

Live healthy – stay healthy

Information on the topics of Children's Health,
Breast Cancer Early Diagnosis and Old Age
and Care



A Guide for Migrants in Lower Saxony
Available in 10 languages



Niedersächsisches Ministerium
für Soziales, Frauen, Familie
und Gesundheit



Impressum

Gesund leben – Gesund bleiben

Informationen zu den Themen „Kindergesundheit“, „Brustkrebsfrüherkennung“, „Alter und Pflege“. Ein Leitfaden für Migrantinnen und Migranten in Niedersachsen

Herausgeber:

Niedersächsisches Ministerium für Soziales, Frauen, Familie und Gesundheit |
Hinrich-Wilhelm-Kopf-Platz 2, 30159 Hannover | www.ms.niedersachsen.de

BKK Landesverband Niedersachsen-Bremen | Siebstraße 4, 30171 Hannover |
www.bkk-niedersachsen-bremen.de

Ethno-Medizinisches Zentrum e.V. (EMZ)
Königstraße 6, 30175 Hannover |
ethno@onlinehome.de | www.ethno-medizinisches-zentrum.de

Konzeption, Inhalt und Erstellung:
Ethno-Medizinisches Zentrum e.V. (EMZ)

Redaktion: Katja Ngassa Djomo, Stephanie Knostmann, Anna-Lena Krahn, Eva Schwarz,
Ramazan Salman

Lektorat: Heike Mönninghoff, Bernd Neubauer

Übersetzung: Übersetzungsdienst – Ethno-Medizinisches Zentrum e.V.

Gestaltung: eindruck (Gestaltung und Werbung), Hannover

Satz: Bernd Neubauer, Waake bei Göttingen

Quelle Titelbild © Arnaud Joron – Fotolia.com; Bilder Seite 5 und 10 www.fotolia.de

Wenn in diesem Wegweiser Personengruppen benannt sind, wird im Folgenden die männliche Schreibweise verwendet. Es sind aber weibliche und männliche Personen gleichermaßen gemeint. Dies geschieht aus Gründen des besseren Leseflusses und ist nicht als diskriminierend zu verstehen.

Alle Rechte vorbehalten. Das Werk ist urheberrechtlich geschützt. Jede Verwendung in anderen als den gesetzlich zugelassenen Fällen bedarf deshalb der vorherigen schriftlichen Genehmigung durch die Herausgeber.

Dieser Leitfaden ist in folgenden Sprachen erhältlich:

Deutsch, Englisch, Französisch, Italienisch, Polnisch, Russisch, Serbokroatisch, Spanisch, Türkisch, Vietnamesisch.

Stand: März 2009

Foreword

Dear readers

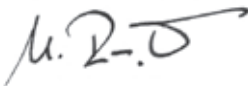
Health is a topic that concerns all of us – regardless of sex, age and origin. It is with this guiding thought that the “Three Generation Project” specifically targets migrants, with its focus thus on different age groups. As the patroness of the new state project “With Migrants for Migrants – Intercultural Health in Lower Saxony”, I am glad that this health guide is dedicated to three key issues: the health of children, women and older people.

The brochure aims to provide you with assistance and tips on how you personally can contribute to maintaining your health and thus your quality of life. As well as a health-conscious way of life, the German health system’s different choices help you. The brochure provides you with an overview of preventive measures and checkups for early diagnosis. In order that this important information really reaches everyone in Lower Saxony, the brochure is available in 10 languages.

At this point I would like to thank all those who are involved in the MiMi Initiative: the mediators, the project partners in Lower Saxony, the BKK State Association Lower Saxony and Bremen, as well as the Ethno-Medical Centre (EMZ) as project organiser.

Dear readers, take responsibility for yourself and your family, take preventive measures and participate in checkups and screenings.

Your health is my concern!



Mechthild Ross-Luttmann

Lower Saxon Ministry for Social Matters, Women, Family and Health

Contents

1. Tips for parents: children's health and accident prevention	4
Nutrition	4
Healthy teeth	6
If a child is sick	8
"U checkups"	9
Vaccinations	10
Protection against illnesses	11
Prevention of accidents	11
2. Tips for women: breast cancer early diagnosis and treatment	14
Risk factors	14
Early diagnosis	15
Breast cancer	17
Rehabilitation and after-care	19
3. Tips for senior citizens: age, care and health	20
Health in old age	20
Care in old age	23
Health insurance	29
Social welfare	30
4. Glossary	31
5. Addresses	34

Introduction

Health is all that matters! Health is a decisive prerequisite for a happy life: children can discover the world with their boundless energy, adults can cope better with day-to-day demands and enjoy life more, and senior citizens can stay fit and active longer, thus maintaining their independence.

Health is not a matter of course. This is why the German health system's initial support is not only for people who have already fallen ill; the statutory health insurance bodies assist their members right from the start in their efforts to maintain their health. The services available range from checkups in childhood and checkups for early diagnosis of breast cancer and other cancers to influenza vaccinations.

The present brochure, which was developed by the Ethno-Medical Centre (EMZ) in co-operation with its partners and sponsors, is intended to serve people of all age groups as a guide through the healthcare system. Parents find tips on how they can help to get their children off to a healthy start in life, and will be informed about the services the statutory health insurance bodies offer for their children. Women receive information on the early diagnosis and treatment of breast cancer – the most common form of cancer for women worldwide. Older people find out how they can stay healthy in old age and keep their independence as long as possible, and which choices are at their disposal if they require care or support in their daily lives.

Important terms are printed in italics and are explained in the glossary.

We would be delighted if this guide contributes to your living a healthy life.

1. Tips for parents: children's health and accident prevention

In the following pages you will find tips on healthy nutrition, dental hygiene, preventive checkups at the paediatrician, vaccinations and prevention of accidents – so that you and your children stay well!

Nutrition

Breast milk

Breast milk is the best nourishment for a newborn infant. It is easily digested, protects against constipation, infectious diseases and allergies. For this reason mothers should breastfeed as long as possible. If a member of the family suffers from an allergy it is particularly sensible to breastfeed the child up to the sixth month.

If there are breastfeeding problems, the nursing mother can obtain advice from other mothers, midwives, doctors or breastfeeding advisors. If breastfeeding still does not work, the child should be fed with ready-made milk products. These products can be bought at any supermarket.

Ready-made food

There are different products for babies at different ages:

When?	What?	Label on the packet
Until the end of the bottle-feeding phase	Infant food	Pre or 1
At the earliest from the 5th month	Follow-up food	2
With allergies	Special infant's formula Low-allergenic follow-up formula	HA Pre, Pre HA or HA 1 HA 2

(HA = hypoallergenic, which means causing fewer allergies, Pre = this milk is the one most similar to mother's milk)

Stick to the ages and amounts stated on the packet! The teat on the bottle should have a small drinking hole, so that the child has to suck just as hard as babies who are breast fed. Sucking is important for the development of the jaw and for swallowing. Apart from that, the baby can fall asleep better after its efforts.

Supplementary food

From the fifth to the seventh month mother milk and ready-made milk are not sufficient as food for the baby. This is why milk meals should be supplemented with additional food, for example mashed potatoes, vegetables and meat.

Baby food (mash) is available as pre-cooked food in small jars. If you want to prepare your own mash, the best ingredients are washed and peeled organic fruit and vegetables.

Milk is also important for small children, particularly for the development of strong bones and teeth.



Varied diet

From two years of age children need a diversified food mix, because they are growing and it is imperative for them to have certain nutrients.

Children need about 1 litre of liquids every day. The best are unsweetened teas and water. Juices and lemonades contain too much sugar.

Healthy teeth

Since sugar causes caries, children should only eat sweets occasionally and then, whenever possible, clean their teeth. There are also teeth-friendly children's chewing gums, which neutralise damaging acids. These are only suitable for children who are old enough not to swallow the chewing gum. Using cooking salt with fluoride for cooking food also gives teeth added protection against caries.

Dental hygiene

In order to help your children to have healthy teeth all their life, you should not only pay attention to nutrition but also to oral hygiene.

Until their second birthday, it is sufficient to clean inside children's mouths and brush their teeth before going to bed. From three years onwards, teeth should be cleaned twice daily with a children's toothbrush and children's toothpaste with *fluoride*. From the age of six, the child can use ordinary toothpaste. Until he goes to school, he should be supervised when brushing his teeth, and his parents should do the final brushing.

Important:

Infants and toddlers up to the age of 2 should have a vitamin D and fluorine tablet daily. From the age of 2 they get one fluorine tablet. This protects against caries and rickets, and supports the development of bones and teeth.

Please note: if a child is allergic to lactose or galactose he may not take these tablets!

Dental examinations

Children and adolescents should go regularly to the dentist, just as adults should. The statutory health insurance bodies cover the costs for the following checkups and preventive care:

Children (3 to 6 years old)

In three checkups for early diagnosis, the dentist checks for tooth, mouth and jaw sicknesses. He gives advice to the parents on oral hygiene, nutrition and providing fluoride.

Children and adolescents (6 to 18 years old):

At two visits to the dentist annually, teeth and mouth are examined, teeth are fluoridated and sealed against caries. Teeth hygiene is checked and practised, and the dentist explains about possible diseases of the teeth and mouth.



If a child is sick

Parents can take effective action against illnesses by observing their child carefully and watching out for changes such as unusual tiredness or lack of appetite.

If serious symptoms of illness occur (coughing, diarrhoea, earache, fever) children should be taken to the paediatrician immediately!

At the paediatrician

Most paediatricians have their surgery on all weekdays, in the morning and afternoon. On Saturdays and Sundays the surgeries are closed, but there is always a doctor in your vicinity who is on emergency call. It is best if you keep the paediatrician's telephone number within easy reach of the phone.

Emergencies

In urgent cases, with fractures, difficulty in breathing, fainting or heavy bleeding for example, you should call the general emergency number 112 or the nearest hospital.



“U checkups”

Even if your child is not acutely ill, you should go with him regularly to the paediatrician for checkups detailed in the “U booklet” (U stands for “Untersuchung”, i.e. checkup. This way the doctor can ascertain whether your child is developing normally, or if there are problems.

Checkup	Scheduled for:	Place
U1	Straight after the birth	In hospital or at home through the midwife
U2	Between 3rd and 10th day	In hospital or at the paediatrician
U3–U9	8 checkups (with the new U7a) until the child just turns six	At the paediatrician or <i>general practitioner</i>
U10 and U11	Between 7th and 8th, and between 9th and 10th year	At the paediatrician or general practitioner

The image shows the cover of the 'U-Booklet' (U-Untersuchungsbuch) for children and adolescents. The cover features a circular logo with a stylized face and the text 'KINDER-UNTERSUCHUNGSBUCH' and 'GESUNDHEITSCHEITUNG FÜR KINDER UND JUGENDLICHE'. Below the logo is a form with fields for name, date of birth, sex, and address, followed by a table for recording checkups.

Important:

You should bring your health insurance card and the *U booklet* with you to the checkups. Take your child’s *vaccination card* with you, too, so that your child can get the necessary vaccinations while he is at the surgery.



Vaccinations

Vaccinations are important for protection against dangerous infectious diseases and have to be boosted at regular intervals.

The statutory health insurance bodies cover the costs for the following children's vaccinations (please observe regional deviations!):

- Diphtheria
- Rubella (German measles)
- Whooping cough (pertussis)
- Hepatitis B
- Polio (infantile paralysis)
- Chickenpox (varicella zoster)
- Type B influenza
- Pneumococcal infections (e.g. of the lungs = pneumonia, or of the brain = meningitis)
- Meningococcal infection (e.g. meningitis)
- Tetanus
- Measles
- Mumps
- Human papilloma viruses for girls aged between 12 and 17 (cervical cancer)

Important:

At the time of vaccination your child ought to be healthy. If he is not well, the vaccination appointment should be postponed. If your child once showed an allergic reaction to a vaccination, if he is HIV positive or has a handicap, discuss it with your physician before vaccination!

Protection against illnesses

You can contribute a lot towards your child keeping healthy. Make sure that your child wears the proper clothing and shoes for the weather outside. Don't smoke in your flat and air well (open the windows wide several times a day for ventilation bursts), because mould grows in damp rooms – and this is very bad for your health. Room temperature should be between 18 and 22 degrees.

Your child should not spend too much time watching TV or at the computer. Make sure that he plays a lot outside in the fresh air and gets enough exercise. Make sure that your children learn how to swim at an early age.

Prevention of accidents

It is particularly important to be proactive in preventing accidents at home and on the roads. You can get detailed information about the causes of accidents and about accident prevention from the German Association for Children's Safety (Deutschen Gesellschaft für Kindersicherheit). The following tips are based on advice from this association.

While your children are still very small, make sure that all the electric sockets in your home have a child's lock on them. Teach your child that he is not allowed to go to the cooker by himself, and install a protective grid. For cupboards and drawers there are also childproof locks.

Care has to be taken on the roads, too. In the car, always fasten your child's seat belt. Small children should be seated in children's seats suitable for their age. Since April 2008, only children's seats, which have been tested according to ECE44/03 or higher, may be used (the first two figures of the authorisation number on the ECE-tested seal begin with 03 or 04).

Practise with your child properly that he never crosses a road without looking first to the left and right. Show him that he should only walk on the pavement. Give a good example and cross streets at pedestrian crossings (zebra crossings), and at traffic lights when they are green.

More important sources of accidents and how you can avoid them:

Stairs are particularly dangerous for children who are just learning to walk. Children who are still crawling should be kept away from stairs with a child-guard.

Floors should not be washed and left slippery, and should definitely not be waxed.

Carpets should not have folds and should lie on a slip-free surface. This applies in particular to bathmats on tiled floors.

Tablecloths, electric cables and furniture are popular with infants to pull themselves up. That is why shelves should be attached to the wall and cables properly secured. Plugs that are not being used should be pulled out of the socket and placed somewhere high up. Caution is necessary with standard lamps, which tip over easily. Hot drinks could be tipped over with the tablecloth. Children like

climbing into deep freezers and fridges. Caution: danger through suffocation or freezing to death!

Nappy-changing tables are high, and lively children can easily fall off them. Do not let your child out of your sight while changing his nappy, or simply change his nappy on the floor.

“Strollers” make your child faster than he should be. It is better to do without them.

Plastic bags can entice your child to pull them over his head. Many children have suffocated this way. So keep plastic bags out of the reach of children and warn your children of the danger.

Tassels or cords on clothes can get snagged on the slide and playground toys, in bus and lift doors or on the escalator. Do not use clothes with tassels or cords.

Toys should be appropriate for the age group so that small parts cannot be swallowed or inhaled.

Pillowcases and blankets for infants should be very light. A baby cannot free himself from heavy duvets.

Baths are so big that babies and toddlers can drown in them. That is why there are special baby baths. Older children should never be allowed to play unsupervised in the bath. Electrical appliances should be kept well away from the shower and bath.

Drugs and medicines, cigarettes (stubs, too) and alcoholic drinks are poisonous for children. Keep these out of the reach of children!

Detergents and washing agents, bodycare products (e.g. nail polish remover) are also partly poisonous. These, too, ought to be stored out of the reach of children.

Poisonous plants sometimes look enticing. If your child eats the blossoms, leaves or berries it can be dangerous. Get rid of poisonous plants in your house and garden. Moreover, children ought to be told that they are not allowed to eat unknown fruit.

Flying a kite is great fun in autumn. Look for a suitable place for yourself, i. e. an open space without power lines, so that the kite string cannot get caught in them (danger of electrocution!).

In the winter, frozen, **icy expanses of water** are an invitation to play. But every



year children and adults break through the ice and drown. Never let children go onto ice unsupervised.

Dogs and cats do not put up with everything. Do not leave small children alone with pets. Older children should learn how to deal with pets.

2. Tips for women: breast cancer early diagnosis and treatment

Worldwide, breast cancer is the most common form of cancer affecting women. The good news is that more and more breast cancer patients can be cured: 70 per cent of women suffering from cancer survive. But while the rate of German women contracting the disease is decreasing, it is increasing, for example, among Turkish women living in Germany.

Risk factors

There is not one definitive *risk factor* for breast cancer. However, science has discovered a series of factors, which can increase the risk of contracting breast cancer.

Genetic disposition: Experts assume that 5 to 8 per cent of all breast cancer patients have an inherited or inheritable risk.

Nutrition and exercise: Studies indicate that a low-fat diet with lots of fruit and vegetables, plus regular exercise reduces the risk of breast cancer. Overweight women contract breast cancer more frequently after the menopause.

Environment: Many substances, for example radioactive material, contribute to the development of cancer illnesses.

Age: The risk of contracting cancer increases with age. The average age of contracting the disease is 63 years, and only 20 per cent of patients are younger than 50.

Hormones: Studies give reason to suspect that the long-term intake of hormones promotes the development of breast cancer. Taking contraceptive pills also increases the risk slightly.

Childlessness and late motherhood: Childless women and women who had their first baby after the age of 30 seem to have an increased risk of breast cancer. Conversely, every period of breastfeeding reduces the risk.

Previous breast cancer: Women who have already had breast cancer are at a higher risk of a relapse.

Mastopathy: Mastopathy is understood to mean abnormal changes in the breast that are benign in themselves. With a particular form of mastopathy (stage III), the risk of breast cancer increases.

Alcohol: The consumption of alcohol generally encourages cancer.



Early diagnosis

The aim of early diagnosis breast cancer is to discover the presence of the disease as early as possible, in order to increase the chances of recovery. For the early diagnosis of breast cancer, doctors recommend: self-examination, palpation (examination by touch) by the doctor and regular x-rays of the breast (*mammography*).

Self-examination by touch

Where and when?

- In front of the mirror, while having a shower or putting on cream
- On the 7th day after your period starts
- If you no longer have a period, on a certain day every month

You look for

- Knots or swollen areas, changes in the size of your breast, dimples or creases, areas which look like orange-peel skin and red or warm areas.

How?

From your collarbone to underneath your breast, including the breast tissue under your arms

- With your three middle fingers (fingers are flat and close together, see diagram)
- Imagine your breast as a clock, and begin feeling from your collarbone (12 o'clock)
- Feel with the pads of your fingers, not with your fingertips, making small, circular movements towards your nipple.
- Repeat this for every hourly position (see diagram)

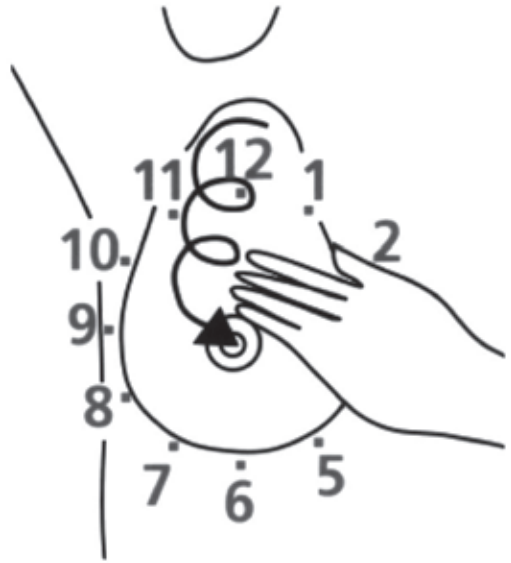
Many changes in the breast are discovered by a woman's partner. By all means let your partner help you with the touching.

Palpation by the doctor

The statutory health insurance bodies offer women over 30 the possibility of having their breast examined for changes once a year by their gynaecologist.

X-ray pictures of the breast (mammography)

During a mammogram the female breast is x-rayed. Women with statutory health insurance cover and aged between 50 and 69 years of age are invited every two years to a *mammography screening*.



The costs are covered by the statutory health insurance bodies.

According to the Federal Ministry of Health, regular participation in mammography screening of women aged between 50 and 69 can reduce the mortality rate by a quarter. Under 50-year olds and over 69-year olds with statutory insurance are only entitled to mammography if they are suspected of suffering from breast cancer.

When do I have to go to the doctor?

- Pain
- Changes in the form, size or position of the breast
- Changes in the skin of the breast, dimples or bumps
- Changes in the nipple
- Hardening/lumps in the breast or under the armpits

- Sudden and inexplicable loss of weight
- Different behaviour of breasts when arms are raised
- Watery, bloody excretion
- Sudden and constant inflammation of skin in the breast area

Nearly every woman feels a change in her breast at some point in her life, but in over 80 per cent of cases these are **benign sicknesses**. However, the next step of going to the doctor should be taken as soon as possible: on the one hand, so as not to suffer unnecessarily from worry and fear, on the other hand, so as to be treated as soon as possible in case the diagnosis is “*cancer*”.

In order to determine whether a change is cancerous, a tissue sample is taken (biopsy). Cell/tissue material is extracted with a hollow needle and then examined.

Important:

An ominous diagnosis does not automatically mean that a woman is suffering from breast cancer.

Breast cancer

What is breast cancer?

Tumours arise through uncontrolled cell division. In malignant tumours the altered cells reproduce themselves, grow into the tissue and destroy it. Via the bloodstream and lymphatic vessels they can reach other organs and create tumours (metastases). When a woman is diagnosed with breast cancer it is important for her, despite the diagnosis, to take the time to find out all about possibilities of treatment, clinics etc. The woman in question will certainly have to undergo further examinations in order to determine how serious the illness is.

Therapy

Medical development has ensured that treatment has become gentler, and breast amputations are more seldom today than before. Operations are carried out in 70 per cent of cases, with one of the objectives being to save the breast. The therapy depends on the size of the tumour, its spread and position, the size of the breast, the patient’s age and her own wishes. The treatment consists of an operation, in most cases radiation therapy and, as required, medical therapy (anti-hormonal therapy, chemotherapy).

Operation

One single operation is mostly enough nowadays. During the **breast-saving operation** the tumour and a part of the surrounding healthy tissue are removed. It is possible to operate and save the breast if a single tumour growing in a locally-limited area is involved.

Amputation of the breast can be necessary,

- if there are several tumours,
- if it is a single inflamed carcinoma,
- if a tumour cannot be removed completely, while still saving the breast,
- if post-operative radiation is not possible or not wanted, or
- if a patient considers an amputation safer than a breast-saving operation.

The removal of axillary lymphal nodes is often part of a breast operation. These are removed in order to determine whether lymphal nodes have been invaded by the cancer, and if so, how many.

Hormone therapy

Around three-quarters of malignant tumours have hormone-dependent growth: the female sexual hormone oestrogen encourages the growth of cancer cells. During the hormone therapy so-called "anti-hormones" are applied in order to slow down the growth of cells.

Radiation therapy

Radiation therapy is a frequently used method of treatment for breast cancer. After a breast-saving operation, the tumour cells that perhaps remain are destroyed with high-energy rays, or inhibited in their growth. The radiation therapy lasts for about six weeks, with several appointments a week in the clinic or at a radiation therapy practice.

Chemotherapy

Between the operation and radiation therapy, chemotherapy is often carried out additionally for breast cancer patients, to reduce the risk of a relapse and to slow down the formation of metastases. The medication is administered in several time blocks, spreads throughout the body and inhibits the division of cells everywhere. Thus, undiscovered tumour cells are also reached.

Restructuring of the breast and other possibilities

If the breast has to be removed, or if the appearance after an operation is perceived as troubling, breast cancer patients have three possibilities: they can wear cotton-wool inlays or external prostheses in their bra, have a plastic breast implanted or decide on breast reconstruction with their own tissue.

Moral support

Supplementary to the therapy, hospital psychologists, cancer advice centres and self-help groups can assist in coping with physical and mental suffering, and in developing a new perspective on life.

Rehabilitation and after-care

Rehabilitation

Rehabilitation can be effected either as an in- or out-patient. In-patient rehabilitation takes place in rehabilitation clinics. For the out-patient alternative, the patient goes to a rehab facility near her home from Mondays to Fridays, and spends the nights and weekends at home.

After-care

Post-operative after-care lasts for three years. Every three or six months, a mammogram is made of the diseased/operated breast, and once a year of the healthy breast. In the two years following, a mammogram is carried out at certain intervals.



3. Tips for senior citizens: age, care and health

Health in old age

According to the definition of the World Health Organisation, an old person is one who is 65 years of age or older. Studies have shown that migrants feel old at a much earlier stage in life (from the age of 60) than average, and have an increased risk of bad health in old age. They get an invalidity pension more frequently, and suffer more often from chronic or multiple illnesses and handicaps. These impairments have several causes: having to leave their homeland, friends and family in order to look for work in a foreign country and build up a new life – all of this weighs them down. Apart from that, many migrants perform hard physical work. But with targeted prevention, well-being in old age can be enhanced.

Eating and drinking

Feeling thirsty and hungry lessens in old age. But eating and drinking are extremely important.

On the one hand, a balanced and ample diet is ideal, because a poor or insufficient diet makes the body weak. On the other hand, older people should avoid too much food and the resulting overweight.

Older people should

- have a lower intake of fats and carbohydrates,
- favour food rich in protein and fibres (lots of milk/milk products),
- drink little alcohol,
- not eat many sweets or salt and
- eat fruit and vegetables every day.

For some illnesses a special diet is required. For elderly persons who can no longer cook for themselves, and whose relatives cannot take over this task, there are **meal services** (meals on wheels), which are provided by *welfare institutions* (for example Caritas, Arbeiterwohlfahrt, Diakonie and DRK).

Older people should drink at least two litres daily. Persons suffering from heart problems or kidney diseases should probably drink less. In such cases it is sensible to discuss it with the doctor.



Immunization

For older people infections are usually more serious than for young people. For this reason they ought to avoid contact to infected persons, for example during the influenza period. Daily exercise builds up the immune system.

The Robert Koch Institute recommends that older people be immunized against the following:

- Influenza, once a year
- Pneumonia, every six years
- Tetanus/diphtheria, every five years

Statutory health insurance bodies cover the costs of these immunizations.

Medication

In old age, sometimes several illnesses appear at the same time. The number of drugs prescribed and administered rises accordingly. These often interact, have side effects and lead to circulatory problems, for example, or to confusion, kidney problems or impairment of movement. Pay close attention to the correct dosage.

Pain

Some older people have pain related to their sickness, or chronic pain. Since pain restricts the quality of life and can lead to being bedridden, with other sicknesses as a result, pain should be treated professionally with drugs, physiotherapy and other therapeutic alternatives.

Severely ill persons with statutory health insurance, who have a limited life expectancy, have had a right to care through so-called palliative care teams since 2007. These teams of doctors, carers and therapists visit patients at home. It is their task to relieve pain and symptoms such as acute shortness of breath, nausea or vomiting. Such care can be prescribed by practicing doctors or hospital doctors.

Rehabilitation

After a stroke, a broken hip or the onset of old-age-related diseases, a rehab measure can contribute to a patient retaining his independence, despite his complaints, thus avoiding a move into a nursing home. In Germany, everyone has a statutory right to rehabilitation.

For their rehabilitation, patients can attend **day clinics or out-patient rehab centres**. However, most rehabilitation measures take place in **clinics, on an in-patient basis**.

Self-help and relatives' groups

In Germany there are about 100,000 self-help groups, which meet regularly and try to show people ways of coping better with their illnesses. They provide contact, impulses for people to structure their lives and a social network.

Caring relatives also find sympathy for their problems at self-help groups.

Being content in old age

Contact to friends, family and acquaintances can enhance contentment in old age. That is why it is nice if older persons can continue to have their tasks within their family and pursue their hobbies. A healthy lifestyle, but also little helpers such as memory training, a suitable hearing aid or the right glasses, help people to enjoy old age.

Care in old age

For older people who suddenly need care or are perhaps even bedridden, there are all kinds of help on offer – for their relatives, too.

Financial benefits of nursing care insurance

Nursing care insurance has existed in Germany since 1995. Its objective is to support the elderly and their relatives financially when old people become long-term care cases.

Insured persons are entitled to benefits under the nursing care insurance system provided they

- have paid in contributions for at least two of the last ten years before making application,
- have been assessed by the Medical Service of the Health Insurance Bodies (Medizinischer Dienst der Krankenversicherung = MDK) as being dependent on care or
- have been considerably dependent on help with their normal, daily chores and regularly recurring tasks for at least six months – in areas relevant for dependence on care, which means personal hygiene, nutrition, mobility and housework.

Advice on care

From 01.01.2009, persons who receive services from under nursing care insurance have a right to individual advice on care. You can get further information on this from the nursing care insurance body.

Nursing allowance and material benefits

If an older person is being cared for by relatives or friends, and the nursing care, insurance body has acknowledged his dependence on care, he receives a monthly nursing allowance that depends on the *level of care*. Persons in need of care, who cannot be looked after by members of their family, are entitled to care-related material benefits. In this case, professional carers take over the provision of care and the nursing care insurance body covers part of the costs, depending on the level of care.



Under certain circumstances, migrants from EU countries who are entitled to benefits under the nursing care insurance scheme can receive a nursing allowance also in their country of origin. Material benefits cannot be transferred to another country.

Dependence on care and levels of care

Persons in need of care are assigned to three different levels of care. This takes place after a report has been compiled by the MDK. Different levels of financial benefits are related to the three levels of care.

Care level I is for persons considerably dependent on care, **care level II** is for persons heavily dependent on care, and **care level III** is for persons extremely dependent on care who require at least five hours of help daily.

Benefits for care at home

The following table shows nursing allowances as in October 2008.

Benefits for care in a nursing home

When residential care becomes necessary (in a nursing home) the nursing care insurance scheme pays up to 1,470 euros monthly, according to the level of care (in cases of hardship 1,750 euros), however only for basic care, social support and medical care. The insured person must pay for meals and accommodation himself, as well as at least 25 per cent of the amount charged by the nursing home. The nursing care insurance body and the social welfare office pay for care in a nursing home – if the assets and income of the person in need of care and his family are insufficient to cover the cost – if care at home or semi-residential care in a nursing home is not enough, more expensive or unacceptable. The MDK expert has to certify that persons in need of care at levels I and II require residential care in a nursing home. If this is not mentioned explicitly in the report, the nursing care insurance body only pays the sum it would normally pay for care at home.

	Care level I	Care level II	Care level III
Nursing allowance/month	215 euros	420 euros	675 euros
Care-related material benefits per month up to	420 euros	980 euros	1,470 euros (1,918 euros cases of hardship)

The following table shows the nursing allowances valid in October 2008.

	Care level I	Care level II	Care level III
With certificate from the MDK expert, up to	1,023 €/month	1,279 €/month	1,470 €/month (1,750 €/month cases of hardship)

Advice

Many organizations (senior citizens' advice organizations, charitable institutions etc.) offer advice for older persons and relatives who do not know exactly how they can organize support or care, and which forms of assistance exist.

The first points of contact in such a situation can be independent welfare associations, for example:

- Arbeiterwohlfahrt/AWO
- Caritasverband (the relief organization of the Catholic Church)
- Deutsches Rotes Kreuz/DRK
- Diakonisches Werk (the relief organization of the Protestant Church)

Then there are

- advice centres for senior citizens, housing and nursing care,
- out-patient nursing care services and
- day centres and short-term care facilities, which also offer a comprehensive range of advice and assistance.

The consultation is free of charge and is kept confidential. The associations also organise meals on wheels and the installation of emergency call systems.

In many cities there are social services, which provide specialised services to suit the needs of migrants; for example, native speakers or multilingual information material.

Self-help organisations, municipal and local government services (citizens' advice bureau, social welfare office: department for senior citizens [assistance], senior citizens' representatives and advisory committees) and associations also give advice on care at home, as do the health and nursing care insurance bodies. From all these organisations relatives and persons directly affected can get answers to their questions about **dependence on care/levels of care** and the **services of the nursing care insurance scheme**.

Living at home

Approximately **200 housing advice centres** provide information on possible housing improvements to suit the needs of older persons.

They are located at:

- municipal authorities,
- social welfare organizations
- residential property developers
- non-profit associations and
- architectural associations

The advisors help in the search for technical solutions to problems in daily life. If so wished, they organize rebuilding and clarify questions of financing. For persons classified as dependent on care who live in their own home, the nursing care insurance body pays a grant for modification of the flat.

Aids and appliances

Not only a barrier-free flat, but also aids and appliances can make daily life easier in old age.

Aids help

- to ensure the continued success of medical treatment,
- to prevent a threatening handicap
- or compensate for a handicap.

They include, for example, glasses, hearing aids, prostheses and wheelchairs. Aids are prescribed by your doctor. The statutory health insurance scheme covers part of the costs.

Appliances are intended to

- facilitate care,
- soothe complaints and
- make it possible to lead an independent life.

They include, for example, Zimmer frames, bath lifts and emergency call systems for the home. The nursing care insurance scheme covers part of the costs of appliances – if the MDK has assessed the older person as in need of care, and has assigned him a to a care level. The nursing care insurance body pays without a doctor's prescription. An informal application is sufficient.

Organising care at home

Most people dependent on care are looked after at home by their spouses, daughters, sons and in-laws. For these people, the caring task can be very stressful, both physically and emotionally. This is why carers should seek support for themselves. Self-help groups for caring relatives offer support and the chance to talk about everything.

At **care courses**, relatives can learn certain techniques, which make care easier, and more pleasant, too, for the person being cared for. The courses are offered free of charge by the nursing care insurance body, provided that the MDK has confirmed the need for care.

Day and night care

Day and night care makes it possible for persons dependent on care to live at home, and, at the same time, to receive necessary care: during the day or at night, while the children are out at work, for example, the cared-for person is looked after at a semi-residential facility.

Short-term care

Since caring relatives need a holiday, or sometimes fall sick, too, there is short-term care. It is provided by welfare associations, municipalities and commercial companies in special short-term nursing facilities, in nursery homes or through mobile care services.

Substitute care

An alternative to temporary care is substitute or also preventive care. In this case, another member of the family, a friend or a professional carer takes over domestic care for the period that the normal carer is absent.

Mobile care services

If persons in need of care are not looked after by relatives, a mobile care service can take over care at home. Professional care at home is provided by social and nursing care services, which are run by welfare associations, municipal authorities or commercial enterprises. One advantage of care services is that the staff, as a rule, is professionally qualified.

Lists of care services and an overview of prices can be obtained at:

- nursing care insurance bodies
- municipal authorities (social welfare office, senior citizens' helplines)

Living together

With sheltered accommodation, the elderly live in their own home which is located perhaps in a senior citizens' residential complex, or is annexed to a nursing home for the aged. The residents can continue to run their daily lives independently and have their private sphere, yet receive the support they want – in the form of a range of support and care services, which they can freely choose.

Supported flat- or house-sharing groups offer more support than sheltered accommodation. This choice addresses people who are no longer in a position to look after themselves. The tenants have their own rooms, decide how to decorate the flat and structure their day, but are strongly supported by qualified carers.

Help and care in nursing homes

If being cared for by relatives is no longer manageable, persons in need of care can also move into a residential nursing home. The residents are cared for by professional carers round the clock. In cases of emergency, help comes immediately and there are numerous group activities and opportunities to take up gymnastics or memory training.

The addresses of nursing homes for the elderly can be obtained at:

- social welfare offices
- departments offering help to old people, and senior citizens' representatives in municipalities
- nursing care insurance bodies
- welfare associations and private organizations
- self-help groups
- Yellow Pages
- Internet

Analysis of nursing home costs

General care services, treatment care and social care are supported financially by the nursing care insurance scheme, provided that the facility in question has a supply contract with the nursing care insurance body.

Meals and accommodation (hotel costs) are to be paid privately. If income and assets are not sufficient, and the children also do not have enough funds, social assistance can be applied for.

The same applies to so-called capital costs. These are also paid privately. Additional services, such as hairdresser, dry cleaning etc., must always be paid privately.

Financial services of other organisations

In many cases, persons in need of care not only have access to the services of the nursing care insurance body, but also of other organizations. These are mostly services of health insurance scheme or the social welfare office.



Health insurance

Care of the sick and treatment at home

The statutory health insurance scheme provides its members with a maximum of four weeks' care at home during illness (basic care, looking after the household), including medical care (insulin injections and bandaging, for example).

The prerequisite is a prescription from the doctor. Professional carers, mostly mobile care services, carry out these tasks.

Care of the sick at home is authorised, if treatment in hospital

- is necessary but not realisable (also valid if the patient does not want a hospital stay!),
- can be avoided through care at home, or
- can be cut short through care at home.

Social welfare

In contrast to services provided by the health and nursing care insurance bodies, the right to social welfare benefits is based on neediness. Payments are only allowed if an elderly person's assets and income, as well as those of the members of his family (spouse, children) are insufficient for his support and care – and no other organization helps out.

Entitlement to support for nursing care is available to:

- persons without nursing care insurance, or whose insurance qualification period is insufficient,
- persons who have nursing care insurance, but whose support from this insurance does not cover the help required or costs,
- persons whose need for help, for the purpose of nursing care insurance, is not great enough to be assigned at least to care level I, and
- persons who will be in need of care for a period of less than six months.

With social welfare services, as with nursing care insurance, care at home has priority over residential care. Persons in need of care can claim reimbursement of reasonable expenses from the social welfare office (travelling expenses and the cost of day care for a child) that have been incurred by the provider of voluntary care).

Benefits:

- If members of the family, or friends, are caring for an elderly person who is not assigned to a care level, the responsible social welfare office covers expenses (travelling costs, loss of income) and, if applicable, pension fund contributions.
- Costs of mobile care, short-term or day care, or a combination of private and professional care, will be covered.
- Nursing allowance is paid, as under the nursing care insurance scheme, with effect from care level I.
- In the case of residential care in nursing homes, the social welfare authority covers the costs of care at the rates agreed upon; and, in contrast to nursing care insurance, it also covers the costs of meals, accommodation and capital investment.

4. Glossary

Cancer

Cancer (cancer disease) is understood to mean the uncontrolled growth of cells. Cancer cells repress or destroy healthy tissue. Every organ of the body can be affected by cancer. There are very many different types of cancers, which differ strongly from each other in the possibilities of their treatment. Through early diagnosis of cancer, the risk of dying of cancer can be reduced.

Family doctor (General Practitioner=GP)

A family doctor is a practising doctor who is usually the first point of contact for patients with health problems. Family doctors who work in Germany include specialists for general medicine, and internists practising as family doctors.

Fluoridation

During fluoridation, fluoride is applied to the teeth by means of fluoridated toothpastes, gels and lacquer (the last mentioned only at the dentist's). Fluoride deposits itself in the tooth enamel and strengthens its structure. This makes the tooth more resistant against acid attacks (for example, from eating sugar).

Levels of care

The main criterion for determining the benefits that persons in need of care receive is their level of need. The nursing care insurance scheme allows the MDK (Medical Service of Health Insurance Bodies) to determine such need and to recommend a corresponding level. According to the law, three levels of care have been stipulated:

Care level I = persons considerably dependent on care, who require help at least once a day for personal hygiene, eating or mobility (on daily average, at least 90 minutes).

Care level II = persons heavily dependent on care, who require help at least three times a day, at different times (on daily average, at least three hours).

Care level III = persons extremely dependent on care, who require help round the clock (on daily average, at least five hours).

Mammography

During mammography, an x-ray image of the breast is made. By these means, changes in breast tissue can be made clearly visible.

Mammography screening

A national mammography screening programme has been available in Germany since 2005. With this programme, the whole population of 50 to 69 year-old women should be invited to regular breast cancer screening, which takes place at highly specialised centres.

Nursing care insurance

Nursing care insurance is a branch of social insurance and insures the risk of requiring nursing care. All people with statutory health insurance are protected against this risk. If you have private health insurance, you must then also insure yourself privately for nursing care. Nursing care insurance is the responsibility of the nursing care bodies, whose tasks are carried out by the statutory health insurance bodies. Costs incurred by nursing care insurance bodies are financed by the contributions of members and employers.

Rehabilitation

Rehabilitation measures have as their objective the sustaining and promotion of existing capabilities, for instance through exercises, occupational therapy and physiotherapy or massages. In Germany, insured persons have a right to rehabilitation, for example after an illness or an accident. Before rehabilitation can

begin, the respective health insurance body must confirm the coverage of costs. The hospital doctor usually makes the application, but sometimes it is the GP or specialist, or the MDK, following its report.

Risk factors

There are a number of circumstances which can endanger health. These are often behavioural patterns and their effects, which can be avoided. But not seldom they are also tendencies, partly congenital, which lead to health problems or illnesses. But environmental conditions, too, such as increased noise pollution, ultra-violet radiation or mould in living quarters count as risk factors for the development of certain diseases.

Scan

Scan is the colloquial term used for sonography or echography. During an ultrasonic scan, different parts of the body are shown as images with the help of ultrasonic waves. It is used in many medical areas for the primary diagnosis of illnesses.

Surgery fee

Patients have to pay a surgery fee of 10 euros when they visit a doctor's surgery for the first time each quarter. Screenings and preventive care are, however, free

of charge. If further appointments with other doctors are necessary in the same quarter, a surgery fee is due for each of these visits, unless the first doctor to provide treatment has written a referral. For the dentist or emergency doctor, however, no referral is possible, and there is no exemption from the surgery fee. Children and adolescents up to the age of 18 do not have to pay a surgery fee.

Tumour

Tumour is a general term for a locally limited increase in the volume of tissue – a lump (neoplasm, blastoma – medical terms). This can, for example, be a local oedema (accumulation of fluid) or a swelling that has come from an infection. In the narrower sense, however, the term tumour is applied to the uncontrolled growth of the body's own cells. A tumour can be benign or malignant.

U booklet

The results of a child's checkups ("U checkups") are entered into the so-called "U booklet" (U = Untersuchung = checkup), which is equivalent to a child health record. In addition, the booklet contains important information; for example, tables with the weight and height that a child should reach at a certain age. The U booklet is issued after the initial examination (U1) in hospital, and

should be brought along to all checkups for children and adolescents.

Vaccination card

The doctor enters the date of vaccination on the vaccination card. Since children's vaccinations generally take place during checkups, the vaccination card and the "U booklet" (see above), should be taken to all "U" checkups as well as to the "J1" checkup (J = Jugend = adolescent), the first for adolescents. If no vaccination card exists, the doctor will issue one. Adults should also take their vaccination card with them to every vaccination appointment and on trips abroad.

Welfare institutions

Welfare institutions are non-profit organisations, which are the responsible operators of public social welfare, health and care centres. A further task of the welfare associations is the safeguarding and representation of the interests of the welfare state.

5. Addresses

General Addresses

Institution/Contact	Description
Ärztammer Niedersachsen Körperschaft öffentlichen Rechts Berliner Allee 20 30175 Hannover Telefon: 0511 3 80 02 E-Mail: info@aekn.de Internet: www.aekn.de	The Medical Association is a neutral body, which represents the interests of its members as well as those of patients, and is therefore a health policy partner. It promotes communication between the population and the Medical Association through information, discussion and advice. It is also the body that addresses patients' complaints.
Bundesministerium für Gesundheit (BMG) Referat Information, Publikation, Redaktion Rochusstraße 1 53123 Bonn Internet: www.bmg.bund.de	Sustaining, securing and further developing the efficiency of statutory health and nursing care insurance are among the Federal Ministry of Health's most important tasks. The Federal Ministry of Health provides telephone information services on the following topics: Nursing care insurance: tel: 01805 99 66 03 Health insurance: tel: 01805 99 66 02 Health insurance protection for everyone: tel: 01805 99 66 01
donum vitae in Niedersachsen e.V. Geschäftsstelle: Hasestraße 5 49593 Bersenbrück Telefon: 05439 60 77 85 E-Mail: bersenbrueck@donumvitae.org Internet: www.niedersachsen. donumvitae.org	The regional association of donum vitae in Lower Saxony comprises 19 advice centres, which address women, men and couples, regardless of nationality and creed. Donum vitae gives advice in pregnancy conflict situations, according to Catholic teaching (for example, on sources of help and legal claims). Donum vitae also arranges financial aid and further assistance for pregnant women and mothers in need. You can find contact details for the advice centres at: www.niedersachsen.donumvitae.org/stellen

Institution/Contact	Description
<p>Health authorities in Lower Saxony Niedersächsisches Landesgesundheitsamt Roesebeckstraße 4–6 30449 Hannover Internet: www.nlga.niedersachsen.de</p>	<p>Health authorities provide the population with health information, education and counselling. Some examples of the Health Authorities' tasks include health checks for school beginners, advice on vaccinations, and assistance for the mentally ill, addicts and the handicapped. They also carry out monitoring and controlling of hygiene and drinking water in care and support service facilities.</p>
<p>Landesvereinigung für Gesundheit und Akademie für Sozialmedizin Niedersachsen e.V. Fenskeweg 2 30165 Hannover Telefon: 0511 35 00 052 E-Mail: info@gesundheitnds.de Internet: www.gesundheitnds.de</p>	<p>The State Association for Health and the Academy for Social Medicine Lower Saxony (regd association) (LVG) is a non-profit, independent professional association operating throughout the state for the promotion of health, health education and prevention. The Academy for Social Medicine offers skills enhancement and scientific events in the field of social medicine, prevention and rehabilitation, and is a consolidated association with the State Association for Health.</p>
<p>pro familia-Landesverband Niedersachsen Steintorstraße 6 30159 Hannover Telefon: 0511 30 18 57 80 E-Mail: lv.niedersachsen@profamilia.de</p>	<p>Pro familia's family planning counselling gives advice on all questions to do with contraception, pregnancy and parenthood. With sex education talks on offer, pro familia has a service of professional education and supports adolescents in their responsible handling of sexuality.</p>

Children's health

Institution/Contact	Description
Bundesarbeitsgemeinschaft Mehr Sicherheit für Kinder e.V. Heilsbachstraße 30 53123 Bonn Internet: www.kindersicherheit.de	The Federal Working Group on "More safety for children" has committed itself to informing the general public about accident risk, and to developing measures to prevent children having accidents. Parents and caregivers can find information about domestic and leisure accident risks on its website.
Deutscher Kinderschutz-bund Landesverband Niedersachsen e.V. Schwarzer Bär 8 30449 Hannover Telefon: 0511 44 40 75 Internet: www.kinderschutz-bundniedersachsen.de	The German Child Protection Agency is a nationwide association that lobbies for children and their protection. The Child Protection Agency offers protection for children with its advice centres and their key topics "Violence against children and adolescents: counselling for children, adolescents and families"; as well as through helplines for children and adolescents, parents' helplines and with the Child Protection Centre in Hanover.
La Leche Liga Deutschland e.V. Gesellenweg 13 32427 Minden Telefon: 0571 4 89 46 Internet: www.lalecheliga.de	The La Leche League Germany (regd association) (LLL) is part of a worldwide, non-profit organisation – La Leche League International. In Germany, the LLL is organised into regional breastfeeding groups. Their aim is to offer encouragement, information and support to women who want to breastfeed. Mothers can take part in monthly breastfeeding meetings, and make use of advice by telephone.
Stiftung Kindergesundheit c/o Ashurst LLP Prinzregentenstraße 18 80538 München Internet: www.kindergesundheit.de	The Children's Health Trust is committed to improved preventive measures for children's health, and promotes the knowledge transfer required for this. It is involved, among other things, in allergy prevention and the search for causes, and in the prevention of wrong or excessive eating habits, as well as in protection from infections and congenital malformations. Further important issues are the protection of adolescents from neglect, the use of violence and sexual abuse.

Breast cancer early diagnosis and treatment

Institution/Contact	Description
Brustkrebs Info e.V. Otto-Erich-Straße 9 14109 Berlin Internet: www.brustkrebsinfo.de	The Association of Breast Cancer Info (regd. association) provides patients and their relatives with independent and scientifically proven information. On their website there is comprehensive information about the issues of breast cancer, risk factors and prevention, early diagnosis of breast cancer, diagnostics, therapy, rehabilitation and after-care. In addition, you can find information about medical terms in an online breast cancer encyclopaedia.
Deutsche Krebshilfe e.V. Thomas-Mann-Straße 40 35111 Bonn Telefon: 0228 72 99 00 Internet: www.krebshilfe.de	German Cancer Help has been lobbying for 34 years for the concerns of people suffering from cancer. It is their objective to fight against cancerous diseases in all their forms. In order to achieve this, the organisation promotes projects to improve prevention, early diagnosis, therapy, medical after-care and psycho-social care, including cancer self-help.
Frauenselbsthilfe nach Krebs e.V. "Haus der Krebs-Selbsthilfe" Thomas-Mann-Straße 40 53111 Bonn Telefon: 0228 33 88 94 00 Internet: www.frauenselbsthilfe.de	Self-help for Women after Cancer (regd association) is an organisation in which breast cancer patients have joined forces in order to improve the support of those affected. The association offers individual or group talks with sufferers and/or relatives, as well as personal, helpline and online counselling. Moreover, it organizes lectures given by experts from all fields of the healthcare and support system, and supports interested persons in the founding and running of self-help groups. Free and easily understandable advice documents and brochures can be ordered on the association's homepage.

Institution/Contact	Description
<p>Krebsinformationsdienst (KID), Deutsches Krebsforschungszentrum Heidelberg Im Neuenheimer Feld 280 69120 Heidelberg Internet: www.krebsinformation.de</p>	<p>The Cancer Information Service (KID) is a facility of the German Research Centre (DKFZ) in Heidelberg. It has defined its goal as making current, quality-controlled information about tumour diseases publicly accessible. Furthermore, the Cancer Information Service arranges information on addresses and contact centres for those seeking help. The Service gives you easily understandable information on all cancer-related issues by telephone (daily 8:00 to 20:00, tel: 0800 4 20 30 40).</p>
<p>Mamazone – Frauen und Forschung gegen Brustkrebs e.V. Postfach 310220 86063 Augsburg Telefon: 0821 5 21 31 44 Internet: www.mamazone.de</p>	<p>Mamazone – Women and Research against Breast Cancer (regd. association) is the biggest and most active breast cancer patients' initiative in Germany. The organization supports, encourages and advises women with breast cancer, and lobbies for quality in diagnostics, therapy and after-care. Furthermore, it advocates woman-orientated treatment of breast cancer and supports informed and self-determined patients.</p>
<p>Niedersächsische Krebsgesellschaft e.V. Königstraße 27 30175 Hannover Telefon: 0511 3 88 52 62 Internet: www.ndskrebsgesellschaft.de</p>	<p>The Lower Saxon Cancer Society pursues the objective of promoting early diagnosis of cancer, and of educating the general public about the nature of cancer diseases. Apart from this, it promotes the setting up of cancer advice centres and tumour clinics, and campaigns for the expansion of public and private care of cancer patients. On questions of cancer prevention and control, the Lower Saxon Cancer Society acts in an advisory and analytical function with respect to health and social legislature.</p>

Age, care and health

Institution/Contact	Description
<p>IKoM (Informations- und Kontaktstelle Migration) IKoM-Projektbüro beim Projektträger: AKTIONCOURAGE e.V. Postfach 2644 53016 Bonn Telefon: 0228 9 14 00 45 E-Mail: IKoM@aktioncourage.org Internet: www.ikom-bund.de</p>	<p>The Information and Contact Office for Work with Older Migrants (IKoM) provides multifarious support in the planning and implementation of proposals to promote the health of older migrants.</p>
<p>Pflegetelefon Niedersachsen Telefon: 04152 8 88 89 14 Servicebüros für Senioren Internet: www.ms.niedersachsen.de</p>	<p>This is where relatives can obtain advice from qualified professional carers on matters concerning nursing care. Lower Saxony promotes the setting up of Senior Citizens' Offices (SSB) since 2008. All older people can approach the service offices with their questions on coping with life and daily living; all providers of support services can approach these offices, too. As a central contact point, the office is intended to offer information and services as a package, in order to save older persons undue trouble.</p>

Notes

Acknowledgement

We thank the many scientists, experts and institutions who have contributed to compiling this guide on the topics of Children's Health, Breast Cancer Early Diagnosis and Old Age and Care.

The guide was translated into the respective languages by the following translators:

Javier Arola Navarro, Jelena Atanaskovic, Hai Bluhm, Ana Maria Cervantes Bronk, Michael Gromm, Janna Huche, Mustafa Kisabacak, Dang Chau Lam, Veronica Maguire, Alexey Milstein, Arnaud Lionel Ngassa Djomo, Tatjana Pankratz-Milstein, Francesca Parenti, Milos Petkovic, Rose-Marie Soulard-Berger, Teresa Willenborg, Özgür Ziyaretci

Live healthy – stay healthy

Health is all that matters! Health is a decisive prerequisite for a happy life: children can discover the world with their boundless energy, and adults can cope better with day-to-day demands and enjoy life more. For senior citizens, too, it is of utmost importance to stay fit and active for as long as possible, and to have timely awareness of sicknesses.

How can you help your children to have a healthy start in life? Which checkups for children and adolescents are available for you to access? What does breast cancer early diagnosis mean for women? How can you stay healthy in old age and keep your independence as long as possible?

This brochure answers these and many other questions. Moreover, you will find contact addresses and persons at different kinds of health centres in Lower Saxony.

Prepared by:

**Ethno-
Medizinisches
Zentrum e.V.**

