CORRESPONDENCE

Health in the Long-Term Unemployed

by Dr. phil. Britta Herbig, Prof. Dr. phil. Nico Dragano und
Prof. Dr. med. Peter Angerer in volume 23–24/2013

Higher Risk of Obesity

Regarding somatic symptoms in the long-term unemployed, I wish to add from an ecotrophological perspective (1) that longer-term unemployment is also associated with a higher risk of obesity (2, 3). In the targeted health promotion for the long-term unemployed rightly proposed by Dr Herbig et al., the documented increased **physical** inactivity compared with people in employment should be considered (1, 3). For example, a three-month exercise intervention improved physical performance in long-term unemployed persons and lowered their blood pressure readings, percentage of body fat, backache, and depression (4). In this setting, using pedometers could be a simple but extremely effective aid in motivating long-term unemployed persons to exercise more. DOI: 10.3238/arztebl.2013.0678a

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Conflict of interest statement

The author is employed by the Consumer Centre of the German Federal State of Bavaria

In Reply:

We thank Dr Hofmeister for his important contribution and for mentioning the successful intervention conducted by the colleagues in Rostock. Indeed, initial measures—albeit scarce in number—have started to improve physical and psychological aspects of the health of long-term unemployed people, supported by scientific evidence of a positive effect. However, we wish to point out that obesity beyond “increased physical inactivity” is a process with multifactorial

causes—some of these factors were briefly mentioned in our article: a lack of motivation in people with depressive problems, difficult access to health services and healthy nutrition, social isolation, and physiological reactions to the permanent stress of long-term unemployment can also be involved. Studies from the Institute for Employment Research (I) have shown that people receiving Basic Social Security (Arbeitslosengeld II) payments are actually very active. Interventions that consider the situation of long-term unemployed people as a whole and adhere to clear quality criteria constitute the main requirement. In the original studies (references 19, 38) cited in the article (2) we go into greater detail in this respect. The principles of setting approach, empowerment, and participation—named by the Federal Centre for Health Education as good practice for health promotion for unemployed people (3), are essential in our experience also. The setting approach entails providing a service locally. Empowerment means enabling people better to recognize health stresses and develop effective approaches for action for and by themselves. Participation means including those affected actively in the processes of finding solutions and decisions; this benefits sustained effects of the measures. For the acceptance of services we deem it important to establish trust and, if possible, personal contact with long-term unemployed persons, for example, by pedagogically trained personnel at the respective institutions (4). Establishing good relationships is the prerequisite for successfully motivating people to adopt health-promoting behaviors. DOI: 10.3238/arztebl.2013.0678b

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