

# Citizens' Report for Health

## An Extract in English

Editor and ©:  
Society for Citizens' Reports  
(Gesellschaft für Bürgergutachten)  
Hilmar Sturm and Christian Weilmeier  
Albanistrasse 12 · 81541 Munich  
Germany  
<http://www.citizens-report.com>  
Contact: [info@citizens-report.com](mailto:info@citizens-report.com)

## Contents

A. Executive Summary .....	2
B. Introduction.....	3
1. Objective of the Study.....	3
2. Method.....	3
3. The participants .....	6
C. Main Results of the Study.....	8
1. Strengths and weaknesses of the German health system (AE 01).....	8
2. Widespread diseases: prevention and immunisation (AE 02).....	8
3. Healthy living: the role of behaviour, in particular nutrition and sports (AE 03).....	9
4. Healthy living: mental health (AE 04) .....	10
5. Environment and Health (AE 05).....	11
6. Work and Health (AE 06) .....	11
7. Education and information for a healthy living style (AE 07).....	12
8. Practical test of health information campaigns (AE 08).....	12
9. Target groups in health policy (AE 09) .....	12
10. Financing the public health insurance system (AE 10).....	13
11. Expenditures of compulsory health insurance for prevention (AE 11).....	13
12. Politicians hearing/Open Space (AE 12).....	14
13. Development of new strategic concepts for the health sector (AE 13) .....	14
14. Individual responsibility and solidarity with others (AE 14).....	14
15. A core concept for a prevention-orientated health reform (AE 15).....	15

## A. Executive Summary

This was the first time that the citizens themselves had a say in how they want their health system to be developed in order to prevent diseases and promote health.

The Bavarian State Ministry for Environment, Health and Consumer Protection asked randomly selected citizens to jointly work out their recommendations for a health reform. Over four full days, participating citizens from 16 to 89 years of age were advised by experts from science and practice, shared their experience and standpoints, discussed interests and options and deliberated about new ways of health policy.

The citizens panels were organised by the politically neutral Society for Citizens' Reports which also condensed them to a document called *Citizens' Report for Health (Bürgergutachten für Gesundheit)* containing descriptions of method, data about the participants, and detailed outcomes of the group discussions.

What citizens aim at is a balance between their own responsibility and effort and the support of the health system and the state. This support should consist mainly of information, education and also (in some defined areas) financial or similar incentives for less risky and healthier behaviour.

The topics discussed ranged from vaccinations and mental health check-ups, environmental and workplace aspects of health and financial questions to general outlooks for the development of health policy and medicine.

This condensed version in English contains only the most important parts of the 134-page Citizens' Report. For more information, please refer to this document or ask us.

*Dr. Hilmar Sturm* and *Dr. Christian Weilmeier*  
Society for Citizens' Reports

## B. Introduction

### 1. Objective of the Study

The health system is one of the central problem fields of politics and policy in most countries. The Bavarian State Ministry for Environment, Health and Consumer Protection has started down a new path with two main intentions:

- 1<sup>st</sup>, prevention and health promotion should be the core element of Bavarian health policy, and
- 2<sup>nd</sup>, the citizens themselves must have a voice in shaping the future basis and principles of health policy. They provide for solutions which are highly appropriate, practicable and which will be able to serve as the basis for a broad consensus.

The objective of the Citizens' Report on Health was to enable and foster civil participation in formulating reform options. The Bavarian State Ministry for Environment, Health and Consumer Protection, the commissioning body of this study, intended to obtain the opinions of ordinary citizens on the future main direction of health policy, namely whether it should be focused on disease treatment or more on disease prevention. The intention of the participatory approach is not to exclude traditional stakeholders such as interest groups, private companies or insurance firms in the process of policy formulation, but to add and consider the results of the Citizens' Report as one influence on policy formulation.

*The objective of the study was to develop a reform concept for health policy in Germany based on the needs, knowledge and creativity of "ordinary citizens", not of traditional stakeholders like experts and those with vested interests.*

### 2. Method

#### *The nature and core elements of the citizens' report process*

Deliberative civil participation is an innovative approach to legitimate public policy. The innovative and interactive model of democratic participation leads to distinct, detailed and creative proposals for the solution of public problems. Over the last 20 years, experience with democratic participation shows that most recommendations condensed in a so-called Citizens' Report have the common good as their objective. The basic idea is that the sovereign of a democratic state, the citizen, should elaborate solutions for political problems. In this case, citizens developed priorities and ideas for health policy. The random selection of participants allows representation of a broad range of groups in society.

The suggestions from the citizens panels receive a high level of public attention because they come from the citizens and not from stakeholders in the health system such as pressure groups or health insurance companies. The results provide a good basis for justification of future political decisions.

The core elements of the citizens' report or citizens panel concept are:

- Participants are randomly selected
- Members of a group work together for four full working days
- The group is given a programme of problems and questions to work through, formulated by experts
- Experts in each field are called in to give relevant information on discussion topics
- Results are documented in a "Citizens' Report"

This citizen participation system builds upon the belief that every citizen can contribute to the solution of a problem, if he/she is only informed sufficiently and given an enabling situation. Experience with this method confirms this assumption. In four days of working together, citizens can extend their knowledge to the extent that they are able to make complex judgements and develop creative solutions for pressing social problems.

*The transparent process of civil participation in political processes provides new, reliable and unfiltered qualitative data beyond traditional expert committees and surveys.*

### *The concept of team panels*

Between September 2003 and February 2004, 405 Bavarian citizens participated in 16 team panels at eight different places in Bavaria.<sup>1</sup> Each team panel consists of 25 citizens chosen randomly from the population, with the only prerequisite being that the citizens are older than 15. The data for selecting participants is provided by the local registration offices. Selected citizens receive a letter of invitation to participate in the panel, which usually between 10% and 15% take up. For the time (four days) and effort they dedicate, they receive a small amount of money (130 Euro).

The work in the team panel is a structured process. The central element is the small group, where five participants discuss problems and develop proposed solutions. These solutions are subsequently presented in the open forum. The small group composition is changed regularly during the process to prevent domination by a few people and to allow a maximum of personal contacts and opinion exchange.

Before the small groups take up work, all participants are addressed by selected experts. One or two (for controversial topics) experts inform the participants in 10–15 minutes about the topic followed by a question-and-answer session, which has to be of a merely factual nature (no "discussion" at this point). Then the participants split into small groups and discuss the presented topic by answering given questions. The small group will find and analyse problems and will have to agree on the outcome. The result of the group work will then be collected in the plenum and displayed on a pin board.

On average, for each topic, there are between 10 and 15 statements or recommendations

---

<sup>1</sup> The eight different places are: Landshut, Kronach, Neustadt an der Waldnaab, Traunstein, Bad Kissingen, Starnberg, Nürnberg (Nuremberg) and Augsburg.

on the pin board as a result of the group work. Each participant then receives five glue dots and is free to distribute them among the replies on the pin board, showing his or her support for them. There are no restrictions in splitting the glue dots between the replies or even not allocating them. That means that one person can “vote for” a certain statement with one or with more or all of his dots – or not vote for it at all. In other words, preferential voting and cumulative voting is possible.

Each team panel is moderated and co-ordinated by two process facilitators, who are obliged to stay strictly neutral and out of the deliberations and discussions. Within the team panel there is a real and exciting life and work atmosphere. The participants are aware that they represent the population and that the commissioning body takes their advice very seriously. In four days with eight working hours per day, they have been informed, have thoroughly considered and discussed various aspects of the health system and reform options.

The organisation of the team panels is outsourced by the commissioning body (the Ministry) to an independent institution (Society for Citizens' Reports) which specialises in organising such team panels and other processes of dialogue and participation. This is to ensure neutrality, namely that the Ministry cannot influence the discussions and results of the working groups to obtain their desired results. The independent company is also responsible for data evaluation and report writing and editing.

*In four-day long panels of 25, more than 400 randomly selected participants worked in small groups together to discuss and find solutions for given problems, with each panel moderated and co-ordinated by two process facilitators.*

#### *Work programme for the team panels*

All the team panels worked on the same topics and issues. There were four sessions each day, with duration of 90 minutes each. The citizens worked either from 8am to 4pm or from 9am to 5pm (see work programme table on the next page).

## WORK PROGRAMME

<i>First day</i>	<i>Second day</i>	<i>Third day</i>	<i>Fourth day</i>
AE 01: <sup>2</sup> Welcome and introduction into health policy	AE 05: Environment and Health	AE 09: Health policy for disadvantaged groups	AE 13: Development of new strategic concepts for the health sector
AE 02: Widespread Diseases, Prevention and Immunisation	AE 06: Work and Health	AE 10: Financing the state health insurance system	AE 14: Individual responsibility and solidarity for others
AE 03: Healthy Living: the Influence of Nutrition and Sports	AE 07: Education for a Healthy Living Style	AE 11: Disease-preventive expenditures of state health insurances	AE 15: A core concept for a prevention-orientated health reform (1)
AE 04: Healthy Living: Mental Health	AE 08: <i>Health information campaigns<sup>3</sup> (test)</i>	AE 12: <i>Discussion with politicians<sup>4</sup></i>	AE 16: A core concept for a prevention-orientated health reform (2) Evaluation, statistical survey

### 3. The participants

As already outlined, all 405 participants were randomly chosen from the population of eight different cities and counties in Bavaria. The participants represent all groups in society, different age groups and professions. This chapter presents the results of a questionnaire filled in by participants, containing data about gender, age, profession, education, social engagement, nationality and health condition. For evaluating representation of the sample of participants, some results will be compared with the national statistics of Bavaria.

<sup>2</sup> AE = Arbeitseinheit = work unit

<sup>3</sup> This section was in cooperation with different stakeholders displaying health campaign material at the locations of the citizen panel. The citizens had to think about the benefits and usefulness of each campaign and propose some changes. The results will not be displayed further in this abridged version.

<sup>4</sup> The content of this working unit was flexible and different for each of the eight locations. In five places, the citizens had some time to develop and discuss topics which they regarded as important, but felt were missing in the other working units. At three places, members of the Bavarian Parliament (Landtag) visited the working groups and discussed core political concepts for health policy. This direct dialogue is an important part of the method. Due to the incompatibility of results between groups, they will not further be elaborated in this report.

### *Gender and Age*

Out of all participants, 57.5% were female. This proportion is slightly higher than the proportion of women in the Bavarian population, which is 51.5%. Everyone above the age of 15 can participate in the team panels. Clustering the age of the participants and comparing it to the total population leads to following results: The age groups between 15 and 39 and above 75 were slightly underrepresented in the team panel, whereas all other age groups were overrepresented. The average variation was approximately 2%.

### *Professions and education*

The 405 participants mentioned 283 different professions varying from industry worker to farmer, i.e. from most sectors of economy and society.

In Germany, there are three main school levels: *Hauptschule* (9 years of school), *Realschule* (10 years) and *Gymnasium* (13 years). In the sample, 41% of the citizens were graduates of Hauptschule, 30% Realschule and 21% Gymnasium (or comparable schools). The education level of the participants is slightly higher than the average level for Bavaria, where the respective numbers are 49% of all people finishing Hauptschule, 19% Realschule and 17% Gymnasium.

### *Social engagement*

Social activity of the participants was evaluated by asking them about their membership of associations (e.g. sport, culture), political parties and civic action groups. Out of the 393 replies, 65% of all participants were members of one or more association, 8% in a political party and 5% in a civic action group. That means that "active" citizens are not overrepresented and that persons who used to be "tacit" citizens have taken part. Thus it is ensured that people from parts of society who do not usually take part in political processes have been given a voice and that the recommendations in this Citizens' Report reflect those which would be made by society as a whole if it were given the same information and time for dialogue and deliberation.

### *Nationality*

The great majority of participants were of German nationality (96%). Foreigners were underrepresented (4%) compared to official statistics (9%).

### *Health condition*

The objective of the participant selection process was not to select mainly sick people with a strong personal affiliation to the topic. The results display that the majority (66%) of the participants consider themselves to be in good health, 3% consider themselves to be in bad health and the rest think that they are neither healthy nor sick.

## C. Main Results of the Study

The results are summarised in the same order as the working units took place. The results displayed will be limited to the highest-ranked suggestions by the participants.

All recommendations in the work units 1 to 14 must be seen in the light of the final and main suggestions given in work unit 15: these results are the outcome of four full days of intense work and state a list of priorities for health policy.

### 1. Strengths and weaknesses of the German health system (AE 01)

First, the process facilitators outlined the citizens panel programme, then an overview of the health system in Germany was presented by experts. The introductory role of the first work unit was reflected in the approach to confront the citizens with questions on the general strengths and weaknesses of the German health system.

The area-wide coverage and good basic and emergency aid is regarded by the majority of citizens as the biggest advantage of the German health system. As second, participants mentioned the free choice of doctors and hospitals for everyone. They also regard the subsidiary principle and the highly qualified health sector personnel as positive aspects. Overall, citizens are satisfied with the health services.

As weaknesses, the citizens criticised the high level of bureaucracy and the high investments in prestigious buildings. Furthermore, they dislike the lack of cost transparency and cost control. (In Germany most patients don't get billed for health services; doctors and hospitals are paid directly by the health insurance funds. That is only one of the reasons why cost control through the patient is very limited.) Another disadvantage is that there are too many similar examinations of the same patient with the same disease done by different doctors and hospitals.

### 2. Widespread diseases: prevention and immunisation (AE 02)

A good way to stop the spread of diseases is preventive medical checkups. An early diagnosis of diseases helps to tackle them more effectively and to prevent epidemics of diseases such as influenza. The working unit had the objective to evaluate the necessity and possibility of creating incentives for vaccinations and preventive medical checkups.

First the results regarding the topic preventive medical checkups will be displayed (see next page):

Should incentives for preventive medical checkups be introduced? <sup>5</sup>			
<i>Yes, suggested incentives:</i>	<i>dots</i>	<i>No, these reasons speak against:</i>	<i>dots</i>
information campaigns, shaping of opinions	534	own personal responsibility	26
bonus system (e.g. awards)	447	uncertainty of patients goes up with more preventive medical checkups	15
preventive medical checkups should be free of cost	346	instead of incentives: detailed, statistics-based information	10
<i>points in favour of incentives</i>	<i>1,789</i>	<i>points against incentives</i>	<i>54</i>
<i>total number of points: 1,843</i>			

The result of this group work gives a very clear picture of the opinion of the citizens regarding preventive medical checkups. The majority of citizens endorse the idea of introducing incentives. Public information campaigns would help to make people more aware of the benefits of prevention, but a bonus system with direct financial benefits is almost as important. Only very few think that incentives would imply disadvantages and a decision should be the responsibility of each individual.

We will now outline the results regarding the advantages and disadvantages for introducing incentives for vaccinations:

Should incentives for vaccinations be introduced?			
<i>Yes, suggested incentives:</i>	<i>dots</i>	<i>No, these reasons speak against:</i>	<i>dots</i>
more public information, educational advertising	524	self-responsibility (vaccinations is own decision)	99
awards and bonuses, cost advantages	251	detailed information is enough	48
vaccinations should be free of cost	212	benefits of vaccinations are controversial	16
<i>number of points in favour of incentives</i>	<i>1,481</i>	<i>number of points against incentives</i>	<i>186</i>
<i>total number of points: 1,667</i>			

The result is very similar to the above result regarding preventive medical check-ups. The majority is for introducing incentives in the form of more educational information and also financial benefits. Some people think that decisions on vaccinations should be solely a personal responsibility and further incentives are not necessary.

### 3. Healthy living: the role of behaviour, in particular nutrition and sports (AE 03)

In Germany, health insurance is compulsory for most employees and covered either by a public health insurance fund or a private insurance company. The majority pay their contributions/premiums to the public health insurance (health insurance funds covering most

<sup>5</sup> Explanation of the numbers: The numbers are the counted glue dots allocated by the citizens to a suggestion in all working groups. The total number of dots is given in the last line of a spreadsheet. Furthermore, only the three suggestions with the highest rating will be displayed. For the full list of suggestions please consult the German version of this report. As described above, every citizen got 5 dots for his individual vote (after having taken part in formulating a certain suggestion). He or she could choose whether to give all his dots to one recommendation or to allot them to different suggestions (or to not attach them all; preferential voting and cumulative voting). Given a number of participants of approx. 400, suggestions with more than 200 dots could therefore represent the opinion of a majority of participants.

health costs for more than 70 million people).<sup>6</sup> The objective of this work unit was to think about the coverage for costs caused by unhealthy living styles and voluntarily-incurred risk. Currently, public health insurances cover these costs without limitations.

Should the consequences of unhealthy ways of living be covered by the public health insurances in future?			
<i>No, the following should be changed:</i>	<i>dots</i>	<i>Yes, for the following reasons:</i>	<i>dots</i>
higher subscription fees for smoker and other risk groups to the health insurance	402	problems with clustering risk groups and control	260
additional, private insurance for extreme sport activities	201	no discrimination	126
increase of taxes for alcohol and tobacco (and use the money for medical treatment of addicts)	182	due to liability in subscription, health insurances should pay	80
more public information about healthy ways of living is needed	132		
<i>points for exclusion of behaviour-driven health costs</i>	<i>1,121</i>	<i>points for further inclusion of behaviour-driven health costs</i>	<i>685</i>
<i>total number of dots: 1,806</i>			

In the same working unit, the citizens also had to answer the following questions: What behaviour should be fostered to improve or maintain public health? Most citizens see the support of general fitness and sport activities, more public information campaigns about health topics and the enhancement of self-responsibility and positive living attitudes as favourable options.

#### 4. Healthy living: mental health (AE 04)

The question for the citizens was to evaluate possible options for the promotion and protection of health of the soul and the mind for everybody. The results will be structured according to their importance (expressed in number of dots).

Most important is what the **individual** should do: trying to gain a positive living attitude, stress resistance (active coping with stressors) and satisfaction with work and leisure activities. Furthermore, everyone should show some self-initiative for staying healthy. In public, an open dialogue and discussion about psychological diseases will help to break taboos in society. Social integration of affected people would help to reduce social pressures.

The role of the **family** is to give love, support, self-esteem and security to all members. The parents should be positive examples for their children in dealing with mentally ill people. School and kindergarten also play an important role in avoiding psychological problems. The citizens see a demand for teacher training. The teacher or educator should have special knowledge about mental diseases, for only then will they be able to recognise the small signs of a developing disorder. Additionally, the average class or group size in schools or kindergarten is currently too large; smaller groups would allow more time for each child.

<sup>6</sup> An employee in Germany only has the choice of private health insurance if his/her monthly gross income exceeds € 3.862,50 (2004). Self-employed people also have the option of private health insurance.

The **government** has to strengthen the role of families, social engagement and should initiate public information campaigns to minimise discrimination against sick people. Mentally ill people need good medical treatment by well-educated doctors, and doctors should recognize that problems of the body are often caused by problems of the soul. Special and holistic/integral therapies are necessary.

**Employers** should create a positive working climate and environment and they should educate the leaders and professionals to handle mental diseases at work. In addition, the **media** must enhance the quality of shows and documentaries. More public information campaigns about psychological illness are necessary.

In summary, the citizens created a long list of possible courses of action for different stakeholders to prevent and/or to treat mental illness, to strengthen the soul and the mind and thus to avoid diseases of the body, too.

## 5. Environment and Health (AE 05)

### *General environment*

The environment can influence individual health both in a positive and negative way. Therefore, a closer examination of the link between health and environment seems necessary. In this working unit the tasks for citizens were to obtain the three biggest dangers to individual health and to make suggestions for reducing or eliminating those risks.

The citizens regard nutrition problems as the greatest environmentally-caused health risk. More and more goods contain antibiotics, hormones, heavy metals or unhealthy supplements. As second, the citizens stated the problem of air pollution. Thirdly, noise and toxins in the environment were mentioned as risk factors for individual health.

The results of the second question are displayed in the following table:

What can be done to reduce or eliminate environmental individual health risks?	<i>dots</i>
more support of environmental friendly energy and products	432
enforce more restrictive rules against smoking (bans, prevention)	172
more control	160
cheap public transport	148
reduce critical values	136
<i>total number of dots</i>	<i>1,947</i>

## 6. Work and Health (AE 06)

A person's working environment can cause illness for many reasons, varying from heavy physical work to social pressure from and other problems with colleagues. The question for the citizens was to think about some desirable changes to ensure that work has only positive impacts on health.

The majority of citizens stated that the enforcement of existing laws and regulations is the most important step. As one example, work security should not be neglected. Secondly,

the work social climate is a substantial factor in helping people to stay healthy. Problems should be discussed in an open and trustworthy way. Thirdly, regular training and information are necessary.

Employer and the management are responsible for such actions. Some cooperation, e.g. between the management and the worker is regarded as beneficial to create a healthier work environment. A minor role is played by the government, which can enforce regulations and security laws.

## 7. Education and information for a healthy living style (AE 07)

The focus of this work unit was to collect specific actions with the potential to foster healthy ways of living by education and information.

Please state five recommendations for educating and informing people about healthier ways of living:	<i>dots</i>
behave as a model for others (family, school, media etc.)	446
more public information campaigns and training	215
specific health spots in TV and radio	182
introduce new subject "health education" in schools	170
more information about health topics in kindergarten	158
support self-confidence and self-responsibility, break group pressures	126
advertising ban for alcohol and tobacco on TV	103
<i>total no. of dots</i>	<i>1,887</i>

As clear result, everyone should act as a model for others. This is regarded as the best way to foster health education in society with the greatest persuasive power. Other recommendations focus on necessary public action and new legislation (e.g. advertising bans).

## 8. Practical test of health information campaigns (AE 08)

In work unit 8 (AE 08) citizens "tried out" several offers for health prevention and promotion given by health insurance funds and organisations of pharmacists, the health ministry, cancer society etc. in the form of (fair) stands. The citizens tested the practice of health campaigns and made suggestions on how these could be improved.

Most attractive were free health tests (such as hearing and blood pressure) and offers of healthy food and activities to take part in.

## 9. Target groups in health policy (AE 09)

The topic of this work unit was to discuss the role of specific target groups in the health sector. The citizens were informed about the needs of handicapped people, people particularly in danger of contracting AIDS and other specific groups. These groups are small in number, but need special attention and treatment. The problem is that the health problems of such groups are often not widely discussed in public.

The participants collected a range of thoughts about the specific needs of such groups. Their ideas included: Preservation and enhancement of solidarity in society; human values must be more important than monetary factors. Elderly people should be respected, and more private initiatives for supporting them in daily life should be organised. Public buildings have to be easily accessible for handicapped people. Chronically ill persons should get a stronger voice in the health system. More counselling centres for AIDS and other endemic diseases are necessary. Finally, a stronger social engagement of citizens would be desirable.

#### 10. Financing the public health insurance system (AE 10)

This work unit had to deal with the question of how the services of the public health system should be financed. The focus of the discussion was on compulsory health insurance (regulated by federal law, but organised in more than 280 independent health insurance funds, "Krankenkassen") as it has revenue shortcomings and covers most of the health costs of more than 71 million people in Germany (of 82.5 million inhabitants). The objective was not to deliver a perfect strategic finance plan for them in future, but rather to elaborate general principles of funding and opportunities to improve their income situation.

The best way to improve the revenue of the state health insurances would be the expansion of the obligation to pay subscription fees to all citizens. At the moment, some groups, e.g. company owners, doctors, lawyers or architects, do not contribute to the state health insurances. Instead they pay into private insurance funds, which often provide better services and health treatment. Furthermore, income from sources other than work (e.g. interest rates or rent) is not currently subject to contributions. So one principle of funding should be: *Everybody* pays premiums on the basis of *all* his income.

Additionally, the citizens regard the lack of cost transparency as a problem of state health insurance. More cost transparency is needed to be able to manage the financing situation of the health insurance funds in a better way. Another set of comments referred to the government income from alcohol and tobacco taxes. This money should be spent within the health sector and not in other areas. It should be transferred to the compulsory health insurance system devoted to disease treatment and preventive measures.

#### 11. Expenditures of compulsory health insurance for prevention (AE 11)

Currently, the health insurance funds spend approximately 3% of their budget on disease-preventing activities, while the rest of the money is spent on disease treatment and administration. The citizens believe that the percentage for prevention is too low and should be increased. On average they recommend an increase to 11% of the budget of the health insurance funds (step by step over a time of some years). Most argue that higher expenditures for prevention and health promotion will save costs for treatment.

The next step was to work out specific actions to be taken in order to bring about this increase. The following list provides the results:

Priorities for disease-preventive spending by public health insurances should be:	<i>Dots</i>
health check-ups (e.g. for children, cancer detection, dental health)	880
training, consulting, health education and public information	414
Vaccinations	151
encouraging sport and physical exercises	88
<i>total no. of dots</i>	<i>1,904</i>

In the eyes of the citizens more prevention would help to lower the costs of disease treatment, leading to a lower total expenditure.

## 12. Politicians hearing/Open Space (AE 12)

A part of the citizens panels had in this work unit the opportunity to discuss topics of their own interest and thus bring in additional aspects. Another part of the panels discussed health policy with Members of the Bavarian Parliament (Landtag) – a “hearing” where the citizens hear and consider what politicians have to say. Topics chosen in the “open space” unit were for example: Cost control, medical technology, addiction, alternative medicine, the power of the pharmaceutical industry.

## 13. Development of new strategic concepts for the health sector (AE 13)

The fourth day started with a very broad topic, namely to think about some long-term basic development of the health sector. The question can be put as follows: What elements should be considered when developing a long-term strategy for the health sector?

In total the topic “integration and support of alternative courses of disease treatment” gained 662 dots. The citizens would like to have more attention and support for naturopathy, homeopathy and acupuncture and dislike the existing regulations where compulsory health insurance does not ordinarily cover the costs of such treatment. Currently, the different medical treatment methods are not dovetailed. The citizens would like to see more openness and interaction, but also recommend new quality standards for healers (alternative practitioners) and better education for doctors.

With less weight (168 dots), the next strategic recommendation refers to the field of medicine. The citizens believe that the power of the pharmaceutical industry is too great and should be restricted, as this would lower the price of medicine. Third, with 140 dots, they think that the payment scheme for doctors restricts communication between patient and doctor. Doctors do not get paid for longer consultation sessions, but only for treatment. More communication could help to prevent more diseases and to avoid often expensive, wrong treatment.

## 14. Individual responsibility and solidarity with others (AE 14)

This working unit was focused on the role and balance of individual responsibility and solidarity with others in developing a more disease-prevention orientated health system.

The citizens discussed some basic ideas about how individual responsibility should be encouraged and what each person can contribute to the health system on the basis of solidarity.

Self-responsibility and support			
How can the health system encourage people to make better use of disease prevention?	<i>Dots</i>	What can each person contribute to better prevention?	<i>Dots</i>
More and better prevention of diseases	452	be self-responsible	282
More and better information and education	436	develop willingness to contribute to prevention (e.g. in bonus systems)	265
introduce bonus systems	267	make use of offers for prevention	204
no extra fee for prevention and vaccinations	223	Help and support others	177
doctors should take more time for treatment	84	foster social engagement of people	177
<i>sum of dots</i>	<i>1,891</i>	<i>sum of dots</i>	<i>1,882</i>

The results demonstrate clearly that the citizens request more support for disease prevention, consisting chiefly of more check-ups and vaccinations, information and education. Bonuses for participating in these should be introduced, or at least they should be free of fees.

The contribution of the citizens should be to improve the management of individual self-responsibility. They have some openness towards contributing to the costs of a more preventive orientated health policy. Participants recommend that their fellow citizens take part in prevention programmes.

#### 15. A core concept for a prevention-orientated health reform (AE 15)

This chapter displays the final conclusion: the final result of the team panels. The objective was to summarise the discussions and results from the working groups in a concept which can be presented as the main outcome to politicians and other stakeholders. It reflects the opinion of the participants after working on the topic for four days. The citizens did not only have to think about desirable developments and changes, but also how they could be financed. The table provides an overview of the core results:

What should be changed in the health policy to make the current health system more disease-prevention orientated? Who should finance it?			
<i>Measures:</i>	<i>Dots</i>	<i>Financed by:</i>	<i>Dots</i>
More and better prevention of diseases	395	health insurance funds	170
		government	119
		increase of taxes for alcohol and tobacco	32
More and better information	254	government	67
		health insurance funds	47
		health industry	30

*table to be continued on next page*

more health education and sport in kindergarten and school	177	government health insurance funds school government bodies	130 10 8
strengthen self-responsibility	143	individual cost-taking health insurance funds bonus system	53 17 17
introduce a bonus system	114	health insurance funds premium per person government	68 17 13
more alternative courses of treatment, not only conventional western medicine	85	health insurance funds savings of medication costs government	44 14 13
introduce a "health passport" <sup>7</sup>	74	health insurance funds government	37 3
improve working conditions	46	economy companies and employees health insurance funds	31 6 3
improve environmental protection	46	industry income from fees local governments	25 14 6
<i>sum of dots</i>	<i>1,981</i>	<i>sum of dots</i>	<i>1,833</i>

This is only a list of the most important results. The citizens mentioned a broad range of further ideas which can not be displayed in detail in this condensed version, but can be found in the German full Citizens' Report or obtained on request from the editors (address see first page).<sup>8</sup>

## Conclusion

The cornerstone of a prevention-orientated health reform is *personal responsibility*. It must be promoted, encouraged and carried out primarily by information and education. More and better offerings of health prevention and promotion are necessary. Health policy has to be broadly based: It is not only a responsibility of the state; but many institutions, for example health insurance funds, employers' mutual insurance associations, journalists, doctors, associations – they all can and should, together and closely connected, help the individual in the task of living his or her life with full individual responsibility.

<sup>7</sup> Such a "health passport" should include data about diagnoses and treatments (among them current medication), special characteristics of the bearer etc. to prevent double diagnostic work and unwanted interaction of medications.

<sup>8</sup> In an appendix of the full German Citizens Report all recommendations given by the citizens in the last work unit are documented.