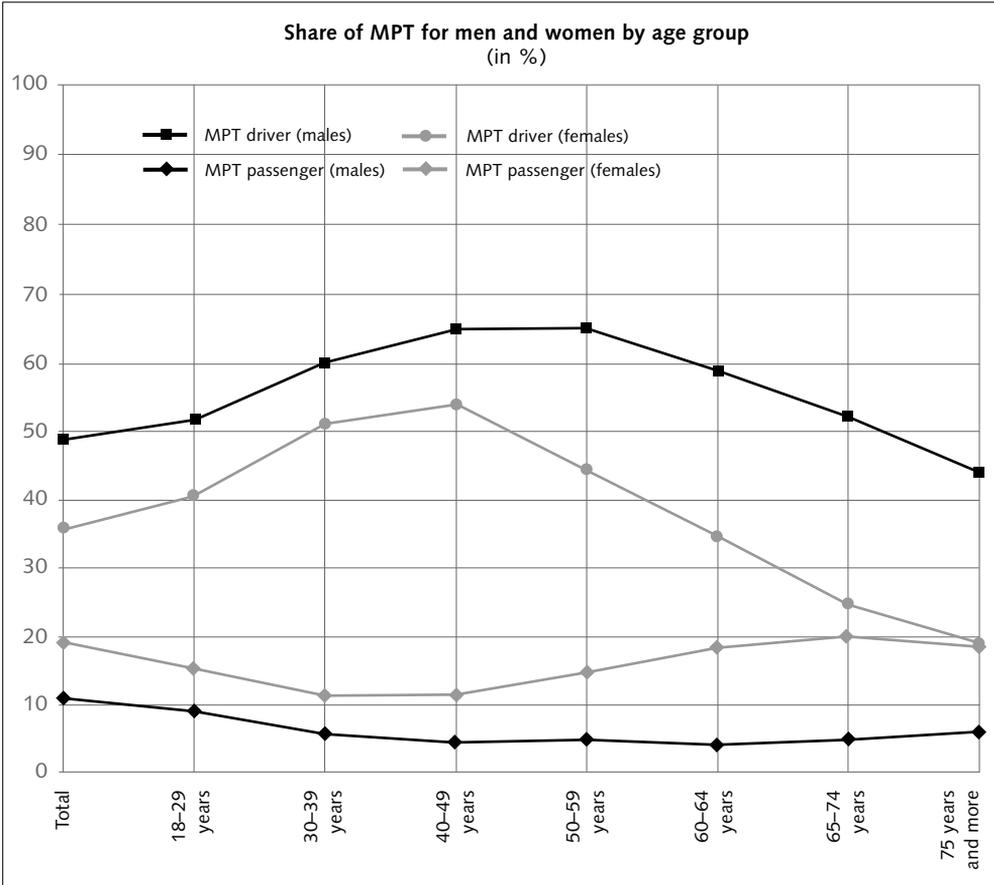


Figure 29: Share of MPT by sex and age group, 2008 (MiD 2008). Source: infas, DLR, from BMVBS 2010, p. 94.



far-away places means a major expansion of personal autonomy. All the more drastic is then often the decision to sacrifice one’s driver’s license in old age.

It used to be the case that mostly men had a driver’s license and called a car their own – even as recent as 2002 only 47% of all women had a license to drive at age 75+ (birthyear 1928 and older) (BMVBS 2010, p. 70). Today, however, the number of women drivers is sharply on the rise. Figure 28 shows this development among men and women with a driver’s license in 2002 and 2008. The figures reveal that the proportion of people with a driver’s license in the age groups 50–59 and 60–64 years has risen considerably since 2002 – for the most part due to the increase in women drivers.

If we look at the numbers for MPT (whether as driver or passenger), we discover that there is a clear difference of 20–25% between men and women in the age groups 50–

59 and 60–64 years. About 65% and 60% of the men, respectively, are MPT drivers, whereas only 45% and 35% of the women, respectively, are MPT drivers. Women, on the other hand, make up 15% and 20% of the passengers, respectively, compared to only about 5% of men in these age groups (see Figure 29).

Public Transportation

A major portion of the men and women in the group of “young old” get their mobility, whether as driver or passenger, from MPT. The decrease in number of MPT users in old age, however, whether for age-related or cohort-relevant reasons, does *not* automatically translate into positive effects for public transportation. The study “Mobility in Germany 2008” depicts the use of public transportation vs. nonmotorized personal transportation for the age groups 40–64 years and 65–74 years. Results show that there is no significant gender differential in the number of persons using public transportation in the age group 40–64 years (5% and 6% for men and women, respectively). In the next-older age group, however, of 65–74-year-olds, the rate for women (8%) is twice as high as for men (4%).

Age- and sex-independent data from the mobility study reveal that people who are employed have a much lower rate of mobility in nonmotorized personal transportation than the group of unemployed persons studied, i.e., people who work tend to derive their

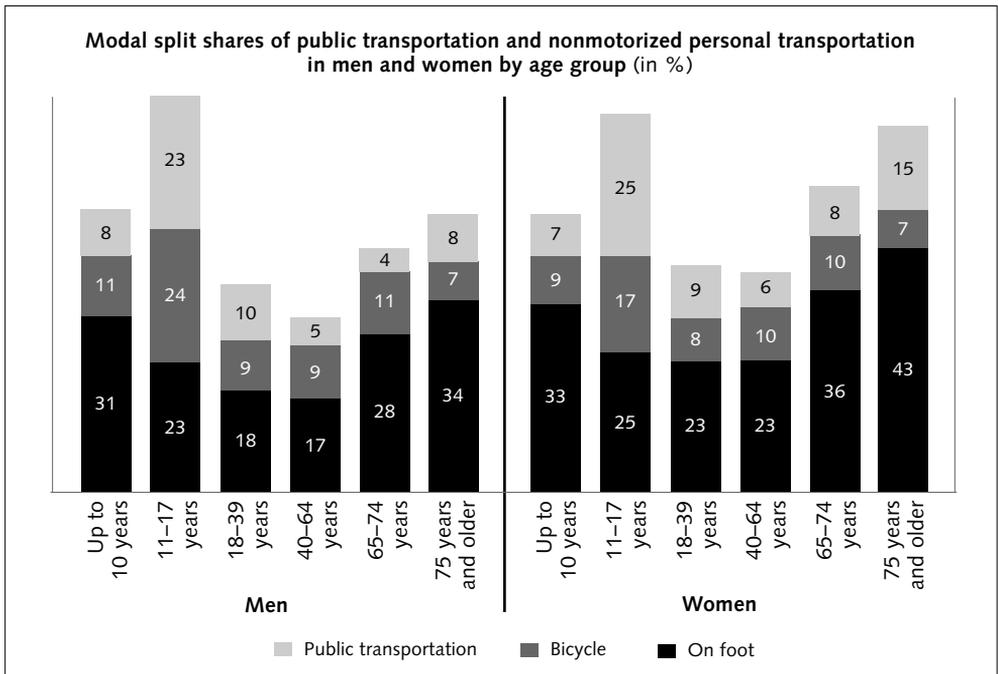


Figure 30: Use of public transportation and nonmotorized personal transportation by sex and age group, 2008 (MiD 2008). Source: infas, DLR, from BMVBS 2010, p. 104.

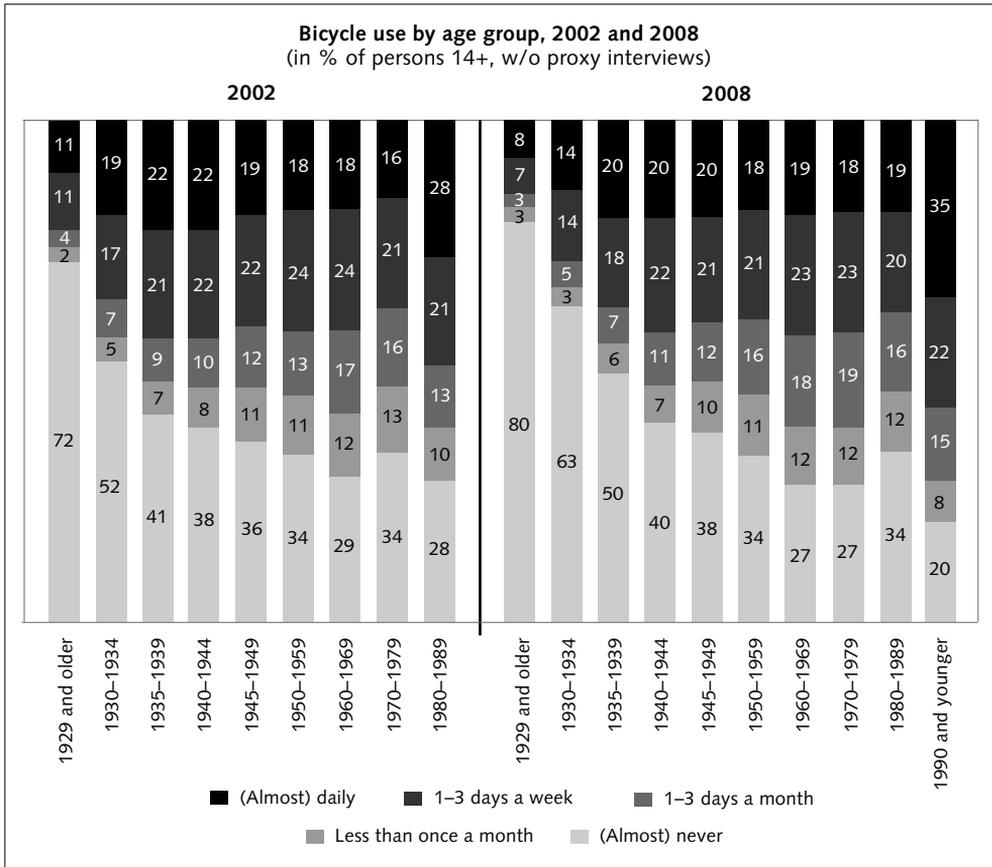


Figure 31: Bicycle use by age group, 2002 and 2008 (MiD 2008). Source: infas, DLR, from BMVBS 2010, p. 106.

mobility from driving their own cars. The mobility study describes the situation as follows: “The higher the socioeconomic status of the respective household is, the less the members of that household tend to go on foot, the less they use a bicycle and less they take public transportation for necessary trips. The number of persons utilizing environmentally friendly means of transportation in households with low socioeconomic status lies at 53% (31% on foot, 10% by bicycle, 12% public transportation). In households with a very high socioeconomic status, on the other hand, only 36% of all trips are taken with environmentally friendly means of transportation (20% on foot, 8% by bicycle, 8% public transportation). At the same time, the length of the trips taken by persons from households with very high socioeconomic status is high. Thus, we are confronted with three effects at once: A higher economic status means a garage full of cars, which are used instead of public transportation, leading in turn to longer stretches of travel” (BMVBS 2010, p. 105). These circumstances may also be presumed to be true with in-



creasing probability for the group of “young old” under study. The mobility study also mentions a further effect of interest: “... A higher economic status also means less mobility on foot and by bicycle.”

Bicycling

In the age groups 50–59 years and 60–64 years, mobility is achieved by riding a bicycle in 9% and 11% of the cases, respectively. The mobility study looked at bicycle use in the various cohorts and compared the situation in 2002 and 2008. The “young old”, who in 2008 were 50–59 and 60–64 years, were born in the years 1950–1959 and 1945–1949, respectively. In these age cohorts bicycle use changed only marginally from 2002 to 2008: 18–20% of them use a bicycle daily, 21–24% several times a week, and 34–38% rarely or never. The *daily* use of a bicycle (regardless of age) differs from the *overall use* of a bicycle depending on the region where one lives.

In large metropolitan areas, 18% of those queried reported using their bicycles every day, compared to 20% in rural areas. However, in metropolitan areas some 41% reported never using a bicycle, compared to 33% in rural areas. This is surely the result of the existing situation surrounding public transportation and the stretches to be traveled in rural and urban areas. Safety of bicycle use appears not to be a major theme among the “young old”: 79% of those 50–59 and 60–64 years old report never wearing a helmet.

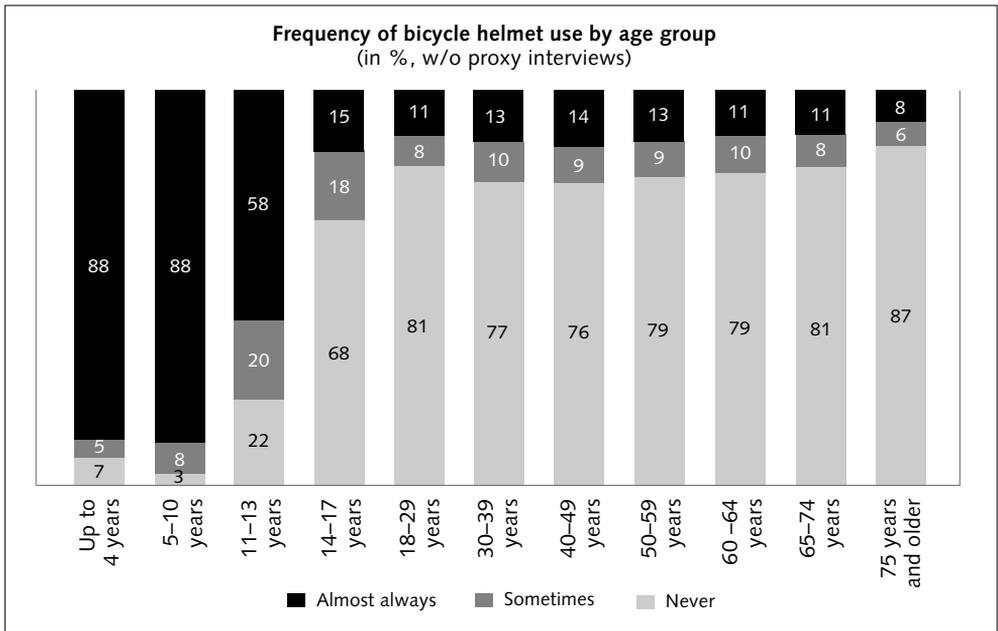


Figure 32: Use of bicycle helmet by age, 2008 (MiD 2008). Source: infas, DLR, from BMVBS 2010, p. 107).

Generally speaking, changes do occur in the mobility of the 50–59-year-olds and the 60–64-year-olds, particularly in their use of MPT, in the number of persons still holding a driver's license and in their reasons for commencing a trip outside the home. These developments may be cohort effects (women from the younger age cohort today more often have a driver's license and their own means of transportation than used to be the case) or they may represent biographical watersheds (leaving the workforce). Certainly the overall number of trips does not automatically go down in old age, but their length decreases while their duration increases, that is, the same distances are being traveled more slowly. Differences exist in the mobility and the choice of transportation means between men and women in the older age cohorts, whereas in younger age cohorts these differences are slowly disappearing.

6.7 Conclusion

As in many other areas of life, in the organization of their leisure time the “young old” are influenced by the resources at their disposal and by regional specifics. Besides what is available to them and structurally present in their environment, their education, their employment status and gender-specific circumstances influence their participation in voluntary engagement, continuing education, cultural and sports activities as well as their use of media and their personal mobility. The extent of their engagement in civil society and willingness to do voluntary work is not completely clear because of the different definitions used in the various databases. Generally speaking, however, men seem to assume more responsibility in volunteer organizations than women. Nevertheless, the overall share of persons in this age group doing volunteer work has stagnated. In turn, more elderly are participating in offers of continuing education, which may be the result of overall longer worklives and concern about losing one's job. Cultural engagement in this age group, however, is on average not very high. Going to the movies, the theater or concerts does not appear to have a high priority.

The media consumption of the “young old” is presently very much in a state of flux. The internet is gaining in importance and is being used daily by most members of this age group. Like television and radio, the internet is mainly used as a source of information. Here lies great potential for disseminating information on health matters and for making offers of prevention and counseling programs.

We have only limited and rather general data concerning how the “young old” implement prevention offers and sports activities in their lives. The higher level of physical activity among the lower educational strata is presumably a result of their particular employment patterns, but it has the ancillary effect of their being less active athletically

than persons from the higher levels of education, who in turn tend to have more sedentary jobs. Noticeable is also the fact that fewer men from East Germany engage in sports activities or physical fitness. It would be interesting to discover the reasons behind this, since that would influence how such offers are made and how this audience can best be reached in the eastern part of the country.

Much of this chapter has been devoted to the theme of mobility, which is a major component of the social integration and life quality of this age group – and one that grows ever more important the older one gets. For this reason it is of utmost importance to determine the conditions necessary to ensure the mobility of the “young old” and to find ways to promote progress in this point. The results show an overall positive development in the mobility of this age group, likely the result of the increasing number of women with their own driver’s license and car. But the numbers also reveal a large potential for the use of public transportation and bicycles in this target audience, both of which presently play a subordinate role in their mobility.

**LIVING
ARRANGEMENTS**



Living arrangements and the residential environment in general are important factors in determining our quality of life and health. For this reason we decided to devote an entire chapter to its elucidation. In the first section we discuss the regional distribution of the age group in question, which is important when planning investments in the necessary infrastructure and for determining the relative importance of political actions. We also describe the regional distribution in East and West Germany, by state and according to urban/rural regions. Then we touch on income stratification, the presence of sufficient housing and the housing costs of the 55–65-year-olds under consideration as well as important regional aspects thereof. The next section treats the availability of handicapped-accessible or age-appropriate living arrangements. Further, we present how the “young old” tend to move around or congregate within Germany and how they judge their own living arrangements.

7.1 The Regional Distribution of this Age Group: Where Do the “Young Old” Live?

As part of its normal observation of the spatial development in Germany, the Bundesamt für Bau-, Stadt- und Raumforschung (BBSR, German Federal Institute for Research on Building, Urban Affairs and Spatial Development) collects information on the regional distribution of persons in the age group between 50 and 65 years relative to the overall population.³⁸ This differentiation goes all the way from the national to the state to the county level. In 2007, this age group comprised a total of 18.6% of the total population, namely, 20.1% in East Germany (including Berlin) and 18.3% in West Germany.

Broken down according to federal state, this age group has its highest proportion in Saxony-Anhalt at 20.9% and lowest in Hamburg at 16.9%. At the next lowest level (counties and municipalities), the share is also 16.9% in Osnabrück, and the southern part of Saxony has the highest level of “young old” at 21.7% (INKAR 2009).

The BBSR also records the spatial distribution of the population by age relative to the various types of settlements (spatial units). It differentiates between highly dense agglomeration areas (e.g., the Ruhr region), agglomeration areas with a prominent center (such as greater Berlin) as well as urban and rural areas of various densities (cf. Appendix, Figure 38). The “urbanized areas of higher density East” have the highest number of elderly persons between 50 and 65 (21.7%). At the other end of the scale lie “urbanized areas of higher density West” with only a 17.9% share. The rural areas in

³⁸ There are no separate data available for the age group 55–65 years of age.

Region	Proportion of persons 50–65 years of the total regional population (in %)
Germany	18.6
East Germany	20.1
West Germany	18.3
Saxony-Anhalt	20.9
Thuringia	20.8
Brandenburg	20.3
...	...
Bavaria	18.1
Baden-Wuerttemberg	17.9
Hamburg	16.9

Table 42: Proportion of population by age group and region in % of total regional population, 2007. Source: INKAR 2009, own depiction; for the complete table, see the Appendix, Table 69.

Settlement type	Proportion of persons 50–65 years of the total regional population (in %)
Urbanized areas of higher density East	21.7
Urbanized areas of middle density with large regional center East	20.8
Rural areas of higher density East	20.8
Rural areas of lower density East	20.5
Rural areas of higher density West	18.3
Agglomeration areas with prominent centers West	18.1
Urbanized areas of middle density without large regional center East	18.2
Urbanized areas of middle density without large regional center West	18.2
Urbanized areas of middle density with large regional center West	18.1
Rural areas of lower density West	18.1
Urbanized areas of higher density West	17.9

Table 43: Proportion of population by age group and settlement type in % of total regional population, 2007. Source: INKAR 2009, own depiction.

East Germany exhibit levels of 20.8% (“rural areas of higher density”) and 20.5% (“rural areas of lower density”), which are higher than in the West (18.3% in “rural areas of higher density” and 18.1% in “rural areas of lower density”).

According to the BBSR, the proportion of this age group in the total German population fell by 1.3% between 2002 and 2007 (see Appendix, Table 70). This decrease was some-

Region	Development of age group 50–65 years in % of population for 2025, relative to 2007
Germany	17.7
East Germany	1.4
West Germany	22.2
Schleswig-Holstein	27.4
Baden-Wuerttemberg	26.9
Bavaria	26.3
Hamburg	25.8
Lower Saxony	22.9
Rheinland-Palatinate	20.4
Hesse	19.1
Northrhein-Westfalia	18.2
Brandenburg	16.2
Berlin	14.1
Bremen	8.0
Saarland	5.2
Mecklenburg-Western Pomerania	-1.6
Thuringia	-5.6
Saxony	-5.7
Saxony-Anhalt	-8.7

Table 44: Projection of population development by age group and region for 2025 as percentage of 2007. Source: INKAR 2009, own depiction.

what larger in East Germany (2.5%) than in West Germany (1.0%). But the forecasts prepared by the BBSR predict that the share of this age group will change drastically up to 2025: They expect a nationwide increase in the number of 50–65-year-olds (birthyears 1960–1975) by 17.7% (see Table 44). Yet there will be major differences between East and West Germany: For East Germany they predict a rise within this age group of 1.4%, whereas in West Germany they project a rise of 22.2%. In 2025 this age group will comprise about one fourth of the entire German population. Of interest are the developments in the various federal states: Whereas an increase of more than 25% is foreseen for states such as Schleswig-Holstein, Baden-Wuerttemberg, Bavaria and Hamburg, in the East German states the rates will generally fall – the exception being Brandenburg where this age group is expected to grow by 16.2%, ensuring an overall slight plus in the East.

7.2 Ownership, Housing Space and Housing Costs

Relative to the younger members of the general German population, members of the age group 50–65 years of age tend to own the real estate they live in. The Microcensus 2002 revealed that 53.6% of households with a main earner between 50 and 59 years, and 55.7% of households with a main earner between 60 and 64 years, own their own accommodations (Menning 2007, p. 24). Yet the ownership rate among the “young old” differs greatly by region and between East and West. According to SOEP 2006 figures (Beetz et al. 2009, p. 47), the proportion of self-owners and renters in the age group 55–64 years was as follows according to federal state: In 2006, 71.7% of the households in the northern states of Germany with 55–64-year-old heads own their accommodations, whereas in the city states the rate is only 22.1%. As discussed in Chapter 2, the highest rate in this age group is among West German men aged 55–69 years, 77.4% of whom own property. Among East German women, on the other hand, only 53.2% own property – the lowest rate in this age group (Motel-Klingebiel et al. 2010: Appendix Table A3-5).

Data on the size of the living space available to each member of the household were also provided by the SOEP 2006 according to region (East and West Germany). In 2006, the 41–65-year-olds in West Germany had an average of 52 m², in East Germany an average of 44 m², at their disposal. In this age group, 4.5% of the households in West Germany and 3.0% in East Germany were undersupplied with living space.³⁹ 9.2% of the household heads in East Germany received a housing allowance, more than double the rate in West Germany (4.3%) (Statistisches Bundesamt et al. 2008).

The average costs for accommodations in this age group (55–64 years of age) is given in detail by Beetz based on data from SOEP 2006 (Beetz et al. 2009, p. 48), which differentiated according to owners and renters. Whereas the average rate of housing costs of renters lies at 27.5% of net household income, it is only 12.0% of the net household income of homeowners in this age group. This compares to the average of 21.0% of net household income for housing costs among homeowners younger than 55 years of age, representing a strong drop in the relative costs with increasing age. The study by Beetz also depicts the regional differences in housing costs (see Table 45).

The table reveals a relatively high level of housing costs among renters in the southern and western states of Germany – and in contrast a relatively high level of housing costs among homeowners in the city states. This distribution is presumably – among other

³⁹ Ein “Undersupply” is considered present when the number of household members exceeds the number of rooms in the house or apartment (of 6 m² or more, not including kitchen and bath).

Region	Housing costs, rental		Housing costs, ownership	
	Total	55–64 years	Total	55–64 years
City-states (Berlin, Hamburg, Bremen)	27.7	25.8	18.7	19.2
North (Schleswig-Holstein, Lower Saxony)	27.7	26.9	14.3	10.6
Northrhein-Westfalia	27.0	28.6	16.1	10.9
Mid-states (Hesse, Rheinland-Palatinate, Saarland)	27.3	30.5	13.2	12.0
South (Baden-Wuerttemberg, Bavaria)	27.1	28.2	13.0	12.2
Northeast (Mecklenburg-Western Pomerania, Brandenburg, Saxony-Anhalt)	27.5	25.5	14.6	16.5
Southeast (Thuringia, Saxony)	24.3	25.6	14.0	9.8
<i>Total</i>	27.0	27.5	14.2	12.0

Table 45: Rate of average housing costs in % of net household income, by region and age of household head, 2006. Source: Beetz et al. 2009, p. 48 [SOEP 2006], own depiction.

things – the result of the supply and demand situation in the rental market of southern and western Germany and in the apartment market of the city-states. The costs involved in purchasing an apartment or house in the city-states may be so high that they must still be borne by this age group, whereas in other regions they have already been paid off.

7.3 Living Accommodations of the Elderly

In our research for this expert report we found little data concerning existing age-appropriate housing and the need for age-appropriate housing in Germany. Even the definition of “age-appropriate housing” has not been clearly delineated and is generally subsumed in the standards for “barrier-free” or “accessible building design.” The DIN standards on “barrier-free environment” or “accessible building design” (18024, 18025 and 18040) state the following: “*Users must be in the position to be active largely without the help of others.*” In this context that means that the person living in the apartment or house must be able to freely move about and take care of him- or herself alone.

A barrier-free living space thus consists of the following characteristics:

- The width of all doors must be large enough to accommodate a wheelchair.
- The individual rooms must have sufficient space for a wheelchair to turn around in.
- The showers must be walk-in (roll-in), i.e., level with the floor.

- All rooms and areas of the living space as well as the entire dwelling must be accessible, i.e., without thresholds or steps.

As part of an ongoing research study of the Kuratorium Deutsche Altershilfe (KDA, German Board for Old Age Assistance), the BBSR is doing an inventory of the present stock as well as future needs of age-appropriate accommodations. This will also include recommendations on implementing effective political strategies in this area. The results of this investigation were not yet available at the time of the preparation of this publication.⁴⁰

According to the sparse sources available, there is little barrier-free or low-barrier housing in Germany. The Bundesverband freier Immobilien- und Wohnungsunternehmen e.V. (BFW e.V., National Association of Independent Housing and Real Estate Companies) estimates that in 2007 this market segment for barrier-free housing or housing “adapted to the needs of the elderly” made up only 1% of the overall housing market in Germany⁴¹ – and thus lies far behind the situation in other European countries, particularly The Netherlands and Great Britain (BFW 2007, p. 8).⁴² The BFW also estimates that by 2020, because of the ongoing demographic developments in Germany, 800,000 additional barrier-free or age-appropriate housing arrangements will be needed (ibid., p. 15).

The low number of age-appropriate or barrier-free housing arrangements was confirmed in a report published by the KDA on this theme. In the study “Living Arrangements in Old Age,” prepared in 2006 on behalf of the German Ministry for Family Affairs, Senior Citizens, Women and Youth, it was estimated that the present rate of “Senior housing/barrier-free arrangements” lies at 1.37%, the rate of assisted-living arrangements at 1.02% (KDA 2006, pp. 22–26).

A study by the Expert Commission of the Deutscher Verband für Wohnungswesen, Städtebau und Raumordnung e.V. (German Association of Housing, City Planning and Regional Development), entitled “Living Arrangements in Old Age,” estimated the number of elderly households⁴³ living in age-appropriate housing to be about 5% and the potential investment needs in Germany to refit existing housing in order to meet the demand for age-appropriate housing in the coming years to be ca. EUR 39 billion (DV 2009, p. 13).

40 The results have been published in the meantime: Bundesministerium für Verkehr, Bau und Stadtentwicklung (Hg.) (2011): *Wohnen im Alter. Forschungen*, Heft 147.

41 The BFW numbers, however, are based primarily on surveys taken among the members of the BFW and are thus not necessarily sound.

42 Here one should note that this market segment concerns primarily housings that are expressly declared to be “barrier-free,” “age-appropriate” or “adapted to the needs of the elderly.”

43 Defined as households with a main household earner aged 65 or older



7.4 Migration Movements and Willingness to Relocate

The ability to grow older within one’s accustomed environment is one of the most important factors in the lives of most people. This is the case even if the usual surroundings actually make life more difficult than easy. Thus, the number of relocations among the age groups under consideration remains small.

As part of their observations on spatial planning, the BBSR also records the migration of people within the country, divided by regions and age groups. This “internal migration balance” computes the relationship between persons moving to and from a particular region. The migration flow of the elderly differs considerably from that of younger people. For example, in 2007, in the age group of 25–30-year-olds, the positive balance (more influx than outflow) varied from 2.8 (Baden-Wuerttemberg) to 35.4 (Hamburg) per 1000 inhabitants, whereas there was a negative balance (more outflow than influx) of –0.2 (Northrhein-Westfalia) to –26.5 (Saxony-Anhalt). In the age group of 50–65-year-olds there were overall much fewer movements.

In the age cohort of persons 50–65 years old, Hamburg had the largest negative balance with –3.0, whereas Schleswig-Holstein had the largest positive balance at 3.1. The rea-

Federal state	Internal migration balance
Schleswig-Holstein	3.1
Brandenburg	2.8
Mecklenburg-Western Pomerania	1.2
Bavaria	1.0
Lower Saxony	0.9
Rheinland-Palatinate	0.8
Baden-Wuerttemberg	0.2
Saxony	0.0
Saarland	0.0
Thuringia	–0.7
Northrhein-Westfalia	–0.9
Bremen	–1.2
Hesse	–1.2
Saxony-Anhalt	–1.5
Berlin	–2.4
Hamburg	–3.0

Table 46: Internal migration balance per 1000 inhabitants in the age group 50–65 years by federal state, 2007. Source: INKAR 2009, own depiction.

sons for such regional differences between the individual federal states on the one hand and the age groups on the other lie presumably in their respective reasons for moving: Whereas the 25–30-year-olds tend to move elsewhere primarily for reasons of employment (in the data collected by the BBSR this is referred to as “job migration”), among the elderly the main reason may lie in their wanting to move to a more scenic and attractive area. This theory is supported by a comparison of the migration figures at the secondary regional level (after federal state). The largest amount of migration movement among the elderly is found in the regions of Lüneburg (7.0), Schleswig-Holstein (6.4), Eastern Friesland (6.1), northern Schleswig-Holstein (5.7), Oberland (5.3) and Allgäu (5.3). A starkly negative balance, on the other hand, is found in Göttingen with –9.2, followed by Hamburg with –3.0

It is interesting to note that the regions preferred by the younger age cohorts are not known for their excellent infrastructure for health care or old-age caretaking. The BBSR also gathered information, most recently in 2005, on the number of physicians and available nursing-home spots relative to the number of residents in the region (see Tables 47 and 48). The results show that the regions with the highest migration exhibit very different physician densities, with Eastern Friesland having only about half the relative number of doctors per resident as the city-states (Berlin, Hamburg, Bremen). The number of physicians is particularly low in the more rural areas of Brandenburg.

The number of nursing-home spots available also differs depending on the federal state in question. Whereas in 2005 Schleswig-Holstein had 131 nursing-home spots available

Regions		Physician density
Regions with the highest physician density	Bremen	243
	Berlin	233
	Hamburg	222
Physician density in areas with high migration movement	Eastern Schleswig-Holstein	201
	Oberland	188
	Göttingen	179
	Allgäu	168
	Lüneburg	158
	Northern Schleswig-Holstein	147
	Eastern Friesland	139
Regions with lowest physician density	Uckermark-Barnim	120
	Prignitz-Oberhavel	120
	Southern hinterland of Hamburg	119
	Altmark	115

Table 47: Number of physicians per 100,000 inhabitants by region, 2005. Source: INKAR 2009, own depiction.



Regions		Density of nursing-home spots
Regions with highest density of nursing homes	Eastern Schleswig-Holstein	157
	Göttingen	142
	Hildesheim	141
Density of nursing homes in areas with high migration movement	Lüneburg	137
	Northern Schleswig-Holstein	120
	Allgäu	107
	Eastern Friesland	86
	Oberland	81
Regions with lowest density of nursing homes	Rhein-Main	69
	Neckar-Alb	67
	Emsland	60

Table 48: Number of nursing home spots per 10,000 inhabitants by region, 2005. Source: INKAR 2009, own depiction.

per 10,000 inhabitants, in Hesse the number is only 78. Noticeable is that, in contrast to the physician density, there is neither an East-West differential here nor any relevant differences between city-states and the more rural federal states.

These figures on the infrastructure of health-related matters clearly points up how very different the regional living conditions really are. These differences are also reflected in how the elderly judge their residential environment.

7.5 Evaluation of the Residential Environment

In the German Age Survey (DEAS), members of the age groups 40–54 years, 55–69 years and 70–85 years were asked to evaluate their residential environment. This brought to light that a big part of these age groups live in areas with inferior infrastructure. A comparison with past surveys, however, reveals that there has been some improvement in nearly all segments from 1996 through 2002 to 2008. This is true both for East Germany and West Germany (Mahne et al. 2010, pp. 146ff.). When broken down by age groups, on the other hand, the data reveal major differences between the eastern and western parts of the country.

On the 2008 survey, when confronted with the statement “There are enough shopping facilities in my residential area,” 18.1% of those 55–69 years old in West Germany

answered with “is not at all the case” or “is rather not the case,” whereas in East Germany 30.3% of this age group gave these answers. Thus, nearly a third of those surveyed in East Germany – relatively more than in West Germany – said that the shopping facilities in their residential area were “insufficient.”

The scenario is similar concerning the availability of public transportation in East and West Germany. The statement “My residential area has good public transportation connections” was said to be “not true” or “rather not true” for 22.5% of the residents in this age group in the West and for 25.1% of those surveyed in the East. From these data we can conclude that, to ensure their mobility, about a fourth of this age group is dependent on an automobile, taxi, bicycle or getting a ride with someone else.

Another aspect of particular importance among the elderly is the availability of medical care. Here, too, we find large differences between East and West Germany. Whereas 13.4% of the 55–69-year-olds in West Germany consider a sufficient supply of doctors and pharmacies in their residential area to be “rather not true” or “not at all true,” in East Germany this rate is 33.6%. Thus, about a third of all East Germans in this age cohort feel insufficiently supplied with medical care in their residential area.

A further question posed for the evaluation of the residential environment concerned the subjective feeling of safety in the dark. This is an aspect of great significance for the quality of life among the elderly, and it plays a major role in how they spend their time and the activities they pursue. People who have a high feeling of insecurity after the onset of darkness tend not to go out at night. On average 23.3% of the age group in question feel insecure in the dark. This matter also has a relevant differential between East and West: 21.5% of the West Germans but 31.5% of the East Germans report feeling insecure at night outside their homes. As might be expected, the answer to this question was also dependent on sex: 11.0% of the West German men and 18.3% of the East German men felt insecure after dark; but among women the rates were 30.9% in West Germany and 44.1% in East Germany. Nearly half of the East German women, when asked whether they felt safe outside their residence after dark, answered with “not true” or “rather not true.” The final matter queried by the DEAS concerned noise pollution in residential areas. Presented with the statement “My residential area is affected by noise pollution,” 19.4% of those West Germans in the age group affirmed that this was the case, whereas 21.9% of the East Germans in the age group agreed (for all data, see Motel-Klingebiel et al. 2010: Appendix, Table A6-1 to A6-10).

The results discussed here point toward considerably poorer living conditions of the 55–69-year-olds in East Germany than in West Germany, with respect to both their infrastructure and negative influences in their residential area. The data do not suffice to draw a line between these negative aspects in their surroundings and their individual health situation. Nevertheless, one might assume that noise, the lack of a sense of security and insufficient infrastructure are all relevant to the health and well-being of these residents.



7.6 Conclusion

The remarks in this chapter have shown that the quality of living conditions and the environmental burdens experienced by the “young old” depend largely on where they live and on their individual resources. Relatively speaking, more individuals from the “young old” generation live in the eastern part of the country, where residents bemoan a poorer infrastructure. A large section of this age cohort lacks adequate living conditions, in the East and in part also in the West. Future investments for infrastructure should thus be directed toward improving the residential environment and accommodations in residential areas, particularly in East Germany. The limited migration movements of the “young old” leave us to assume that they will likely grow old in their present residence, and that they will likely face even further supply shortages in the light of growing health limitations. A large increase in aging baby-boomers has been predicted for West Germany over the course of the next 15 years. These scenarios should be decisive when planning future developmental measures.

The better the individual’s economic resources are, the more freely that person can choose his or her future living arrangements. The high rate of property ownership in this age group, however, will likely have the effect of their moving less than younger age groups. The reasons for the high mobility in younger years have to date not been studied, but a desire for adequate health and medical infrastructure does not appear to be one of the main criteria.

The relative costs of living arrangements decrease over time among those who own property. This means a sizable reduction in burden (also psychological burden) for this group, something not enjoyed by those who rent. The flipside is that any necessary changes to the residence and all repairs have to be paid for by the owner. The difficulty in getting a loan at this age to pay for such investments as well as the fear of spending too much capital may lead to postponing necessary alterations to ensure age-appropriate living arrangements. That is probably one reason why the number of barrier-free residences remains so appallingly low. Here it would be desirable to have clear standards and norms as well as plausible and representative data for the “young old” on the number of existing age-appropriate residences, their residential needs and their willingness to invest in their living arrangements.

CONCLUSION



The details provided in this expert report have thrown a kaleidoscopic light on the situation of the “young old.” The element that connects all of these perspectives is the question of the risks to health as well as the resources this generation has to enable them to remain active and healthy in old age. The most vulnerable group among the “young old” are those who are socially disadvantaged, with little education and low income. Additional risks occur when they are unemployed and live alone with few social contacts. These situations are very widespread and become even worse if cumulative. Often they are local conditions specific to a certain part of a city or region – though the data here are insufficient. This age group has only rarely been the subject of extensive studies concerning the relationships between living space and social structure.

Overall, the level of social integration in this age cohort is very good; most of them are married, have children, and about half have grandchildren. Though the distance to other family members – a major source of practical assistance – is growing, the familial contacts, particularly on the emotional level, are still very close. The contact with, and help exchanged among, nonfamilial networked sources is on the rise. This may also be seen in the amount of overall caretaking and assistance activities generated.

About 10% of those in this age group have assumed the care of a loved one, for the most part women. This causes a number of burdens and risks to their own health. Yet no exact data exist on the number of caretakers present in this generation nor on their specific problems or needs.

Compared to their predecessors, today’s “young old” have on average a lower number of (chronic) diseases in their later years. One exception seems to be mental and behavioral disorders, especially depression, in both men and women. The most frequent diseases diagnosed are cardiovascular diseases and diseases of the musculoskeletal system, which also most often lead to the necessity of rehabilitation measures and early retirement. The main cause of death in this age group are malignant tumors.

Addiction also plays a big role in the life the “young old.” Risky alcohol consumption and abuse of prescription drugs are both widespread and point to psychological impairments, perhaps even to a lack of awareness of the seriousness of these problems.

Overall, the socioeconomic situation of this age group is marked by relative prosperity and good social security. Yet there are parts of this age group that are living under difficult circumstances, in danger of, or already marked by, poverty. Often they have a migrant background. In coming years a growing number of “young old” from East Germany will suffer this fate due to their discontinuous biographies and worklives. It is important to keep the dynamics of these developments in mind in the future and to take their effects into account, examples being the expected overall decline in pensions and the forecasts of rising poverty among East German men.

The changes that have occurred in the social and demographic parameters over the last decades have led to a gradual rise in the number persons 55 to 65 years old who are still employed. Yet only about a fourth of those 60 years and more are employed in jobs covered by statutory social insurance – and only few of them fulltime. The work situation is felt by many to be detrimental to their health, so that for many the end of their working life is heralded by medical problems or layoffs. Nevertheless, the “young old” remain underrepresented in company-wide health prevention and training programs.

The unemployment rate of this age group lies at about 10%, though there are large regional variations between East and West Germany. Some 7.5% of them receive Unemployment II benefits (“Hartz IV”). The chance of a 55-year-old exiting unemployment today is meager: In 2009 only about a fourth of them were successful in this endeavor. A growing number of persons are reaching retirement age and then switching over directly from unemployment benefits to welfare benefits or support payments to ensure their basic security needs. Their economic latitude – and with it their chance for social integration and in the end their ability to remain healthy – may be limited for the rest of their life.

Proportionally more 55–65-year-olds presently live in East Germany than in West Germany, where however a strong increase in this age group is expected over the next 15 years. A large part of the “young old,” especially in the eastern part of the country, have the feeling their living environment is not satisfactorily supplied. The low level of migration movement on the part of the “young old” reflects a general tendency that is only being strengthened by the high ownership rate of their own residences. Why people in this age group do or do not move is unknown. We also do not have much information on the criteria and extent of age-appropriate living spaces and regions as well as representative data on existing age-appropriate residences. What we do know is that most “young old” are locally very mobile, in the main in their own cars (whether as driver or passenger). The number of women with a driver’s license is growing. Public transportation is presently used by only few of them, and they tend to be those with fewer means.

Social integration and social participation have their own, positive influence on health. Being employed as a source of personal life meaning gradually loses its meaning in this age group. About a third of those in this age cohort are active outside the house in their free time, men slightly more than women. Compared to earlier age cohorts, however, voluntary engagement has waned. Offers of continuing education, on the other hand, are growing in both meaning and popularity.

People between 55 and 65 years of age spend several hours a day consuming media. They watch television and listen to the radio above all to retrieve information. But today most are also active on the internet, albeit as a rule those who are younger, have more education and are still employed.

We have few age-specific data concerning physical activity and sports. Generally speaking, those who are in a better socioeconomic position tend to be more physically active than those with a lower educational background. Here we need better background information on what this age group needs, what offers are available to them and how they implement these offers in their daily life.

APPENDIX



Age/ Sex	Total	With/without educational background							No educational degree
		Apprenticeship/ Vocational education in dual system	Technical school diploma	Technical school diploma (East Germany)	Polytechnic diploma	University diploma	Doctorate	Not speci- fied	
Total									
55–60 years	5,439	3,134	376	121	340	510	73	17	846
60–65 years	4,374	2,480	292	86	249	358	60	9	817
55–65 years	9,813	5,614	668	207	589	868	133	26	1,663
Men									
55–60 years	2,689	1,509	262	39	229	281	56	9	292
60–65 years	2,157	1,191	213	28	181	220	49	–	259
55–65 years	4,846	2,700	475	67	410	501	105	9	551
Women									
55–60 years	2,750	1,625	114	81	111	228	17	8	555
60–65 years	2,217	1,288	79	58	68	138	12	–	558
55–65 years	4,957	2,913	193	139	179	366	29	8	1,113

Table 49: Population 2009 by age groups and educational background. Source: Statistisches Bundesamt 2010a, p. 132.

Page 145:

Table 50: Data on diagnoses from hospitals as well as prevention and rehabilitation centers with more than 100 beds, by sex, 2008. Source: Statistisches Bundesamt: Krankenhausstatistik – Diagnosedaten der Patienten und Patientinnen in Krankenhäusern; Diagnosedaten der Patienten und Patientinnen in Vorsorge- und Rehabilitationseinrichtungen, 2008. Retrieved from www.gbe-bund.de on 22 October 2010, own depiction

	Diagnosis/Treatment	Hospitals			Prevention and rehabilitation centers with > 100 beds		
		Cases	Care time of all cases (in days)	Ø stay of all cases (in days)	Cases	Care time of all cases (in days)	Ø stay of all cases (in days)
Men	All diagnoses/treatments	1,258,335	10,291,431	8.2	179,760	4,465,013	24.8
	All diseases and consequences of external causes	1,249,009	10,253,114	8.2	168,903	4,226,088	25.0
	Diseases of the cardiovascular system	264,822	1,994,569	7.5	39,411	988,278	25.1
	Neoplasms	196,813	1,685,941	8.6	24,798	574,492	23.2
	Diseases of the digestive system	143,982	991,541	6.9	1,841	41,772	22.7
	Diseases of the musculo-skeletal system and conjunctive tissue	139,082	1,118,013	8.0	64,241	1,464,651	22.8
	Injuries, poisonings and certain other consequences of external causes	94,448	830,637	8.8	6,789	173,051	25.5
	Mental and behavioral disorders	65,499	1,195,894	18.3	11,743	486,652	41.4
	Diseases of the genitourinary system	63,831	376,665	5.9	416	9,334	22.4
	Diseases of the nervous system	63,203	375,842	5.9	4,661	134,147	28.8
	Diseases of the respiratory system	61,194	538,319	8.8	6,028	140,846	23.4
	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	44,722	197,222	4.4	942	22,396	23.8
	Endocrine, nutritional and metabolic diseases	35,085	363,652	10.4	5,275	119,204	22.6
	Certain infectious and parasitic diseases	21,157	223,165	10.5	497	12,491	25.1
	Diseases of the eye and adnexa	20,876	86,036	4.1	104	2,576	24.8
	Diseases of the skin and subcutaneous tissue	14,971	156,711	10.5	1,195	29,475	24.7
	Diseases of the ear and mastoid process	11,550	60,260	5.2	641	18,864	29.4
	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	5,949	46,975	7.9	156	3,715	23.8
	Congenital malformations, deformations and chromosomal abnormalities	1,825	11,672	6.4	163	4,076	25.0

	Diagnosis/Treatment	Hospitals			Prevention and rehabilitation centers with > 100 beds		
		Cases	Care time of all cases (in days)	Ø stay of all cases (in days)	Cases	Care time of all cases (in days)	Ø stay of all cases (in days)
Women	All diagnoses/treatments	1,051,877	8,706,078	8.3	165,770	4,126,742	24.9
	All diseases and consequences of external causes	1,043,793	8,675,606	8.3	156,430	3,922,422	25.1
	Neoplasms	176,096	1,411,423	8.0	27,111	638,620	23.6
	Diseases of the musculo-skeletal system and conjunctive tissue	164,250	1,338,927	8.2	70,143	1,584,346	22.6
	Diseases of the cardiovascular system	148,853	1,003,712	6.7	15,244	392,907	25.8
	Diseases of the digestive system	111,358	812,558	7.3	1,886	43,239	22.9
	Injuries, poisonings and certain other consequences of external causes	90,196	726,629	8.1	7,155	172,014	24.0
	Mental and behavioral disorders	62,154	354,082	5.7	509	11,294	22.2
	Diseases of the genitourinary system	55,455	1,439,637	26.0	18,193	680,793	37.4
	Diseases of the nervous system	43,065	367,367	8.5	5,118	119,245	23.3
	Diseases of the respiratory system	41,762	291,982	7.0	3,624	104,517	28.8
	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	41,336	175,913	4.3	1,167	26,574	22.8
	Endocrine, nutritional and metabolic diseases	35,900	248,736	6.9	3,615	81,617	22.6
	Certain infectious and parasitic diseases	20,422	78,907	3.9	111	2,772	25.0
	Diseases of the eye and adnexa	18,444	168,407	9.1	472	11,980	25.4
	Diseases of the skin and subcutaneous tissue	12,908	125,470	9.7	1,229	29,823	24.3
	Diseases of the ear and mastoid process	12,785	67,922	5.3	433	12,624	29.2
	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	6,453	49,224	7.6	178	4,206	23.6
	Congenital malformations, deformations and chromosomal abnormalities	2,347	14,602	6.2	236	5,683	24.1
	Pregnancy, childbirth and the puerperium	5.0	21.0	4.2	3.0	84.0	28.0
Certain conditions originating in the perinatal period	4.0	87.0	21.8	3.0	84.0	28.0	

Educational level	Sex	Region	Yes	No
All educational levels	Men	Germany	29.9	70.1
		West	30.9	69.1
		East (incl. Berlin)	25.3	74.7
	Women	Germany	41.4	58.6
		West	43.2	56.8
		East (incl. Berlin)	34.5	65.5
Low level of education	Men	Germany	34.7	65.3
		West	35.5	64.5
		East (incl. Berlin)	–	–
	Women	Germany	46.2	53.8
		West	47.7	52.3
		East (incl. Berlin)	–	–
Middle level of education	Men	Germany	29.2	70.8
		West	28.8	71.2
		East (incl. Berlin)	30.0	70.0
	Women	Germany	38.6	61.4
		West	39.4	60.6
		East (incl. Berlin)	37.1	62.9
High level of education	Men	Germany	20.7	79.3
		West	21.8	78.2
		East (incl. Berlin)	17.7	82.3
	Women	Germany	35.0	65.0
		West	34.9	65.1
		East (incl. Berlin)	35.3	64.7

Table 51: Medically diagnosed cases of the musculoskeletal disease arthrosis, 2009, by educational level and sex (percentage of 55- to 65-year-olds surveyed). Primary source: Robert Koch-Institut – Gesundheit in Deutschland aktuell – Telefonischer Gesundheitssurvey GEDA 2009, own calculations.

Educational level	Sex	Region	Yes	No
All educational levels	Men	Germany	11.7	88.3
		West	11.5	88.5
		East (incl. Berlin)	12.5	87.5
	Women	Germany	11.3	88.7
		West	10.9	89.1
		East (incl. Berlin)	12.5	87.5
Low level of education	Men	Germany	10.5	89.5
		West	10.8	89.2
		East (incl. Berlin)	–	–
	Women	Germany	14.1	85.9
		West	14.1	85.9
		East (incl. Berlin)	–	–
Middle level of education	Men	Germany	11.6	88.4
		West	11.2	88.8
		East (incl. Berlin)	12.6	87.4
	Women	Germany	8.1	91.9
		West	6.0	94.0
		East (incl. Berlin)	12.3	87.7
High level of education	Men	Germany	9.8	90.2
		West	9.1	90.9
		East (incl. Berlin)	11.4	88.6
	Women	Germany	5.0	95.0
		West	4.6	95.4
		East (incl. Berlin)	5.8	94.2

Table 52: 12-month prevalence of diabetes mellitus, 2009, by educational level and sex (percentage of 55- to 65-year-olds surveyed). Primary source: Robert Koch-Institut – Gesundheit in Deutschland aktuell – Telefonischer Gesundheitssurvey GEDA 2009, own calculations.

Educational level	Sex	Region	Yes	No
All educational levels	Men	Germany	8.6	91.4
		West	8.9	91.1
		East (incl. Berlin)	7.5	92.5
	Women	Germany	3.5	96.5
		West	3.5	96.5
		East (incl. Berlin)	3.7	96.3
Low level of education	Men	Germany	13.6	86.4
		West	15.0	85.0
		East (incl. Berlin)	–	–
	Women	Germany	5.6	94.4
		West	5.3	94.7
		East (incl. Berlin)	–	–
Middle level of education	Men	Germany	8.6	91.4
		West	8.7	91.3
		East (incl. Berlin)	8.3	91.7
	Women	Germany	3.0	97.0
		West	2.8	97.2
		East (incl. Berlin)	3.8	96.2
High level of education	Men	Germany	6.7	93.3
		West	6.5	93.5
		East (incl. Berlin)	7.1	92.9
	Women	Germany	2.8	97.2
		West	3.1	96.9
		East (incl. Berlin)	2.2	97.8

Table 53: Medically diagnosed cases of cardiovascular disease, 2009, by educational level and sex (percentage of 45- to 65-year-olds surveyed). Primary source: Robert Koch-Institut – Gesundheit in Deutschland aktuell – Telefonischer Gesundheitssurvey GEDA 2009. Retrieved from www.gbe-bund.de on 22 October 2010, own depiction.

Sex	Region	Yes	No
Both sexes	Germany	36.9	63.1
	West	36.7	63.3
	East (incl. Berlin)	37.8	62.2
Men	Germany	36.5	63.5
	West	36.7	63.3
	East (incl. Berlin)	35.4	64.6
Women	Germany	37.5	62.5
	West	36.8	63.2
	East (incl. Berlin)	40.1	59.9

Table 54: Medically diagnosed cases of hypertension in the past 12 months, 2009, by region and sex (percentage of 55- to 65-year-olds surveyed). Primary source: Robert Koch-Institut – Gesundheit in Deutschland aktuell – Telefonischer Gesundheitssurvey GEDA 2009, own calculation.

Type of tumor	Age group	No. of cases		Rate (per 100,000)	
		Men	Women	Men	Women
<i>All types</i>	55–59	20,825	17,781	807.84	680.98
	60–64	27,934	19,786	1328.79	909.73
Oropharyngeal	55–59	1,620	392	62.83	15.02
	60–64	1,319	398	62.72	18.31
Esophageal	55–59	611	112	23.71	4.30
	60–64	669	140	31.81	6.44
Stomach	55–59	732	374	28.39	14.33
	60–64	967	460	46.02	21.16
Intestinal	55–59	2,924	1,781	113.43	68.21
	60–64	3,750	2,276	178.36	104.66
Lung	55–59	2,943	1,440	114.17	55.13
	60–64	4,015	1,765	190.99	81.13
Breast	55–59	39	6,905	1.51	264.45
	60–64	56	7,412	2.66	340.78
Prostate	55–59	4,830	–	187.35	–
	60–64	8,683	–	413.07	–

Table 55: Estimates of age-specific cancer incidence, 2007, by age group and sex (absolute no. of cases and per 100,000 population). Source: GEKID 2010, own depiction.

Men	Morbidity				Mortality			
	At age of	In the next 10 years		Ever	In the next 10 years		Ever	
40 years	1.8%	(1 in 57)	47.5%	(1 in 2)	0.7%	(1 in 150)	26.2%	(1 in 4)
50 years	6.1%	(1 in 16)	47.5%	(1 in 2)	2.5%	(1 in 40)	26.2%	(1 in 4)
60 years	15.5%	(1 in 6)	46.2%	(1 in 2)	5.9%	(1 in 17)	25.5%	(1 in 4)
70 years	25.0%	(1 in 4)	40.4%	(1 in 2)	11.0%	(1 in 9)	23.0%	(1 in 4)
Lifelong risk			47.3%	(1 in 2)			25.8%	(1 in 4)

Women	Morbidity				Mortality			
	At age of	In the next 10 years		Ever	In the next 10 years		Ever	
40 years	2.9%	(1 in 34)	37.3%	(1 in 3)	0.7%	(1 in 150)	20.3%	(1 in 5)
50 years	6.1%	(1 in 16)	35.7%	(1 in 3)	1.8%	(1 in 54)	19.9%	(1 in 5)
60 years	10.0%	(1 in 10)	32.1%	(1 in 3)	3.7%	(1 in 27)	18.7%	(1 in 5)
70 years	13.5%	(1 in 7)	25.6%	(1 in 4)	6.6%	(1 in 15)	16.3%	(1 in 6)
Lifelong risk			38.2%	(1 in 3)			20.3%	(1 in 5)

Table 56: Cancer morbidity and mortality risk, total in Germany, by age and sex, 2006. Source: RKI 2010b, p. 22.

Nationality	Sex	55 up to 60 years	60 up to 65 years
All nationalities	Both sexes	13.725	17.684
	Men	7.890	10.672
	Women	5.835	7.012
German	Both sexes	12.965	16.776
	Men	7.443	10.057
	Women	5.522	6.719
Non-German	Both sexes	760	908
	Men	447	615
	Women	313	293

Table 57: Mortality. Selection characteristic: C00-C97 Malignant Neoplasms, 2007. Primary source: Statistisches Bundesamt 2007, p. 10. Retrieved on 22 October 2010 from www.gbe-bund.de, own depiction.

Educational level	Sex	Region	0 to 13 days	More than 13 days
All educational levels	Both sexes	Germany	88.4	11.6
		West	88.6	11.4
		East (incl. Berlin)	87.4	12.6
	Men	Germany	90.3	9.7
		West	90.1	9.9
		East (incl. Berlin)	90.9	9.1
	Women	Germany	86.5	13.5
		West	87.1	12.9
		East (incl. Berlin)	84	16
Low educational level	Both sexes	Germany	84.1	15.9
		West	84.8	15.2
		East (incl. Berlin)	/	/
	Men	Germany	84.9	15.1
		West	86.8	13.2
		East (incl. Berlin)	/	/
	Women	Germany	83.6	16.4
		West	83.7	16.3
		East (incl. Berlin)	/	/
Middle educational level	Both sexes	Germany	88.5	11.5
		West	88.7	11.3
		East (incl. Berlin)	87.6	12.4
	Men	Germany	90.1	9.9
		West	89.4	10.6
		East (incl. Berlin)	92.6	7.4
	Women	Germany	86.9	13.1
		West	88.1	11.9
		East (incl. Berlin)	83.0	17.0
High educational level	Both sexes	Germany	90.8	9.2
		West	91.4	8.6
		East (incl. Berlin)	89.4	10.6
	Men	Germany	92.5	7.5
		West	92.8	7.2
		East (incl. Berlin)	91.7	8.3
	Women	Germany	88.1	11.9
		West	88.9	11.1
		East (incl. Berlin)	86.5	13.5

Table 58: Negative impact of mental condition in the past 4 weeks, 2009, by educational level and sex (percentage of 45- to 65-year-olds surveyed). Primary source: Robert Koch-Institut – Gesundheit in Deutschland aktuell – Telefonischer Gesundheitssurvey GEDA 2009. Retrieved on 25 October 2010 from www.gbe-bund.de, own depiction.

Grade of disability	Region	55–60 years		60–62 years		62–65 years	
		Absolute	Per 100,000	Absolute	Per 100,000	Absolute	Per 100,000
Grade of disability overall	Germany	650,827	12,347.2	286,327	16,918.6	473,602	18,510.5
	West (incl. Berlin)	552,320	12,731.4	251,072	17,389.8	403,491	19,230.0
	East	98,507	10,560.7	35,255	14,182.2	70,111	15,231.1
Grade of disability 50 %	Germany	266,392	5,053.9	122,925	7,263.5	199,682	7,804.5
	West (incl. Berlin)	228,133	5,258.6	108,315	7,502.1	171,142	8,156.5
	East	38,259	4,101.7	14,610	5,877.2	28,540	6,200.1
Grade of disability 60 %	Germany	118,746	2,252.8	53,057	3,135.1	87,215	3,408.8
	West (incl. Berlin)	101,034	2,328.9	46,608	3,228.2	74,409	3,546.3
	East	17,712	1,898.9	6,449	2,594.3	12,806	2,782.0
Grade of disability 70 %	Germany	66,513	1,261.9	28,845	1,704.4	48,973	1,914.1
	West (incl. Berlin)	56,067	1,292.4	25,308	1,752.9	41,609	1,983.0
	East	10,446	1,119.9	3,537	1,422.8	7,364	1,599.8
Grade of disability 80 %	Germany	66,987	1,270.9	27,716	1,637.7	46,831	1,830.4
	West (incl. Berlin)	55,681	1,283.5	24,000	1,662.3	39,290	1,872.5
	East	11,306	1,212.1	3,716	1,494.8	7,541	1,638.2
Grade of disability 90 %	Germany	24,627	467.2	10,803	638.3	18,768	733.5
	West (incl. Berlin)	20,807	479.6	9,398	650.9	15,948	760.1
	East	3,820	409.5	1,405	565.2	2,820	612.6
Grade of disability 100 %	Germany	107,562	2,040.6	42,981	2,539.7	72,133	2,819.3
	West (incl. Berlin)	90,598	2,088.3	37,443	2,593.4	61,093	2,911.6
	East	16,964	1,818.7	5,538	2,227.8	11,040	2,398.4

Table 59: Disabled persons with official recognition, by grade of disability and region, 2007 (absolute numbers and per 100,000 population). Primary source: Statistisches Bundesamt – Statistik der schwerbehinderten Menschen, 2007. Retrieved on 11 October 2010 from www.gbe-bund.de, own depiction.

Nationality	Sex	55–60 years		60–62 years		62–65 years	
		Absolute	Per 100,000	Absolute	Per 100,000	Absolute	Per 100,000
All nationalities	Both sexes	650,827	12,347.20	286,327	16,918.60	473,602	18,510.50
	Men	351,970	13,453.60	162,174	19,373.20	274,414	21,921.60
	Women	298,857	11,257.00	124,153	14,516.20	199,188	15,243.00
German	Both sexes	600,779	12,392.00	260,312	16,937.20	439,341	18,505.40
	Men	326,209	13,524.00	145,933	19,355.50	251,776	21,873.60
	Women	274,570	11,271.10	114,379	14,608.50	187,565	15,335.50
Non-German	Both sexes	50,048	11,834.20	26,015	16,734.70	34,261	18,576.80
	Men	25,761	12,621.30	16,241	19,534.10	22,638	22,469.70
	Women	24,287	11,100.00	9,774	13,516.20	11,623	13,889.80

Table 60: Disabled persons with official recognition, by sex, nationality and age group, 2007 (absolute numbers and per 100,000 population). Primary source: Statistisches Bundesamt – Statistik der schwerbehinderten Menschen, 2007. Retrieved on 11 October 2010 from www.gbe-bund.de, own depiction.

Age group	German population		Non-German population	
	Men	Women	Men	Women
50–54 years	546.7	282.5	292.6	199.6
55–59 years	835.2	428.3	518.4	284.0
60–64 years	1,286.9	658.4	829.9	415.9
65–69 years	1,878.8	936.8	1,285.9	664.3

Table 61: Mortality per 100,000 population, 2008. Primary source: Statistisches Bundesamt – Todesursachenstatistik, 2008b. Retrieved on 22 October 2010 from www.gbe-bund.de, own depiction.

		Age groups								
		Total	18–20 years	21–24 years	25–29 years	30–39 years	40–49 years	50–59 years	60–64 years	
Men		3,523	447	418	382	552	622	672	430	
	%	71.4	69.3	76.4	72.2	74.4	72.2	67.1	68.2	
Beer	Liters	2.7	2.9	2.8	2.3	2.4	2.8	2.9	3.2	
	%	44.0	26.9	31.1	41.9	45.6	46.2	44.7	52.1	
Wine	Liters	0.6	0.3	0.3	0.4	0.5	0.5	0.7	0.8	
	%	37.4	51.3	54.1	39.1	35.6	35.0	34.2	34.7	
Spirits	Liters	0.08	0.16	0.12	0.09	0.06	0.06	0.09	0.07	
	%	3.7	14.7	16.2	8.0	3.2	1.5	0.4	0.0	
Alcopops	Liters	0.5	0.8	0.5	0.7	0.3	0.3	0.5	0.0	
Women		4,366	479	532	514	752	818	805	466	
	%	36.7	36.6	38.2	36.8	37.7	36.7	34.9	37.7	
Beer	Liters	0.9	1.1	1.2	0.8	0.9	0.9	0.8	0.9	
	%	59.6	47.1	49.6	56.6	59.2	63.4	62.2	60.1	
Wine	Liters	0.5	0.3	0.4	0.4	0.5	0.6	0.6	0.7	
	%	24.5	43.5	36.7	27.9	21.2	22.6	21.6	23.5	
Spirits	Liters	0.04	0.08	0.06	0.03	0.04	0.03	0.04	0.03	
	%	4.0	20.9	17.7	6.0	3.6	1.3	0.6	0.0	
Alcopops	Liters	0.4	0.5	0.4	0.5	0.3	0.1	0.2	0.0	

Table 62: Prevalence and amount of consumption of various sorts of alcoholic beverages in the past 30 days (mean consumption in liters per week per consumer of respective beverage), 2006. Source: Pabst & Kraus 2008, p. 40.

Educational level	Sex	Region	Every day	At least once a week	Less than once a week	Never
All educational levels	Men	Germany	61.3	30.4	7.1	1.2
		West	58.7	32.6	7.4	1.4
		East (incl. Berlin)	72.2	21.0	6.0	0.7
	Women	Germany	79.7	16.5	2.6	1.2
		West	78.1	17.4	3.0	1.5
		East (incl. Berlin)	85.9	13.2	1.0	0.0
Low level of education	Men	Germany	57.4	33.4	7.3	1.9
		West	56.3	34.2	7.4	2.0
		East (incl. Berlin)	80.8	15.4	3.8	0.0
	Women	Germany	75.0	20.0	3.3	1.7
		West	75.5	19.5	3.2	1.8
		East (incl. Berlin)	62.5	33.3	4.2	0.0
Middle level of education	Men	Germany	63.7	28.4	7.2	0.7
		West	59.7	32.2	7.5	0.5
		East (incl. Berlin)	72.4	20.1	6.3	1.1
	Women	Germany	81.9	14.9	2.4	0.8
		West	79.7	16.1	3.0	1.3
		East (incl. Berlin)	86.4	12.3	1.3	0.0
High level of education	Men	Germany	65.1	28.0	6.5	0.4
		West	63.3	29.1	7.1	0.5
		East (incl. Berlin)	69.6	25.3	5.1	0.0
	Women	Germany	88.8	10.0	0.6	0.6
		West	87.0	11.1	0.9	0.9
		East (incl. Berlin)	92.3	7.7	0.0	0.0

Table 63: Subjective consumption of fruit (percentage of 55- to 65-year-olds surveyed), 2009. Primary source: Robert Koch-Institut – Gesundheit in Deutschland aktuell – Telefonischer Gesundheitssurvey GEDA 2009, own calculations.

Educational level	Sex	Region	Every day	At least once a week	Less than once a week	Never
All educational levels	Men	Germany	32.2	63.5	3.6	0.7
		West	31.7	64.1	3.7	0.4
		East (incl. Berlin)	34.2	60.9	3.2	1.8
	Women	Germany	54.6	42.0	3.0	0.4
		West	55.4	41.1	3.0	0.5
		East (incl. Berlin)	51.6	45.2	3.2	0.0
Low level of education	Men	Germany	27.6	66.9	4.7	0.8
		West	28.5	66.1	4.6	0.8
		East (incl. Berlin)	–	–	–	–
	Women	Germany	47.2	48.1	3.8	0.9
		West	47.4	47.7	3.9	1.0
		East (incl. Berlin)	–	–	–	–
Middle level of education	Men	Germany	30.6	65.1	3.6	0.7
		West	29.4	67.2	3.4	0.0
		East (incl. Berlin)	33.3	60.3	4.0	2.3
	Women	Germany	56.8	40.1	3.1	0.0
		West	61.3	36.2	2.5	0.0
		East (incl. Berlin)	47.9	47.9	4.2	0.0
High level of education	Men	Germany	45.3	52.9	1.4	0.4
		West	46.2	51.8	2.0	0.0
		East (incl. Berlin)	43.0	55.7	0.0	1.3
	Women	Germany	73.8	26.3	0.0	0.0
		West	74.1	25.9	0.0	0.0
		East (incl. Berlin)	73.1	26.9	0.0	0.0

Table 64: Subjective consumption of vegetables (percentage of 55- to 65-year-olds surveyed), 2009. Primary source: Robert Koch-Institut – Gesundheit in Deutschland aktuell – Telefonischer Gesundheitssurvey GEDA 2009, own calculations.

Age group		Insured acc. to KM 6 ¹	KFU ²	Check-up		Counseling intestinal cancer	FOBT ⁵		Colonoscopy ⁷	
			2008	2008	2007–2008 ³	2008	2008	2007–2008 ⁴	2008	2003–2008 ⁵
Women	55–59 years	2,395,443	46.9	22.4	44.2	20.5	22.5	46.4	3.7	12.1
	60–64 years	1,919,502	41.5	22.6	43.8	15.3	18.2	37.0	2.6	20.9
Men	55–59 years	2,111,893	20.8	23.9	46.8	12.1	12.2	25.2	3.3	9.6
	60–64 years	1,669,592	23.8	24.1	46.6	12.2	13.5	27.4	2.7	17.5

1 No. of insured 2008 (cutoff 1 July 2008), statistics taken from state health insurance KM6, BMG (2008)

2 Cancer early detection examination (EBM 01730 [women] 01731 [men])

3 Check-up and preventive examination, relative to examination of previous year (EBM 01732)

4 2-year interval (relative to examination of previous year); TOFB 50–54: yearly interval only (EBM 01734)

5 Cumulative value (relative to interim deaths)

6 Test for occult fecal blood (Hemocult test)

7 Endoscopic exam of the large bowel

Table 65: Participation in available early prevention examinations and in counseling for the prevention of intestinal cancer (percentage of those eligible in the respective age group), 2008 (all of Germany). Source: Zentralinstitut für Kassenärztliche Versorgung 2009, own depiction.

ICD-10	Diagnosis groups	45 years and older			
		Diagnoses	Missed workdays	Diagnoses per 100 insured	Days per diagnosis
		%	%		
F00–F99	Mental and behavioral disorders	4.6	8.7	6.7	30.7
	Men	3.6	6.5	5.1	30.5
	Women	6.0	11.6	9.0	30.8
I00–I99	Diseases of the circulatory system	6.5	9.1	9.5	22.8
	Men	7.3	10.8	10.3	24.8
	Women	5.5	6.7	8.3	19.3
J00–J99	Diseases of the respiratory system	19.8	10.1	28.8	8.3
	Men	18.6	9.5	26.4	8.5
	Women	21.5	10.9	32.3	8.0
K00–K93	Diseases of the digestive system	10.9	5.5	15.8	8.2
	Men	11.0	5.8	15.6	8.9
	Women	10.7	4.9	16.1	7.3
M00–M99	Diseases of the musculoskeletal system and connective tissue	22.4	28.4	32.6	20.6
	Men	24.2	29.2	34.3	20.1
	Women	20.0	27.2	30.1	21.6
S00–T98 V01–X59	Injuries, poisonings and accidents	8.2	11.0	11.9	21.8
	Men	9.6	12.7	13.6	22.1
	Women	6.4	8.6	9.6	21.3
All others	Other diseases	27.6	27.3	40.1	16.2
	Men	25.8	25.4	36.6	16.4
	Women	29.9	30.0	45.0	15.9
	All diagnosis groups	100.0	100.0	145.3	16.3
	Men	100.0	100.0	141.8	16.7
	Women	100.0	100.0	150.3	15.9

Table 66: Work disability by diagnosis group, sex, age group 45 and older, 2008. Source: Bundesanstalt für Arbeitsschutz und Arbeitsmedizin 2010, p. 105, own depiction.

Diagnosis	Men			Women		
	Work disability cases per 10,000 AOK members	Workdays missed by disability per 10,000 AOK members	Workdays missed by disability per case	Work disability cases per 10,000 AOK members	Workdays missed by disability per 10,000 AOK members	Workdays missed by disability per case
A00–T98 All diseases and consequences of external causes	10,523.51	212,016.05	20,1	10,836.36	208,964.19	19.3
A00–B99 Certain infectious and parasitic diseases	488.6	4,972.43	10.2	589.42	5,399.70	9.2
C00–D48 Neoplasms	359.57	10,866.11	30.2	326.28	13,114.12	40.2
D50–D90 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	17.22	527.86	30.7	15.96	404.29	25.3
E00–E90 Endocrine, nutritional and metabolic diseases	133.61	2,908.92	21.8	115.65	2,389.04	20.7
F00–F99 Mental and behavioral disorders	360.52	11,975.69	33.2	586.84	21,868.08	37.3
G00–G99 Diseases of the nervous system	216.09	5,150.68	23.8	268.41	6,128.25	22.8
H00–H59 Diseases of the eye and adnexa	159.62	2,124.25	13.3	151.69	1,695.69	11.2
H60–H95 Diseases of the ear and mastoid process	106.57	1,532.08	14.4	121.57	1,757.16	14.5
I00–I99 Diseases of the circulatory system	880.04	25,152.10	28.6	658.81	13,740.80	20.9
J00–J99 Diseases of the respiratory system	1,867.82	20,469.82	11.0	2,321.78	22,919.30	9.9
K00–K93 Diseases of the digestive system	1,226.48	12,687.07	10.3	1,243.01	9,906.50	8.0
L00–L99 Diseases of the skin and subcutaneous tissue	163.38	2,881.85	17.6	148.09	2,284.62	15.4
M00–M99 Diseases of the musculoskeletal system and connective tissue	3,192.60	81,744.18	25.6	2,740.00	75,777.43	27.7
N00–N99 Diseases of the genitourinary system	205.31	3,327.01	16.2	313.26	5,309.60	16.9
O00–O99 Pregnancy, childbirth and the puerperium	–	–	–	1.93	36.3	18.8
P00–P96 Certain conditions originating in the perinatal period	0.2	11.59	56.9	0.22	4.68	21.4

Diagnosis	Men			Women		
	Work disability cases per 10,000 AOK members	Workdays missed by disability per 10,000 AOK members	Workdays missed by disability per case	Work disability cases per 10,000 AOK members	Workdays missed by disability per 10,000 AOK members	Workdays missed by disability per case
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	12.18	254.7	20.9	15.19	383.46	25.2
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	616.31	11,695.37	19.0	695.13	11,202.72	16.1
S00–T98 Injuries, poisonings and certain other consequences of external causes	516.99	13,730.25	26.6	523.10	14,642.42	28.0

Table 67: Work disability among AOK members (obligatory health insurance) excluding retirees, 2008 (cases of work disability per 10,000 AOK members, number of workdays lost to disability per 10,000 AOK members, number of workdays lost per case), 55- to 65-year-olds. Primary source: AOK Bundesverband: Krankheitsartenstatistik (2008). Retrieved from www.gbe-bund.de, own depiction.

Characteristic	2006	2007	2008	2009
	1	2	3	4
Unemployment (acc. to § 16 SGB III)	1,161,273	987,381	860,671	916,008
+ persons who were not unemployed due to § 16 sec. 2 SGB III and § 53 a sec. 2 SGB II	9,465	9,374	10,386	66,270
thereof				
Activation and vocational reintegration (§ 46 SGB III)	–	–	–	33,224
Appraisal of aptitude and training provisions ¹	9,465	9,374	10,386	5,371
Early retirement agreement (special status acc. to § 53 a SGB II)	–	–	–	27,675
= Unemployment in broad sense	1,170,739	996,755	871,056	982,279
+ persons with near-unemployed status acc. to § 16 sec. 1 SGB III	367,074	343,270	257,319	167,517
thereof				
acc. to PSA regulations	541	332	139	75
Vocational training ¹	10,025	14,755	17,296	22,357
Job opportunities	67,651	75,265	77,811	79,889
Job opportunities by Jobless Initiative	–	–	–	–
German-language courses	–	–	–	–
Job-creation measures	15,865	15,948	15,928	7,430
trad. SAM	4,153	1,870	655	–
BSI	118	95	–	–
Employment grant	–	32	4,776	15,418
Immediate financing from "Work for Long-Term Unemployed"	–	–	–	–
Special programm "Jump+" in qualification	–	–	–	–
Early retirement-like arrangement (§ 428 SGB III) ²	255,518	223,195	129,306	28,556
Work disability (§ 126 SGB III) ²	13,205	11,779	11,408	13,792
= underemployment in a strict sense	1,537,813	1,340,025	1,128,375	1,149,796
+ persons on job market, removed from unemployment status acc. to § 16 sec. 1 SGB III	148,757	141,827	128,671	117,036
thereof				
Business foundation allowance	1,006	14,146	18,879	18,056
Transitional allowance	10,538	594	–	–
New business allowance (reprocessing)	32,629	20,378	6,912	2,369
Integration subsidy – self-employment	2,152	2,359	1,886	1,545
Partial work program (block model)	102,432	104,350	100,995	95,067
sub.: shorttime worker (equivalent of fulltime) ³	–	–	–	–
= underemployment (incl. shorttime)³	–	–	–	–
= underemployment (w/o shorttime)	1,686,570	1,481,853	1,257,046	1,266,832
Underemployment rate (w/o shorttime)	–	–	12.1	11.7

1 Data includes reintegration measures for disabled persons at workplace

2 These are people who are receiving unemployment benefits

3 No separate information available on age groups of recipients of so-called shorttime work compensation

Table 68: Unemployment and underemployment of persons 50 years and older, 2006–2009 (in absolute numbers). Source: Bundesagentur für Arbeit, in: Bundesregierung 2010, p. 12.

Region	Inhabitants 50 to 65 years, proportion of regional population
Total Germany	18.6
East Germany	20.1
West Germany	18.3
Saxony-Anhalt	20.9
Thuringia	20.8
Brandenburg	20.3
Mecklenburg-Western Pomerania	20.3
Saxony	20.3
Saarland	19.8
Bremen	18.7
Rheinland-Palatinate	18.7
Hesse	18.7
Schleswig-Holstein	18.6
Berlin	18.6
Lower Saxony	18.3
Northrhein-Westfalia	18.3
Bavaria	18.1
Baden-Wuerttemberg	17.9
Hamburg	16.9

Table 69: Proportion of population by age and federal states in % of regional population, 2007.
Source: INKAR 2009.

Region/settlement type	Development of number of inhabitants 50 to 65 years (in %)
	2002–2007
Total Germany	–1.3
East Germany	–2.5
West Germany	–1.0
Rural areas of lower density East	3.0
Urbanized areas of middle density with large regional center West	1.8
Rural areas of lower density West	1.1
Urbanized areas of middle density without large regional center West	0.9
Urbanized areas of higher density West	0.7
Rural areas of higher density West	0.4
Agglomeration areas of very higher density West	–1.6
Urbanized areas of middle density with large regional center East	–2.3
Rural areas with higher density East	–2.9
Urbanized areas of higher density East	–3.2
Agglomeration areas with marked centers East	–3.6
Agglomeration areas with marked centers West	–4.9
Highly dense agglomeration areas East	ns
Urbanized areas of middle density without large regional center East	ns

Table 70: Development of the proportion of inhabitants 50 to 65 years old in the overall population by region/settlement type, 2002–2007. Source: INKAR 2009.

9.2 Figures

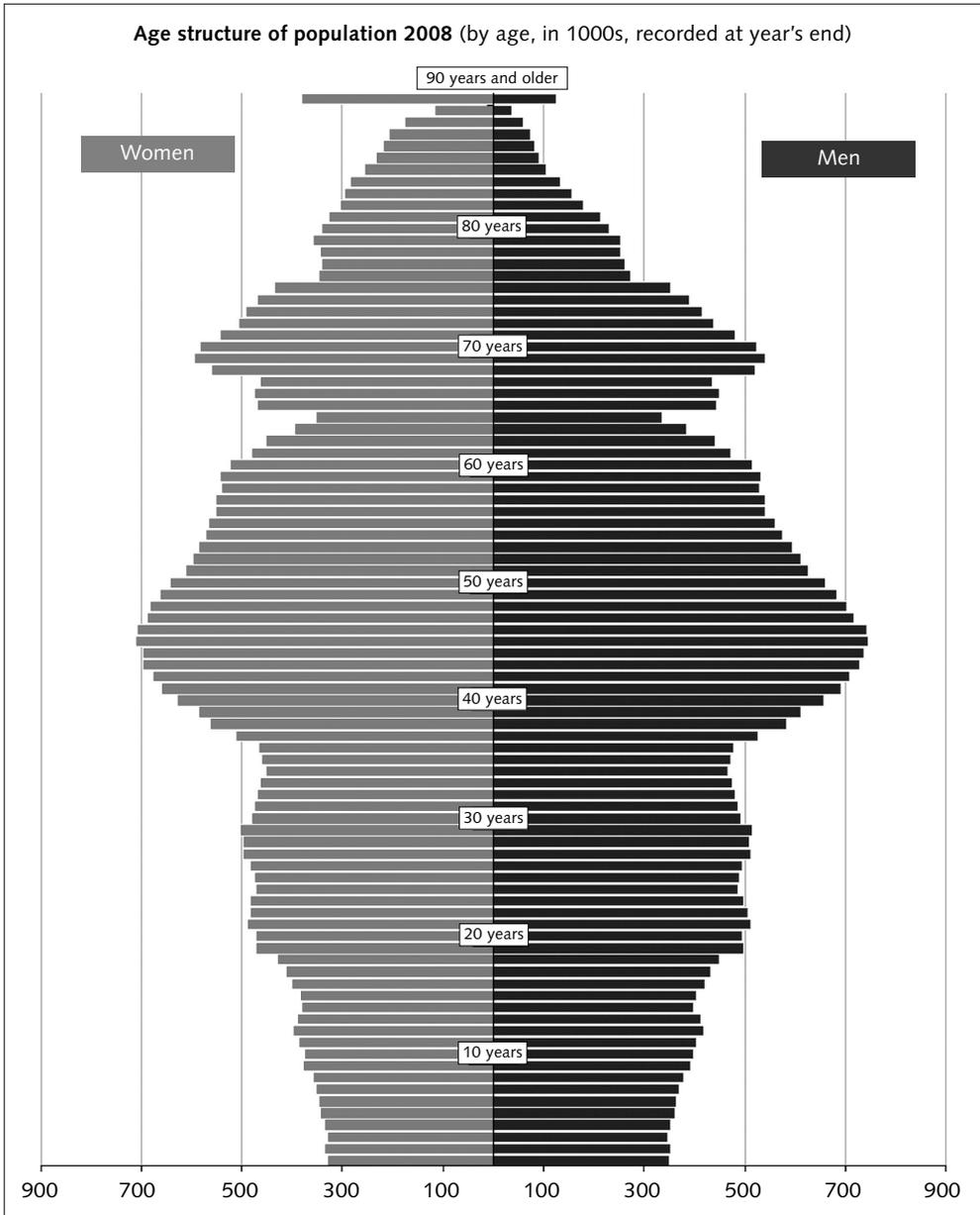


Figure 33: Age structure of population 2008. Source: Statistisches Bundesamt 2010: Bevölkerung und Erwerbstätigkeit, Bevölkerungsfortschreibung, Fachserie 1, Reihe 1.3, Wiesbaden, in: www.sozialpolitik-aktuell.de/tl_files/sozialpolitik-aktuell/_Politikfelder/Alter-Rente/Datensammlung/PDF-Dateien/abbVIII3.pdf.



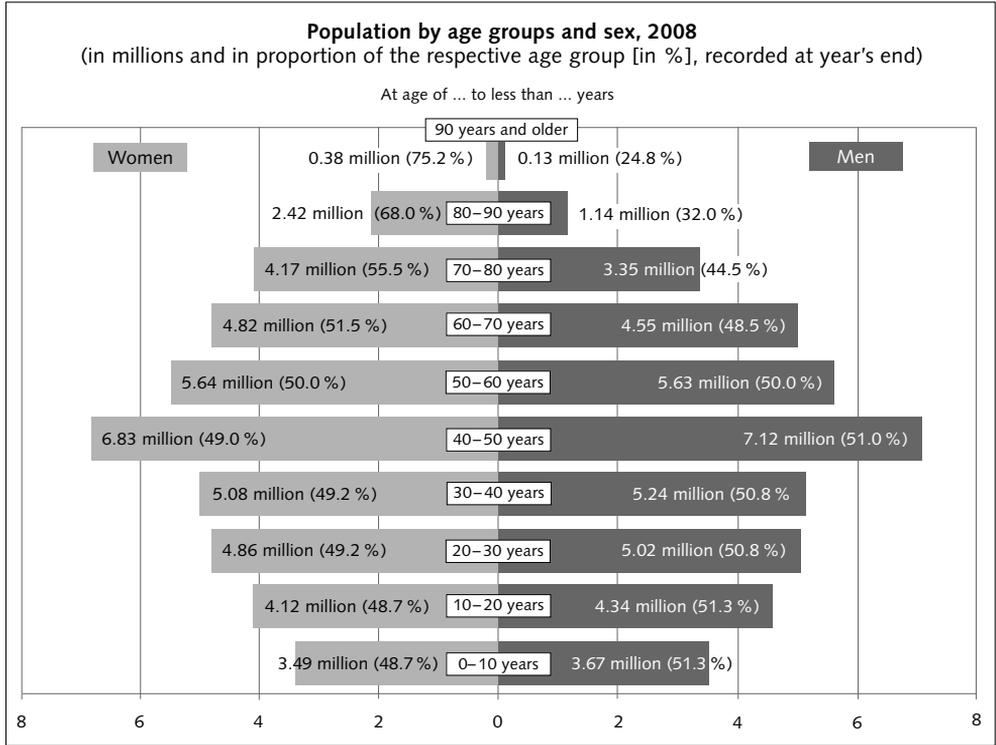


Figure 34: Population by age groups and sex, 2008. Source: Statistisches Bundesamt (2010): Bevölkerung und Erwerbstätigkeit, Bevölkerungsfortschreibung, Fachserie 1, Reihe 1.3, Wiesbaden, in: www.sozialpolitik-aktuell.de/tl_files/sozialpolitik-aktuell/_Politikfelder/Alter-Rente/Datensammlung/PDF-Dateien/abbVIII3.pdf.

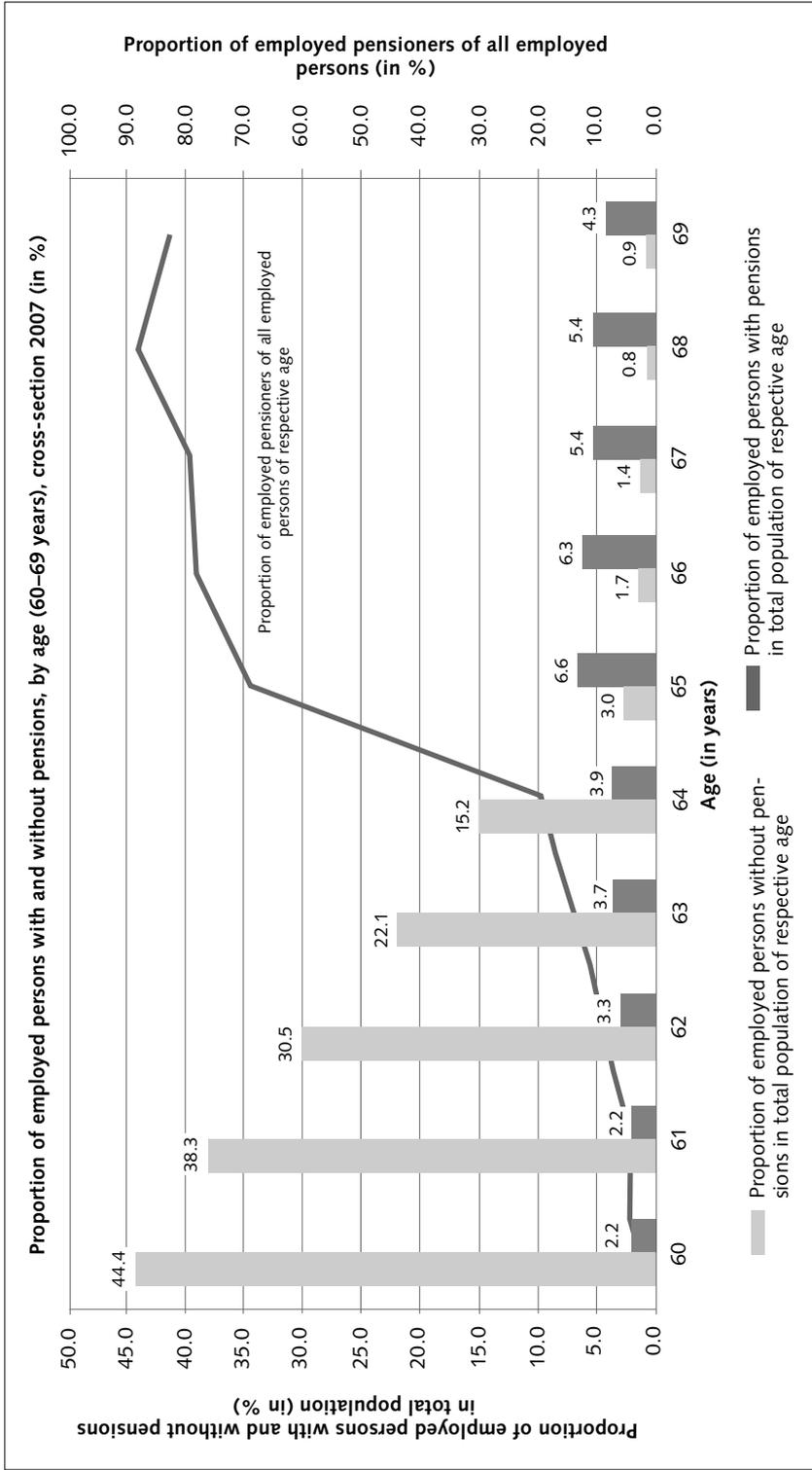


Figure 35: Proportion of employed persons with and without pensions, by age (60–69 years), cross-section 2007 (in %). Source: Microcensus 2007, own calculations, from Brüssig 2010b, p. 8.



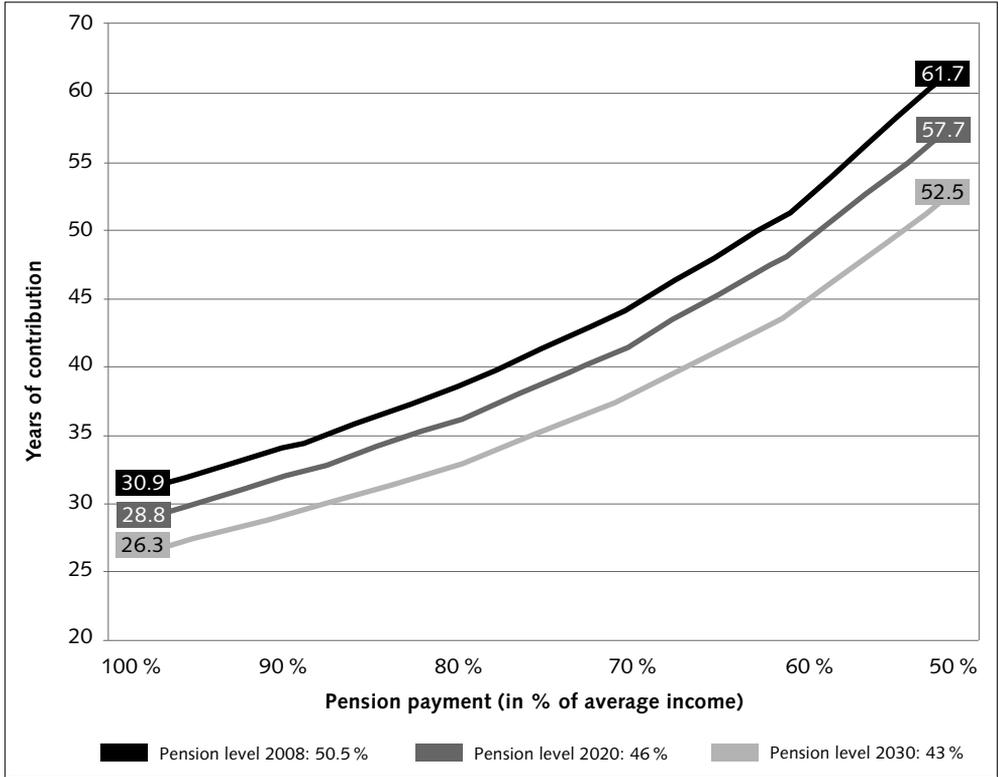
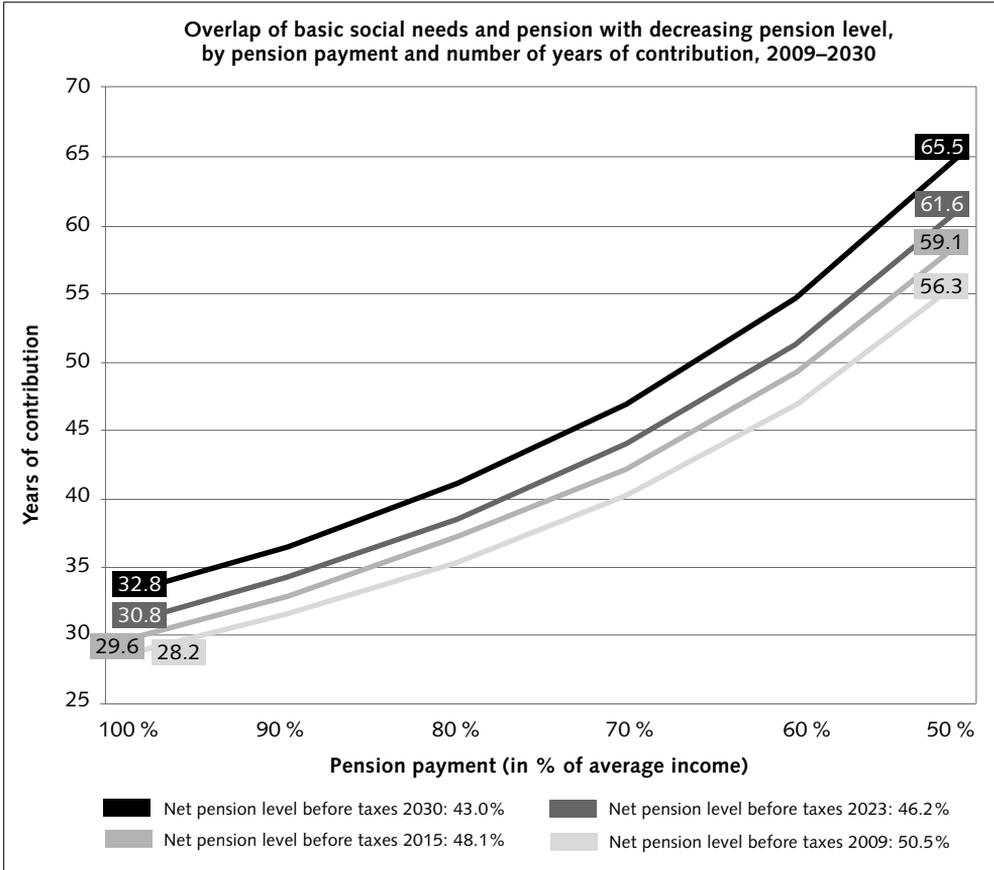


Figure 36: Number of years contributing to pension fund required to ensure basic social needs. Source: Own calculations, from Bäcker and Kistler 2009, p. 31.



ASSUMPTIONS:

Basic social needs 2009: rent incl. heating EUR 690; pension: net pension before taxes; pension level 2009, 2013, 2023 acc. to Rentenversicherungsbericht 2009; 2030: lower limit of clause regulating minimum pension level

Figure 37: Overlap of basic social needs and pension with decreasing pension level. Source: Own calculations acc. to Rentenversicherungsbericht 2009, from www.sozialpolitik-aktuell.de.



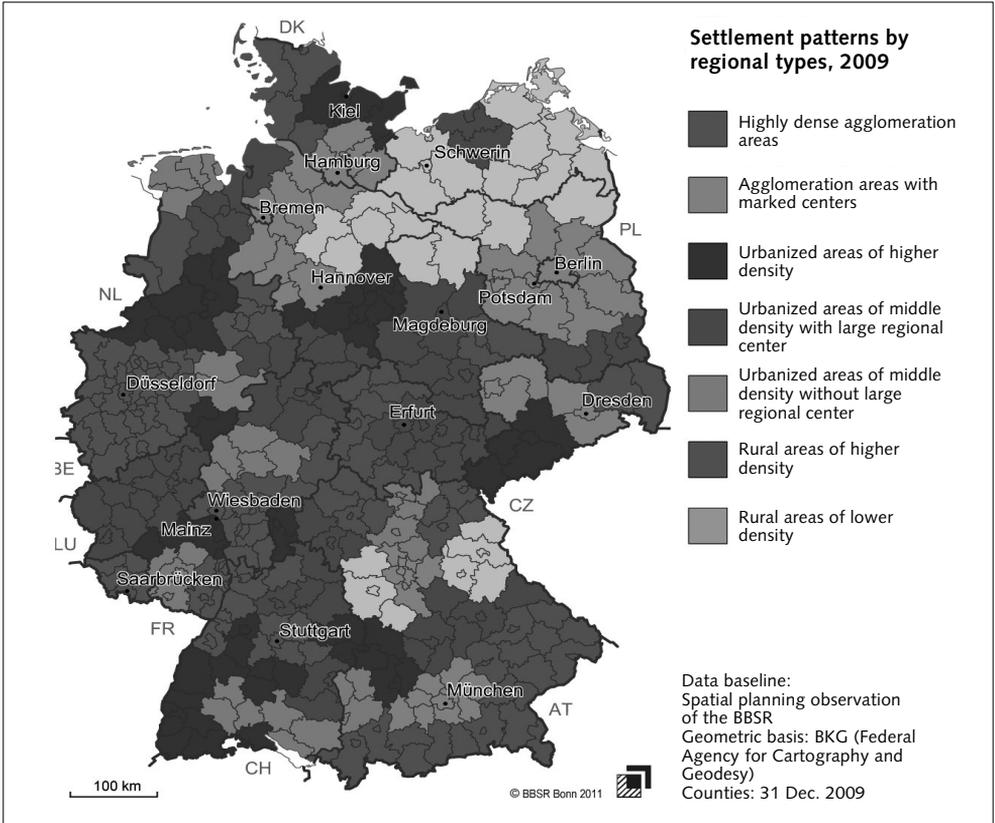


Figure 38: Settlement patterns by regional types, 2009. Source: Ongoing observations of the BBSR. Geometric basis: BKG, counties, 31 Dec. 2009. © BBSR Bonn 2011.

9.3 Short Questionnaire on Abuse of Prescription Drugs (KFM)⁴⁴

1. I sleep poorly without my medicine.
2. I have prepared a stash of my drugs just in case.
3. Sometimes I'd like to just withdraw from everything.
4. There are situations where I can't make it without my drugs.
5. Other people think I have a drug problem.
6. My drugs don't work like they used to.
7. I take drugs because I experience pain.
8. When I'm taking a lot of drugs I tend to eat less.
9. I don't feel good without my drugs.
10. Sometimes I'm amazed myself how many tablets I take in a day.
11. I feel more productive when I take my drugs.

Answer categories: true/not true

⁴⁴ Cf. Watzl et al. 1991.

9.4 Abbreviations

ALG I/II	Arbeitslosengeld I (acc. to SGB III) and Arbeitslosengeld II (“Grundsicherung für Arbeitsuchende” acc. to SGB II) = Unemployment benefits level 1 and unemployment benefits level 2 (“Basic security needs for persons seeking employment”)
BAMF	Bundesamt für Migration und Flüchtlinge = Federal Office for Migration and Refugees
BAUA	Bundesanstalt für Arbeitsschutz und Arbeitsmedizin = Federal Institute for Occupational Safety and Health
BBSR	Bundesamt für Bau-, Stadt- und Raumforschung = Federal Institute for Research on Building, Urban Affairs and Spatial Development
BMAS	Bundesministerium für Arbeit und Soziales = Federal Ministry for Labor and Social Affairs
BMFSFJ	Bundesministerium für Familie, Senioren, Frauen und Jugend = Federal Ministry of Family Affairs, Senior Citizens, Women and Youth
BMVBS	Bundesministerium für Verkehr, Bau und Stadtentwicklung = Federal Ministry of Transport, Building and Urban Development
DEAS	Deutscher Alterssurvey = German Age Survey
DEGS	Studie zur Gesundheit Erwachsener in Deutschland = Study on the Health of Adults in Germany
DSM IV	Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association
GEDA	Gesundheit in Deutschland aktuell, Telefonischer Gesundheitssurvey des Robert Koch-Instituts 2009 = Health in Germany Today, a Telephone Survey of the Robert Koch Institute 2009
GSTel	Telefonischer Gesundheitssurvey 2003 = Telephone Health Survey 2003
GKV	Gesetzliche Krankenversicherung = statutory health insurance
IGEL	Individuelle Gesundheitsleistungen = individual healthcare services
ILO	International Labour Organization
MiD	Mobilität in Deutschland = Mobility in Germany
MPT	motorized personal transportation
NMPT	nonmotorized personal transportation
ÖPV	Öffentlicher Personenverkehr = public transportation
RKI	Robert Koch Institute (Berlin)
SOEP	Sozioökonomisches Panel = Socioeconomic Panel

9.5

References

- AOK Bundesverband (2008): Krankheitsartenstatistik – Arbeitsunfähigkeit bei AOK-Pflichtmitgliedern ohne Rentner. (Arbeitsunfähigkeitsfälle je 10.000 Mitglieder, Arbeitsunfähigkeitstage je 10.000 Mitglieder, Tage je Fall.) In: www.gbe-bund.de. Zugriff am 01.11.2010.
- ARD Medien Basisdaten (2011): Mediennutzung und Freizeitbeschäftigung 2009 in Prozent. In: www.ard.de (www.ard.de/intern/basisdaten/mediennutzung/mediennutzung_20und_20freizeitbesch_26_232_28_3Bfti/-/id=54992/15w2mhl/index.html). Zugriff am 22.02.2011.
- Bäcker, Gerhard; Kistler, Ernst (2009): Rente mit 67 – Erhöhtes Risiko von Einkommenseinbußen und Armut im Alter. Zweiter Monitoring-Bericht des Netzwerks für eine gerechte Rente. Berlin.
- Bäcker, Gerhard; Kistler, Ernst; Trischler, Falk (2010): Rente mit 67? Zu wenig Arbeitsplätze und zu wenig gute Arbeit für ein Arbeiten bis 67. Vierter Monitoring-Bericht des Netzwerks für eine gerechte Rente. Berlin.
- Backes, Gertrud; Amrhein, Ludwig; Wolfinger, Martina (2008): Gender in der Pflege. Expertise im Auftrag der Friedrich-Ebert-Stiftung. WISO-Diskurs. Berlin.
- Baumeister, Sebastian E.; Kraus, Ludwig; Stonner, Tina K.; Metz, Karin (2008): Tabakkonsum, Nikotinabhängigkeit und Trends. Ergebnisse des Epidemiologischen Suchtsurveys 2006. In: Sucht. Jg. 54, Sonderheft 1. Verlag Hans Huber, Hogrefe AG, Bern, S. 26–35.
- Baykara-Krumme, Helen (2007): Gar nicht so anders: Eine vergleichende Analyse der Generationenbeziehungen bei Migranten und Einheimischen in der zweiten Lebenshälfte. WZB Discussion Paper Nr. SP IV 2007-604. Herausgegeben vom Wissenschaftszentrum Berlin für Sozialforschung (WZB). Berlin. Download unter <http://bibliothek.wzb.eu/pdf/2007/iv07-604.pdf>. Zugriff am 22.02.2011.
- Beetz, Stephan; Müller, Bernhard; Beckmann, Klaus J.; Hüttl, Reinhard F. et al. (2009): Altern in Gemeinde und Region. Stuttgart.
- Bellmann, Lutz; Kistler, Ernst; Wahse, Jürgen (2007): Demographischer Wandel. Betriebe müssen sich auf alternde Belegschaften einstellen. In: IAB Kurzbericht. Aktuelle Analysen aus dem Institut für Arbeitsmarkt- und Berufsforschung der Bundesagentur für Arbeit, Heft Nr. 214/11.10.2007. Download unter <http://doku.iab.de/kurzber/2007/kb2107.pdf>. Zugriff am 22.02.2011.
- Berliner Beirat für Familienfragen (2011): Berliner Familienbericht 2011. Unter Mitarbeit von Peter Ruchenroth-Bauer. Stiftung Hilfe für die Familie. Stiftung des Landes Berlin. Berlin. Download unter www.familienbeirat-berlin.de/fileadmin/Familienbericht/Berliner_Familienbericht_2011_online_NEU.pdf. Zugriff am 17.02.2011.
- BFW – Bundesverband freier Immobilien- und Wohnungsunternehmen e.V. (2007): BFW-Studie “Wohnen im Alter”. BFW e.V., Berlin.
- Blinkert, Baldo; Klie, Thomas (2004): Solidarität in Gefahr. Pflegebereitschaft und Pflegebedarfsentwicklung im demografischen und sozialen Wandel. Hannover.
- Blödorn, Sascha (2009): Medienhandeln im höheren Lebensalter. Die Bedeutung der Massenmedien für ältere Menschen. In: Schorb, Bernd; Hartung, Anja; Reißmann, Wolfgang (Hg.): Medien und höheres Lebensalter. Theorie – Forschung – Praxis. Wiesbaden, S. 157–170.
- Blüher, Stefan; Dräger, Dagmar (2011): Ältere Menschen als Pflegende: Zielgruppenspezifische Gesundheitsförderung und Prävention. In: Schott, Thomas; Hornberg, Claudia (Hg.): Die Gesellschaft und ihre Gesundheit. Wiesbaden, S. 653–667.
- Brandt, Martina (2009): Hilfe zwischen Generationen. Ein europäischer Vergleich. Wiesbaden.
- Brockmann, Hilke; Klein, Thomas (2004): ... bis dass der Tod uns scheidet? Der Einfluss der Familienbiografie auf die Lebenserwartung. In: Blüher, Stefan; Stosberg, Manfred (Hg.): Neue Vergesellschaftungsformen des Alter(n)s. Wiesbaden, S. 123–138.
- Brussig, Martin (2010a): Künftig mehr Zugänge in Altersrenten absehbar. Gegenwärtig kein Ausweichen in die Erwerbsminderungsrente zu beobachten. Altersübergangs-Report 2010–02. Herausgegeben von

- FNA, Universität Duisburg-Essen, IAQ und Hans-Böckler-Stiftung. Download unter www.iaq.uni-due.de/auem-report/2010/2010-02/auem2010-02.pdf. Zugriff am 12.01.2011.
- Brussig, Martin (2010b): Anhaltende Ungleichheiten in der Erwerbsbeteiligung Älterer: Zunahme an Teilzeitbeschäftigung. Inzwischen steigt auch die Erwerbsbeteiligung im Rentenalter. Altersübergangs-Report, Nr. 2010-03. Herausgegeben von FNA, Universität Duisburg-Essen, IAQ und Hans-Böckler-Stiftung. Download unter www.iaq.uni-due.de/auem-report/2010/2010-03/auem2010-03.pdf. Zugriff am 12.01.2011.
- Brussig, Martin (2010c): Erwerbstätigkeit im Alter hängt vom Beruf ab: Ausdifferenzierung der Erwerbschancen vor allem nach dem 60. Lebensjahr, in einigen Berufen aber schon früher. Altersübergangs-Report, Nr. 2010-05. Herausgegeben von FNA, Universität Duisburg-Essen, IAQ und Hans-Böckler-Stiftung. Internet: www.iaq.uni-due.de/auem-report/2010/auem2010-05.php. Zugriff am 12.01.2011.
- Bundesagentur für Arbeit: Beschäftigungsstatistik (2010): Geringfügig entlohnte Beschäftigte nach Altersgruppen in Deutschland. In: <http://statistik.arbeitsagentur.de>. Zugriff am 19.12.2010.
- Bundesagentur für Arbeit (Hg.) (2010): Grundsicherung für Arbeitsuchende in Zahlen – August 2010. Statistik der Bundesagentur für Arbeit. Nürnberg.
- Bundesanstalt für Arbeitsschutz und Arbeitsmedizin (BAUA) (Hg.) (2010): Sicherheit und Gesundheit bei der Arbeit 2008. Unfallverhütungsbericht Arbeit. Im Auftrag des Bundesministeriums für Arbeit und Soziales (BMAS). Berlin.
- Bundesamt für Migration und Flüchtlinge (BAMF) (Hg.) (2008): Leben Migranten wirklich länger? Eine empirische Analyse der Mortalität von Migranten in Deutschland. Unter Mitarbeit von Martin Kohls. Nürnberg.
- Bundesministerium für Arbeit und Soziales (BMAS) (Hg.) (2010): Sicherheit und Gesundheit bei der Arbeit 2008. Unfallverhütungsbericht Arbeit. In Zusammenarbeit mit der Bundesanstalt für Arbeitsschutz und Arbeitsmedizin. Dortmund, Berlin, Dresden.
- Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ) (Hg.) (2009): Altern im Wandel – Zentrale Ergebnisse des Deutschen Alterssurveys. Berlin.
- Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ) (Hg.) (2005): Freiwilliges Engagement in Deutschland 1999–2004. Ergebnisse der repräsentativen Trenderhebung zu Ehrenamt, Freiwilligenarbeit und bürgerschaftlichem Engagement. München.
- Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ) (Hg.) (2006): Fünfter Bericht zur Lage der älteren Generation in der Bundesrepublik Deutschland. Potenziale des Alters in Wirtschaft und Gesellschaft – Der Beitrag älterer Menschen zum Zusammenhalt der Generationen.
- Bundesministerium für Familie, Senioren, Frauen und Jugend; Statistisches Bundesamt (Hg.) (2003): Wo bleibt die Zeit? Die Zeitverwendung der Bevölkerung in Deutschland 2001/02. Download unter www.destatis.de/jetspeed/portal/cms/Sites/destatis/Internet/DE/Presse/pm/frueher/wobleibtdiezeit,property=file.pdf. Zugriff am 01.07.2011.
- Bundesministerium für Gesundheit (Hg.) (2010): Daten des Gesundheitswesens 2010. Berlin.
- Bundesministerium für Verkehr, Bau und Stadtentwicklung (BMVBS) (Hg.) (2010): Mobilität in Deutschland 2008. Ergebnisbericht. Bonn und Berlin.
- Bundesregierung (2010): Beschäftigungssituation Älterer, ihre wirtschaftliche und soziale Lage und die Rente ab 67. Antwort der Bundesregierung auf die Große Anfrage (Drucksache 17/169) der Abgeordneten Klaus Ernst, Agnes Alpers, Matthias W. Birkwald, weiterer Abgeordneter und der Fraktion DIE LINKE. 17. Wahlperiode. 23.06.2010. Deutscher Bundestag, Berlin (Drucksache 17/2271). Download unter <http://dipbt.bundestag.de/dip21/btd/17/022/1702271.pdf>. Zugriff am 13.12.2010.
- Deutsche Rentenversicherung Bund (Hg.) (2010): Reha-Bericht 2010. Die medizinische und berufliche Rehabilitation im Licht der Statistik. Berlin.
- Deutsche Rentenversicherung Bund (Hg.) (2009): Statistik der Deutschen Rentenversicherung. Berlin.
- Deutsche Rentenversicherung Bund: Statistik der Leistungen zur Rehabilitation (2007): Stationäre Leistungen zur medizinischen Rehabilitation und sonstige Leistungen zur Teilhabe für 55- bis unter 60-Jährige in der Gesetzlichen Rentenversicherung (Anzahl). In: www.gbe-bund.de. Zugriff am 09.11.2010.

- Deutscher Bundestag (Hg.) (2008): Seniorinnen und Senioren in Deutschland. Antwort der Bundesregierung auf die Große Anfrage (Drucksache 16/8301) der Abgeordneten Sibylle Laurischk, Ina Lenke, Miriam Gruß, weiterer Abgeordneter und der Fraktion der FDP. Drucksache 16/10155. 16. Wahlperiode. Download unter www.bmfsfj.de/RedaktionBMFSFJ/Abteilung3/Pdf-Anlagen/bt-drucksache-senioren-in-deutschland,property=pdf,bereich=bmfsfj,sprache=de,rwb=true.pdf. Zugriff am 22.02.2011.
- Deutscher Olympischer Sportbund (Hg.): DOSB – Bestandserhebung 2009. Frankfurt am Main. Download unter www.dosb.de/fileadmin/fmdosb/downloads/bestandserhebung/2009_Heft_Aktualisierung_vom_15.04.2010.pdf. Zugriff am 22.02.2011.
- Deutscher Verband für Wohnungswesen, Städtebau und Raumordnung e.V. (2009): Wohnen im Alter. Bericht der Kommission des Deutschen Verbandes für Wohnungswesen, Städtebau und Raumordnung e.V. in Kooperation mit dem Bundesministerium für Verkehr, Bau und Stadtentwicklung. Berlin
- Diewald, Martin; Lüdicke, Jörg (2007): Akzentuierung oder Kompensation? Zum Zusammenhang von sozialer Ungleichheit, Sozialkapital und subjektiver Lebensqualität. In: Lüdicke, Jörg; Diewald, Martin (Hg.): Soziale Netzwerke und soziale Ungleichheit. Zur Rolle von Sozialkapital in modernen Gesellschaften. Wiesbaden, S. 11–52.
- Elsesser, K.; Sartory, G. (2009): Medikamentenabhängigkeit. In: Margraf, J.; Schneider, S. (Hg.): Lehrbuch der Verhaltenstherapie I. Heidelberg, S. 383–405.
- Engstler, Heribert; Motel-Klingebiel, Andreas (2010): Datengrundlage und Methoden des Deutschen Alterssurveys. In: Motel-Klingebiel, Andreas; Wurm, Susanne; Tesch-Römer, Clemens (Hg.): Altern im Wandel. Befunde des Deutschen Alterssurveys (DEAS). Stuttgart, S. 34–60.
- Engstler, Heribert; Tesch-Römer, Clemens (2010): Lebensformen und Partnerschaft. In: Motel-Klingebiel, Andreas; Wurm, Susanne; Tesch-Römer, Clemens (Hg.): Altern im Wandel. Befunde des Deutschen Alterssurveys (DEAS). Stuttgart, S. 163–187.
- Ferrucci, L. et al. (1999): Smoking, physical activity and live expectancy. *American Journal of Epidemiology*. Jg. 149, Heft 7, S. 645–653.
- Frick, Joachim R.; Fries, Alexander (2009): Alterssicherung von Personen mit Migrationshintergrund. Forschungsstudie. Endbericht zum Auftrag des BMAS, Projektgruppe Soziale Sicherheit und Migration. Herausgegeben von Deutsches Institut für Wirtschaftsforschung. Berlin (Forschungsbericht). Download unter www.bmas.de/portal/42382/property=pdf/f398_forschungsbericht.pdf. Zugriff am 01.07.2011.
- Frommert, Dina; Himmelreicher, Ralf K. (2010): Angleichung oder zunehmende Ungleichheit? Alterseinkünfte in den alten und den neuen Bundesländern. In: Krause, Peter; Ostner, Ilona (Hg.): Leben in Ost- und Westdeutschland. Eine Sozialwissenschaftliche Bilanz der deutschen Einheit 1990–2010. Frankfurt, New York, S. 351–372.
- Gauggel, Siegfried; Rößler, Dorothee (1999): Die Belastung älterer Menschen durch die Pflege eines Angehörigen. *Zeitschrift für Medizinische Psychologie* 4/1999, S. 175–182.
- GEDA siehe unter “Robert Koch-Institut GEDA”.
- GEKID (2010): Atlas der Krebsinzidenz und Krebsmortalität der Gesellschaft der epidemiologischen Krebsregister in Deutschland e.V. “Der interaktive Krebs-Atlas der GEKID”. Internet: www.gekid.de/Atlas/CurrentVersion/Inzidenz/atlas.html. Zugriff am 22.02.2011.
- Geldmacher, H.; Biller, H.; Herbst, A.; Urbanski, K.; Allison, M.; Buist, A. S. et al. (2008): Die Prävalenz der chronisch obstruktiven Lungenerkrankung (COPD) in Deutschland. Ergebnisse der BOLD-Studie. In: *Deutsche Medizinische Wochenschrift*. Jg. 133, S. 2609–2614.
- Gensicke, Thomas; Picot, Sibylle; Geiss, Sabine (2005): Freiwilliges Engagement in Deutschland 1999–2004 (Langfassung). Survey im Auftrag des Bundesministeriums für Familie, Senioren, Frauen und Jugend. München.
- Gensicke, Thomas et al. (2010): Monitor Engagement. Ausgabe Nr. 2: Freiwilliges Engagement in Deutschland 1999–2004–2009. Kurzbericht des 3. Freiwilligensurveys. Survey im Auftrag des Bundesministeriums für Familie, Senioren, Frauen und Jugend. München.



- Geyer, Johannes; Steiner, Viktor (2010): Künftige Altersrenten in Deutschland: Relative Stabilität im Westen, starker Rückgang im Osten. In: Wochenbericht des DIW Berlin, Heft Nr. 11/2010. Download unter www.diw.de/documents/publikationen/73/diw_01.c.353479.de/10-11-1.pdf. Zugriff am 13.12.2010.
- Hagen, Christine; Himmelreicher, Ralf K.; Kempfner, Daniel; Lampert, Thomas (2010): Soziale Unterschiede beim Zugang in Erwerbsminderungsrente. Eine Analyse auf Datenbasis von Scientific Use Files des Forschungsdatenzentrums der Rentenversicherung (FDZ-RV). Research Note No. 44. Rat für Sozial- und Wirtschaftsfragen. Juni 2010. Download unter www.ratswd.de/download/RatSWD_RN_2010/RatSWD_RN_44.pdf. Zugriff am 22.02.2011.
- Heusinger, Josefine (2011): Vernetzung im Stadtteil als Motor settingbezogener Gesundheitsförderung im Alter. In: Schott, Thomas; Hornberg, Claudia (Hg.): Die Gesellschaft und ihre Gesundheit. Wiesbaden, S. 635–651.
- Heusinger, Josefine; Klünder, Monika (2005): "Ich lass' mir nicht die Butter vom Brot nehmen!". Aushandlungsprozesse in häuslichen Pflegearrangements. Frankfurt am Main.
- Hoffmann, Falk (2007): Prevalence of Asthma among German Adults: Analysis of the German National Telephone Survey. In: Journal of Asthma. Jg. 44, S. 433–436.
- Höhne, A.; Schubert, M. (2007): Vom Healthy-migrant-Effekt zur gesundheitsbedingten Frühberentung. Erwerbsminderungsrenten bei Migranten in Deutschland. DRV-Schriften, Band 55, S. 103–125.
- Holleder, Alfons (2010): Erwerbslosigkeit, Gesundheit und Präventionspotenziale: Ergebnisse des Mikrozensus 2005. Wiesbaden.
- Höllinger, Franz; Haller, Max (1993): Kinship and Social Networks in Modern Societies: A cross-cultural comparison among seven nations. In: European Sociological Review. Heft 6, S. 103–124.
- Hunger, Uwe; Kissau, Kathrin (Hg.) (2009): Internet und Migration. Theoretische Zugänge und empirische Befunde. Wiesbaden.
- Huxhold, Oliver; Mahne, Katharina; Naumann, Dörte (2010): Soziale Integration. In: Motel-Klingebiel, Andreas; Wurm, Susanne; Tesch-Römer, Clemens (Hg.): Altern im Wandel. Befunde des Deutschen Alterssurveys (DEAS). Stuttgart, S. 215–233.
- Icks, Andreas; Kulzer, Bernhard; Razum, Oliver (2010): Diabetes bei Migranten. In: diabetes DE (Hg.): Deutscher Gesundheitsbericht Diabetes 2010. Berlin, S. 134–140.
- Initiative D21 e.V. (Hg.) (2008): (N)Onliner Atlas 2008 – Sonderauswertung. Internetnutzung und Migrationshintergrund in Deutschland. Unter Mitarbeit von Daniel Ott, Matthias Peterhans und Birgit Kampmann. TNS Infratest GmbH; Kompetenzzentrum Technik – Diversity – Chancengleichheit e.V. Download unter http://old.initiaved21.de/fileadmin/files/08_NOA/NOA_Migration.pdf. Zugriff am 23.11.2010.
- Initiative D21 e.V.; TNS Infratest Holding GmbH & Co. KG (Hg.) (2010): (N)Onliner Atlas 2010. Eine Topographie des digitalen Grabens durch Deutschland. Unter Mitarbeit von Matthias Peterhans und Wolfgang Neubarth. Download unter www.initiaved21.de/wp-content/uploads/2010/06/NONLINER_2010.pdf. Zugriff am 23.11.2010.
- INKAR 2009 – Indikatoren und Karten zur Raum- und Stadtentwicklung (Elektronische Ressource). Herausgegeben vom Bundesinstitut für Bau-, Stadt- und Raumforschung (BBSR) im Bundesamt für Bauwesen und Raumordnung (BBR). CD-ROM. Bonn.
- Institut für Demoskopie Allensbach: Allensbacher Markt- und Werbeträgeranalyse (AWA) (2009a): Besonderes Interesse an gesunder Ernährung, gesunder Lebensweise. In: www.awa-online.de. Zugriff am 29.10.2010.
- Institut für Demoskopie Allensbach: Allensbacher Markt- und Werbeträgeranalyse (AWA) (2009b): Höhere Ausgabenbereitschaft für gute Ernährung und gutes Essen. In: www.awa-online.de. Zugriff am 29.10.2010.
- Institut für Demoskopie Allensbach: Allensbacher Markt- und Werbeträgeranalyse (2010): Wie häufig gehen Sie zu medizinischen Vorsorgeuntersuchungen? In: www.de.statista.com. Zugriff am 10.11.2010.
- Jahoda, M. et al. (1933/1975): Die Arbeitslosen von Marienthal. Ein soziographischer Versuch über die Wirkungen langandauernder Arbeitslosigkeit. Frankfurt am Main.
- KDA – Kuratorium Deutsche Altershilfe (2006): Wohnen im Alter. Köln.

- Keck, Wolfgang (2011): Pflege und Beruf. Ungleiche Chancen der Vereinbarkeit. WZBrief Arbeit, 09.01.2011. Internet: www.wzb.eu/publikation/wzbrieftarbeit.de.htm. Zugriff am 15.02.2011.
- Kieselbach, T. (2007): Arbeitslosigkeit, soziale Exklusion und Gesundheit: Zur Notwendigkeit eines sozialen Geleitschutzes in beruflichen Transitionen. In: Gesundheit Berlin (Hg.): Dokumentation 12. bundesweiter Kongress Armut und Gesundheit. Berlin, S. 1–35.
- Kirkcaldy, B.; Wittig, U.; Furnham, A.; Merbach, M.; Siefen, R. G. (2006): Migration und Gesundheit. Psychosoziale Determinanten. In: Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz. Jg. 49, S. 873–883.
- Knipper, Michael; Bilgin, Yasar (2009): Migration und Gesundheit. Herausgegeben von der Konrad-Adenauer-Stiftung und der Türkisch Deutschen Gesundheitsstiftung e.V., Sankt Augustin/Berlin. Download unter www.kas.de/wf/doc/kas_16451-544-1-30.pdf?100422141713. Zugriff am 22.02.2011.
- Kohler, Martin; Ziese, Thomas (2004): Telefonischer Gesundheitssurvey des Robert Koch-Instituts zu chronischen Krankheiten und ihren Bedingungen. Deskriptiver Ergebnisbericht. Beiträge zur Gesundheitsberichterstattung des Bundes. Herausgegeben vom Robert Koch-Institut. Berlin.
- Köhncke, Ylva (2009): Alt und behindert. Wie sich der demographische Wandel auf das Leben von Menschen mit Behinderung auswirkt. Herausgegeben von Berlin-Institut für Bevölkerung und Entwicklung. Berlin.
- Kraus, Ludwig; Pfeiffer-Gerschel, Tim; Pabst, Alexander (2008): Cannabis und andere illegale Drogen: Prävalenz, Konsummuster und Trends. Ergebnisse des Epidemiologischen Suchtsurveys 2006. In: Sucht, Jg. 54, H. Sonderheft 1, S. 16–25.
- Kumpmann, Ingmar; Gühne, Michael; Buscher, Herbert S. (2010): Armut im Alter – Ursachenanalyse und eine Projektion für das Jahr 2023. IWH-Diskussionspapiere Nr. 8. Institut für Wirtschaftsforschung, Halle. April 2010. Download unter www.iwh-halle.de/e/publik/disc/8-10.pdf. Zugriff am 22.02.2011.
- Lins, Cornelia (2009): Internetnutzung von Migrantinnen und Migranten in Deutschland. Ergebnisse der Sonderauswertung des (N)Onliner Atlas 2008. In: Hunger, Uwe; Kissau, Kathrin (Hg.): Internet und Migration. Theoretische Zugänge und empirische Befunde. Wiesbaden, S. 151–172.
- ma – Arbeitsgemeinschaft Media-Analyse e.V. (2009): Pressemedien II. Frankfurt am Main.
- Mahne, Katharina; Motel-Klingebiel, Andreas (2010): Familiäre Generationenbeziehungen. In: Motel-Klingebiel, Andreas; Wurm, Susanne; Tesch-Römer, Clemens (Hg.): Altern im Wandel. Befunde des Deutschen Alterssurveys (DEAS). Stuttgart, S. 188–214.
- Mahne, Katharina; Naumann, Dörte; Block, Jenny (2010): Das Wohnumfeld Älterer. In: Motel-Klingebiel, Andreas; Wurm, Susanne; Tesch-Römer, Clemens (Hg.): Altern im Wandel. Befunde des Deutschen Alterssurveys (DEAS). Stuttgart, S. 142–162.
- Matthäi, Ingrid (2005): Die “vergessenen” Frauen aus der Zuwanderergeneration. Zur Lebenssituation von alleinstehenden Migrantinnen im Alter. Wiesbaden.
- Max Rubner-Institut (Hg.) (2008a): Nationale Verzehrsstudie II. Ergebnisbericht, Teil 1. Die bundesweite Befragung zur Ernährung. Karlsruhe.
- Max Rubner-Institut (Hg.) (2008b): Nationale Verzehrsstudie II. Ergebnisbericht, Teil 2. Die bundesweite Befragung zur Ernährung. Karlsruhe.
- Media-Micro-Census GmbH (Hg.) (2009): Pressemedien 2009. II. Nationale Darstellungen. Zeitschriften, Supplements, Tageszeitungen, KONPRESS, Lesezirkel und Kino. Arbeitsgemeinschaft Media-Analyse e.V.; Media-Micro-Census GmbH. Frankfurt am Main.
- Medizinischer Dienst des Spitzenverbandes Bund der Krankenkassen e.V.: Präventionsbericht (2008): Primärprävention nach dem individuellen Ansatz: Erreichte Personen bei Aktivitäten zur individuellen Gesundheitsförderung unter Beteiligung der gesetzlichen Krankenkassen. In: www.gbe-bund.de. Zugriff am 29.10.2010.
- Menning, Sonja (2006): Gesundheitszustand und gesundheitsrelevantes Verhalten Älterer. GeroStat Report 2/2006. Deutsches Zentrum für Altersfragen. Berlin.
- Menning, Sonja (2007): Haushalte, familiäre Lebensformen und Wohnsituation älterer Menschen. GeroStat Report Altersdaten 02/2007. Deutsches Zentrum für Altersfragen. Berlin.

- Menning, Sonja (2008): Bildung und Alter. GeroStat Report Altersdaten 02/2008. Deutsches Zentrum für Altersfragen. Berlin.
- Menning, Sonja; Hoffmann, Elke (2009): Ältere Migrantinnen und Migranten. GeroStat Report 1/2009. Deutsches Zentrum für Altersfragen. Berlin.
- Menning, Sonja; Hoffmann, Elke; Engstler, Heribert (2007): Erwerbsbeteiligung älterer Menschen und Übergang in den Ruhestand. GeroStat Report 01/2007. Deutsches Zentrum für Altersfragen. Berlin.
- Meyer, Martha (2006): Pflegende Angehörige in Deutschland. Ein Überblick über den derzeitigen Stand und zukünftige Entwicklungen. Münster.
- Micheelis, W.; Hoffmann, T. (2006): Vierte deutsche Mundgesundheitsstudie (DMS IV). Köln.
- Mikrozensus: Fragen zur Gesundheit (2009a): Verteilung der Bevölkerung auf Body-Mass-Index-Gruppen in Prozent. In: www.gbe-bund.de. Zugriff am 28.10.2010.
- Mikrozensus: Fragen zur Gesundheit (2009b): Verteilung der Bevölkerung nach ihrem Gesundheitszustand in Prozent. In: www.gbe-bund.de. Zugriff am 15.10.2010.
- Mohr, Sabine (2007): Informations- und Kommunikationstechnologien in privaten Haushalten. Ergebnisse der Erhebung 2006. In: *Wirtschaft und Statistik*. Heft 6. S. 545–555. Download unter www.destatis.de/jetspeed/portal/cms/Sites/destatis/Internet/DE/Content/Publikationen/Querschnittsveroeffentlichungen/WirtschaftStatistik/Informationsgesellschaft/IKTPrivhaushalte0607,property=file.pdf. Zugriff am 24.01.2011.
- Motel-Klingebiel, Andreas; Simonson, Julia; Romeu Gordo, Laura (2010): Materielle Sicherung. In: Motel-Klingebiel, Andreas; Wurm, Susanne; Tesch-Römer, Clemens (Hg.): *Altern im Wandel. Befunde des Deutschen Alterssurveys (DEAS)*. Stuttgart, S. 61–89.
- Motel-Klingebiel, Andreas; Wurm, Susanne; Mahne, Katharina; Priller, Eckhard; Erlinghagen, Marcel; Schröder, Helmut et al. (2008): *Deutscher Alterssurvey (DEAS)*, 3. Welle. Dokumentation des Workshops “Soziale Kohäsion in der zweiten Lebenshälfte”. Herausgegeben von Deutsches Zentrum für Altersfragen.
- Motel-Klingebiel, Andreas; Wurm, Susanne; Tesch-Römer, Clemens (Hg.) (2010): *Altern im Wandel. Befunde des Deutschen Alterssurveys (DEAS)*. Stuttgart.
- Naumann, Dörte; Romeu Gordo, Laura (2010): Gesellschaftliche Partizipation. Erwerbstätigkeit, Ehrenamt und Bildung. In: Motel-Klingebiel, Andreas; Wurm, Susanne; Tesch-Römer, Clemens (Hg.): *Altern im Wandel. Befunde des Deutschen Alterssurveys (DEAS)*. Stuttgart, S. 118–141.
- Pabst, Alexander; Kraus, Ludwig (2008): Alkoholkonsum, alkoholbezogene Störungen und Trends. Ergebnisse des Epidemiologischen Suchtsurveys 2006. In: *Sucht*, Jg. 54, Sonderheft 1. Verlag Hans Huber/Hogrefe AG, Bern, S. 36–46.
- Perrig-Chiello, Pasqualina (1997): *Wohlbefinden im Alter. Körperliche, psychische und soziale Determinanten und Ressourcen*. Weinheim und München.
- Pinquart, Martin (2003): Loneliness in married, widowed, divorced, and never-married older adults. In: *Journal of Social and Personal Relationships*, Heft 20, S. 31–54.
- Puch, Katharina (2009): Arbeitsmarkt. Erwerbsbeteiligung älterer Arbeitnehmer. In: *STATmagazin*. Herausgegeben vom Statistischen Bundesamt (13.01.2009). Internet: www.destatis.de/jetspeed/portal/cms/Sites/destatis/Internet/DE/Content/Publikationen/STATmagazin/Arbeitsmarkt/2009_01/2009_01Erwerbsbeteiligung,templateId=renderPrint.psm. Zugriff am 28.10.2010.
- Rehfeld, Uwe G. (2006): Gesundheitsbedingte Frühberentung. Gesundheitsberichterstattung des Bundes, Heft 30. Herausgegeben vom Robert Koch-Institut, Berlin.
- Robert Koch-Institut (Hg.) (2004): *Telefonischer Gesundheitssurvey des Robert Koch-Instituts zu chronischen Krankheiten und ihren Bedingungen. Deskriptiver Ergebnisbericht. Beiträge zur Gesundheitsberichterstattung des Bundes*. Berlin.
- Robert Koch-Institut (Hg.) (2005): *Armut, soziale Ungleichheit und Gesundheit. Expertise des Robert Koch-Instituts zum 2. Armuts- und Reichtumsbericht der Bundesregierung. Gesundheitsberichterstattung des Bundes*. Berlin.
- Robert Koch-Institut (Hg.) (2006): *Gesundheitsbedingte Frühberentung. Gesundheitsberichterstattung des Bundes*. Berlin.

- Robert Koch-Institut (Hg.) (2007): Gesundheit in Deutschland. Datentabellen. Gesundheitsberichterstattung des Bundes. Berlin.
- Robert Koch-Institut (Hg.) (2008): Migration und Gesundheit. Schwerpunktbericht der Gesundheitsberichterstattung des Bundes. Berlin.
- Robert Koch-Institut (Hg.) (2010a): Beiträge zur Gesundheitsberichterstattung des Bundes. Daten und Fakten: Ergebnisse der Studie "Gesundheit in Deutschland aktuell 2009". Robert Koch-Institut. Berlin. Vorabdruck, Sept. 2010.
- Robert Koch-Institut (Hg.) (2010b): Krebs in Deutschland 2005/06. Häufigkeiten und Trends. Berlin.
- Robert Koch-Institut (Hg.) (2010c): Depressive Erkrankungen. Gesundheitsberichterstattung des Bundes, Heft 51, Berlin.
- Robert Koch-Institut GEDA (2009) – Gesundheit in Deutschland aktuell, Telefonischer Gesundheitssurvey. Internet: www.rki.de/DE/Content/GBE/Erhebungen/Gesundheitsveys/Geda/Geda_node.html. Zugriff am 22.02.2011.
- Robert Koch-Institut GEDA (2009a): Ärztlich diagnostizierte Osteoporose. In: www.gbe-bund.de. Zugriff am 25.10.2010.
- Robert Koch-Institut GEDA (2009b): Gesundheitsschädigender Alkoholkonsum (Anteil der Befragten in Prozent). In: www.gbe-bund.de. Zugriff am 29.10.2010.
- Robert Koch-Institut GEDA (2009c): Inanspruchnahme der Grippe-Impfung in der Wintersaison 2007/2008. In: www.gbe-bund.de. Zugriff am 29.10.2010.
- Robert Koch-Institut GEDA (2009d): Prävalenz von Tetanusimpfungen (Anteil der Befragten in Prozent). In: www.gbe-bund.de. Zugriff am 29.10.2010.
- Robert Koch-Institut: AIDS-Fallregister (2009): HIV-positiv gemeldete Laborfälle (Anzahl je 100.000 Einwohner). In: www.gbe-bund.de. Zugriff am 28.10.2010.
- Robert Koch-Institut: Meldepflichtige Infektionskrankheiten (2008): Meldepflichtige Krankheiten absolut und je 100.000 Einwohner. In: www.gbe-bund.de. Zugriff am 25.10.2010.
- Robert Koch-Institut: Telefonischer Gesundheitssurvey (GSTel03) (2003): Lebenszeitprävalenz von ausgewählten Krankheiten in Prozent. In: www.gbe-bund.de. Zugriff am 25.10.2010.
- Robert Koch-Institut; Gesellschaft der epidemiologischen Krebsregister (Hg.) (2010): Krebs in Deutschland 2005/06. Häufigkeiten und Trends. Beiträge zur Gesundheitsberichterstattung des Bundes. Berlin und Lübeck.
- Rosenblatt, Bernhard von; Bilger, Frauke (2008): Weiterbildungsbeteiligung in Deutschland. Eckdaten zum BSW-AES 2007. Herausgegeben vom Bundesministerium für Bildung und Forschung. Berlin.
- Rösner, Susanne; Steiner, Susanne; Kraus, Ludwig (2008): Gebrauch und Missbrauch von Medikamenten. Ergebnisse des Epidemiologischen Suchtsurveys 2006. In: Sucht, Jg. 54, Sonderheft 1, S. 47–56.
- Schäufele, Martina; Köhler, Leonore; Teufel, Sandra; Weyerer, Siegfried (2006): Betreuung von demenziell erkrankten Menschen in Privathaushalten: Potenziale und Grenzen. In: Wahl, Ulrich; Schneekloth, Hans-Werner (Hg.): Selbständigkeit und Hilfebedarf bei älteren Menschen in Privathaushalten. Stuttgart, S. 103–145.
- Schneekloth, Ulrich (2006): Entwicklungstrends beim Hilfebedarf in Privathaushalten – Ergebnisse der Infratest-Repräsentativerhebung. In: Schneekloth, Ulrich; Wahl, Hans-Werner (Hg.): Selbständigkeit und Hilfebedarf bei älteren Menschen in Privathaushalten. Stuttgart, S. 57–102.
- Schneekloth, Ulrich; Wahl, Hans-Werner (Hg.) (2006): Selbständigkeit und Hilfebedarf bei älteren Menschen in Privathaushalten (MuG III). Pflegearrangements, Demenz, Versorgungsangebote. Stuttgart.
- Schorb, Bernd; Hartung, Anja; Reißmann, Wolfgang (Hg.) (2009): Medien und höheres Lebensalter. Theorie – Forschung – Praxis. Wiesbaden.
- Schröder, Helmut; Waltersbacher, Andrea (2009): Heilmittelbericht 2009/2010. Herausgegeben vom Wissenschaftlichen Institut der AOK. Berlin.
- Schunck, R.; Rogge, B. G. (2010): Unemployment and its association with health-relevant actions: investigating the role of time perspective with German census data. In: International of Journal Public Health, Jg. 55, Heft 4, S. 271–278.

- Simon, Erk (2007): Migranten und Medien 2007. Zielsetzung, Konzeption und Basisdaten einer repräsentativen Studie der ARD/ZDF-Medienkommission. In: Media Perspektiven, Heft 9, S. 426–435. Download unter www.media-perspektiven.de/uploads/tx_mppublications/09-2007_Simon.pdf. Zugriff am 9.11.2010.
- Sozialpolitik aktuell in Deutschland (2010): Alter bei Rentenbeginn, Erwerbsminderungs- und Altersrenten, 1980–2009. In: www.sozialpolitik-aktuell.de. Zugriff am 22.02.2011.
- Sozialpolitik aktuell in Deutschland (2010): Alter beim Erstbezug von Altersrente im Kohortenvergleich, Geburtsjahrgänge 1904–1943. In: www.sozialpolitik-aktuell.de. Zugriff am 22.02.2011.
- Sozialpolitik aktuell in Deutschland (2010): Altersaufbau der Bevölkerung 2008. In: www.sozialpolitik-aktuell.de. Zugriff am 22.02.2011.
- Sozialpolitik aktuell in Deutschland (2010): Bevölkerung nach Altersgruppen und Geschlecht 2008. In: www.sozialpolitik-aktuell.de. Zugriff am 22.02.2011.
- Sozialpolitik aktuell in Deutschland (2010): Durchschnittliche Rentenhöhe nach Rentenart und Geschlecht, alte und neue Bundesländer 2009. In: www.sozialpolitik-aktuell.de. Zugriff am 22.02.2011.
- Sozialpolitik aktuell in Deutschland (2010): Entwicklung des Netto-Rentenniveaus vor Steuern 1985–2023. Höhe der Netto-Standardrente vor Steuern (45 Versicherungsjahre) in Prozent des durchschnittlichen Jahresentgelts. In: www.sozialpolitik-aktuell.de. Zugriff am 22.02.2011.
- Sozialpolitik aktuell in Deutschland (2010): Überschneidung von Grundsicherungsniveau und Rente bei sinkendem Rentenniveau. In: www.sozialpolitik-aktuell.de. Zugriff am 22.02.2011.
- Statistische Ämter des Bundes und der Länder (Hg.) (2010): Demografischer Wandel in Deutschland. Auswirkungen auf Krankenhausbehandlungen und Pflegebedürftige im Bund und in den Ländern. Heft 2, Wiesbaden.
- Statistisches Bundesamt (Destatis); Gesellschaft Sozialwissenschaftlicher Infrastruktureinrichtungen (GESIS-ZUMA); Wissenschaftszentrum Berlin für Sozialforschung (WZB) (Hg.) (2008): Datenreport 2008. Ein Sozialbericht für die Bundesrepublik Deutschland. Bonn.
- Statistisches Bundesamt (Hg.) (2008): Bevölkerung und Erwerbstätigkeit. Haushalte und Familien. Ergebnisse des Mikrozensus 2007. Fachserie 1, Reihe 3, Wiesbaden.
- Statistisches Bundesamt (Hg.) (2009a): Wirtschaftsrechnungen. Laufende Wirtschaftsrechnungen. Einnahmen und Ausgaben privater Haushalte. Fachserie 15, Reihe 1, Wiesbaden.
- Statistisches Bundesamt (Hg.) (2009b): Weiterbildung. Ausgabe 2009. Wiesbaden.
- Statistisches Bundesamt (Hg.) (2009c): Aufstiegsförderung nach dem Aufstiegsfortbildungsförderungsgesetz (AFBG). Fachserie 11, Reihe 8, Wiesbaden.
- Statistisches Bundesamt (Hg.) (2010a): Statistisches Jahrbuch 2010. Für die Bundesrepublik Deutschland mit “internationalen Übersichten”. Wiesbaden.
- Statistisches Bundesamt (Hg.) (2010b): Bevölkerung und Erwerbstätigkeit: Bevölkerung mit Migrationshintergrund. Ergebnisse des Mikrozensus 2009. Fachserie 1, Reihe 2.2. Wiesbaden.
- Statistisches Bundesamt: Beschäftigungsstatistik (2009). Sozialversicherungspflichtig Beschäftigte am Arbeitsort nach Altersgruppen am 31.12.2009. In: www.destatis.de. Zugriff am 08.11.2010.
- Statistisches Bundesamt: Durchschnittliche Nutzung des Internets durch Personen (2010). In: www.destatis.de. Zugriff am 25.02.2010.
- Statistisches Bundesamt: Krankenhausstatistik (2008a): Diagnosedaten der Patienten und Patientinnen in Krankenhäusern. In: www.gbe-bund.de. Zugriff am 25.10.2010.
- Statistisches Bundesamt: Krankenhausstatistik (2008b): Diagnosedaten der Patienten und Patientinnen in Vorsorge- oder Rehaeinrichtungen mit mehr als 100 Betten (Fälle, Pflgeetage, durchschnittliche Verweildauer). In: www.gbe-bund.de. Zugriff am 09.11.2010.
- Statistisches Bundesamt: Krankheitskostenrechnung (2008a): Krankheitskosten in Mio. Euro für Deutschland. In: www.gbe-bund.de. Zugriff am 02.11.2010.
- Statistisches Bundesamt: Krankheitskostenrechnung (2008b): Krankheitskosten je Einwohner in Euro. In: www.gbe-bund.de. Zugriff am 02.11.2010.
- Statistisches Bundesamt: Pflegestatistik (2007): Pflegebedürftige in ambulanten und stationären Pflegeeinrichtungen (Anzahl). In: www.gbe-bund.de. Zugriff am 26.10.2010.

- Statistisches Bundesamt: Private Nutzung von Informations- und Kommunikationstechnologien (2010). In: www.destatis.de. Zugriff am 25.02.2010.
- Statistisches Bundesamt: Statistik der natürlichen Bevölkerungsbewegung (2008): Durchschnittliche Lebenserwartung im Alter von ... in Jahren je Person. In: www.gbe-bund.de. Zugriff am 27.10.2010.
- Statistisches Bundesamt: Statistik der schwerbehinderten Menschen (2007): Schwerbehinderte Menschen mit Ausweis (absolut und je 100.000 Einwohner). In: www.gbe-bund.de. Zugriff am 11.10.2010.
- Statistisches Bundesamt: Statistik der Straßenverkehrsunfälle (2009): Verletzte und Getötete bei Straßenverkehrsunfällen (Anzahl). In: www.gbe-bund.de. Zugriff am 26.11.2010.
- Statistisches Bundesamt: Todesursachen in Deutschland 2007 (2007): Fachserie 12, Reihe 4. In www.gbe-bund.de. Zugriff am 22.10.2010.
- Statistisches Bundesamt: Todesursachenstatistik (2008a): Sterbefälle (ab 1980). In: www.gbe-bund.de. Zugriff am 22.10.2010.
- Statistisches Bundesamt: Todesursachenstatistik (2008b): Sterbefälle je 100.000 Einwohner (ab 1980). In: www.gbe-bund.de. Zugriff am 08.11.2010.
- Steppan, Martin; Hildebrand, Anja; Wegmann, Lena; Pfeiffer-Gerschel, Tim (2010): Jahresstatistik 2008 der professionellen Suchtkrankenhilfe in Deutschland. Herausgegeben vom Institut für Therapieforschung. München.
- Tesch-Römer, Clemens; Wurm, Susanne (2009): Wer sind die Alten? Theoretische Positionen zum Alter und Altern. In: Böhm, Karin; Tesch-Römer, Clemens; Ziese, Thomas (Hg.): Beiträge zur Gesundheitsberichterstattung des Bundes: Gesundheit und Krankheit im Alter. Robert Koch-Institut, Berlin, S. 7–20.
- Watzl, H.; Rist, F.; Höcker, W.; Miehle, K. (1991): Entwicklung eines Fragebogens zur Erfassung von Medikamentenmissbrauch bei Suchtpatienten. In: Heide, M.; Lieb, H. (Hg.): Sucht und Psychosomatik. Beiträge des 3. Heidelberger Kongresses, Bonn, S. 123–139.
- Wittchen, Hans-Ulrich; Jacobi, Frank; Klose, Michael; Ryl, Livia (2010): Depressive Erkrankungen. Gesundheitsberichterstattung des Bundes, Heft 51. Herausgegeben von Robert Koch-Institut, Berlin.
- Wübbecke, Christina (2007): Ältere Bezieher von Arbeitslosengeld II: Einmal arm, immer arm? In: IAB Kurzbericht. Aktuelle Analysen aus dem Institut für Arbeitsmarkt- und Berufsforschung der Bundesagentur für Arbeit, Heft 14/20.08.2007. Download unter <http://doku.iab.de/kurzber/2007/kb1407.pdf>. Zugriff am 13.12.2010.
- Wurm, Susanne; Schöllgen, Ina; Tesch-Römer, Clemens (2010): Gesundheit. In: Motel-Klingebiel, Andreas; Wurm, Susanne; Tesch-Römer, Clemens (Hg.): Altern im Wandel. Befunde des Deutschen Alterssurveys (DEAS). Stuttgart, S. 90–117.
- Zähle, Tanja; Möhring, Katja (2010): Erwerbsverläufe beim Übergang in den Ruhestand. In: WSI-Mitteilungen, Jg. 62, Heft 11, S. 586–595.
- Zank, Susanne; Schacke, Claudia (o. J. [2005]): Projekt Längsschnittstudie zur Belastung pflegender Angehöriger von demenziell Erkrankten (LEANDER). Abschlussbericht Phase 2. Längsschnittergebnisse der LEANDER Studie. Universität Siegen. Download unter www.uni-siegen.de/fb2/zank/daten/leander_phase_ii_langbericht.pdf. Zugriff am 17.02.2011.
- Zelen, K.; Strippel, H. (2010): Präventionsbericht 2010. Leistungen der gesetzlichen Krankenversicherung: Primärprävention und betriebliche Gesundheitsförderung. Berichtsjahr 2009. Herausgegeben vom Medizinischen Dienst des Spitzenverbandes Bund der Krankenkassen e.V. Düsseldorf. Download unter www.gkv-spitzenverband.de/upload/PM_2010-11-11_Pr%C3%A4ventionsbericht_Anlage_14931.pdf. Zugriff am 09.12.2010.
- Zenger, M.; Brahler, E.; Berth, H.; Stobel-Richter, Y. (2010): Unemployment during working life and mental health of retirees: Results of a representative survey. *Aging and Mental Health*, Heft 4, S. 1–8.
- Zentralinstitut für die Kassenärztliche Versorgung (2009): Teilnahme an gesetzlichen Früherkennungsuntersuchungen und an Beratungen zur Prävention des Darmkrebses. Köln. In: www.zi-berlin.de.
- Ziegler, U.; Doblhammer, G. (2009): Prävalenz und Inzidenz von Demenz in Deutschland. Eine Studie auf Basis von Daten der gesetzlichen Krankenversicherungen von 2002. In: *Gesundheitswesen*, Jg. 71, S. 281–290.
- Zok, K.; Schuldzinski, W. (2005): Private Zusatzleistungen in der Arztpraxis – Ergebnisse aus Patientbefragungen. Wissenschaftliches Institut der AOK (Hg.), Bonn.



9.6

List of Tables

- Table 1: Distribution of the age group 55 to 65 years according to birthyear (data from 31 December 2008), in 1000s. Source: Statistisches Bundesamt 2010a, p. 44.
- Table 2: Population by age group, sex and level of education, 2009 (in 1000s). Source: Statistisches Bundesamt 2010a, p. 131, own depiction.
- Table 3: Men and women 55 to 65 years old with/without migrant background with university diploma and without vocational training. Source: Menning and Hoffmann 2009, p. 26, calculated according to data of the Statistisches Bundesamt 2007.
- Table 4: Size of households by age of main income provider (in 1000s). Source: Statistisches Bundesamt 2008, p. 39.
- Table 5: Single-person households (in 1000s). Source: Statistisches Bundesamt 2008, pp. 38ff.
- Table 6: Distance of own home to that of the nearest adult child. Source: Menning and Hoffmann 2009, p. 16, according to calculations of Baykara-Krumme 2007, based on data from the German Age Survey 2002).
- Table 7: Cohabitation/coresidence with adult children. Source: Menning and Hoffmann 2009, p. 16, according to calculations of Baykara-Krumme 2007, based on data from the German Age Survey 2002).
- Table 8: Intensity of contact with adult child living elsewhere (in %). Source: Baykara-Krumme 2007, p. 30, based on data from the German Age Survey 2002 (own depiction).
- Table 9: Emotional closeness to an adult child living elsewhere. Source: Baykara-Krumme 2007, p. 31, based on data from the German Age Survey 2002 (own depiction).
- Table 10: Average weekly time expended helping and caring for a relative in need of help or care in private households. Source: Schneekloth 2006, p. 80; data from TNS Infratest representative survey 2002, own depiction.
- Table 11: Subjective health status of persons 55–65 years of age by sex and educational level, 2009. Primary source: Robert Koch Institute – Health in Germany Today, A Telephone Survey (GEDA 2009), own calculations.
- Table 12: Number of care-dependent persons in Germany aged 55 to 65 years by sex and care level, 2007. Source: Statistisches Bundesamt: Pflegestatistik 2007, quoted according to www.gbe-bund.de, own depiction.
- Table 13: Inpatient services (in absolute numbers) for medical rehabilitation and other integrative services among those 55–60 years old in the German pension insurance. Source: Deutsche Rentenversicherung Bund: Statistik der Leistungen zur Rehabilitation 2007, quoted according to www.gbe-bund.de.
- Table 14: Distribution of smokers, ex-smokers and nonsmokers by age group, 2006. Source: Baumeister et al. 2008, p. 29.
- Table 15: Distribution of alcohol consumption (abstinence and categories of average amounts of alcohol), by age groups, 2006. Source: Pabst and Kraus 2008, p. 39).
- Table 16: Distribution of population by BMI (in %), 2009. Source: Mikrocensus: Fragen zur Gesundheit 2009a, quoted according to www.gbe-bund.de).
- Table 17: Early retirement figures from 2003 by age and sex (percentage of age group of all persons receiving early retirement status). Source: RKI 2006, p. 14.
- Table 18: Participation in workforce by economic sector (in 1000s). Source: Statistisches Bundesamt 2010b, pp. 256f., according to Microcensus 2009.
- Table 19: Predominant source of means of subsistence (in 1000s). Source: Statistisches Bundesamt 2010b, pp. 236f., according to Microcensus 2009.

- Table 20: Participation in workforce (according to ILO definition, see below), by vocational position (in 1000s). Source: Statistisches Bundesamt 2010b, pp. 265f., according to Microcensus 2009.
- Table 21: Job market participation in East and West Germany, age group 56–64 years. All data have been cross-sectionally weighted. Data basis: Sozioökonomisches Panel 1996, 2001, 2006. Source: Statistisches Bundesamt et al. 2008, p. 124.
- Table 22: Number of persons employed in jobs covered by compulsory social insurance by age. Source: Statistisches Bundesamt: Beschäftigungsstatistik 2009; based on employment data provided by the Bundesagentur für Arbeit; preliminary results; includes persons listed under “not specified.”
- Table 23: Number of persons covered by compulsory social insurance with and without those in the non-working phase of the block model, in 1000s. Source: Deutscher Bundestag 2010, pp. 195 and 162, from Bäcker et al. 2010, p. 17.
- Table 24: Unemployment among the elderly 55 to 65 years, 2001–2010. Source: Statistik der Bundesagentur für Arbeit 2010, from Bäcker et al. 2010, p. 30.
- Table 25: Number of employed and unemployed by educational level. Source: Bundesregierung 2010, p. 17.
- Table 26: Status previous to receiving pension – influx of old-age pensions 2009 (in %). Source: Deutsche Rentenversicherung Bund 2010, from Bäcker et al. 2010, p. 33.
- Table 27: Volunteerism by age and sex, in %. Source: Gensicke 2010, pp. 34/39, own depiction.
- Table 28: Extraprofessional participation by year and type of participation/level of education, for 55–69-year-olds. Source: Naumann and Romeu Gordo 2010, p. 134, own depiction.
- Table 29: Social disparity in voluntary work of the age group 55–64 years. Source: Gensicke et al. 2005, p. 373, own depiction.
- Table 30: Participation of the 55–64-year-olds in continuing education by employment status and sex, 2007, in % of age group. Source: Statistisches Bundesamt 2009a, p. 13, own depiction.
- Table 31: Media use and leisure activities, 2009, by age (in %). Source: ARD Medien Basisdaten 2011, own depiction.
- Table 32: Internet use by age group and sex. Source: Initiative D21 e.V. 2010, own depiction.
- Table 33: Media use inside and outside the home, Monday–Sunday from 5 am to 12 am, in minutes/day, by age group, 2007. Source: Blödorn 2009, p. 160.
- Table 34: Market share of German TV channels 2007, Monday–Sunday 3 am to 3 am, by age group (in %). Source: Blödorn 2009, p. 167.
- Table 35: Radio use 2007, Monday to Sunday 5 am to 12 am, by age group (in %/minutes per day). Source: Blödorn 2009, p. 168, own depiction.
- Table 36: Media penetration of various print products, 2009, by age group (in %). Source: ma 2009: Pressemedien II, own depiction.
- Table 37: Media penetration of print products among men, 2009 (in %). Source: ma 2009: Pressemedien II, own depiction.
- Table 38: Media penetration of print products among women, 2009 (in %). Source: ma 2009: Pressemedien II, own depiction.
- Table 39: Physical activities/sports by age and frequency, 2008, age group 50–69 years (in %). Source: Wurm et al. 2010, Appendix Table A4–10, own depiction.
- Table 40: Physical activities/sports in the age group 50–69 years, 2008, by level of education (in %). Source: Wurm et al. 2010, p. 111, own depiction.
- Table 41: Physical activity among the age group 45–64 years, by level of education and sex (in %). Source: RKI 2010a, pp. 77ff., own depiction.
- Table 42: Proportion of population by age group and region in % of total regional population, 2007. Source: INKAR 2009, own depiction; for the complete table, see the Appendix, Table 69.
- Table 43: Proportion of population by age group and settlement type in % of total regional population, 2007. Source: INKAR 2009, own depiction.
- Table 44: Projection of population development by age group and region for 2025 as percentage of 2007. Source: INKAR 2009, own depiction.



- Table 45: Rate of average housing costs in % of net household income, by region and age of household head, 2006. Source: Beetz et al. 2009, p. 48 [SOEP 2006], own depiction.
- Table 46: Internal migration balance per 1000 inhabitants in the age group 50–65 years by federal state, 2007. Source: INKAR 2009, own depiction.
- Table 47: Number of physicians per 100,000 inhabitants by region, 2005. Source: INKAR 2009, own depiction.
- Table 48: Number of nursing home spots per 10,000 inhabitants by region, 2005. Source: INKAR 2009, own depiction.
- Table 49: Population 2009 by age groups and educational background. Source: Statistisches Bundesamt 2010a, p. 132.
- Table 50: Data on diagnoses from hospitals as well as prevention and rehabilitation centers with more than 100 beds, by sex, 2008. Source: Statistisches Bundesamt: Krankenhausstatistik – Diagnosedaten der Patienten und Patientinnen in Krankenhäusern; Diagnosedaten der Patienten und Patientinnen in Vorsorge- und Rehabilitationseinrichtungen, 2008. Retrieved from www.gbe-bund.de on 22 October 2010, own depiction.
- Table 51: Medically diagnosed cases of the musculoskeletal disease arthrosis, 2009, by educational level and sex (percentage of 55- to 65-year-olds surveyed). Primary source: Robert Koch-Institut – Gesundheit in Deutschland aktuell – Telefonischer Gesundheitssurvey GEDA 2009, own calculations.
- Table 52: 12-month prevalence of diabetes mellitus, 2009, by educational level and sex (percentage of 55- to 65-year-olds surveyed). Primary source: Robert Koch-Institut – Gesundheit in Deutschland aktuell – Telefonischer Gesundheitssurvey GEDA 2009, own calculations.
- Table 53: Medically diagnosed cases of cardiovascular disease, 2009, by educational level and sex (percentage of 45- to 65-year-olds surveyed). Primary source: Robert Koch-Institut – Gesundheit in Deutschland aktuell – Telefonischer Gesundheitssurvey GEDA 2009. Retrieved from www.gbe-bund.de on 22 October 2010, own depiction.
- Table 54: Medically diagnosed cases of hypertension in the past 12 months, 2009, by region and sex (percentage of 55- to 65-year-olds surveyed). Primary source: Robert Koch-Institut – Gesundheit in Deutschland aktuell – Telefonischer Gesundheitssurvey GEDA 2009, own calculation.
- Table 55: Estimates of age-specific cancer incidence, 2007, by age group and sex (absolute no. of cases and per 100,000 population). Source: GEKID 2010, own depiction.
- Table 56: Cancer morbidity and mortality risk, total in Germany, by age and sex, 2006. Source: RKI 2010b, p. 22.
- Table 57: Mortality. Selection characteristic: C00-C97 Malignant Neoplasms, 2007. Primary source: Statistisches Bundesamt 2007, p. 10. Retrieved on 22 October 2010 from www.gbe-bund.de, own depiction.
- Table 58: Negative impact of mental condition in the past 4 weeks, 2009, by educational level and sex (percentage of 45- to 65-year-olds surveyed). Primary source: Robert Koch-Institut – Gesundheit in Deutschland aktuell – Telefonischer Gesundheitssurvey GEDA 2009. Retrieved on 25 October 2010 from www.gbe-bund.de, own depiction.
- Table 59: Severely disabled persons with official recognition, by grade of disability and region, 2007 (absolute numbers and per 100,000 population). Primary source: Statistisches Bundesamt – Statistik der schwerbehinderten Menschen, 2007. Retrieved on 11 October 2010 from www.gbe-bund.de, own depiction.
- Table 60: Severely disabled persons with official recognition, by sex, nationality and age group, 2007 (absolute numbers and per 100,000 population). Primary source: Statistisches Bundesamt – Statistik der schwerbehinderten Menschen, 2007. Retrieved on 11 October 2010 from www.gbe-bund.de, own depiction.
- Table 61: Mortality per 100,000 population, 2008. Primary source: Statistisches Bundesamt – Todesursachenstatistik, 2008b. Retrieved on 22 October 2010 from www.gbe-bund.de, own depiction.
- Table 62: Prevalence and amount of consumption of various sorts of alcoholic beverages in the past 30 days (mean consumption in liters per week per consumer of respective beverage), 2006. Source: Pabst & Kraus 2008, p. 40.

- Table 63: Subjective consumption of fruit (percentage of 55- to 65-year-olds surveyed), 2009. Primary source: Robert Koch-Institut – Gesundheit in Deutschland aktuell – Telefonischer Gesundheits-survey GEDA 2009, own calculations.
- Table 64: Subjective consumption of vegetables (percentage of 55- to 65-year-olds surveyed), 2009. Primary source: Robert Koch-Institut – Gesundheit in Deutschland aktuell – Telefonischer Gesundheits-survey GEDA 2009, own calculations.
- Table 65: Participation in available early prevention examinations and in counseling for the prevention of intestinal cancer (percentage of those eligible in the respective age group), 2008 (all of Germany). Source: Zentralinstitut für Kassenärztliche Versorgung 2009, own depiction.
- Table 66: Work disability by diagnosis group, sex, age group 45 and older, 2008. Source: Bundesanstalt für Arbeitsschutz und Arbeitsmedizin 2010, p. 105, own depiction.
- Table 67: Work disability among AOK members (obligatory health insurance) excluding retirees, 2008 (cases of work disability per 10,000 AOK members, number of workdays lost to disability per 10,000 AOK members, number of workdays lost per case), 55- to 65-year-olds. Primary source: AOK Bundesverband: Krankheitsartenstatistik (2008). Retrieved from www.gbe-bund.de, own depiction.
- Table 68: Unemployment and underemployment of persons 50 years and older, 2006–2009 (in absolute numbers). Source: Bundesagentur für Arbeit, in: Bundesregierung 2010, p. 12.
- Table 69: Proportion of population by age and federal states in % of regional population, 2007. Source: INKAR 2009.
- Table 70: Development of the proportion of inhabitants 50 to 65 years old in the overall population by settlement types, 2002–2007. Source: INKAR 2009.

9.7

List of Figures

- Figure 1: Number of afflictions in the years 1996, 2002 and 2008. Source: BMFSFJ 2009, p. 22.
- Figure 2: Limitations to mobility by age group (in %), 2008. Source: BMFSFJ 2009, p. 23.
- Figure 3: Age-specific rates of cancer in Germany by sex, 1980, 1990, 2006, ICD-10 C00-C97, without C44. Source: RKI 2010b, p. 21.
- Figure 4: Incidence of clinical or therapeutic depression in the adult population, 2009. Source: RKI 2010c, p. 20.
- Figure 5: Number of men and women who consider themselves disabled compared to those with an official status of disability, in % of total population in 2006, by age group. Source: Köhncke 2009, p. 14.
- Figure 6: Work incapacitation by age group, 2008. Source: BMAS 2010, p. 36.
- Figure 7: Age distribution at commencement of disability retirement for selected diagnoses among Germans and persons with a migrant background (in %). Source: Höhne and Schubert 2007, pp. 116ff.
- Figure 8: Rate of employment by age, 2005–2008 (employed persons as percentage of total population of same age). Source: Statistisches Bundesamt, Mikrocensus, Fachserie 1, Reihe 4.1.1: Bevölkerung und Erwerbstätigkeit, from Bäcker et al. 2010, p. 11.
- Figure 9: Number of persons employed in jobs covered by compulsory social insurance (fulltime and part-time), by age and in % of total population, as of June 2008. Source: Statistik der Bundesagentur für Arbeit, from Bäcker et al. 2010, p. 16.
- Figure 10: Number of regular workhours per week of those employed of retirement age (60–69 years). Source: Brüssig 2010b, p. 12.
- Figure 11: Elderly unemployed (55 to 65 years), 2001–2010. Source: Bundesagentur für Arbeit, Arbeitsmarktstatistik, from Bäcker et al. 2010, p. 27.
- Figure 12: Elderly unemployed (55 to 65 years) in East and West Germany, 2001–2009, in % of all unemployed. Source: Bundesagentur für Arbeit, Arbeitsmarktstatistik, from Bäcker et al. 2010, p. 29.
- Figure 13: Long-term unemployed 55 to 65 years, 2001–2010, in absolute numbers and in % of all unemployed elderly. Source: Statistik der Bundesagentur für Arbeit, 2010, from Bäcker et al. 2010, p. 30.
- Figure 14: Outflow from unemployment of those over 55 years (in %). Source: Statistik der Bundesagentur für Arbeit 2010, from Bäcker et al. 2010, p. 32.
- Figure 15: Unemployment rates of those 55–65 years old in selected cities and counties, April 2010. Source: Statistik der Bundesagentur für Arbeit, 2010, from Bäcker et al. 2010, p. 31.
- Figure 16: Main reason for leaving last employment. Source: Mikrocensus in comparison with EU Workforce Survey, © Statistisches Bundesamt, Wiesbaden 2008, from Puch 2009).
- Figure 17: Age at retirement, including disability and old-age pensions, 1980–2009/30. Up to 1993: West Germany, since 1993: all of Germany. Source: Deutsche Rentenversicherung Bund 2010, Rentenversicherung in Zahlen, Berlin, retrieved from www.sozialpolitik-aktuell.de.
- Figure 18: Age at first pension payment by age cohort, birthyears 1904–1943/31. Source: Deutsche Rentenversicherung 2009, Rentenversicherung in Zeitreihen, Berlin, retrieved from www.sozialpolitik-aktuelle.de.
- Figure 19: Average pension by type of pension and sex, in East and West Germany, 2009. Source: Deutsche Rentenversicherung 2010: Rentenversicherung in Zahlen, Berlin, retrieved from www.sozialpolitik-aktuell.de.
- Figure 20: Development of net pension level before taxes 1985–2023, based on net standard pension before taxes (45 years of paying into pension fund), in % of average yearly income. Source: up to 2008: Deutsche Rentenversicherung Bund 2009: Rentenversicherung in Zeitreihen, Berlin; from 2009

on: Bundesregierung: Rentenversicherungsbericht 2009, Berlin, retrieved from www.sozialpolitik-aktuell.de.

- Figure 21: Pension payment and pension level in West Germany. Source: DIW Berlin 2010, from Geyer and Steiner 2010, p. 8.
- Figure 22: Pension payment and pension level in East Germany. Source: DIW Berlin 2010, from Geyer and Steiner 2010, p. 8.
- Figure 23: Routes, length of routes and number of routes per day by age, MiD 2008. Source: infas, DLR, from BMVBS 2010, p. 75.
- Figure 24: Rates of mobility and mean number of trips by age, 2002 and 2008 (MiD 2008). Source: infas, DLR, from BMVBS 2010, p. 75.
- Figure 25: Reasons for trips by age group (in %), MiD 2008. Source: infas, DLR, from BMVBS 2010, p. 76.
- Figure 26: Reasons for trips by sex and age group (in %), MiD 2008. Source: infas, DLR, from BMVBS 2010, p. 76.
- Figure 27: Traffic volume by means of transportation and age group (in %), MiD 2008. Source: infas, DLR, from BMVBS 2010, p. 77.
- Figure 28: Possession of driver's license by sex and age in the years 2002 and 2008 (MiD 2008). Source: infas, DLR, from BMVBS 2010, p. 71.
- Figure 29: Share of MPT by sex and age group, 2008 (MiD 2008). Source: infas, DLR, from BMVBS 2010, p. 94.
- Figure 30: Use of public transportation and nonmotorized personal transportation by sex and age group, 2008 (MiD 2008). Source: infas, DLR, from BMVBS 2010, p. 104.
- Figure 31: Bicycle use by age group, 2002 and 2008 (MiD 2008). Source: infas, DLR, from BMVBS 2010, p. 106.
- Figure 32: Use of bicycle helmet by age, 2008 (MiD 2008). Source: infas, DLR, from BMVBS 2010, p. 107).
- Figure 33: Age structure of population 2008. Source: Statistisches Bundesamt 2010: Bevölkerung und Erwerbstätigkeit, Bevölkerungsfortschreibung, Fachserie 1, Reihe 1.3, Wiesbaden, in: www.sozialpolitik-aktuell.de/tl_files/sozialpolitik-aktuell/_Politikfelder/Alter-Rente/Datensammlung/PDF-Dateien/abbVIII3.pdf.
- Figure 34: Population by age groups and sex, 2008. Source: Statistisches Bundesamt (2010): Bevölkerung und Erwerbstätigkeit, Bevölkerungsfortschreibung, Fachserie 1, Reihe 1.3, Wiesbaden, in: www.sozialpolitik-aktuell.de/tl_files/sozialpolitik-aktuell/_Politikfelder/Alter-Rente/Datensammlung/PDF-Dateien/abbVIII3.pdf.
- Figure 35: Proportion of employed persons with and without pensions, by age (60–69 years), cross-section 2007 (in %). Source: Microcensus 2007, own calculations, from Brussig 2010b, p. 8.
- Figure 36: Number of years contributing to pension fund required to ensure basic social needs. Source: Own calculations, from Bäcker and Kistler 2009, p. 31.
- Figure 37: Overlap of basic social needs and pension with decreasing pension level. Source: Own calculations acc. to Rentenversicherungsbericht 2009, from www.sozialpolitik-aktuell.de.
- Figure 38: Settlement patterns by regional types, 2009. Source: Ongoing observations of the BBSR. Geometric basis: BKG, counties, 31 Dec. 2009. © BBSR Bonn 2011.

