

Die Nationale Präventionskonferenz



Federal Framework Recommendations

**in accordance with section 20d subsection (3)
of Book V of the German Social Code (SGB V)**

Die Träger der Nationalen Präventionskonferenz (NPK):



Legal Notice

Published by

The member institutions of the
National Disease Prevention Conference (NPK):

National Association of Statutory Health Insurance Funds (GKV-Spitzenverband)

Reinhardtstraße 28
D-10117 Berlin
Tel.: +49 30 2062880
e-mail: kontakt@gkv-spitzenverband.de
Internet: www.gkv-spitzenverband.de

German Statutory Accident Insurance (DGUV)

Glinkastraße 40
D-10117 Berlin
Tel.: +49 30 130010
e-mail: info@dguv.de
Internet: www.dguv.de

Social Insurance for Agriculture, Forests and Gardening (SVLFG)

Weißensteinstraße 70-72
D-34131 Kassel
Tel.: +49 0561 7850
e-mail: poststelle@svlfg.de
Internet: www.svlfg.de

German Federal Pension Insurance (DRV Bund)

Ruhrstraße 2
D-10709 Berlin
Tel.: +49 30 8650
e-mail: drv@drv-bund.de
Internet: www.deutsche-rentenversicherung.de

and as a Voting Member of the NPK:

Association of Private Health Insurance (PKV)

Glinkastraße 40
D-10117 Berlin
Tel.: +49 30 2045890
e-mail: kontakt@pkv.de
Internet: www.pkv.de

First revised version of 29 August 2018

Layout and design:

BBGK Berliner Botschaft
Gesellschaft für Kommunikation mbH

The National Disease Prevention Conference (Nationale Präventionskonferenz - NPK) was introduced by the Act to Boost Preventive Healthcare - Disease Prevention Act (Gesetz zur Stärkung der Gesundheitsförderung und der Prävention - Präventionsgesetz), which came into force on 25 July 2015. Its mission is to develop and continually revise a national prevention strategy (sections 20d and 20e of Book V of the German Social Code). The bodies responsible for the NPK are the statutory health, accident and pension insurance systems, as well as social long-term care insurance, each represented by their umbrella organisations: The National Association of Statutory Health Insurance Funds (GKV-Spitzenverband) as the national umbrella association of the health and long-term care insurance funds, the German Statutory Accident Insurance, the Social Insurance for Agriculture, Forests and Gardening, and the German Federal Pension Insurance. They form the Working Group of the NPK in accordance with section 94 subsection (1a) of Book X of the Social Code.



Die Nationale Präventionskonferenz



Federal Framework Recommendations

**in accordance with section 20d subsection (3)
of Book V of the German Social Code (SGB V)**

Die Träger der Nationalen Präventionskonferenz (NPK):



The National Disease Prevention Conference is the working group of the umbrella organisations of statutory health insurance (GKV), statutory long-term care insurance (SPV), statutory accident insurance (GUV), and statutory pension insurance (GRV). Its members are as follows:

Voting members:

- Statutory health insurance:
The National Association of Statutory Health Insurance Funds, in its role as the umbrella association for the statutory health insurance funds (two seats)
- Social long-term care insurance:
The National Association of Statutory Health Insurance Funds, in its role as the umbrella association for the long-term care insurance funds (two seats)
- Statutory accident insurance:
German Statutory Accident Insurance and Social Insurance for Agriculture, Forests and Gardening (one seat each)
- Statutory pension insurance:
German Federal Pension Insurance (two seats)
- Private health insurance:
Association of Private Health Insurance (one seat)

Advisory members:

- Federal Ministries (four seats)
- Land Ministries (four seats)
- German Association of Cities (one seat)
- German County Association (one seat)
- German Association of Cities and Municipalities (one seat)
- Federal Employment Agency (one seat)
- Confederation of German Employers' Associations (one seat)
- German Trade Union Confederation (one seat)

- Patient representation in accordance with section 140f of Book V of the Social Code (SGB V) (two seats)
- Federal Association for Disease Prevention and Health Promotion (representing the Disease Prevention Forum with one seat)

The following were also involved in preparing the Federal Framework Recommendations:

- Federal Employment Agency
- Local authorities responsible for providing basic security benefits to job-seekers, via their umbrella associations at Federal level
- The highest Land authorities responsible for occupational safety and health
- Providers of public youth welfare via the highest Land youth welfare authorities

The following partners have committed to the Federal Framework Recommendations:

- Federal Ministry of Health
- Federal Ministry of Labour and Social Affairs
- Federal Ministry of Food and Agriculture
- Federal Ministry of Family Affairs, Senior Citizens, Women and Youth
- Federal Ministry of the Interior, Building and Community
- Baden-Württemberg
- Bavaria
- Berlin
- Brandenburg
- Bremen
- Hamburg
- Hesse
- Lower Saxony
- Mecklenburg-Western Pomerania
- North Rhine-Westphalia
- Rhineland-Palatinate
- Saarland
- Saxony
- Saxony-Anhalt
- Schleswig-Holstein
- Thuringia

Table of Contents

1. Preamble.....	6
2. Principles	7
3. Joint objectives, target groups, spheres of action and procedures.....	12
3.1 The Healthy Growing up Objective	16
3.1.1 Target groups: Expectant parents and young families, children, juveniles, trainees, apprentices and students	16
3.2 The Healthy Life and Work Objective	19
3.2.1 Target group: Persons of working age – employed persons.....	19
3.2.2 Target group: Persons of working age – unemployed persons	28
3.2.3 Target group: Volunteers	29
3.3 The Healthy in Old Age Objective	31
3.3.1 Target group: Persons no longer of working age in local areas.....	31
3.3.2 Target group: Elderly people in residential care facilities.....	32
3.4 Examples of How Society as a Whole Can Work Together	34
3.4.1 Quality community catering in settings.....	34
3.4.2 Promotion of quality physical activity in settings.....	37
4. Documentation and Reporting Obligations.....	40
5. Final Provisions	41
Annex	42

1. Preamble

In the interest of achieving effective, targeted health promotion and disease prevention, the National Disease Prevention Conference (NPK) has decided to adopt the following framework recommendations which apply nationally and across all relevant stakeholders (Federal Framework Recommendations). The intention of the Framework Recommendations is to secure and improve the quality of health promotion and disease prevention services, as well as cooperation between the institutions and bodies responsible for providing health promotion and disease prevention services in people's settings, and in workplaces¹. This particularly entails setting common goals, prioritising areas of action and target groups,

specifying participating organisations and institutions, and defining obligations regarding documentation and reporting. The Federal Framework Recommendations are to help boost cooperation between Germany's institutions for statutory health, accident, pension and social long-term care insurance by establishing common goals², and with those bodies that are responsible for the respective settings at Federal, Länder and local level, as well as with other social security providers. The Länder Framework Agreements on the implementation of the National Prevention Strategy take into account these Federal Framework Recommendations, and customise them to the specific requirements of each Land.

1 The term 'setting' is used in this document to reflect the German concept of Lebenswelt, which describes a distinct environment of a person's everyday life.

2 These take into consideration the objectives set out in the Disease Prevention Act.



2. Principles

The institutions responsible for statutory health, accident, pension and social long-term care insurance support workplaces and those responsible for settings by assisting them with their health promotion and disease prevention interventions, as well as helping them to meet their legal obligations with respect to occupational safety and health and workplace integration management. The aim is to establish structures, or to strengthen existing ones, that foster healthy living and working conditions and which help improve health literacy³, and to assist people when it comes to making full use of their resources for a healthy life.

Everyday living, learning and working conditions are very important for a healthy life. These conditions are mainly organised in people's setting. Settings are important for health; they are distinct social systems, especially for living, learning, studying, working, medical and long-term care, leisure and sports. They particularly include:

- local authorities⁴,
- day-care centres,
- other child and youth welfare facilities, as well as leisure activities,
- general and vocational schools,
- higher education institutions,
- workplaces⁵,
- facilities for people with disabilities, and
- residential and non-residential long-term care facilities.

Municipalities are particularly important settings because they also encompass the other settings listed. There are target groups which can be reached in the local community but not via any of the other settings

mentioned (e.g. prospective parents and young families, elderly people living on their own, unemployed people, self-employed people, freelancers, housewives/househusbands, people with reduced earning capacity). In addition to, and indeed independently from, their responsibilities for further individual settings such as day-care centres and schools, local authorities can also make policy decisions which create and strengthen additional framework conditions in their area for health promotion and disease prevention. Due to their constitutional right to self-administration (Article 28 para. 2, first and second sentences, of Germany's Basic Law [Grundgesetz]), and municipalities' associated mandate to provide basic public services, they have a steering function for local health promotion.

Disease prevention related to a person's setting, together with the promotion of health, safety and participation, help bring about greater health equality. It is important here to concentrate activities on those settings where it is particularly also possible to reach people who have poorer health opportunities due to social disadvantages (indicators include a low level of education, low occupational status, unemployment and low income) without stigmatising them. The areas where this can work include: municipalities with a low average per capita income or a high level of unemployment; people on basic security benefits in accordance with Book II of the Social Code, or migrants, areas receiving assistance as part of the 'Social City' urban development funding programme, as well as local communities or institutions in rural areas, areas with poor infrastructure, and areas with a large proportion of elderly people. The services provided are

3 Health literacy includes knowledge, motivation and skills to find, understand, evaluate and apply information relevant to health in order to make appropriate decisions about health (health promotion, disease prevention and management) in everyday life. Health literacy also includes nutritional literacy and the ability to identify and prevent accident risks.

4 It can be beneficial to make further differentiations within local government areas (cities, rural districts and municipalities), for example based on neighbourhoods/suburbs/areas, or based on special facilities, including those for juveniles, lone parents, senior citizens, unemployed persons or cross-generational facilities. In rural areas, it is beneficial to work across municipalities.

5 When referring to employees as a target group, the term 'workplace' also includes educational facilities (day-care centres, schools, higher education institutions, etc.), facilities offering services for persons with disabilities, workshops for persons with disabilities, other service-providers in accordance with section 60 of Book IX of the Social Code, long-term care facilities, as well as government agencies and administrations.

intended to be based on what is required in each of the settings. This should also take into consideration the data from the Länder (and local governments if applicable) found in health and social reports, as well as data provided by the statutory health, accident, pension and social long-term care insurance funds. Raising awareness of statutory healthcare entitlements also helps strengthen equal health opportunities.

There are differences between women and men in terms of mortality, morbidity and health behaviour (e.g. nutrition, exercise and consumption of addictive substances). This makes it important to take gender aspects into consideration, both when determining needs and when planning and providing disease prevention and health promotion services. Furthermore, diversity awareness and cultural sensitivity are gaining in importance in our pluralistic society. Prevention work in settings and promotion of health, safety and participation that take these aspects into account not only strengthen equal health opportunities, but also foster the integration and participation of all people living in Germany.

Protecting people against diseases and accidents, and promoting health, safety⁶ and social participation in settings, is a task for society as a whole, and involves many different stakeholders. It is particularly important to create conditions that promote good health and strengthen health literacy. Important starting points for creating a setting that focuses on disease prevention, good health, safety and participation include: regulatory interventions (e.g. smoking bans to protect non-smokers), infrastructure that promotes good health (e.g. rest and relaxation, sport and a balanced diet), consideration of health issues (e.g. when planning lessons or training sessions) by those responsible for each setting, as well as health education. This requires a willingness to take action across

different agencies and across the various branches of social insurance. It also requires a willingness to implement effective, coordinated measures, or to take those existing measures which are already effective and combine them with one another. The members of the NPK agree that stepping up the commitment of one partner must not lead to a reduction in the commitment of the other participants or other relevant stakeholders. The Länder Framework Agreements, adopted in accordance with section 20f of Book V of the Social Code, on the implementation of the National Prevention Strategy make an important contribution to this task⁷.

The disease prevention and health promotion services offered by statutory health, accident, pension and social long-term care insurance are intended to help those responsible for settings further develop their disease prevention work and their efforts to promote health, safety and participation in their respective settings according to the needs of the people they are targeting. A prerequisite for having the right commitment is that stakeholders and policy-makers responsible for settings be willing to help implement need-based activities for disease prevention and health promotion in their respective settings and to work towards these being permanently implemented. Furthermore, needs should be substantiated with as much data as possible (e.g. health, social and where appropriate environmental reports from the Länder and local government, occupational risk assessments, occupational health reports by health insurance funds, as well as additional data from the statutory insurance institutions). Section 20a subsection (2) of Book V of the Social Code constitutes a statutory stipulation that there must be an appropriate level of own contributions from those responsible for a setting when it comes to benefits provided by statutory health insurance that support them. The greatest added value for

6 Germany's statutory accident insurance defines 'safety' as the absence of a risk to the physical and psychological integrity of a person during insured activities and their associated paths in the settings of work and learning. With the aid of a risk assessment, technical, organisational, personal and, if appropriate, pedagogical measures are specified to prevent risks from arising.

7 The Länder Framework Agreements can be viewed at www.npk-info.de/die-npk/downloads ▶ Landesrahmenvereinbarungen (German only).

health is generated through joint, concerted efforts on the part of those responsible for settings, together with the providers of health, accident, pension and social long-term care insurance. This is especially strong when there is transparency regarding benefits and services, when target groups participate in the planning and implementation of specific measures, existing structures at Land or regional level are used, and other stakeholders are involved.

Where they have a statutory mandate to provide support or services, the member institutions of the NPK are jointly responsible for shaping settings in such a way that they promote good health and minimise health risks⁸.

- The **STATUTORY HEALTH INSURANCE FUNDS** provide services to promote good health and prevent disease in the settings of people covered by statutory health insurance in accordance with section 20a subsection (1) of Book V of the Social Code, as well as health promotion services in workplaces in accordance with sections 20b and 20c of Book V of the Social Code. Notwithstanding the work done by others, the benefits are particularly intended to build and strengthen health-promoting structures in settings. To this end, the health insurance funds, together with insured persons and those responsible for the settings⁹, assess the health situation, including its risks and potentials, and develop recommendations to improve the health situation and to enhance health resources and abilities, while also assisting with their implementation. Measures which address work-related health risks in workplaces (section 20c subsection (1) of Book V of the Social Code) take into consideration the results of existing risk assessments in accordance with the Safety and Health at Work Act (Arbeitsschutzgesetz) and German Statutory Accident Insurance Regulation 1 (Principles of Disease Prevention). Furthermore, the health insurance funds, in conjunction with the competent authorities in the Länder, encourage their members to be vaccinated (section 20i subsection (3) of Book V of the Social Code).
- The **LONG-TERM CARE INSURANCE FUNDS** provide disease prevention services to persons residing in care facilities who are covered by social long-term care insurance in accordance with section 5 subsection (1) of Book XI of the Social Code. Again, the disease prevention and health promotion mandate is to develop recommendations for improving a person's health situation and strengthening health resources and literacy through the participation of insured persons in need of long-term care and long-term care facilities, and to support implementation.
- In accordance with section 14 subsection (1) of Book VII of the Social Code, the **STATUTORY ACCIDENT INSURANCE INSTITUTIONS** have a statutory mandate to use all appropriate means to prevent workplace accidents, occupational diseases and work-related health hazards, as well as to ensure effective first aid. They are also required to investigate the causes of work-related hazards to life and health. The statutory accident insurance institutions offer the following disease prevention services as 'appropriate means' (see also www.dguv.de/medien/inhalt/praevention/praev_lohnt_sich/katalog_pl_englisch_12522.pdf)
 - Incentive schemes (e.g. quality seals, awards, bonus schemes)
 - Consulting services (e.g. on risk assessments, on occupational safety and health management systems)
 - Support by occupational physicians and occupational safety and health professionals
 - Investigative services (e.g. causes of accidents)
 - Research, development and model projects

8 Settings such as companies and educational institutions are also good access points for reaching target groups with services that provide protection against communicable diseases, such as vaccinations in particular.

9 In companies, occupational physicians and occupational safety and health specialists help employers fulfil their responsibilities.

- Information and communication (e.g. guidelines, trade fairs, congresses, campaigns)
- Testing and certification
- Rules and regulations
- Training (especially training for occupational safety and health specialists in companies, including management)
- Monitoring, including advice on specific situations
- The **STATUTORY PENSION INSURANCE FUNDS** provide medical services, in accordance with section 14 subsection (1) of Book VI of the Social Code, to ensure the employability of insured persons who exhibit initial health impairments that jeopardise their chosen employment. These services are intended to tangibly enhance skills and increase motivation with regard to a healthy attitude and health-promoting behaviour, provide information and competences on nutrition, exercise and stress management, and illustrate the links between lifestyle and the occurrence and/or worsening of illnesses by referring to the everyday lives of insured persons. This expressly refers to behaviour-based disease prevention benefits which are made available to insured individuals in order to secure their employability over the medium to long term.

With reference to their respective mandates, the member institutions of the NPK are to provide relevant data and information for the cross-institutional Prevention Report, which is to be prepared every four years in accordance with section 20d subsection (4) of Book V of the Social Code.

These Federal Framework Recommendations specify objectives and areas of action with joint responsibility, as well as procedural principles for cooperation. If setting activities of one of the institutions touch on the area of responsibility of one or more of the other institutions, they are to inform one another about the work that they are doing in this setting and arrange to cooperate as required. In accordance with these

Federal Framework Recommendations, the institutions of statutory health, accident, pension and social long-term care insurance make their setting services transparent, and they agree on coordinated procedures. This also serves to ensure that measures put in place to assist one target group do not adversely affect another. Reciprocal information, consensus and cooperation between the institutions and with other responsible stakeholders (including joint implementation of measures) is regulated by the Länder Framework Agreements in accordance with section 20f of Book V of the Social Code on the implementation of the National Prevention Strategy at Land level. The institutions carry out their respective statutory tasks independently; transferring tasks and costs between themselves and from third parties to the institutions must be ruled out. In accordance with section 20g of Book V of the Social Code (see in particular section 14 subsection (3) of Book VI of the Social Code with respect to pension insurance), it is recommended to run pilot projects to further improve provision.

In order to promote cooperation between the statutory insurance institutions on health promotion related to disease prevention in settings and at work, the member institutions of the NPK have previously concluded the following agreements, inter se and with additional partners:

- 2009: Framework Agreement between the German Statutory Accident Insurance (DGUV), the Social Insurance for Agriculture, Forests and Gardening (SVLFG) and the National Association of Statutory Health Insurance Funds (GKV-Spitzenverband), with the participation of the associations of the health insurance funds at national level on cooperation regarding workplace health promotion and the prevention of work-related health hazards
- 2012: Recommendation on Cooperation between the Federal Employment Agency and the statutory health insurance funds concerning unemployment and health
- 2013: Recommendation of the local authority umbrella associations and statutory health insurance

on cooperation on primary disease prevention and health promotion in local authority areas

- 2015: Cooperation Agreement on the promotion of joint activities for implementing the GDA¹⁰ work programmes 2013-2018, as well as in the disease prevention and health promotion objectives of statutory health insurance

The core contents of these agreements have been taken into account in the present version of the Federal Framework Recommendations. The member institutions of the NPK and the other partners in the abovementioned agreements/recommendations are working together to develop their commitment in terms of living and working environments in a spirit of partnership in accordance with the contents of these agreements/recommendations.

Preventive and health-promoting services of all statutory insurance institutions must have demonstrable benefits, they must comply with generally-accepted quality standards, and they must be financially viable. The quality criteria for the institutions in terms of their work in disease prevention and health promotion in settings are:

- For **STATUTORY HEALTH INSURANCE:**
 - Spheres of action and criteria of the National Association of Statutory Health Insurance Funds for the implementation of sections 20, 20a and 20b of Book V of the Social Code (Guidelines for Disease Prevention in the respectively applicable version www.gkv-spitzenverband.de ▶ Krankenversicherung ▶ Prävention, Selbsthilfe, Beratung ▶ Prävention und betriebliche Gesundheitsförderung, German only)
- For **STATUTORY ACCIDENT INSURANCE:**
 - Prevention Services of the German Statutory Accident Insurance Institutions, December 2016 (www.dguv.de/medien/inhalt/praevention/praev_lohnt_sich/katalog_pl_englisch_12522.pdf)

- Common Understanding of disease prevention work in 'Workplace Health' carried out by the German statutory accident insurance institutions and the German statutory accident insurance, September 2011 (www.dguv.de ▶ webcode d138325, German only)
- Quality Criteria in the disease prevention field 'Workplace Health' for the statutory accident insurance institutions and the German statutory accident insurance, April 2014 (www.dguv.de ▶ webcode d138333, German only)
- Expert committees of the German statutory accident insurance (DGUV) as the DGUV Disease Prevention Competence Network (including drafting rules and regulations for the accident insurance institutions) (www.dguv.de/en ▶ webcode e603971)
- Network for Training Quality (QVQ) and Quality Model for Basic and Further Training by the accident insurance institutions (www.dguv.de ▶ webcode d101144, German only)
- For **STATUTORY PENSION INSURANCE:**
 - Joint Guideline for the pension insurance funds in accordance with section 14 subsection (2) of Book VI of the Social Code on medical benefits for insured persons who exhibit first health impairments which endanger their chosen employment (Guidelines for Disease Prevention)
 - Draft Framework for providing medical services related to disease prevention and health promotion in accordance with section 14 subsection (1) of Book VI of the Social Code
- For **STATUTORY LONG-TERM CARE INSURANCE:**
 - Guide of the National Association of Statutory Health Insurance Funds to disease prevention in residential care facilities, in accordance with section 5 of Book XI of the Social Code in the applicable version (www.gkv-spitzenverband.de ▶ Pflegeversicherung ▶ Prävention, German only)

¹⁰ Joint German Occupational Safety and Health Strategy (Gemeinsame Deutsche Arbeitsschutzstrategie, GDA).

3. Joint objectives, target groups, spheres of action and procedures

The prerequisites for successful disease prevention and the promotion of good health, safety and participation in settings are measures that are geared to the needs of the target groups, and require these to be planned and implemented jointly using a systematic process. The needs resulting from epidemiological and social challenges and threats, the systematic approach required, and the joint objectives, target groups and spheres of action in settings related to disease prevention, as well as the promotion of good health, safety and participation, are described below.

Targeted benefits (disease prevention, promotion of health, safety and participation) from statutory health, accident, pension and social long-term care insurance providers are often the result of epidemiological and societal challenges (e.g. the shift from acute to chronic illnesses and mental illnesses, developments in work-related health hazards, demographic change). The main health problems of the general population (according to the indicators out-patient and in-patient morbidity, healthcare costs, incapacity for work, mortality, premature retirement, need for long-term care) are predominantly chronic, non-communicable diseases¹¹. The occurrence of these health problems is exacerbated by widespread risk factors (especially a lack of exercise, poor diet or overeating, stress at work or in private life, violence, smoking, alcohol consumption). Mental stressors, which can manifest themselves in all areas of life, are also gaining in significance. This development has been reflected in the world of work by the statutory requirement to take psychological stress factors into account when conducting a risk assessment. Due to demographic change, it makes sense to have targeted, sustainable promotion of worker health, performance and motivation (also taking into consideration the requirements of the UN Convention

on the Rights of Persons with Disabilities (UN CRPD)) in order to make it possible for older people to remain healthy at work, and to have a healthy life in old age. Cognitive impairments such as dementia, and their consequences for physical and mental health and health-promoting behaviour, play a major role in the case of very old people, and especially in the case of people living in residential care facilities.

Chronic, non-communicable diseases are closely associated with social factors such as in particular education, occupational status and income. It is the responsibility of society as a whole to reduce the social inequality resulting from these factors in terms of health opportunities; this requires the involvement and commitment of numerous stakeholders, including those outside the healthcare system. The statutory insurance providers play a supportive role in taking on this responsibility through the measures that they put in place as part of the National Prevention Strategy. Sustainable effects can particularly be achieved if other stakeholders also accept their responsibility to make a contribution.

Accidents are one of the biggest health risks for children. It is estimated that around 1.7 million children under the age of 15 require medical attention each year following an accident. Accidents are also among the most frequent causes of death in childhood and adolescence.

The task of disease prevention and the promotion of health, safety and participation is to reduce the risks of illness and accidents in our living and working environments whilst also strengthening a person's general (non-disease-specific) health resources and health literacy. Disease prevention and the promotion of health, safety and participation are to create

¹¹ Cardiovascular diseases (especially heart attacks, strokes and diseases of the cerebrovascular system), diabetes mellitus, especially type 2, obesity, malignant neoplasms, diseases of the skeleton, muscles and connective tissues; chronic pulmonary and respiratory diseases, diseases of the nervous system and sensory organs, as well as psychological and psychosomatic illnesses including addictions.

settings and conditions that are people-friendly and encourage good health, as well as assisting the people living and working in these settings to take on or improve behaviours that promote health and safety. Health, safety and participation are to be systematically integrated into the structures and processes of settings¹². Health, accident and pension insurance funds support settings when it comes to setting up and implementing such a systematic process (see Fig. 1), and they offer appropriate, needs-based, quality-assured solutions. The aim is to enable those responsible for settings to shape and continue this process on their own responsibility by helping them to help themselves.

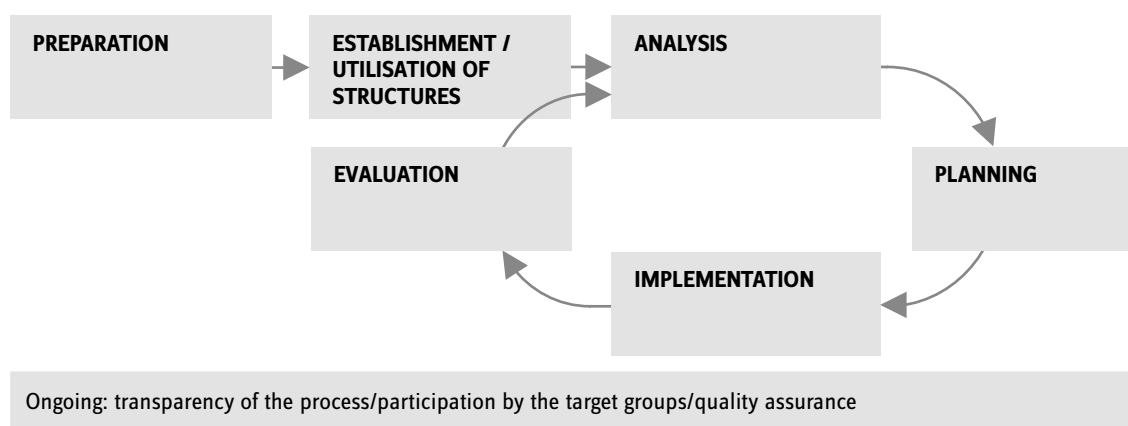
PREPARATION: In order to embark on a systematic process of disease prevention and promotion of health, safety and participation, it is imperative that those responsible for the setting be motivated and willing to do so. This also applies to the provision of the required resources. The health, accident and

pension insurance institutions can support the decision-making processes and willingness of those responsible for the setting by providing information, advice and training.

ESTABLISHMENT/UTILISATION OF STRUCTURES:

Steering committees for health promotion and disease prevention with all those responsible for the setting form the basis for a systematic approach to integrating health, safety and participation in the setting.¹³ The responsibilities of the partners are coordinated within the steering committee, and binding decisions are made on how to proceed. Existing committees, e.g. for safety and health issues, should be used as a guiding structure, and a formal decision on cooperation should be made. If there are different committees for subtasks in a setting, it is advisable to coordinate different topics and procedures. Existing structures such as local neighbourhood management or comparable coordination bodies in the setting of the local community can be used

Fig. 1: Disease prevention and the promotion of health, safety and participation in settings as a systematic process



Source: In-house

¹² The World Health Organization (WHO) has developed and disseminated the concept of 'settings for health' and 'supportive environments': the Ottawa Charter (1986); Jakarta Declaration (1997).

¹³ In settings with a small number of employees (e.g. micro enterprises with fewer than ten employees, small enterprises with fewer than 50 employees, day-care centres), the functions of the steering committee can be performed by regular discussions between the responsible persons and/or through involvement in inter-institutional networks.

here too. Social insurance institutions support the establishment and utilisation of structures for disease prevention and the promotion of health, safety and participation in settings by providing information, advice and intermediation services

ANALYSIS: Where possible, the need for preventive interventions or activities to promote health, safety and participation should be determined on the basis of data - using existing analyses, measurements and data sources if possible. Suitable indicators of needs include the prevalence of stresses, strains and hazards (e.g. workloads, environmental data), resources (e.g. recreational and leisure facilities) and health parameters (e.g. data on incapacity for work, accidents, work-related rehabilitation, prevalence of diseases or other characteristics of the state of health in the setting). The socio-spatial or sectoral distribution of strains, resources and health parameters should also be taken into account when planning interventions. Social insurance institutions support those responsible for the setting with routine data (e.g. on incapacity for work and accidents), survey-based data (e.g. from surveys of members of the setting) as well as health workshops and groups. The institutions also provide advice on suitable analysis procedures, support with conducting risk assessments, and specific aids or measurements for the setting.

PLANNING: Based on the needs identified, objectives and related interventions are identified and prioritised in the steering committee (or by those responsible, with the participation of the target groups/members of the setting). Prioritising is especially useful when it comes to reducing socially-induced health inequalities. The action plan is intended to combine context-based and behaviour-based interventions and, in addition to reducing risks, should enhance protective factors for physical and mental health. The social insurance institutions contribute to the performance of these tasks by providing intermediation and advisory services. Planning in the steering committee can also include joint financing of activities.

IMPLEMENTATION: Context-based and behaviour-based intervention measures are implemented by those responsible for the setting, if possible using scientific or evidence-based programmes or quality-assured approaches. The social insurance institutions support implementation by providing services in accordance with their legal responsibilities.

EVALUATION: The entire process and its results are systematically evaluated using appropriate methods. The results of the evaluation form the basis for the further development of the measures to be carried out. The social insurance agencies support the settings in carrying out this task by providing advisory services and practical guidance.

TRANSPARENCY, PARTICIPATION AND QUALITY

ASSURANCE (across all process phases): The participation of the target groups in a transparent process fosters acceptance and successful implementation. Quality assurance and further quality improvements are important tasks across all processes.

Overarching structural objective and process goal for disease prevention and the promotion of health, safety and participation in settings

The NPK's member institutions support those responsible for the different life worlds in their efforts to establish steering structures for disease prevention and the promotion of health, safety and participation. This is particularly true at local government level (towns, districts and municipalities). They also support overarching networking processes. They work towards embedding these structures and processes in the Länder Framework Agreements.

The potential to protect against diseases and promote health, safety and participation can be utilised at every stage of life. An important foundation can be created during adolescence in particular. As such, disease prevention and the promotion of health,

safety and participation also help tackle the effects of demographic change in a society in which people are living longer. The foundation for a healthy lifestyle is already laid during pregnancy and in the first years of life. Early disease prevention and health promotion influence the rest of a person's life, and can be expected to have positive effects on their health. The longest stage of human life is middle age. It is this phase of life, lasting decades, where measures put in place for disease prevention and the promotion of health, safety and participation can have a positive influence up until the last stage of life. A person's health resources must also be maintained and fostered in old age, and the competences needed to cope with health limitations must be strengthened. It is crucial that conditions be designed in a safe and healthy way in order to support healthy behaviour at every stage of life.

Joint objectives ensure that the efforts of the various stakeholders involved in disease prevention and the promotion of health, safety and participation are concentrated on health priorities. Common objectives at national level must take all settings into consideration, address people at every stage of life, and at the same time have a relatively high degree of generality.¹⁴ The following joint objectives¹⁵, based on life phases, guide the actions of the NPK:

- **THE HEALTHY GROWING UP OBJECTIVE**
- **THE HEALTHY LIFE AND WORK OBJECTIVE**
- **THE HEALTHY IN OLD AGE OBJECTIVE**

In principle, this system of objectives can be used to reach all people with services for disease prevention, health promotion, safety and participation that are related to their settings. Because people generally

have several roles in society, settings offer complementary access options; for example, workers can be reached through health promotion in their workplace and at the same time through their role as parents at their child's day-care centre or school.¹⁶ Community-based approaches/programmes are suitable for reaching a large proportion of the people in a given area. In terms of inclusion, it is also important to take accessibility into account so that people with disabilities can also make use of services offered in the setting.

Statutory health insurance funds, statutory accident insurance institutions, statutory pension insurance funds, and long-term care insurance funds, make their own contribution to these Federal Framework Recommendations with their goal-orientated activities in line with their statutory obligation to help shape the system. In doing so, they also build on their respective goal determinations, as well as on the disease prevention and health promotion goals of initiatives that are of nationwide importance and which span institutions whilst being specific to individual institutions. Particular significance attaches to the vaccination recommendations developed by the Federal Joint Committee's German Standing Committee on Vaccination, as well as to the objectives of the GDA, which take into consideration the experience gained during previous GDA periods. For the period which started in 2019, the member institutions of the NPK are basing their activities to implement the Healthy Life and Work objective on a goal-based system coordinated with the GDA's goals (see section 3.2.1).

¹⁴ Specifying priorities and specific activities based on regional requirements for disease prevention and the promotion of health, safety and participation are embedded in the Land Framework Agreements. The Federal Framework Recommendations provide a general framework for all conceivable focal points.

¹⁵ The co-operative group 'gesundheitsziele.de' has also set its objective based on life phases: National Health Objective - healthy growing up (2010), National Health Objective - healthy ageing (2012). The other objectives of 'gesundheitsziele.de' also reflect the life-phase objectives of these Federal Framework Recommendations.

¹⁶ In addition, persons covered by statutory health insurance have access to individual behaviour-based disease prevention in accordance with section 20 subsection (4) No. 1 of Book V of the Social Code.

3.1 THE HEALTHY GROWING UP OBJECTIVE

3.1.1 TARGET GROUPS: EXPECTANT PARENTS AND YOUNG FAMILIES, CHILDREN, JUVENILES, TRAINEES, APPRENTICES AND STUDENTS

Expectant parents, young families, children, juveniles, trainees, apprentices and students are important target groups for disease prevention and health promotion efforts because the foundations for health literacy are laid at a young age, and these are also important for safe, healthy behaviour in later phases of life, such as working life. For expectant parents, young families, children and juveniles (including young adults studying or in training), health insurance funds have a support mandate to work with other responsible partners to make it easier for children and juveniles to grow up healthily, and to help them develop their individual health literacy. The accident insurance institutions are mandated to support children and juveniles (including young adults) in educational facilities. The educational facilities themselves, as workplaces, receive support as per the mandates of the statutory health insurance funds, statutory accident insurance institutions, and statutory pension insurance funds (see The Healthy Life and Work Objective).

Expectant and young parents¹⁷ tend to be especially receptive when it comes to health issues. Lone parents and their children in particular are often exposed to considerable psychosocial and financial/material strain due to their life situation. They should therefore be given particular consideration as part of disease prevention and health promotion activities, especially in cooperation with the youth welfare services.

Children and their parents in day-care centres (kindergartens) and other forms of childcare are reached at a stage of life which decisively shapes lifestyles and behaviours that promote health and safety, and where important building blocks are laid for the child's further educational and personal development. The health conditions in families can also be positively influenced by starting in the setting of the day-care centre. Creating health-promoting structures and procedures can also help reduce stresses and strains, thus improving the health of childcare workers.

Starting from the age of six, schools are the main place where children and juveniles can be reached with preventive, health-promoting and safety-promoting activities. Health conditions at general and vocational schools also play a decisive role in how well the school can fulfil its educational mandate.

Adolescents and young adults can be reached both via disease prevention and health promotion in the workplace (see The Healthy Life and Work Objective), as well as through disease prevention and health promotion at vocational schools and universities.

In terms of the target group "Employed Persons", all educational institutions are also to be regarded as workplaces. These workplaces and their employees are addressed by activities geared towards the Healthy Life and Work objective (see Ch. 3.2.1). The effect of activities for the Healthy Growing Up objective can be strengthened by linking them with activities for the Healthy Life and Work objective.

Due to their responsibility to provide infrastructure, spatial planning and public health services, as well as to their role as providers of educational

¹⁷ Regardless of other services provided in their setting, persons with statutory health insurance are provided with medical support and care during pregnancy, during the birth, and for several months after the birth, in the form of midwife assistance in accordance with sections 24d et seqq. of Book V of the Social Code in conjunction with the contract on the provision of midwifery services under section 134a subsection (1) of Book V of the Social Code.

institutions, the Länder and local authorities exert a significant influence when it comes to shaping a supportive environment for growing up healthily and safely. They are also responsible for ensuring the safety and health of the target groups in various settings. The member institutions of the NPK believe that there is a strong need for youth welfare services to support expectant parents and young families by ensuring adequate exercise and healthy food in schools and day-care centres, as well as promoting resilience and healthy room design, and preventing violence. These tasks pertain to general services provided by local authorities, legislation (e.g. embedding disease prevention and health promotion in school and day-care centre legislation), curricula (e.g. school sports, health literacy), and budgetary policy (e.g. ensuring adequate funds to provide healthy food at schools and day-care centres).

The following services and activities provided by statutory health insurance and statutory accident insurance are their contribution towards achieving the Healthy Growing Up objective:

STATUTORY HEALTH INSURANCE FUNDS:

- Needs analysis (e.g. surveying target groups) and context-based goals
- Consultation on modifying conditions to be preventive, as well as initiating modification processes and corresponding new structures
- Training in disease prevention and health promotion for multipliers
- Planning and implementation of behaviour-based disease prevention measures
- Documentation, evaluation and quality assurance
- Public relations work
- Assistance with networking processes
- Active participation in local committees for health promotion with all responsible stakeholders (health promotion objective of statutory health insurance for settings)

The content of the measures put in place can be geared to one or more of the following topics:

- Encouraging exercise
- Promoting a healthy diet
- Strengthening mental resources
- Stress reduction and relaxation
- Promoting a healthy way of dealing with others/ preventing violence
- Preventing the consumption of addictive substances
- Health-related skills for parents
- Encouraging the uptake of recommended vaccinations
- Other health-related topics as required by the target groups

STATUTORY ACCIDENT INSURANCE INSTITUTIONS:

The statutory accident insurance institutions support educational institutions, as settings for learners and as workplaces for employees, as part of the focus of the work done in disease prevention¹⁸ (for details see Ch. 2). The range of its content includes the following:

- Preventing accidents
- Strengthening mental health
- Preventing violence
- Encouraging physical exercise, games and sport
- Training health literacy
- Road safety education
- Promoting a culture of disease prevention and safety
- Managing safety and health/health-promoting leadership
- Health-promoting ergonomics
- Encouraging health-promoting teaching and learning processes
- Dealing with hazardous and biological substances

The focus of the statutory health insurance funds and statutory accident insurance institutions is guided by a process that aims to systematically

See Annex 1: Objective Healthy Growing Up: target groups, action areas, contribution by the member institutions of the NPK, and organisations and institutions involved

¹⁸ The ten disease prevention services of the German Statutory Accident Insurance Institutions are listed in Ch. 2. They are also available to download at https://www.dguv.de/medien/inhalt/praevention/praev_lohnt_sich/katalog_pl_englisch_12522.pdf.

integrate health and safety into settings (see Fig. 1). In doing so, they strive for sustainability by establishing structures (e.g. a steering committee). They work closely together on disease prevention and the promotion of health and safety in order to achieve the Healthy Growing Up objective, and they are involved in committees for reaching agreement and coordinating at Land and local level. Forms of cooperation include sharing information about measures that are planned and need to be implemented, agreeing on and coordinating individually-planned measures, as well as planning, financing, implementing and evaluating joint measures.¹⁹ The planning and implementation of measures is based on health reporting that is coordinated as closely as possible with social reporting. For educational institutions – as a setting for children and juveniles, as well as for employees – the process of risk assessment in this context is also of key importance for planning appropriate measures.

The NPK supports local health promotion strategies that are goal-orientated and involve multiple stakeholders. As part of basic local government services, and on the basis of the respective Länder legislation on the public health service, structures (e.g. health conferences) should be established or utilised and further developed at local level. Going beyond the responsibilities and spheres of action of local authorities, services to promote good health and safety during the transition from childhood development to the start of adulthood are to be combined with one another and designed according to needs ('chains of disease prevention'). This should take into consideration existing, effective structures and disease prevention measures in the settings, such as dental group prophylaxis in accordance with section 21 of Book V of the Social Code.²⁰ The public health service plays a particularly important role in this.

¹⁹ See Ch. 2.

²⁰ Framework Recommendation on the promotion of group prophylaxis in accordance with section 21 of Book V of the Social Code, especially in day-care centres and schools, of the umbrella associations of the statutory health insurance funds, in consultation with the German Dental Association, the German Working Committee for Dental Care of Children and Adolescents, and the Federal Association of Public Health Dentists (June 1993).

3.2 THE HEALTHY LIFE AND WORK OBJECTIVE

3.2.1 TARGET GROUP: PERSONS OF WORKING AGE - EMPLOYED PERSONS

Gainful employment plays a significant role in an employed person's health. On the one hand, gainful employment has a great deal of potential to promote health because working exerts a positive influence on an individual's personal identity. It creates a sense of meaning and provides social cohesion, and it is essential for ensuring prosperity and social status. On the other hand, working conditions can also adversely affect workers' health. The target group of employed persons is heterogeneous with regard to demographic and socio-cultural characteristics, as well as in terms of forms of employment (employed - tenured civil servant - self-employed; part-time employed - full-time employed; manager - regular employee) and strain conditions (e.g. predominantly sedentary, physically or psychologically demanding, shift work). The statutory health insurance funds, statutory accident insurance institutions and the statutory pension insurance funds have a mandate to provide services and support in order to achieve the Healthy Life and Work objective for the target group of 'Persons of working age - employed persons'.²¹

In order to prevent accidents, occupational diseases and work-related health hazards, employers must fulfil their obligations in accordance with both statutory occupational safety and health regulations, and the occupational safety and health regulations stipulated by their accident insurance institution. To do this, they are provided with support from Länder occupational safety and health authorities and the statutory accident insurance institutions. Occupational

safety measures also include creating decent working conditions. As employees spend a significant proportion of their lives at work, workplaces are also a suitable setting for health-promoting measures. This not only creates working conditions that promote health, but also helps employees lead a healthy lifestyle. Measures for workplace health promotion and disease prevention that are initiated and supported by statutory health insurance are open to all employees, regardless of their status under labour law. This means being able to reach target groups in a special way that normally only make limited use of what is offered to individuals in terms of health promotion and disease prevention. This not only includes trainees and young employees, but also groups of workers whose opportunities for good health are limited due to their social circumstances (poorly-skilled workers including those with a migration background, single mothers and fathers, etc). Particular attention needs to be paid to employees in micro, small and medium-sized enterprises²², which account for 99% of all companies in Germany. Behaviour-based disease prevention services, such as those offered by the pension insurance funds to insured individuals, make a lasting contribution to a person's own ability to deal with the demands of working life in a healthy way.

Measures for in-house disease prevention, occupational safety and health and participation are to be designed to meet needs and coordinated with one another.

Healthy working conditions encourage a good work-life balance, and thus indirectly influence important health-related conditions, particularly for employees who are raising a family or are in the role of caregiver.

²¹ The target group of 'employed persons' also includes volunteers working as part of the Federal Volunteer Service (BFD), the Voluntary Social Service Year (FSJ) and the Voluntary Ecological Service Year (FÖJ).

²² Micro enterprises: fewer than ten employees; small enterprises: fewer than 50; and medium-sized enterprises: fewer than 250 employees. In terms of micro enterprises and family businesses, the focus is particularly also placed on the safety and health of adolescents, as well as of the oldest generation (especially in the agricultural sector).

STATUTORY HEALTH INSURANCE: Workplace health promotion measures are voluntary for employers as a matter of principle in accordance with section 20b of Book V of the Social Code.²³ The framework for activities undertaken by the health insurance funds to promote occupational health is set out in the current version of the statutory health insurance Guidelines for Disease Prevention. These Guidelines lay down criteria and requirements which are binding for the implementation of measures to promote occupational health by the health insurance funds. Health promotion services provided by statutory health insurance funds are particularly beneficial for building and improving health promoting structures, both within and across workplaces. A systematic approach is taken towards developing suggestions for improving health conditions and strengthening health resources. This approach is based on an assessment of the health conditions which takes into account work-related health hazards, including risks and potentials. The assessment involves the insured persons, company managers, occupational physicians and occupational safety and health professionals. Benefits for workplace health promotion are particularly orientated to specific work-related health risks (section 20c subsection (1) of Book V of the Social Code). The results of existing risk assessments are taken into account with the consent of the company. The statutory health insurance funds also assist companies when it comes to evaluating workplace health promotion measures. They offer companies advice and support using existing structures via joint regional coordination offices (section 20b subsection (3) of Book V of the Social Code; www.bgf-koordinierungsstelle.de). This includes information about the services that are on offer, as well as clarification regarding the provision of services in individual cases. The statutory health

insurance funds develop pilot projects, encourage the knowledge transfer of best practices, evidence-based workplace health promotion measures and workplace disease prevention, and are involved in relevant expert and business networks. In accordance with section 20 subsection (6) of Book V of the Social Code, health insurance funds spend at least €2.10 per insured person on occupational health promotion services (2018, index-linked in the following years to the rate of increase of the monthly reference value in accordance with section 18 subsection (1) of Book IV of the Social Code).²⁴

When it comes to preventing work-related health hazards in accordance with section 20c of Book V of the Social Code, the health insurance funds cooperate closely with the accident insurance institutions and support them in their work. In particular, they and their associations are required to form regional working groups for cooperation across workplaces and to use proven structures at Länder or regional level. The tasks and duties of the health insurance funds include:

- Providing information and advice on workplace health promotion/workplace health management
- Gearing workplace health promotion measures to address specific work-related health risks
- Identifying findings on the links between illnesses and working conditions
- Informing the accident insurance institutions of these findings
- Notifying the statutory accident insurance institutions of work-related health risks or occupational diseases in individual cases

STATUTORY ACCIDENT INSURANCE: Occupational health and safety measures are mandatory for employers. They are assisted by occupational physicians

²³ If work-related health hazards are identified during a company health assessment carried out or funded by the statutory health insurance funds, the employer is responsible for taking appropriate measures.

²⁴ The Social Insurance for Agriculture, Forests and Gardening (SVLFG), as the provider of health insurance for the agricultural sector, is exempt from the minimum expenditure regulation for workplace health promotion services (see Second Act on Health Insurance for the Agricultural Sector - section 8 subsection (2c) KVLG 1989).

and occupational safety and health professionals. In accordance with section 14 subsection (1) of Book VII of the Social Code, and in accordance with their catalogue of disease prevention services, the statutory accident insurance institutions support companies with all appropriate means related to context-based and behaviour-based disease prevention. According to the Common Understanding of disease prevention work in the area of 'Workplace Health' by the statutory accident insurance institutions and the German Statutory Accident Insurance (DGUV), this includes the prevention of accidents at work, occupational diseases and work-related health hazards through all technical, organisational, behavioural, social, psychological and occupational health measures, including needs-based aspects of workplace health promotion, if these can help reduce health risks or prevent the occurrence of health hazards in the workplace. The accident insurance institutions consider it essential to take a systematic approach towards integrating safety and health into workplaces with the active support of managers and participation by employees, occupational physicians and occupational safety and health professionals. The accident insurance institutions also assist companies with establishing a workplace occupational safety and health system that incorporates Workplace Health Management.

STATUTORY PENSION INSURANCE: In accordance with section 14 subsection (1) of Book VI of the Social Code, the work done by the statutory pension insurance funds on behavioural disease prevention to protect employability is aimed at persons who are covered by statutory pension insurance, are of working age, and are actively engaged in the workforce. Insured persons who exhibit initial health impairments that jeopardise the employment in which they are engaged are entitled to receive pension insurance benefits for disease prevention purposes. In addition, the statutory pension insurance funds offer information and consulting services pertinent to business, including workplace health management,

and if necessary can refer enquirers to other rehabilitation providers.

The following services and activities provided by the statutory health insurance, accident insurance and pension insurance institutions constitute their contribution to the implementation of the Healthy Life and Work objective:

Benefits/activities of the statutory health insurance funds:

- Information and advice for companies on workplace health promotion/workplace health management
- Support with establishing internal company structures for managing workplace health promotion and disease prevention activities
- Identifying and analysing areas where action is needed; assessment of health conditions
- Assistance with planning and implementing workplace health promotion measures aimed at designing healthy working conditions and a healthy style of working and living (stress management and improving health resources, encouraging exercise, healthy nutrition and preventing addiction)
- Assistance with planning and implementing disease prevention measures, especially for preventing chronic diseases
- Assistance with training internal specialists in disease prevention and health promotion, including the healthy leadership of employees
- Documentation, evaluation and quality assurance
- Communication and public relations work on health promotion to all target groups
- Cross-company networking and consulting
- Active participation in disease prevention and workplace health promotion committees with all responsible partners at Land and local level

The health insurance funds also enter into regional agreements on general vaccinations with occupational physicians, specialists in occupational medicine and physicians who have an additional qualification

in 'occupational medicine', and who do not participate in contract medical care. In addition, the statutory health insurance funds are expected to include incentive schemes in their statutes which encourage inter alia the use of vaccinations or workplace health promotion measures.

Benefits/activities of statutory accident insurance institutions:

The statutory accident insurance institutions provide benefits in accordance with their catalogue of preventive services (see Ch. 2 for more detail). One of their main tasks is to help workplaces meet their legal obligation to assess risks in accordance with the German Safety and Health at Work Act and German Statutory Accident Insurance Regulation 1 'Principles of Prevention'. A risk assessment includes both physical and psychological stressors, and is carried out in accordance with the GDA Guideline 'Risk Assessment and Documentation'²⁵ according to the following process steps:

1. Define work areas and activities
2. Identify hazards
3. Assess hazards
4. Determine specific state-of-the-art occupational safety and health measures
5. Implement measures
6. Assess the effectiveness of the measures
7. Update the risk assessment

This area of focus is also reflected in the GDA's strategic goal for the 2019-2024 period: 'Making work safe and healthy: Prevention through risk assessments'.

Benefits/activities of statutory accident pension insurance funds:

- Advice for companies on disease prevention and rehabilitation
- Advice for companies on workplace integration management

- Information and awareness-raising of Workplace Health Management
- Personalised disease prevention services for insured persons: multi-professional, modularised services to encourage insured persons to take individual responsibility for creating a healthy lifestyle at work and in everyday life
- Networking and active cooperation with general practitioners, company doctors and occupational physicians, with local self-help groups, and with other regional and national disease prevention services for employees and employers
- Cooperation and networking with other social insurance institutions
- Documentation and quality assurance

The statutory health insurance funds, the statutory accident insurance institutions, and the statutory pension insurance funds, work towards a coordinated approach in their interactions, and ensure that their disease prevention and health promotion services, as well as their concepts, are compatible with the respective statutory mandates of the social insurance institutions. Thus, in the context of a risk assessment, the existence of a legally-binding risk assessment for the employer is of fundamental importance for all social insurance institutions. The statutory accident insurance institutions have a mandate to provide support in this regard. In terms of cooperation between the social insurance institutions, the health insurance funds and pension insurance funds also raise awareness in companies and institutions of the need to carry out a risk assessment in accordance with the Occupational Health and Safety Act and the German Statutory Accident Insurance Regulation 1 'Principles of Prevention'. If a company or institution needs advice on this matter, they are referred to the responsible accident insurance institution.

²⁵ Link: www.gda-portal.de/EN ▶ Download ▶ Information sheet: Risk assessment

The health insurance funds, accident insurance institutions and pension insurance funds work within the scope of these Federal Framework Recommendations on the basis of adaptable concepts that are coordinated at national level and which make companies aware of supplementary benefits provided by the other social insurance institutions. This requires transparency and information about the basic services of the social insurance institutions and appropriate training of their in-house consultants. In addition, the statutory health insurance funds, statutory accident insurance institutions and pension insurance funds are required to inform one another about disease prevention programmes at Land or regional level, or about sector-specific pilot projects, and to exchange information on the specific disease prevention needs of the various target groups or different sectors on the basis of the data available to them in each case.

If there is a need to involve one of the other partners in order to provide benefits to companies, this must be clarified in consultation with the company. If necessary, arrangements should be made regarding how the various parties engage in joint activities based on their statutory responsibilities, competences and resources.

Possibilities for cooperation²⁶ at workplace level between statutory health, accident and pension insurance institutions in the context of their statutory responsibilities include:

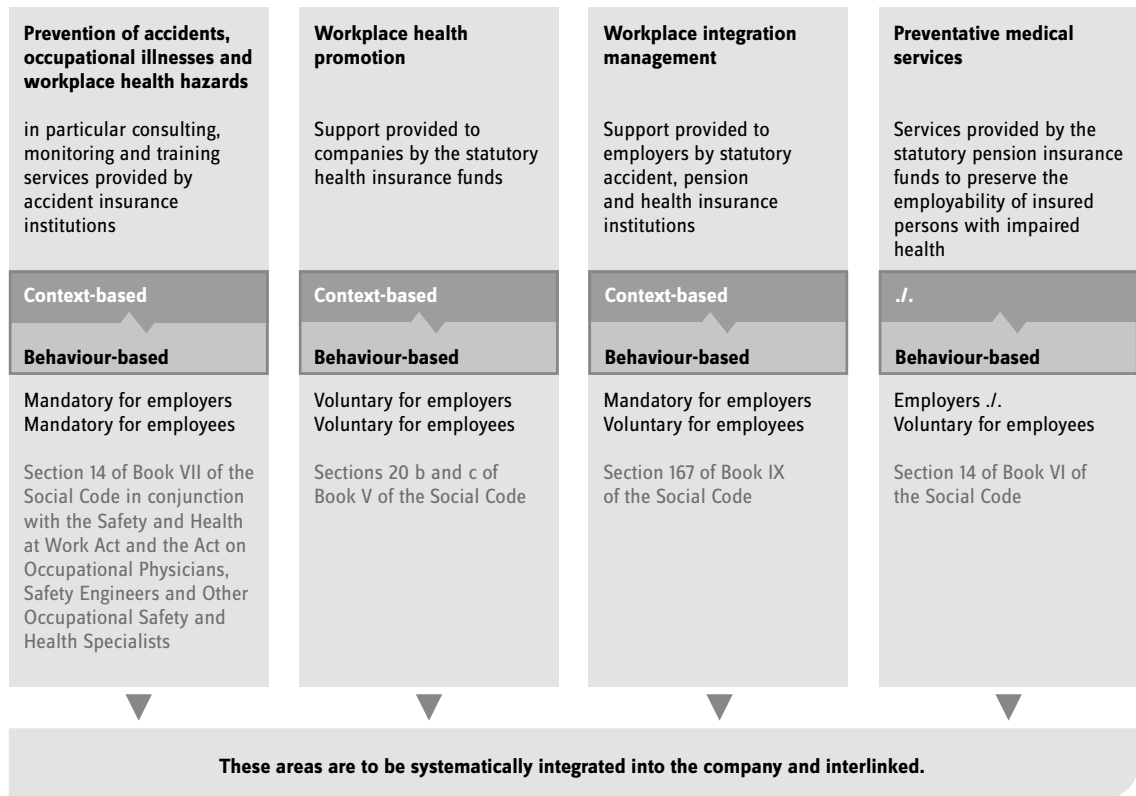
- Conducting analyses, risk assessments and employee surveys
- Training managers and multipliers
- Helping establish a Workplace Health Management system
- Media design, in-house public relations, cross-company information campaigns
- Supporting companies through networking

The statutory health insurance funds, statutory accident insurance institutions and statutory pension insurance funds advise companies on how to integrate health, safety and participation into their operations as part of a systematic, structured process (see Fig. 1). They also help companies establish statutory occupational health and safety, workplace integration management and workplace health promotion as internal mechanisms, implement them correctly and systematically in company processes, and closely integrate them with one another²⁷ (see Fig. 2).

26 Examples of cooperation are described (in German) in: Arbeitskreis Prävention in der Arbeitswelt (AOK-Bundesverband, BKK Dachverband e. V., Deutsche Gesetzliche Unfallversicherung e. V., GKV-Spitzenverband, IKK e. V., Knappschaft, Sozialversicherung für Landwirtschaft, Forsten und Gartenbau, Verband der Ersatzkassen e. V.) (Hrsg.): „Gemeinsam für gesunde Betriebe“ link: www.praevention-arbeitswelt.de.

27 See also the National Association for Rehabilitation (2018). 'Joint Recommendation: Disease prevention in accordance with section 3 of Book IX of the Social Code' (German only). link: www.BAR-Frankfurt.de ▶ Publikationen ▶ Gemeinsame Empfehlungen.

Fig. 2: Good Health in the Workplace - Contributions made by the statutory accident, health and pension insurance institutions



Source: Modified and supplemented from: Initiative Neue Qualität der Arbeit (Ed.) (2014). *Gesunde Mitarbeiter - gesundes Unternehmen. Eine Handlungshilfe für das Betriebliche Gesundheitsmanagement*. Berlin. p. 13.

Companies can draw on a wide range of support services provided by statutory health, accident and pension insurance institutions on all issues relating to employee health. Examples of the services provided by the institutions in relation to the implementation of workplace integration management, voluntary workplace health promotion and risk assessment in occupational health and safety are presented in Annexes 4–6 of these Federal Framework Recommendations.

This involves making use of existing structures, in particular the occupational safety and health committee, and supporting the establishment of internal control structures for workplace health promotion

and workplace integration management. It is indispensable to involve company stakeholders (company management, the works council or employee representatives) in this process at an early stage. Cooperation with the social partners (employers' associations and trade unions) at regional level can also facilitate the long-lasting integration of these structures.

Activities in a company for disease prevention and for the promotion of health, safety and participation are orientated towards the company's requirements. These are determined primarily from the risk assessment and the evaluation of risks and potentials of the health situation. Sources of data and

information that are suitable for determining needs include: results – exclusively anonymised – of the risk assessment; data on incapacity for work²⁸ and other health-related data from health insurance funds, information from employee health groups and employee surveys, data on accidents and occupational diseases, findings from occupational medicine, and knowledge gained by the supervisory services²⁹.

On the basis of an overview of the information obtained from the abovementioned data sources, companies are to be supported in developing a procedural concept for activities related to occupational disease prevention and health, safety and participation promotion. This concept is to be both holistic and have a long-term orientation. Both context- and behaviour-orientated measures are to be implemented in this process, and their effects evaluated.

Important cooperation partners of the statutory health, accident and pension insurance institutions (with examples of what they can contribute) include:

- Authorities responsible for occupational safety and health
 - Information and advice to companies on all occupational safety and health topics
 - Targeted inspection and monitoring of the implementation of statutory occupational safety and health legislation
 - Focus on context-based measures, especially internal structures and processes
- Integration offices³⁰
 - Subsidies for creating workplaces suitable for persons with disabilities or other impairments

- Addiction counselling centres and self-help groups, as well as other organisations and initiatives for disease prevention and health promotion

INFORMATION AND ACCESS TO SERVICES

Information from or access to individual institutions:

Health, accident and pension insurance institutions inform companies about their institution-specific range of services, and provide appropriate support as needed. Since there is generally one pension fund and one accident insurance institution responsible for each company, the company can contact one of these institutions directly. In terms of health insurance, if a company is interested in workplace health promotion, it can approach a health insurance fund that insures some of its employees. The services of a health insurance fund are available to all employees regardless of their membership of the fund.

In order to boost needs-based utilisation and linking of the services provided by the various institutions, the statutory health, accident and pension insurance institutions not only inform companies of their own instruments and services, but also talk about the support options available from the other statutory insurance providers.

Access via regional statutory health insurance workplace health promotion coordination points:

Information and company-specific advice provided by statutory health insurance funds to companies on workplace health promotion are offered related

28 When interpreting data on incapacity for work provided by the health insurance funds in conjunction with information on hazards and stressors in a workplace, it is important to take into account factors influencing health outside the world of work.

29 The supervisory services of the Federal Länder and of the accident insurance institutions monitor compliance with occupational health and safety regulations in companies and at the workplace. This is a dual system consisting of labour inspectorates and offices for occupational health and safety (state, regional competence) as well as technical supervisory services (accident insurance institutions, regional or industry-specific competence).

30 The integration offices have an important role to play in integrating people with severe disabilities into working life. In accordance with section 185 of Book IX of the Social Code, their tasks include providing assistance in the workplace for people with severe disabilities, as well as for their employers.

to the Länder by joint regional workplace health promotion coordination points in accordance with section 20b subsection (3) of Book V of the Social Code. The regional workplace health promotion coordination points form an additional access point to the workplace health promotion services of the health insurance funds, especially for micro, small and medium-sized enterprises in the Federal Länder. The core of the regional workplace health promotion coordination points is individual advice provided to companies by the workplace health promotion counsellors of the health insurance funds. These counselling services, which are available throughout Germany, are digitally bundled in the form of a counselling and information portal, and are thus easily accessible to interested companies. In cooperation with local business organisations - in particular employers' associations, guilds, and chambers of trade, industry and commerce - and regional trade unions, the coordination points promote awareness and acceptance of workplace health promotion and the networking of companies in the region. In addition, the workplace health promotion coordination points raise awareness of services offered by the statutory accident insurance institutions and the Company Service Centre of the German Pension Insurance (DRV), as well as working together with other relevant stakeholders at Länder level (www.bgf-koordinierungsstelle.de).

Access via the regional disease prevention services of the accident insurance institutions:

Each company can directly contact the supervisor from the accident insurance institution responsible for it and obtain access to and information on the disease prevention services provided by its accident insurance institution. The accident insurance institutions have regional disease prevention services, and are the contact points for all questions relating to safety and health at work for their member companies. They also inform their members of the benefits provided by health insurance funds, pension

insurance funds and other social security institutions in accordance with their responsibilities.

Access via the DRV's Company Service Centre:

The DRV's Company Service Centre provides advice to companies by telephone and e-mail, or by visiting them at their premises, depending on their needs. In addition to traditional pension insurance topics, such as rehabilitation, pensions and compulsory contributions, the DRV's Company Service Centre also offers targeted advice on disease prevention services offered by pension insurance funds, workplace integration management, as well as information on the implementation of workplace health management. In this context, the pension insurance also refers to the consulting and disease prevention services of the other insurance institutions, in particular the statutory health insurance funds, including the workplace health promotion coordination points, and the statutory accident insurance institutions (firmenservice.drv.info).

Access via the Social Insurance for Agriculture, Forests and Gardening (SVLFG):

In its capacity as a social insurance institution across all branches of social insurance, the SVLFG combines the disease prevention work of work-related and non-work-related health risks, health promotion and medical care into an integrated overall concept. In doing so, it provides support through its field service.

Access and support via networks:

In order to reach more companies with services for workplace disease prevention and the promotion of health, safety and participation, it is recommended to have indirect support at supracompany level in the form of business networks, especially for micro, small and medium-sized enterprises. Networks are relatively stable groups made up of representatives from companies and their organisations, as well as regional stakeholders who agree on objectives, tasks and rules for cooperation. The statutory health, accident and pension insurance institutions support

the establishment of industry-wide networks for disease prevention and the promotion of health, safety and participation, as well as the integration of these issues into existing business networks. The institutions also participate in these networks. In order to develop synergy effects, it is also important to consolidate the different sources of data on risks and illnesses of employees available to the network partners, coordinate joint procedures, concepts and quality criteria, exchange information and create transparency regarding the respective services of the social insurance institutions and the provision of support services that go beyond the scope of their own responsibilities. The precise nature of reciprocal information, coordination and cooperation between the institutions and with other responsible parties is regulated in the Länder Framework Agreements in accordance with section 20f of Book V of the Social Code on the implementation of the National Prevention Strategy. The regional workplace health promotion coordination points of statutory health insurance, business organisations and the DRV's Company Service Centre work together to provide industry-wide information and advice to companies in networks. The occupational safety and health authorities of the Länder can also draw companies' attention to the support services provided by the statutory insurance institutions with respect to disease prevention and the promotion of health, safety and participation.

SPECIFIC OBJECTIVES FOR THE TARGET GROUP 'EMPLOYED PERSONS'

In order to put the Healthy Life and Work objective for the target group of employed persons into concrete terms, the NPK has formulated the following special objectives for the period 2019-2024 and coordinated them with the objectives of the GDA.

Process objective:

The member institutions of the NPK promote coordinated approaches towards assisting

companies with disease prevention and the promotion of health, safety and participation in terms of the world of work

a) with fulfilling their statutory obligations regarding occupational safety and health and workplace integration management, as well as the voluntary implementation of workplace health promotion, and

b) at regional and local level, involving regional business organisations, trade unions and other partners, especially for micro, small and medium-sized enterprises.

The member institutions of the NPK strive to ensure that regulations on coordinated approaches are embedded in the Länder Framework Agreements in accordance with section 20f of Book V of the Social Code.

Rationale: Disease prevention work and the promotion of health, safety and participation, which are based on needs and have a long-lasting effect, require the various statutory insurance institutions to work with one another and with those responsible in accordance with the present Recommendations, at both company and industry level. This also involves further integration of their services and concepts with the respective statutory mandates of the other statutory insurance institutions. This is particularly important in order to achieve joint objectives (examples of support provided by the statutory insurance institutions with respect to workplace integration management, workplace health promotion and risk assessment can be found in Annexes 4, 5 and 6).

Specific objectives:

- Protect and strengthen the musculoskeletal system in the workplace
- Protect and strengthen mental health in the workplace

Rationale: Musculoskeletal diseases, mental illnesses and behavioural disorders are major

causes of incapacity for work, premature retirement and medical treatment among the working population. These illnesses, which are usually multi-factorial in nature, can also be caused by work-related stressors. The aim of disease prevention and health promotion interventions in the workplace is to help reduce work-related risk factors, and thus reduce the probability of these illnesses occurring or becoming chronic, as well as amplifying social and personal protective factors.

As far as possible, the specific objectives are to be pursued in a coordinated manner across institutions in accordance with the process objective.

The member institutions of the NPK are to adopt these goals for their respective areas of responsibility and report on them to the NPK. The progress made towards achieving these objectives will be documented in the cross-institutional disease prevention report. The member institutions of the NPK invite the non-voting members to participate in activities to achieve these objectives in accordance with their respective responsibilities.

3.2.2 TARGET GROUP: PERSONS OF WORKING AGE - UNEMPLOYED PERSONS

Long-term unemployment is a significant risk factor as regards health. The risk of disease increases with the length of unemployment, age and declining socio-economic status. Unemployed people³¹ with pre-existing health issues find it particularly difficult to return to work. This makes unemployed people a socially-disadvantaged group with a very strong need

for health promotion and disease prevention. The statutory health insurance funds have a disease prevention and health promotion mandate with regard to the Healthy Work and Life objective for the target group of unemployed persons. They work together with the Job Centres³² and employment agencies in this regard. The statutory health insurance funds have a mandate to provide support or services to unemployed persons who participate in employment promotion measures; the statutory accident insurance institutions provide insurance cover to these persons.

The aim of health promotion and disease prevention activities carried out by statutory health insurance funds is to prevent or minimise health impairments in unemployed persons and to help people maintain and improve their health and employability. In particular, persons whose occupational integration is hampered by health impairments, and who are often unemployed for more than 12 months, are to be given special consideration. The psychosocial burdens associated with unemployment are particularly relevant for this target group.

The employment agencies and Job Centres are responsible for employment promotion and for integrating unemployed people into the labour market. They have incorporated health into their advisory and placement services as an overarching strategy. In order to raise awareness of health and motivate unemployed persons, the advice and services provided by the Job Centres and Employment Agencies are also geared towards health promotion. Job Centres, employment agencies and providers of labour market integration commissioned by them

31 The term unemployed person is used colloquially for the sake of better readability. The target group for disease prevention and health promotion services can thereby include as a matter of principle all potentially-employable persons entitled to benefits who are registered with the Job Centres within the meaning of Book II of the Social Code, all recipients of unemployment benefit registered with the Employment Agencies, as well as all registered job-seekers who are not entitled to unemployment benefits in accordance with Book III of the Social Code. The prerequisite is a clearly-identified good state of health, as well as ruling out a need for medical treatment or medical/occupational rehabilitation.

32 The German Job Centre refers to a joint establishment between the Federal Employment Agency and local authorities, or an authorised local authority provider of basic benefits for job-seekers.

have access to people who are unemployed, and can motivate them to voluntarily make use of the disease prevention and health promotion services on offer from the statutory health insurance funds. The aim is to dovetail the services offered by the Employment Agencies and Job Centres with the disease prevention services provided by the statutory health insurance funds. The promotion of behaviour-based and context-based services to prevent health risks and strengthen personal resources is carried out across all health insurance funds as part of the community context approach, as stipulated in the statutory health insurance Guidelines for Disease Prevention (free for participants).

In a local government steering committee, those responsible in the Job Centres/Employment Agencies, local authorities, statutory health insurance funds (and their subcontractors) and representatives from the non-profit sector (e.g. clubs/associations) work together to promote health and employment jointly in accordance with the process shown in Fig. 1. If the local government authority has a health promotion committee, the planning and management of suitable activities should take place in this committee. Synergy effects can be achieved by combining measures for various vulnerable target groups in an integrated local strategy (e.g. interventions for unemployed single parents or persons with a refugee/migration background).

The responsible members of this committee identify needs, plan joint activities and coordinate their specific contributions to coupling labour market integration and health promotion benefits. The contributions made by Job Centres and Employment Agencies particularly include training their integration specialists and combining health-related elements with employment promotion, a health-focused approach, and counselling of unemployed persons, combined with motivating people to participate in the services offered by the statutory health insurance funds with regard to health promotion and disease prevention.

Local government authorities can, for example, provide premises for health promotion activities.

The **benefits/activities of statutory health insurance funds** may include in particular:

- Needs assessment
- Planning and implementation of disease prevention and health promotion measures targeted at specific groups
- Assistance with continuing health promotion activities
- Documentation, evaluation and quality assurance
- Supporting the networking of specialists and target groups

SPECIFIC OBJECTIVE FOR THE TARGET GROUP OF 'UNEMPLOYED PERSONS'

The member institutions of the NPK work to ensure that needs-based disease prevention and health promotion services are offered to unemployed people, and that these services are coordinated within the existing steering structures at local level (in accordance with the structural and process objective set out at the start of Ch. 3). The member institutions of the NPK strive to ensure that these benefits are embedded in the Länder Framework Agreements in accordance with section 20f of Book V of the Social Code.

3.2.3 TARGET GROUP: VOLUNTEERS

Volunteers can be exposed to risks and health hazards during their work in the same way as regular employees. These individuals therefore need to be provided with appropriate preventive and supportive measures from those responsible for the settings in which they work.

The statutory accident insurance institutions have a mandate to support the target group of volunteers who work on behalf of a Federal, Land or local government authority and are deployed to help in the event of an accident, as part of civil protection, in

See Annex 2:
Overview: Healthy
Life and Work
Objective: target
groups, action
areas, contributions
by the member
institutions of
the NPK, and
organisations and
institutions to be
involved

an educational institution, or as part of refugee aid, in the same way as the target group of employed persons. The decisive factor here is that volunteers do not act on their own initiative but on behalf of, or at least with the express consent of, the government authority. It does not matter whether the activity is performed directly for the government authority or for a private organisation with a corresponding mandate or consent of a government authority. In the latter cases, the aforementioned activities of the statutory accident insurance institutions for employees apply here.³³

Activities carried out by private individuals on their own initiative without a corresponding mandate or comparable consent are not covered by statutory accident insurance. The respective statutory or private health insurance fund remains responsible for accidents in the private sphere.

Some Federal Länder have supplementary framework agreements on accident insurance protection for volunteers (see also www.dguv.de ▶ webcode d2415, German only).

³³ There are possibilities for incorporating disease prevention and health promotion services provided by the statutory health insurance funds in the local community setting.

3.3 THE HEALTHY IN OLD AGE OBJECTIVE

3.3.1 TARGET GROUP: PERSONS NO LONGER OF WORKING AGE IN LOCAL AREAS

In a society where people are living long lives, the period of life spent in old age is becoming longer despite the retirement age being increased. The goal must be to ensure that as many of these additional years as possible are healthy ones. Especially the transition from work into retirement after active employment is a significant life change. The statutory health insurance funds have a mandate to provide disease prevention and health promotion services to retirees in local communities.

The phase of life following retirement is characterised by the fact that a large proportion of this age group suffer from pre-existing chronic illnesses. Attitudes and behaviours become more entrenched with advancing age, which makes the people in this age cohort increasingly heterogeneous in the ensuing years when it comes to their state of health. Above all, unfavourable socioeconomic conditions faced by vulnerable groups in their younger years due to inequalities in education and participation have further consolidated in most cases. This means that, as they age, it becomes increasingly challenging to involve people in cultural, leisure, exercise and sporting activities that are appropriate to them as a target group. During the transition phase to retirement, there should be low-threshold access to active leisure activities and social participation, as well as health-promoting conditions in settings.

Healthy ageing is a responsibility for society as a whole, and especially for those responsible for the areas of construction/environment, health, social affairs and senior citizens. Together, people need to think about how they want to age, what they themselves can contribute towards the process, and where they expect to receive help and support. Influencing healthy living conditions by helping people to

assume responsibility for their own health is a challenge when coordinating the activities of the various stakeholders. Existing structures should be used, and existing services should be coordinated and linked. The public health service in particular can play an important role at local level in this respect.

Just as the number of elderly people in society steadily increases, so too does the number of very elderly people in need of long-term care who are looked after in their own homes. Health promotion and disease prevention measures for people in retirement age in the local community must therefore also focus on these groups of individuals. Social participation by older people is also very important to support healthy ageing. Community services such as the provision of meals or physical activities offer starting points for combining a healthy lifestyle with social participation. The aim is to maintain their health and independence, and to counteract the current need for long-term care, or to prevent it from worsening. It is also important to keep in mind family caregivers, as they too can benefit from disease prevention and health promotion measures due to the physical and psychological strain associated with providing long-term care. Measures for people in need of long-term care and their caregivers can be provided within the framework of local structures and in cooperation with various local stakeholders. The more the focus is placed on the respective settings of the target groups, the more successful the measures will be.

The **STATUTORY HEALTH INSURANCE FUNDS**

contribute towards the achievement of the Healthy in Old Age objective through the following services and activities:

- Support with identifying health-related needs in the local community
- Planning and supporting management processes (including networking)
- Participation in committees to support the linking of context-based disease prevention measures

with services of Book V of the Social Code (Guide to Disease Prevention)

- Further training of multipliers in disease prevention and health promotion
- Design and implementation of behaviour-based disease prevention services for various age groups, especially in terms of 'exercise habits', 'nutrition', 'stress management' and 'consumption of addictive substances'
- Encouraging the uptake of recommended vaccinations
- Public relations
- Documentation, evaluation and quality assurance

In addition to this, **STATUTORY LONG-TERM CARE INSURANCE** offers courses in long-term care to family caregivers in accordance with section 45 of Book XI of the Social Code. The focus here is on the physical and emotional strain placed on caregivers and how to reduce this. If the person in need of care additionally receives services via a residential care facility, then this facility also has to provide preventive measures in the form of prophylaxis (e.g. decubitus prophylaxis) and to employ 'activating care'.

Primary disease prevention and health promotion services aimed at employees in residential care facilities are part of the Healthy Life and Work objective.

3.3.2 TARGET GROUP: ELDERLY PEOPLE IN RESIDENTIAL CARE FACILITIES

The conditions for healthy ageing of people living in residential care facilities are largely determined by the residential facilities themselves. As per section 5 of Book XI of the Social Code, these facilities are supported by social long-term care insurance, in that the long-term care insurance funds have a statutory mandate to provide disease prevention services in residential care facilities.

The particular challenge here is to differentiate clearly between these disease prevention services and the

authentic aspects of professional care. An essential part of professional care is promoting patients' own remaining abilities ('activating care') and protecting against health hazards (prophylaxis), which can result from temporary or permanent impairments and the need for long-term care that results from this. Traditional prophylactics in long-term care include identifying risks and preventing bed sores, nutritional deficits or falls and their consequences. In this respect, disease prevention and health promotion in the form of information, advice and guidance for persons in need of long-term care or their relatives, as well as the planning and implementation of prophylactic measures, are already part of nursing care in all care settings, independent of the new benefits in accordance with section 5 of Book XI of the Social Code.

STATUTORY LONG-TERM CARE INSURANCE contributes towards achieving the Healthy in Old Age objective by assisting residential care facilities with the following services:

- The long-term care insurance funds, in conjunction with the insured persons in need of long-term care and the care facilities, are to develop proposals for improving the health situation and strengthening health resources and abilities, and assist with their implementation.
- The obligations incumbent on the care facilities in accordance with section 11 subsection (1) of Book XI of the Social Code, particularly with regard to activating care, are not affected. This must always take into account the respective statutory (financing) responsibilities, such as those stipulated in legislation on long-term care insurance and social assistance.

The long-term care insurance funds base their preventive benefits on the current version of the guidelines of the National Association of Statutory Health Insurance Funds on disease prevention in residential care facilities. As part of implementation, the long-term care insurance funds are expected to

work with one another and provide disease prevention services that span multiple funds. The long-term care insurance funds can conclude cooperation agreements in order to implement services that go across insurance funds.

The aim of disease prevention and health promotion activities in residential care facilities is to improve the health situation and resources of those in need of long-term care. The latter, as well as the care facilities, are to be involved in this. Suitable measures in accordance with the guidelines include context-based disease prevention, and hence the establishment of health-promoting structures in care facilities, and can therefore contain behaviour-based disease prevention measures in certain areas

(e.g. nutrition, strengthening cognitive resources - see overview in Annex 3).

Residential care facilities are also workplaces. Activities aimed at the Healthy Life and Work objective come into play for workplaces and their employees. The statutory health insurance funds, statutory accident insurance institutions and the statutory pension insurance funds also have a mandate here to provide support and/or services (see The Healthy Life and Work Objective - Target Group Employed Persons). The impact of activities geared towards the Healthy in Old Age objective can be boosted by linking these with activities aimed at the Healthy Life and Work objective.

See Annex 3: Overview of the Healthy in Old Age objective: target groups, action areas, contributions by the member institutions of the NPK, and organisations and institutions involved

3.4 EXAMPLES OF HOW SOCIETY AS A WHOLE CAN WORK TOGETHER

The members of the NPK recognise health promotion and disease prevention as tasks for society as a whole, shared by all political agencies at Federal, Land and local level, with specific services of the statutory insurance institutions, supported by a broad civic commitment.

3.4.1 QUALITY COMMUNITY CATERING IN SETTINGS

Individuals in day-care centres, schools, residential care facilities, facilities for people with disabilities and in workplaces are often provided with meals. Community catering is subject to different framework conditions in these settings. Thus, the requirements regarding the promotion of health, participation and safety for the respective target groups in the various settings differ from one another. Despite these differences, a balanced, healthy diet should be possible in the settings. A diet tailored to needs is a basic prerequisite for the health and performance of every individual in his or her setting.

Integrating context-based and behaviour-based disease prevention into the community catering of settings is a task for society as a whole and a key action area for an overarching policy to promote health. Those responsible for the setting have a decisive role to play. The aim is to encourage healthy eating habits, prevent malnutrition and create conditions in the setting that are conducive to providing community catering in line with the needs of its members.

As part of the nationwide expansion of all-day educational facilities, community catering is becoming increasingly important for health and for maintaining

and promoting the performance of children, juveniles and adolescents. Nutrition and healthy eating influence not only physical but also mental performance. Eating the right food at the right time prevents for instance fatigue and poor concentration, and thus amongst other things also reduces the risk of accidents on the way home from the educational institution or during school sports. A healthy diet, together with sport and exercise, sunlight and a balanced inner life, greatly influences a person's well-being as well as their health. In addition, eating and drinking together play a central role in shaping the world of education. A balanced, wholesome meal can be enjoyed in a pleasant eating environment as a cultural component of an educational institution, and thus have a positive effect on the social climate. The same applies to community catering in workplaces and residential care facilities.

Healthy catering is significantly influenced by context-based aspects such as healthy beverages, food preparation, nutritional ingredients, a pleasant and safe eating environment, suitable meal times and the design of dining areas. Hygiene is also important, as are concepts for safety and participation. In order to encourage the acceptance of high-quality community catering that promotes good health and fosters healthy eating behaviour, it is imperative to follow a participative approach that involves all stakeholders.

There are now around 2 million children (under seven years of age) who are provided with lunch in day-care centres³⁴ and around 3.1 million children attending all-day general schools.³⁵ High-quality, health-promoting community catering is an indispensable element of needs-based care for children in day-care facilities (Children's Promotion Act [Kinderförderungsgesetz]: since 1 August 2013) and needs-based, health-promoting all-day care

34 The German Nutrition Society (DGE) (2016). 13th DGE Nutrition Report. Bonn. pp. 105 et seqq. in the German version.

35 Secretariat of the Standing Conference of the Ministers of Education and Cultural Affairs of the Länder in the Federal Republic of Germany 2018. Statistics on all-day general schools in the Länder of the Federal Republic of Germany for 2012 to 2016. Link: www.kmk.org ▶ Dokumentation/Statistik ▶ Statistik ▶ Schulstatistik ▶ Allgemeinbildende Schulen in Ganztagsform (German only).

in schools (Länder regulations for all-day care). It also makes an important contribution towards implementing the recommendations of the Standing Conference of the Ministers of Education and Cultural Affairs (KMK) on health promotion and disease prevention in schools (KMK Resolution of 15 November 2012).

The number of employed persons working in Germany is about 44 million, one in five of whom eat regularly in a staff canteen.³⁶ The majority of working people eat individually during their lunch break, either by bringing their own food from home (57%), or by going to a bakery/snack bar (15%). Healthy catering at the workplace includes both communal and individual catering.

In addition to children, juveniles and employees, older people also form a special group which can be reached by means of healthy catering in particular (e.g. Meals on Wheels, senior citizens' facilities, lunchtime groups). Around 3.3 million people in Germany are currently in need of long-term care, and the majority of them receive this care in their own homes. 838,000 people in need of long-term care (25%) live in approximately 13,600 residential care facilities, where they are cared for by more than 730,000 employees. The number of people in need of long-term care has been increasing for years.³⁷

A cooperative, whole-society approach can make a significant contribution to the preventive and health-promoting design of high-quality community catering in the various settings. Bundling existing competences of various providers, as well as the support services provided by the statutory insurance

institutions and other partners, makes it possible to minimise health risks (e.g. reducing overweight and obesity) and strengthen health resources (e.g. developing nutrition-related competences), promote safety and participation, and reduce the incidence of chronic diet-related illnesses.

The quality standards of the German Nutrition Society (DGE), developed by scientists and practitioners, provide a sound basis for the implementation of high-quality, health-promoting community catering. With regard to day-care centres and schools, it is particularly important to take into account the expertise of the National Quality Centre for Nutrition in Day-care Centres and Schools (NQZ), as well as of the Network Contact Points of the Federal Länder³⁸.

Fig. 3 below shows an example of various stakeholders' responsibilities for ensuring and promoting quality community catering.

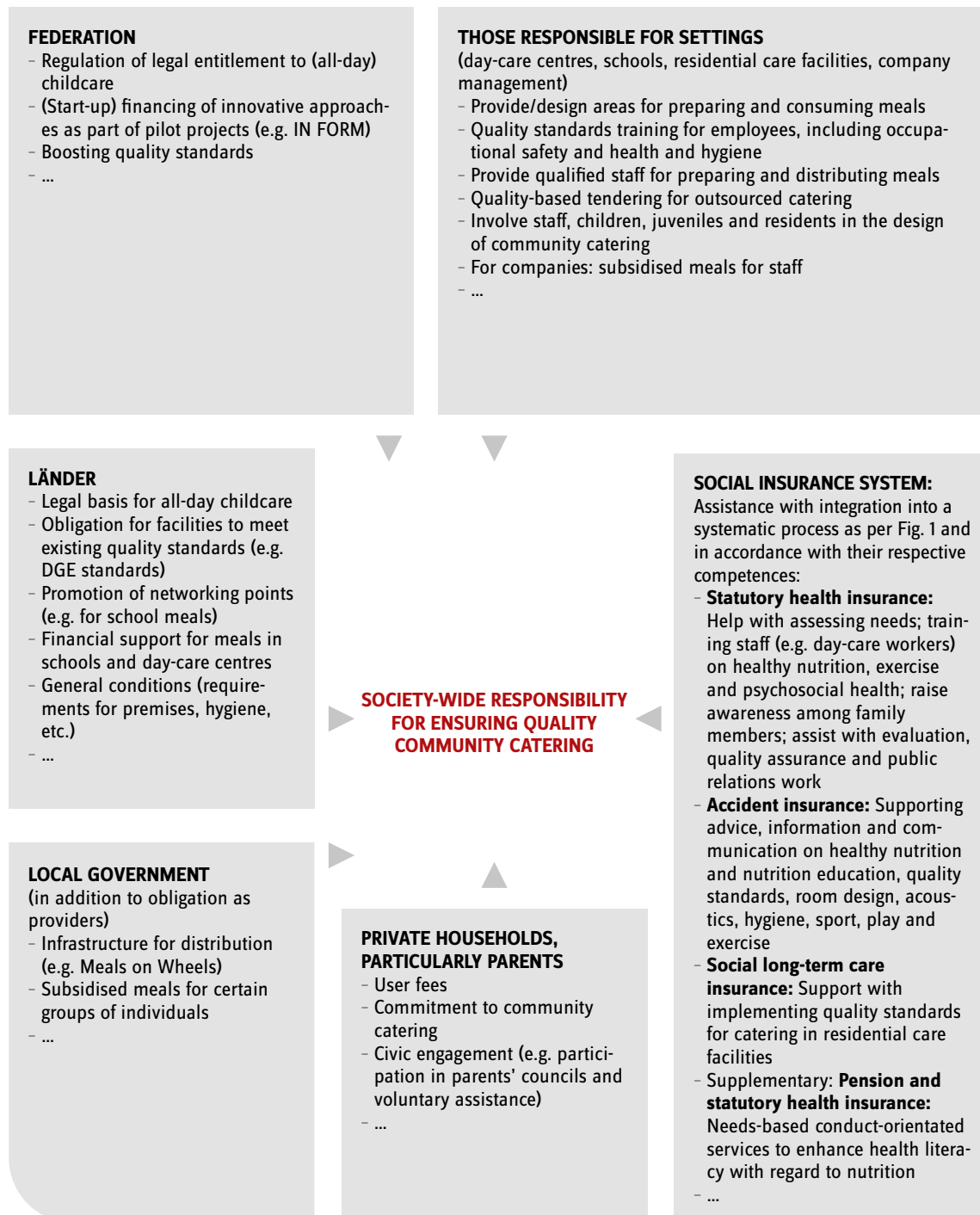
36 Federal Ministry of Food and Agriculture (BMEL) (2017). Deutschland, wie es isst - Der BMEL-Ernährungsreport 2017. Link: www.bmel.de (German only).

37 Source (number of people in need of long-term care): Federal Ministry of Health - Zahlen und Fakten der Pflegeversicherung, link: www.bundesgesundheitsministerium.de ▶ Themen ▶ Pflege; Source (number of people working in long-term care): Federal Statistical Office - Pflegestatistik 2015, link: www.destatis.de ▶ Publikationen ▶ Thematische Veröffentlichungen ▶ Gesundheit ▶ Pflege (German only).

38 Links: www.bzfe.de (Federal Centre for Nutrition) ▶ Über das BZfE ▶ Nationales Qualitätszentrum für Ernährung in Kita und Schule, and www.in-form.de ▶ Netzwerk ▶ Vernetzungsstellen ▶ Schulverpflegung (both German only).

Fig. 3: Example of collaboration between partners responsible for ensuring quality community catering in settings, including workplaces

(examples)



3.4.2 PROMOTION OF QUALITY PHYSICAL ACTIVITY IN SETTINGS

Regular physical activity prevents a variety of non-communicable chronic diseases. In addition, exercise can improve people's physical, mental and social well-being, quality of life and satisfaction. Moderate-intensity exercise for a minimum of two-and-a-half hours per week for adults³⁹ is a reliable health protection factor. Especially in childhood and when young, exercise has a major influence on the development of personal and social skills, especially cognitive and motor skills as well as risk competence. Physical activities should be spread over as many days of the week as possible. However, people's modern lifestyles are increasingly characterised by the use of motorised transport to day-care centres, schools and the workplace, predominantly sedentary activities during learning and working, and intensive use of electronic devices, including in leisure time. Only about two-fifths of adults and one-quarter of children and juveniles take sufficient exercise, as measured by national and international recommendations for exercise.

Promoting physical activity in everyday life is a cross-sectional task for society as a whole, covering all levels of the Federation and many ministries. Particularly urban and transport planning, together with

environmental, family, educational, sports, social, health and financial policies, have a major influence on the population's exercise behaviour. These policy areas are particularly important in shaping the context-based conditions for encouraging people to engage in regular health-promoting exercise and physical activity in everyday life.

Lifestyle-related interventions influence people's physical activity behaviour on the basis of shaping "physical activity conditions". This includes creating a local infrastructure, particularly with safe traffic routes (including an attractive network of cycle paths and footpaths), sufficient green spaces with clean air, safe playgrounds, schoolyards, parks and sports grounds that encourage physical activity, and an adequate number of indoor sports facilities and swimming baths. It is also important to take accessibility into account in this regard.

Measures to promote physical activity in everyday life should be geared to the needs of the various target groups and take options into consideration for reaching the target groups and what can be implemented, using the best available findings from the health sciences.⁴⁰ Participation by the target groups in the planning and implementation of context-based and behaviour-based measures contributes significantly to their acceptance and effectiveness.

39 Children and juveniles between the ages of six and 18 should get at least 90 minutes of moderate-to-high-intensity exercise every day. Smaller children should move as much as possible (180 minutes and more) and be hindered as little as possible in their natural urge to move. See Rütten, Pfeifer (ed.) (2016): Nationale Empfehlungen für Bewegung und Bewegungsförderung. Erlangen and Nuremberg. pp. 25 et seq.

40 Ibid. pp. 75 et seqq.

Priorities for the various target groups are as follows:

CHILDREN AND JUVENILES:

- Strengthen the role model function of parents to support the physical movement impulses of children in their home and in the domestic environment
- Encourage and facilitate physical movement in day-care centres by providing spaces for free movement and instruction by qualified specialists
- Increase physical activity time in schools (additional school sports activities, 'get-up-and-move' breaks, active after-school care) in combination with context-based interventions (movement-friendly schoolyards, ways of getting to school that encourage physical movement)
- Develop the skills needed by teaching staff to promote physical activity

ADULTS:

- Movement-friendly work processes (e.g. allowing breaks to get up and move)
- Movement-friendly infrastructure (e.g. bicycle racks, company sports, cooperation agreements with clubs and other sports providers)
- Information and guidance on health-promoting exercise at work and in leisure time (e.g. running teams, joint sporting events)
- Advice on health-promoting exercise for family caregivers

THE ELDERLY:

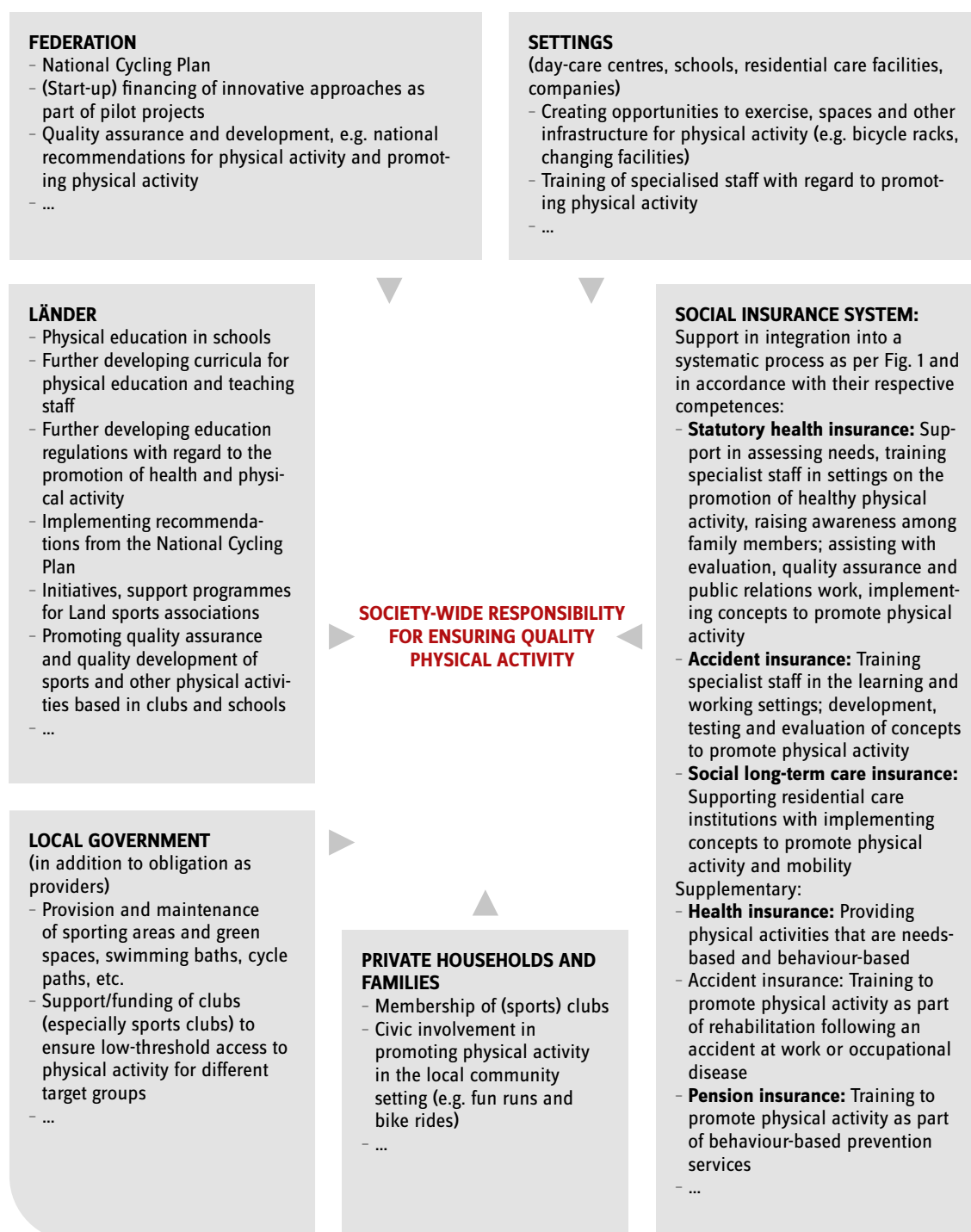
- Advice and programmes on physical activity with social integration, particularly in the setting of the local community (senior citizens' centres, physical activity courses, clubs)
- Exercise programmes with social integration in residential care facilities

THE GENERAL POPULATION:

- Multi-component programmes with mass media campaigns, structural components (e.g. attractive and easily accessible sports and leisure facilities), as well as options for physical activities and boosting motivation (e.g. charitable events, incentives) in the different settings (local community, company, educational facilities, leisure facilities)

Fig. 4 shows examples of the contributions made by the various stakeholders responsible for the promotion of quality-orientated physical activity.

Fig. 4: Example of collaboration between partners responsible for boosting quality-orientated physical activity in settings, including workplaces (examples)



4. Documentation and Reporting Obligations

The NPK prepares its Prevention Report at four-year intervals; the first report was released on 1 July 2019. The Prevention Report provides transparency regarding the services provided by the various stakeholders responsible for health promotion and disease prevention; various experiences of achieving common objectives and working together, and the health situation of the population in terms of disease prevention needs and potential. On the basis of these Federal Framework Recommendations, the organisations represented by the voting members of the data-supported NPK report on the following main areas:

- the target groups addressed, including the number of people reached,
- ways of accessing these people (settings),
- experience with quality assurance,
- experience with working together when providing services, and
- amounts spent on providing the respective services as part of the Prevention Strategy.

All necessary information regarding the above characteristics is made available in consolidated form by the respective umbrella associations of the statutory

insurance institutions or the Association of Private Health Insurance.

The Prevention Report serves to document, monitor the success of and evaluate the Prevention Strategy over time. Thus, it provides a basis for further developing disease prevention services in a way that ensures quality in terms of effectiveness and efficiency, and which also takes into consideration the contribution made by the member institutions of the NPK to the societal task of reducing the social- and gender-related health inequalities.

The member institutions of the NPK invite all organisations who are represented by non-voting NPK members to also contribute information to the Prevention Report regarding health promotion and disease prevention services provided by their member organisations and subordinate agencies. The Prevention Report will also include the results of health monitoring conducted by the Robert-Koch Institute. The Länder can provide regional information from their health reports.

5. Final Provisions

These Federal Framework Recommendations entered into force for the first time on 19 February 2016. They are continually developed by the voting and non-voting members of the NPK in conjunction with the parties who were to be involved in its preparation and the signatory partners, based on consultation via the Prevention Forum.

Annex

Annex 1: Objective Healthy Growing Up: target groups, action areas, contribution by the member institutions of the NPK, and organisations and institutions involved

Target group	Action area	Contribution of the social insurance institutions involved	Organisations and institutions to be involved*
Expectant parents and young families	Family-related disease prevention and health promotion	Statutory health insurance: Activities to implement health promotion in the 'community' setting; services based on the community context from the Guidelines for Disease Prevention	Public and private providers of child and youth welfare services
Children and their parents during the day-care phase	Disease prevention and promotion of health and safety in day-care centres	Statutory health insurance: Services based on the settings approach of Health-Promoting Day-Care Centres of the statutory health insurance Guidelines for Disease Prevention Statutory accident insurance: Disease prevention services based on the Good, Healthy Day-Care Centres approach (draft to be adopted shortly)	Providers of day-care centres and other care facilities, local government (regardless of whether they operate a facility), non-profit organisations (e.g. sports clubs)
Children and juveniles of school age or in training	Disease prevention, health and safety promotion in schools (including vocational schools) and recreational facilities	Statutory health insurance: Activities to implement disease prevention and health promotion objectives related to settings; services based on the Health Promoting School approach from the Guidelines for Disease Prevention Statutory accident insurance: Disease prevention services based on the concept of Using Health to Develop Good Schools (DGUV Information 202-083)	Länder, school authorities, local governments (also regardless of whether they operate a facility), non-profit organisations (e.g. sports clubs)
Juveniles and young adults studying	Disease prevention and the promotion of health and safety in higher education institutions	Statutory health insurance: Services based on the settings approach from the Guidelines for Disease Prevention Statutory accident insurance: Activities as per the Prevention Services Catalogue	Higher education institutions, local authorities, non-profit organisations (e.g. sports clubs), university sports, student unions

* Always: local government steering committee (if available, e.g. health conference), apart from that example organisations. Other organisations, institutions and stakeholders can get involved in various topics and contribute resources, depending on regional requirements and possibilities (e.g. Länder authorities, public health service; networks or non-profit organisations such as those involved in nutrition or exercise/sport).

Annex 2: Healthy Life and Work Objective: target groups, action areas, contributions by the member institutions of the NPK, and organisations and institutions involved

Target group	Action area	Contribution of the social insurance institutions involved	Organisations and institutions to be involved*
Employed persons (differentiated by needs: all; exposed to health hazards; workers with specific needs, e.g. women/men, persons with disabilities, older people, migrants, managers)	Disease prevention and workplace health promotion. Assistance with internal measures and activities	<p>Statutory health insurance: Services as per the section of the Guidelines for Disease Prevention on workplace health promotion: 'Advice on designing health-promoting work' and 'Health-promoting work and lifestyle'</p> <p>Statutory accident insurance: Prevention services as per the 'Common Understanding of disease prevention work in the field of "Workplace Health" of the statutory accident insurance institutions' based on the quality criteria for 'Workplace Health'</p> <p>Statutory pension insurance: Services as per the Pension Insurance Framework: At the request of the insured person, identification and assessment of behaviour-based disease prevention needs, as well as medical services to maintain employability and encourage self-responsibility for creating a health-promoting lifestyle in everyday life and at work</p>	Company management, incl. HR, works councils, occupational physicians and occupational safety and health professionals, equal opportunity officers, individuals enjoying the trust of severely disabled persons and Länder occupational safety and health authorities
Companies, particularly micro, small and medium-sized enterprises and their employees	Disease prevention, Workplace Health Promotion and occupational safety and health. Encourage and assist with networking	<p>Statutory health insurance: Services as per the Prevention section of the Guidelines for Disease Prevention on workplace health promotion: 'Cross-company networking and consultation'</p> <p>Statutory accident insurance: Prevention services as per the 'Common Understanding of disease prevention work in the field of "Workplace Health" of the statutory accident insurance institutions' based on the statutory accident insurance quality criteria for 'Workplace Health'.</p> <p>Statutory pension insurance: Information and advice for companies on the topic of healthy employees from the DRV's Company Service Centre, as well as cooperation and networking with general practitioners, company doctors and occupational physicians, with self-help groups and with other regional and national consulting and disease prevention services for companies and their employees. Support with introducing and implementing workplace integration management. Information and advice on Workplace Health Management</p>	Business organisations and associations, occupational physicians, occupational safety and health professionals, employers' associations, trade unions, and Länder occupational safety and health authorities
Unemployed persons	Prevention and health promotion during unemployment	<p>Statutory health insurance: Services as per the section of the Guidelines for Disease Prevention on the community context approach</p> <p>Statutory accident insurance: When part of efforts to promote the labour market, services for the unemployed as per those for employed persons (see above)</p>	Job Centres, Employment Agencies, local authorities, training and employment providers (if required), company partners
Volunteers working on behalf of: companies, fire brigades, voluntary organisations, relief organisations, municipalities, Länder fire brigade associations, technical relief organisations, associations, welfare organisations	Disease prevention and health promotion for volunteers	Statutory accident insurance: Prevention services of the accident insurance institutions with all suitable means for promoting safety and health, as for employed persons (see above)	Management team of organisations engaging volunteers

* Example organisations are listed here. Other organisations, institutions and stakeholders can get involved in various topics and contribute resources, depending on regional requirements and possibilities (e.g. the Länder/public health services; networks or non-profit organisations such as those involved in nutrition or exercise/sport).

Annex 3: Healthy in Old Age objective: target groups, action areas, contribution by the member institutions of the NPK, and organisations and institutions to be involved

Target group	Action area	Contribution of the social insurance institutions involved	Organisations and institutions to be involved*
Persons no longer of working age (differentiated by specific needs, e.g. women/men; persons with disabilities; active people who are able to avoid or delay the need for long-term care; people cared for at home; family caregivers)	Disease prevention and health promotion for older and very old people in the local community context (to avoid health risks, improve resources and prevent the need for long-term care)	Statutory health insurance: Services as per the local settings approach for older and very old people	Always: local government steering committee (if available, e.g. health conference). Joint service points of rehabilitation providers, non-profit organisations, e.g. sports clubs
Persons in the setting of residential care	Disease prevention in residential care homes	Statutory long-term care insurance: Services in accordance with the 'Guidelines to Prevention in Residential Care Homes' of the National Association of Statutory Health Insurance Funds. Topics: nutrition, physical activity, strengthening cognitive resources, psychosocial health, disease prevention of violence	Residential care homes

* Example organisations are listed here. Other organisations, institutions and stakeholders can get involved in various topics and contribute resources, depending on regional requirements and possibilities (e.g. the Länder/public health services; community centres and senior citizens centres, meeting points, housing associations/cooperatives, facilities set up by charities, rural women's associations, culture and leisure associations, networks or non-profit organisations such as those involved in nutrition or exercise/sport)

Annex 4: Example of support provided by statutory pension, accident and health insurance, as well as other parties, to companies when implementing workplace integration management (examples)

CONTRIBUTIONS BY PENSION INSURANCE FUNDS

- Advice and support for companies on using and developing workplace integration management operational structures and processes; information on issues relating to data protection and labour law
- Individual case support during implementation of a workplace integration management procedure: initial contact with employees; integration consultation; advice on participation services from the pension insurance funds; support for reintegration through services for disease prevention, medical rehabilitation and participation in working life; information on services provided by other rehabilitation providers; involvement of other rehabilitation providers as well as integration agencies and other integration service providers; implementation of agreed measures; review of effectiveness

CONTRIBUTIONS BY ACCIDENT INSURANCE INSTITUTIONS

- Information and advice for employers (companies) on using and developing workplace integration management operational structures and processes
- Support as part of the company-specific workplace integration management procedure on the reintegration of employees after accidents at work and in the event of occupational diseases, e.g. assistance in adapting the workplace by means of aids or modifications

COMPANY RESPONSIBILITY FOR WORKPLACE INTEGRATION MANAGEMENT

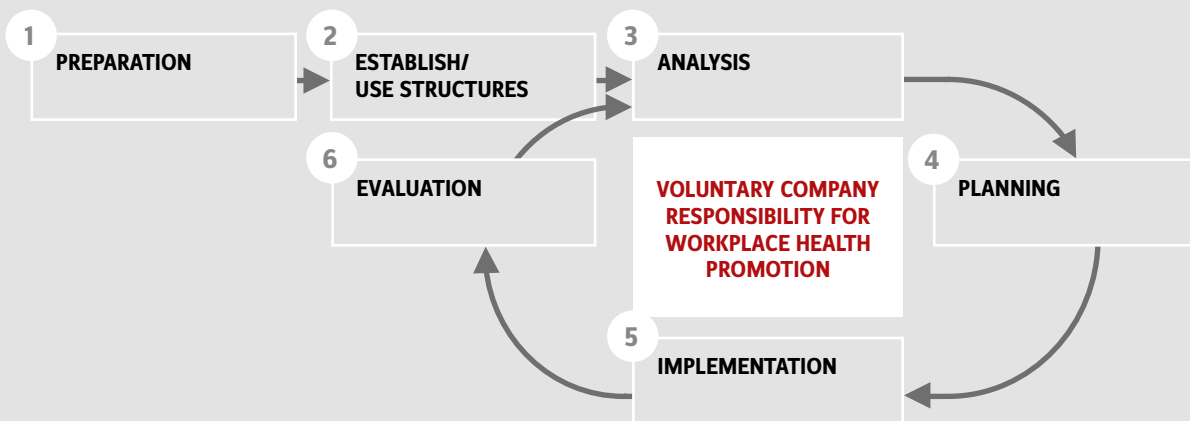
CONTRIBUTIONS BY HEALTH INSURANCE FUNDS

- Information and advice for employers (companies) on using and developing workplace integration management operational structures and processes
- Advice on and arrangement of services, e.g. sickness benefits, domestic help, exemption from co-payments

CONTRIBUTIONS BY OTHER PARTNERS

- Federal Employment Agency (Unemployment Benefit 1, equality)
- Integration Office (financial benefits for employers and employees, technical consulting service, specialist integration service, protection against unfair dismissal)
- Pension Office (confirmation of disability)

Annex 5: Support in health promotion in workplaces by health, accident and pension insurance (examples)



CONTRIBUTIONS BY ACCIDENT INSURANCE (examples)

- 1 Awareness raising for workplace health promotion, information on a systematic approach to integrating safety and health into the workplace, guidance on services provided by health insurance funds and other social insurance providers
- 2 Supporting companies in setting up, refining and interconnecting steering structures for safety and health, with special consideration of the members of the health and safety committee
- 3 Provision of practical tools, advice and training on analytical methods, in particular risk assessment of psychological and physical stressors
- 4 5 Advice and information on suitable measures for health-promoting work design and guidance on services from health and pension insurance funds, consideration of workplace health promotion measures in incentive schemes (e.g. assessment of Workplace Health Management system as an optional supplement to an assessment of an occupational safety and health management system)
- 6 Awareness raising and advice on appropriate procedures

Across all steps:

- Training company staff (in particular managers) and multipliers on health at work
- Advice on management of safety and health at work (e.g. WHM)

CONTRIBUTIONS BY STATUTORY PENSION INSURANCE (examples)

- 1 2 and across all steps: Advice on raising awareness of WHM and workplace health promotion, taking on the role of referrer/facilitator for services offered by health insurance funds or accident insurance companies, including in some cases own services for qualified advice on WHM, as described below
- 3 Assessment of prevention needs as part of Check-Up 45 Plus (still in the project phase)
- 4 5 If possible, cooperation with the company doctor/occupational physician; provision of group prevention services focusing on exercise, nutrition, resilience and stress management in cooperation with the company
- 6 Internal documentation

ADDITIONAL EXTERNAL PARTNERS (WHERE APPLICABLE):

Business organisations, trade union organisations/ employee organisations, associations, networks ...

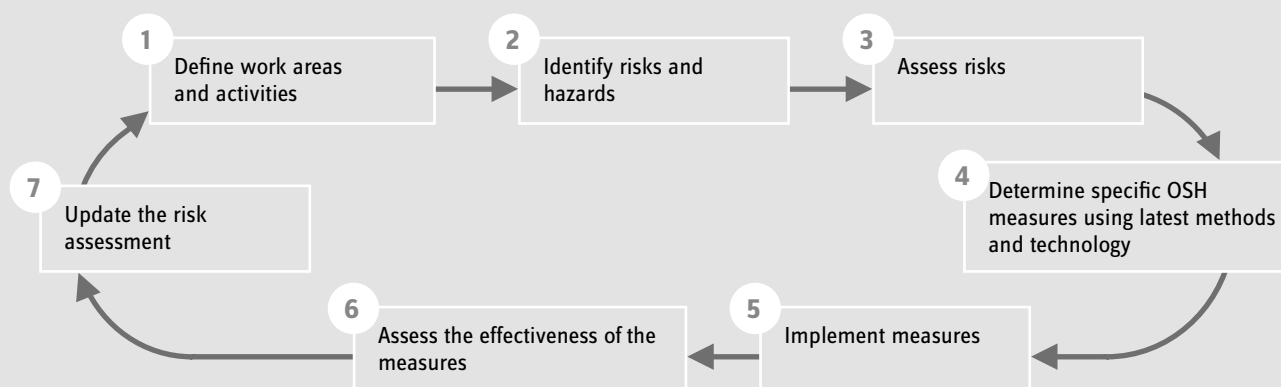
CONTRIBUTIONS BY STATUTORY HEALTH INSURANCE (examples)

- 1 Information and advice from specialists from the health insurance funds and workplace health promotion coordination points
- 2 Assistance in setting up or further developing company steering structures with company doctors/occupational physicians and occupational safety and health specialists, establishment and coordination of business networks
- 3 Analysis of incapacity for work, employee surveys, health circles and other participatory methods of assessing needs
- 4 Intermediation of working groups and health circles
- 5 Context-based and behaviour-based workplace health promotion measures in the areas of 'Advice on health-promoting work design'; 'Health-promoting work and lifestyle'; 'Industry-wide advice and networking'.
- 6 Evaluation of processes and results of implemented workplace health promotion measures

Across all steps:

- Internal and industry-wide communication and public relations work on the workplace health promotion
- Internal and industry-wide training of multipliers on workplace health promotion
- Coordination of business networks for workplace health promotion
- Incorporating occupational safety and health topics into workplace health promotion training

Annex 6: Support for companies provided by accident, health and pension insurance to companies when conducting a risk assessment (examples)



CONTRIBUTIONS BY ACCIDENT INSURANCE (examples)

1 2 3 Company and industry-specific analyses, provision of checklists and practical tools, determination of causes of workplace accidents, occupational diseases and work-related health hazards, measurement system for risk assessment (for specific cases, e.g. noise, hazardous substances)

4 5 Advice on appropriate measures, selection tools for company purchasing, tests and certifications, granting of monetary and non-monetary benefits depending on prevention measures or level of protection (in the context of incentive schemes)

6 7 Advice on suitable procedures, software for documentation, systematic or on-site inspection and subsequent consulting of companies

Across all steps:

- Advice on setting up and further developing the organisation of safety and health at work
- Establishment and coordination of business networks
- Training, research and development, occupational medicine and technical safety services (in certain cases)

CONTRIBUTIONS BY STATUTORY PENSION INSURANCE (examples)

Advice on raising awareness of risk assessments, assumption of referral function

ADDITIONAL PARTNERS:

The responsible Länder occupational safety and health authority, regional business organisations, trade union organisations, ...

CONTRIBUTIONS BY STATUTORY HEALTH INSURANCE (examples)

1 2 3 Data on the connections between illnesses and working conditions (e.g. company health reports, results of employee surveys, health circles, etc.)

4 5 Implementation of workplace health promotion measures focusing on specific work-related health risks in coordination with accident insurance institutions and in accordance with the GKV prevention guidelines

6 7 Evaluation of processes and results of implemented workplace health promotion measures

Across all steps:

- Advice and support on setting up and operating internal organisation of workplace health promotion, coordinated with the occupational safety and health organisation in the workplace
- Establishment and coordination of business networks for workplace health promotion
- Incorporating occupational safety and health topics into workplace health promotion training

Die Träger der Nationalen Präventionskonferenz (NPK):

