



# Health check-up



Field of action 2: Improving the early detection and treatment of diabetes



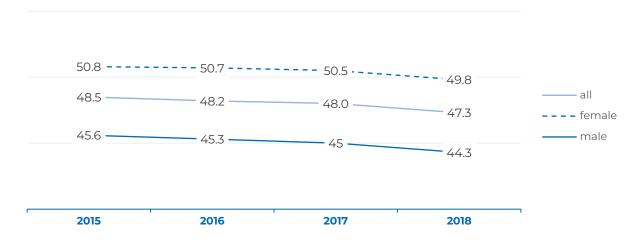
# **Background**

The health check-up includes a series of medical examinations aimed at identifying potential diseases and their risk factors as early as possible. Since April 2019, these examinations have been offered once every three years under the name 'Health check-up' for people aged 35 years and over and once for people aged between 18 and 34 years (former notation 'Check-up 35' for people aged 35 years and over and offered once every two years) [1].

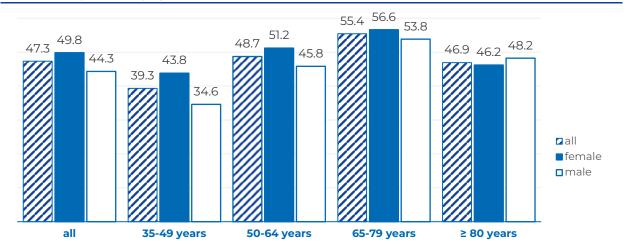
# Key messages

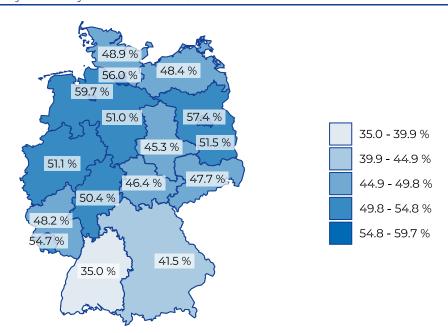
- ▶ Almost half of the people covered by statutory health insurance in 2018 have attended a health check-up in the last two years.
- ► The proportion of eligible people who attended a health check-up in the last two years has decreased slightly.
- ▶ Over time, the proportion of women with statutory health insurance who attend health check-ups is consistently higher than that among men.

**Figure 1**: Temporal development of the proportion among adults covered by SHI (aged 35 years and older) who have attended a health check-up in the last two years in % by sex between 2015 and 2018 (age-standardised).



**Figure 2**: Proportion among adults covered by SHI (aged 35 years and older) who have attended a health check-up in the last two years in % by age and sex in 2018.





**Figure 3:** Proportion among adults covered by SHI (aged 35 years and older) who have attended a health check-up in the last two years in % by federal state in 2018.

# Results

Between 2015 and 2018, there was a slight reduction to 47.3% (49.8% for women, 44.3% for men) in the proportion of people with statutory health insurance who attended a health check-up within the last two years. The percentage of people who attend the offered health examinations increases with age, but decreases again among people aged 80 years or over to 46.9%. Data show for both women and men that people in Bremen and Berlin have significantly higher rates of uptake compared to Bavaria and Baden-Württemberg.

# Conclusion

The proportion of people with statutory health insurance who have attended a health check-up within the last two years has declined slightly over time. Participation increases with age, with women taking significantly more advantage of health check-ups than men on average. However, large differences in the uptake of health check-ups were identified by region. It is important that these differences are taken into account during the development of targeted measures to increase the uptake of health check-ups. Analyses [2, 3], which used data from the 2009 and 2010 German Health Updates (GEDA) studies, found lower uptake of health check-ups to be associated with low socioeconomic status and health risks such as smoking and physical inactivity.

# Methodology and data sources

#### **Definition**

The indicator health check-up is defined as the proportion of people with statutory health insurance who have completed the health check-up within the last two years.

### Reference population

People with statutory health insurance aged 35 years and over (for data before 2019)

#### Data source

Documentary data on statutory health screening from the Central Research Institute of Ambulatory Health Care in Germany (Zi) for the years 2015 to 2018

### Calculation

- ▶ **Observed values:** The proportion of people with statutory health insurance who have completed the 'Check-up 35' health check within the past two years, estimated for 2015 to 2018.
- ▶ **Age standardisation:** Direct age standardisation used five-year age groups for the ages 35 to 39 until 75 to 79, and a separate group for over 80s. Adults aged 35 or above in Germany's resident population as of 31 December 2018 were used as the reference population.

### **Data quality**

Documentary data on health screening by the Zi provide information on participation in health check-ups by people with statutory health insurance as of the age of 35 years and older (for data before 2019). Data quality depends on documentational practices. No data is included on people with private health insurance.

#### Data download

Robert Koch Institute. (2024). Results of the National Diabetes Surveillance 2015 – 2024 [Data set]. Zenodo. <a href="https://doi.org/10.5281/zenodo.14935276">https://doi.org/10.5281/zenodo.14935276</a> (in German)

#### References

- Gemeinsamer Bundesausschuss (G-BA). Richtlinie des Gemeinsamen Bundesausschusses über die Gesundheitsuntersuchungen zur Früherkennung von Krankheiten (Gesundheitsuntersuchungs-Richtlinie). Zuletzt geändert am 20.11.2020, veröffentlicht im Bundesanzeiger AT 11.02.2021 B1, in Kraft getreten am 12.02.2021. 2020 [cited 21.08.2024]. Available from: <a href="https://www.g-ba.de/richtlinien/10/">https://www.g-ba.de/richtlinien/10/</a>.
- 2. Hoebel J, Richter M, Lampert T. Social status and participation in health checks in men and women in Germany: results from the German Health Update (GEDA), 2009 and 2010. Dtsch Arztebl Int. 2013;110(41):679-85. Epub 20131011. doi: 10.3238/arztebl.2013.0679.
- 3. Hoebel J, Starker A, Jordan S, Richter M, Lampert T. Determinants of health check attendance in adults: findings from the cross-sectional German Health Update (GEDA) study. BMC Public Health. 2014;14(1):913. doi: 10.1186/1471-2458-14-913.

## **Imprint**

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