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Translating Prevention and Health Promotion into Action in Research, Health Care and Society

Position Paper

Abstract

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Abstract

The German Science and Humanities Council's (Wissenschaftsrat, WR) core attention is to advocate for a stronger **health-orientation within society** and to support a health-related **cultural change**, also from within **science and the humanities and its institutions**. The aim is to create healthy living environments that enable autonomous decisions and make the healthy choice the easy choice – while simultaneously maintaining a balance between individual autonomy and collective responsibility.

An ageing population, a skills shortage, the increase in chronic diseases and environment-related health risks make it urgent to focus strongly on prevention and health promotion. Despite high health expenditures, the health status of the German population has yet not improved correspondingly. The health system is heavily focused on therapy and treatment, while preventive approaches play a subordinate role. However, these approaches can be a lever for relieving the burden on the health system, promoting social productivity, improving quality of life and well-being as well as fostering individual functional capacity and social participation.

Prevention and health promotion face the paradox that, despite thorough knowledge, sustainable implementation is still not adequately successful. A central problem is the "**knowledge-acceptance deficit**". This deficit is the result of a series of systemic obstacles within the health system itself and in the sectoral subsystems that have a particular influence on health, especially in the food and nutrition sector. Particularly problematic is the fact that those who should benefit most urgently from preventive measures are the least likely to be reached. This **inequality** aggravates health disparities and can also encourage the political exploitation of health issues. The **extreme heterogeneity** and **fragmentation** of the stakeholder landscape in Germany further complicates the systemic strengthening of prevention.

This position paper aims, based on the perspective of scientific stakeholders, to help identify interfaces where **science and the humanities** can interact synergistically **with politics, society, health care and other areas**. Scientific actors can play an essential role through prevention research, consulting and policy advice, professional training and contributions to health literacy.

Disease prevention extends far beyond medicine and health policy. From the perspective of the WR, the *Health in All Policies* concept should be further developed into a **Health for All Policies approach**: Health must be an integral and mandatory part of action in all policy areas (including education, labour, science, economic, agricultural, food, and environmental policy). The health implications of political actions should be measurable and taken into account in democratic negotiation processes for political measures. A cross-policy-field health approach brings **multiple benefits**, as it also serves to other societal goals – from health equity and climate protection to securing a skilled workforce (e. g. Prevention of health risks caused by heat waves, poor air quality or impacts on food systems). These **potential co-benefits** must be made more visible. This also opens up perspectives for thinking about social prosperity enabling development in terms of an "Economy of Wellbeing".

A **more consistent and binding approach to prevention strategies** is necessary for a health-oriented paradigm shift. In Germany, several strategic processes have been initiated at various political levels (federal, state and municipal) along with the involvement of various stakeholders. Instead of fostering cohesion among various stakeholders and interest groups, the already fragmented stakeholder landscape in prevention and health promotion has become even worse. In the federal system of competences, **close cooperation between the federal and state governments** is necessary. The WR suggests creating conditions enabling cooperation in the field of prevention by means of agreements and implementing **national health goals** in state and municipal **sub-goals**.

Strengthening evidence-based practice and enabling data use

Better **data availability** in the sense of **interoperable, standardised and reusable data provision** and more extensive and long-term **use of health data** are of utmost importance for prevention research and the development of evidence-based measures. Despite having taken important steps to standardise and harmonise health data, **interfaces** between higher education, non-university and departmental research institutions still **have untapped potential**. In addition, it is imperative to ensure that the advantages of using health data for the purpose of research are not restricted by complex access regulations and conditions. The WR reiterates its call for data access for research purposes to be facilitated in accordance with the General Data Protection Regulation (GDPR) in the interests of the general public, combined with high data security requirements. |¹Access to **original data sets** is essential, particularly for innovative

| ¹ Cf. Wissenschaftsrat (2022): Digitalisierung und Datennutzung für Gesundheitsforschung und Versorgung – Positionen und Empfehlungen; Cologne. DOI: <https://doi.org/10.57674/bxkz-8407>

research questions, such as the use of artificial intelligence in diagnostics and therapy.

The WR recommends the development of **scientific indicator sets** by taking into account existing approaches, with the aim to make the outcome of preventive measures measurable and to be able to analyse the interaction of various risk factors (e.g. environmental, psychosocial, biological etc.). **Scientific experimental spaces** in various settings (e.g. work/business environment, schools) could be used to put new measures to the trial involving politics, science, health care and business. **Focus of studies** should be on population groups that have been less addressed to date, such as children and young people, but also specific settings such as schools, daycare centres or nurseries, and should take gender dimensions into account.

Structurally promoting health communication and literacy

The implementation of evidence-based preventive measures requires the **structural promotion of health communication and health literacy**, which must also take **cultural, behavioural and situational** aspects and influencing drivers into account. Prevention and health promotion services must not only be well known and accessible, but systematically adapted to different living environments, designed in a participatory manner and optimised in terms of their effectiveness. The World Health Organization's **Behavioural and Cultural Insights (BCI) approach** provides a suitable framework for this. The WR recommends permanently establishing behavioural-scientific consulting, competence building, research and system integration. This requires improved interaction between higher education institutions, non-university and departmental research institutions, and public health service (Öffentlicher Gesundheitsdienst, ÖGD) institutions – for example, by establishing a national BCI network with clear mandates.

Prevention research and its translation – also in connection with health communication and information – has not yet been sufficiently networked and coordinated among scientific institutions (including departmental research) or institutions of public health promotion. In the view of the WR, this **institutional gap** should be examined.

Starting points for scientific institutions

The WR identifies a **wide range of starting points** for higher education and non-university research institutions and departmental research to address issues of prevention and health promotion more intensively – both with regard to **internal scientific potential** and in interaction with the **regional health care environment and the public health service**.

Prevention research must be **interdisciplinary and interprofessional** in nature. The establishment of **interdisciplinary prevention centres** at higher

6 education institutions with medical, health and psychological science faculties, including their university outpatient department, can be an important lever. These centres should bring together various disciplines – from medicine and dentistry to health sciences, and psychology to social sciences, behavioural sciences and environmental sciences – and act as interfaces with politics, non-university and departmental research, the public health service and civil society. A **national coordination office** should ensure the networking of all actors and centres involved in multidisciplinary prevention research. Academic prevention centres located at university medical centers can accompany and support **regional health development** in an evidence-based manner in line with the "fourth pillar" |² approach.

In addition, there is a particularly urgent need for action to **strengthen the field of implementation research**. While the effectiveness of many preventive measures is well documented under ideal conditions, there is a lack of knowledge about how these can be implemented in different living environments under real conditions. This also includes the development of methods to systematically identify ineffective measures. Additionally, more stringent causal health economic evaluation methods must be developed and programmatic funding opportunities for fostering research on prevention should be created.

The application dimension in terms of **translation and transfer** is particularly important. Not only is **enhanced intra-scientific networking** necessary, but also a strengthened **cooperation** with institutions that are actively involved in health promotion – primarily the institutions of the public health service. It is essential to establish a **multidirectional translation and transfer process** that allows for feedback mechanisms between "practice" and "theory" ("from bench to bedside and community and from community to bench"). In this regard, further scientific strengthening of the public health service must be promoted.

Particularly in medical academic qualifications, but also in **academic qualifications for other health and therapy-related professions**, a prevention- and health-oriented attitude and action must be taught in addition to as disease and cure-oriented attitude and action. In the **education and further training** of doctors, psychologists and other health professionals, targeted training modules should be developed to broaden their competencies in preventive measures. In all formats, it is essential to **extend the teaching content on health promotion and health communication**.

|² Building on the range of activities and services in the classic triad of research, teaching and healthcare, the WR sees an opportunity for university medicine to take on systemic and future tasks (keyword: 'fourth pillar') in (regional) healthcare and to help shape its strategic development. Systemic and future tasks of university medicine include, for example, measures relating to the coordination, networking and control of the health system, quality assurance, political consulting and science communication. Cf. Wissenschaftsrat (2021): Empfehlungen zur künftigen Rolle der Universitätsmedizin zwischen Wissenschafts- und Gesundheitssystem; Cologne. URL: <https://www.wissenschaftsrat.de/download/2021/9192-21.html>

Prevention should be understood as a **team sport** and as an **opportunity for professionals**. New job profiles and prospects can be developed for doctors and other university-educated professionals in health care and public health-related fields. Examples from other European countries demonstrate the conducive to good health effects of **systematic interprofessional cooperation**. Interprofessional approaches are particularly effective when they are established as a systemic component and are not dependent on projects. In Germany, there is a need to change course and obtain a differentiated overview of the possibilities for impact and sustainability by systematically strengthening implementation research. Prevention centres at higher education institutions could contribute to interprofessional cooperation as well.

Redesigning incentives and creating resources

In a system geared towards "repair" and in which resources are becoming increasingly scarce, questions about the allocation of funds inevitably arise when thinking about a greater systemic promotion of prevention. The key is to reverse the logic of the argument: The financing of prevention can hardly be justified by an immediate savings potential. In order to support interdepartmental health orientation, diverse **potential added value** – individual, intangible, social, economic – should be made more visible and an **investment narrative rather than a savings narrative** must be established. This requires rigorous scientific measures and impact assessments.

To enable greater systemic equality of opportunity, further incentives for **approaches sensitive to settings and cultures** are required to improve the systematic prerequisites. **New sources of funding for prevention research**, such as through a public fund or a prevention foundation, should be considered.

Contributors

The list of contributors can be found in the detailed version:

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