



Reduced earning capacity pension



Field of action 4: Reducing the burden and costs of disease

Background

Diabetes can seriously limit physical functioning and thus compromise the ability to work [1]. People who receive a reduced earning capacity pension are unable to work at full capacity.

Key messages

- ▶ The number of reduced earning capacity pensions based on a diagnosis of diabetes decreased over time, while figures are lower for women than for men.
- ▶ There are clear differences at federal state level in the number of people receiving a pension due to reduced earning capacity, which differ by more than 2-fold between single federal states.
- ▶ In regions with high regional socioeconomic deprivation the rate of reduced earning capacity pensions is higher than in regions with low deprivation.

Figure 1: Temporal development of the number of reduced earning capacity pensions due to diabetes per 100,000 people insured by sex between 2013 and 2022 (age-standardised).

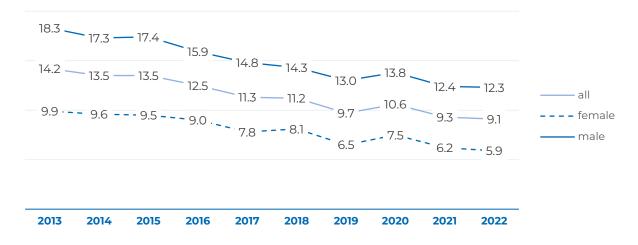


Figure 2: Number of reduced earning capacity pensions due to diabetes per 100,000 people insured by age and sex in 2022.

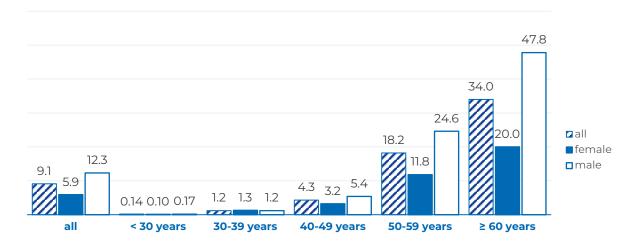


Figure 3: Number of reduced earning capacity pensions due to diabetes per 100,000 people insured by regional socioeconomic deprivation and sex in 2022.

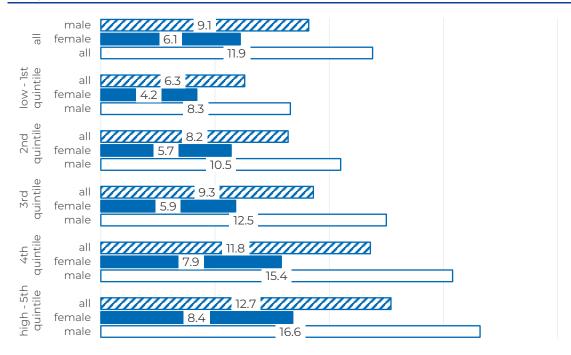
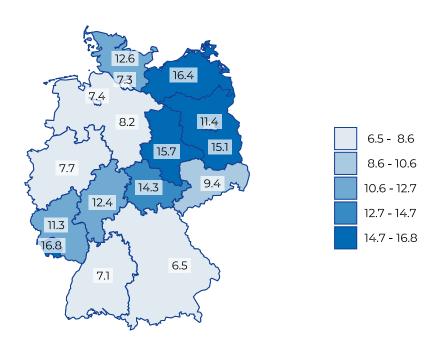


Figure 4: Number of reduced earning capacity pensions due to diabetes per 100,000 people insured by federal state in 2022.



Results

Between 2013 and 2022, there was a reduction in the number of reduced earning capacity pensions due to diabetes for both sexes per 100,000 people insured with the German Statutory Pension Insurance Scheme. In 2020, the first year of the pandemic, the rate had increased slightly. Women consistently showed lower rates of pension due to a reduction in earning capacity, and most recently this was 6.1 for women compared to 11.9 per 100,000 actively insured men. Clear differences can be seen at federal state level in regard to reduced earning capacity pensions due to a primary or secondary diagnosis of diabetes. In 2022, for example, people in Saarland (16.8) and Mecklenburg-Western Pomerania (16.4) received comparatively more pension payments due to a reduction in earning capacity than in Hamburg (7.3), Baden-Wuerttemberg (7.1) and Bavaria (6.5). In regions with high socioeconomic deprivation significantly higher rates can be found than in regions with low deprivation, for both women and men.

Conclusion

There is a declining trend in the number of reduced earning capacity pensions granted to both women and men due to a primary or secondary diagnosis of diabetes with the exception of the first year of the COVID-19 pandemic 2020. The number of persons with diabetes receiving a pension owing to a reduced earning capacity varies by region and corresponds to diabetes prevalence. Regions with high socioeconomic deprivation are also associated with higher diabetes prevalence [2], which contributes to the higher rates of pensions due to a reduced earning capacity in these regions.

Methodology and data sources

Definition

The indicator reduced earning capacity pension is defined as the number of pensions granted due to a primary or secondary diagnosis of diabetes (E10.- to E14.-) per 100,000 people who are actively insured (people in work who pay insurance) per year.

Reference population

The population that is actively insured by German Pension Insurance (including persons with marginal employment).

Data source

Statistics from German Pension Insurance, which include almost all of the 4,500 disability pension allowances granted annually due to a primary or secondary diagnosis. A total of around 40 million people are actively insured by German Pension Insurance.

Calculation

- ▶ **Observed values:** The number of primary and secondary diagnoses that lead to a disability pension in relation to 100,000 actively insured individuals.
- ▶ **Stratification:** The stratification by federal state is based on place of residence. Stratification by regional socioeconomic deprivation is based on the German Index of Socioeconomic Deprivation [3, 4]. The GISD provides information on all rural and urban districts and divides them into quintiles ranging from low to high socioeconomic deprivation. The indicator was

- calculated stratified for each quintile after linkage of the GISD with cases of reduced earning capacity pensions at the district level (ecological correlation).
- ▶ **Age standardisation:** Direct age standardisation used one age group for the ages under 30, five-year age groups for the ages 30 to 59, and a separate group for the ages 60 and over. The resident population of Germany as of 31 December 2022 with active statutory pension insurance was used as the reference population.

Data quality

A high quality, complete record of all new cases of pensions linked to benefits for policyholders. In particular, the database does not hold any data on civil servants or people in private/employer-based pension schemes.

Data download

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

References

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- 2. Kroll LE, Schumann M, Hoebel J, Lampert T. Regional health differences developing a socioeconomic deprivation index for Germany. J Health Monit. 2017;2(2):98-114. doi: 10.17886/RKI-GBE-2017-048.2.
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- 4. Michalski N, Reis M, Tetzlaff F, Herber M, Kroll LE, Hövener C, et al. German Index of Socioeconomic Deprivation (GISD): Revision, Aktualisierung und Anwendungsbeispiele. J Health Monit. 2022(S5):24. doi: 10.25646/10640.

External links

Deutschen Rentenversicherung (DRV). Statistikportal der Deutschen Rentenversicherung (DRV). [cited 28.08.2024]. Available from: https://statistik-rente.de/drv/extern/.

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