Federal Framework Recommendations of the National Prevention Conference in accordance with Section 20d, Paragraph 3 of Book V of the German Social Code
The National Prevention Conference (die Nationale Präventionskonferenz) is the working group of the umbrella organisations of Germany’s 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: National Association of Statutory Health Insurance Funds (GKV-Spitzenverband), in its role as umbrella association for the statutory health insurance funds (two seats)
- Statutory long-term care insurance: GKV-Spitzenverband, in its role as umbrella association for the statutory long-term care insurance funds (two seats)
- Statutory accident insurance: The German Social Accident Insurance (DGUV) and the Social Insurance for Agriculture, Forestry and Horticulture (SVLFG) (one seat each)
- Statutory pension insurance: The German Federal Pension Insurance (two seats)
- (In the event that private health insurance companies make an appropriate financial contribution to programmes and projects as per these Federal Framework Recommendations, the Association of Private Health Insurance Companies is given one seat with a right to vote)

**Non-voting members in an advisory capacity:**
- Federal government ministries (four seats)
- State government ministries (four seats)
- Association of German Cities (one seat)
- German County Association (one seat)
- German Association of Towns 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 § 140f SGB V¹ (two seats)
- Federal Association for Prevention and Health Promotion (as representative of the Prevention Forum) (one seat)

The following were also involved in drafting the Federal Framework Recommendations:
- Federal Employment Agency
- Local authorities responsible for providing basic income benefits to jobseekers via their umbrella associations at federal level
- The highest state authorities responsible for occupational safety and health
- Providers of public youth welfare via the highest state youth welfare authorities

¹ German social law is defined in the German Social Code (Sozialgesetzbuch, SGB), which is divided into 12 books. For ease of reading, references to the German Social Code in this document are abbreviated as per the following example: § 20a (2) SGB V = [Section 20a, paragraph 2 of Book V of the German Social Code]
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
- Baden-Württemberg
- Bavaria
- Berlin
- Brandenburg
- Bremen
- Hamburg
- Hesse
- Mecklenburg–Western Pomerania
- Lower Saxony
- North Rhine–Westphalia
- Rhineland–Palatinate
- Saarland
- Saxony
- Saxony–Anhalt
- Schleswig–Holstein
- Thuringia
Table of Contents

1. Preamble ........................................................................................................................................... 5
2. Principles ........................................................................................................................................... 5
3. Joint Objectives, Target Groups and Action Areas ................................................................. 10
   3.1 Objective: Healthy Growing Up ........................................................................................................... 12
   3.1.1 Target groups: Expectant parents and young families, children, adolescents, trainees, apprentices and university students ................................................................. 12
   3.2 Objective: Healthy Life and Work ...................................................................................................... 17
   3.2.1 Target group: Persons of working age – employed persons ....................................................... 17
   3.2.2 Target group: Persons of working age – unemployed persons .................................................. 21
   3.2.3 Target group: Volunteers .............................................................................................................. 23
   3.3 Objective: Healthy in Old Age ......................................................................................................... 26
   3.3.1 Target group: Persons no longer of working age in local areas ................................................ 26
   3.3.2 Target group: Elderly people in residential care facilities ......................................................... 27
4. Documentation and Reporting Obligations ...................................................................................... 29
5. Final Provisions .................................................................................................................................. 30
1. Preamble

In the interests of achieving effective, targeted health promotion and prevention, the National Prevention Conference (NPK) has decided to adopt the following Federal Framework Recommendations which apply nationally and across all relevant stakeholders. The intention of the Federal Framework Recommendations is to secure and improve the quality of health promotion and prevention services, as well as cooperation between the institutions and bodies responsible for providing health promotion and prevention services in people’s life environments. Specifically, this means setting common goals; prioritising areas of action and target groups; specifying participating organisations and institutions; and defining obligations regarding documentation and reporting. The state associations of the health insurance funds and substitute health care funds (including long-term care), the statutory pension insurance funds, the statutory accident insurance institutions and the responsible state authorities are to take into consideration the Federal Framework Recommendations when adopting the Framework Recommendations on implementing the National Prevention Strategy in the federal states. This should also take into account the specific needs of each federal state. The Federal Framework Recommendations will strengthen cooperation between Germany’s institutions for statutory health, accident, pension and long-term care insurance by establishing common goals. This improved cooperation will also extend to those bodies responsible for health promotion and prevention at federal, state and local level, as well as other providers of social security.

2. Principles

The institutions for statutory health, accident, pension and long-term care insurance support companies and those responsible for life environments by assisting them with their health-promoting and preventive interventions, as well as their occupational safety and health (OSH) obligations. The aim is to help people realise their full health potential and to foster the establishment and expansion of structures that promote good health.

Everyday living, learning and working conditions have a considerable influence on health. These conditions are mainly organised in people’s life environments. Life environments are important for health; they are distinct social systems for living, learning, studying, working, medical and nursing care, leisure and sports. Examples of life environments include:

- Local government areas (communities)
- Day-care centres
- Other facilities for childcare, youth welfare and leisure activities
- General and vocational schools

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2 The term ‘life environment’ is used in this document to reflect the German concept of Lebenswelt which describes a distinct environment of a person’s everyday life.

3 These take into consideration the objectives set out in the German Preventive Health Care Act.

4 Within local government areas (cities, rural districts and municipalities), it can be beneficial to make further differentiations; for example, based on neighbourhoods/suburbs or based on special facilities, including those for youths, single parents, seniors, unemployed persons or cross-generational community centres. In rural areas, it is beneficial to work across municipalities.
Local government areas (as well as boroughs/districts) are particularly important life environments because they also encompass the other life environments mentioned. There are target groups which can be reached in the local community but not in other life environments (e.g. elderly living on their own, unemployed people, self-employed people, freelancers, housewives/househusbands, people with a reduced earning capacity). In addition, local authorities have competences in policy making which go beyond their responsibilities for other life environments such as day-care centres and schools.

Prevention related to a person’s life environment, together with the promotion of health, safety and participation, contribute to greater health equality. It is important to concentrate activities on those life environments where it is possible to reach people who have poorer health opportunities due to social disadvantages (indicators: low level of education, low occupational status, unemployed, low income) without stigmatisation. The areas where this can work include: areas with a low average per capita income or a high level of unemployment; people on basic income support (as per SGB II) or migrants; assisted areas in the ‘Social City’ urban development funding programme; and municipalities or institutions in rural areas with poor infrastructure and a large proportion of elderly people. The services provided should be based on what is required in each of the life environments. This should also take into consideration the data found in health and social reports from the state governments (and local governments if applicable) and data from the statutory health, accident, pension and long-term care insurance institutions.

There are differences between women and men in terms of mortality, morbidity and healthy behaviour (e.g. nutrition, exercise and consumption of addictive substances). Thus, it is important to take gender into consideration when determining needs or when planning and providing prevention and health promotion services.

Protecting people against diseases and accidents, and promoting health, safety and social participation in life environments is a task for society as a whole and involves many different stakeholders. Important starting points for creating a life environment that focuses on prevention, good health and participation include: regular 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. in lesson plans and curricula) by those responsible for each life environment, as well as health information. This requires a willingness to take action across different areas of responsibility and across the various branches of social insurance. In

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5 When referring to employees as a target group, the term ‘workplace’ also includes educational facilities (day-care centres, schools, universities, etc); facilities offering services for the disabled; enterprises for disabled persons; and care facilities.
also requires a willingness to implement effective, coordinated measures or to take the existing measures which are already effective and combine them with one another. The State Framework Agreements with the federal states on the implementation of the National Prevention Strategy pursuant to § 20f SGB V make an important contribution to this task.

The prevention and health promotion services offered by statutory health, accident, pension and long-term care insurance assist those responsible for life environments to further develop their prevention work and their efforts to promote health, safety and participation in their respective life environments. A prerequisite for having the right commitment is that stakeholders and policy makers responsible for life environments be willing to help implement need-based activities for prevention and health promotion in their respective life environments and to work towards these being permanently implemented. § 20a (2) SGB V stipulates that there must be an appropriate level of contribution from those responsible for a life environment when it comes to services provided by the GKV. The greatest added value for health is generated when joint and equitable efforts are made by those responsible for life environments, together with the support of the providers of health, accident, pension and long-term care insurance. This is especially strong when target groups participate in the planning and implementation of specific measures; existing structures at state or regional level are used; and other stakeholders are involved.

Where they have a statutory mandate to provide support or services, the voting members of the National Prevention Conference are jointly responsible for shaping life environments in such a way that they promote good health and minimise health risks.  

- The **statutory health insurance funds** provide services to promote good health and prevention in the life environments of those people covered by statutory health insurance in accordance with § 20a (1) SGB V, as well as health promotion services in companies as per §§ 20b and 20c SGB V. Notwithstanding the work done by others, the services provided by statutory health insurance are intended to build and strengthen health promoting structures in life environments. To this end, the health insurance funds, together with insured persons and those responsible for the life environments, assess the health situation, including risks and potentials, and develop recommendations to improve the health situation and to improve health resources and abilities, while also assisting with their implementation. Measures which address work-related health risks in companies (§ 20c (1) SGB V) take into consideration the results of existing risk assessments in accordance with the Occupational Safety and Health Act and DGUV Regulation 1 (Principles of Prevention). Furthermore, the health insurance funds, in conjunction with the relevant state authorities, encourage their insured members to be vaccinated (§ 20i (3) SGB V).

- The **long-term care insurance funds** provide prevention services to persons residing in care facilities who are covered by statutory long-term care insurance in accordance with § 5 (1) SGB XI.

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6 Life environments such as companies and educational institutions are also good access points for reaching target groups with services that protect against communicable diseases (e.g. vaccinations).
• The **statutory accident insurance institutions** pursuant to § 14 (1) SGB VII 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 pension insurance funds** provide medical services, in accordance with § 31 (1,1,2) SGB VI, to ensure the employability of insured persons whose jobs are particularly hazardous to health and thus negatively impacts their ability to work. These services are intended to: increase motivation and improve competences with regard to health-promoting behaviour; provide information and training on nutrition, exercise and stress management; and illustrate the links between life management and the occurrence and/or worsening of illnesses by referring to the everyday lives of insured persons. This expressly refers to behaviour-based prevention services which are made available to insured individuals to secure their employability over the medium to long term.

With reference to their respective mandates, all voting members of the National Prevention Conference are to provide relevant data and information for the Prevention Report, which is to be prepared every four years in accordance with § 20d (4) SGB V.

The following Federal Framework Recommendations specify objectives and areas of action with joint responsibility, as well as procedural principles for cooperation. If life environment activities of one of the insurances touch on an area of responsibility of one or more of the other insurances, they are to inform each other about the work they are doing in this life environment and arrange to cooperate as required. In accordance with these Federal Framework Recommendations, the institutions for statutory health, accident, pension and long-term care insurance make their life environment services transparent and they agree on 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 State Framework Agreements pursuant to § 20f SGB V on the implementation of the National Prevention Strategy at state level. The institutions carry out their respective statutory tasks independently; transferring tasks and costs between themselves and from third parties to the institutions is ruled out.

In order to promote cooperation between the statutory insurance institutions with regard to health promotion and prevention in life environments, the voting members of the NPK have concluded the following agreements with one another and with additional partners:

• **Framework Agreement between the German Social Accident Insurance (DGUV), the Social Insurance for Agriculture, Forestry and Horticulture (SVLFG) and the National Association of Statutory Health Insurance Funds (GKV-Spitzenverband)** with participation by the federal as-
sociations for health insurance funds on cooperation regarding workplace health promotion and the prevention of work-related health hazards (October 2009, Appendix 1)

- Recommendation on Cooperation between the Federal Employment Agency and the statutory health insurance funds concerning unemployment and health (February 2012, Appendix 2)
- Recommendation between the local authority umbrella associations and the statutory health insurance on cooperation over primary prevention and health promotion in local authority areas (May 2013, Anlage 3)
- Cooperation Agreement on the promotion of joint activities for implementing the GDA work programmes 2013–2018, as well as the prevention and health promotion objectives of statutory health insurance (June 2015, Appendix 4)

These agreements continue to apply, and they also help with the implementation of the Federal Framework Recommendations. They can be adapted accordingly and be supplemented with additional agreements relevant to life environments.

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 statutory insurance institutions in terms of their work in prevention and health promotion are:

- For **statutory health insurance**:
  - Action areas and criteria of the GKV-Spitzenverband in accordance with § 20 SGB V (Guidelines for Prevention, 10 December 2014; www.gkv-spitzenverband.de)

- For **statutory accident insurance** (key criteria):
  - Prevention Services of the German Social Accident Insurance Institutions, April 2009 (http://publikationen.dguv.de/dguv/pdf/10002/12522.pdf)
  - Common Understanding of prevention work in the field of ‘Workplace Health’ carried out by the social accident insurance institutions and the DGUV, September 2011
  - Quality Criteria in the prevention field ‘Company Health’ for the social accident insurance institutions and the DGUV, April 2014 (www.dguv.de WebCode d138333 (German only))
  - Expert Committees of the DGUV as the DGUV Prevention Competence Network (including drafting rules and regulations for the accident insurance institutions) (http://www.dguv.de/en/prevention/expert_committees/index.jsp)
  - Network for Training Quality (QVQ) and Quality Model for Training and Education by the social accident insurance institutions (www.dguv.de WebCode d101144, (German only))

- Für die **gesetzliche Unfallversicherung** insbesondere:

- For **statutory pension insurance**: 

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7 Appendices are available in German only.
8 Joint German Occupational Safety and Health Strategy (*Gemeinsame Deutsche Arbeitsschutzstrategie, GDA*).
• Framework Concept for providing medical services related to prevention and health promotion in accordance with § 31 (1,1,2) SGB VI (Guide to Prevention Services of the statutory pension insurance funds, 22 September 2014)

• For statutory long-term care insurance: criteria are currently being developed which are based on the criteria for statutory health insurance.

3. Joint Objectives, Target Groups and Action Areas

Targeted services (prevention; promotion of health, safety and participation) from statutory health, accident, pension and 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 indicators for outpatient and inpatient morbidity, healthcare costs, incapacity to work, mortality, premature retirement) are predominantly chronic, non-communicable diseases. 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; victim of violence; smoking; alcohol consumption). Mental stressors, which can manifest themselves in all areas of life, are gaining in significance. This is reflected in the world of work by the recent legal clarification which stipulates that psychological stressors must be taken 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 work healthily and have a healthy life in old age.

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

The aims of prevention and the promotion of health, safety and participation are: to reduce risks in our living and working environments; to reduce chronic, non-communicable diseases by minimising the underlying risk factors; and to strengthen a person’s general (disease non-specific) health resources and competences. Prevention and the promotion of health, safety and participation should create life environments and conditions that are people-friendly and encourage good

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9 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; psychological and psychosomatic illnesses including addictions.
health, as well as assist the people living and working in these life environments to take on or improve behaviours that promote health and safety. Health, safety and participation should be systematically integrated into the processes and structures of life environments. Factors which are particularly important for prevention and the promotion of health, safety and participation in life environments include:

- participation by the target groups,
- a concept-based approach using a programme that is as evidence-based as possible,
- strengthening a person’s ability to improve and take control of their own health,
- integration of setting-based and behaviour-based interventions, and
- sustainability through health-promoting structures such as steering committees for health promotion and prevention in life environments, involving all responsible stakeholders.

The potential to protect against diseases and promote health, safety and participation can be utilised at every stage of life. As such, prevention and the promotion of health, safety and participation also help tackle the effects of demographic change in an ageing society. The foundation for a healthy lifestyle is already laid during pregnancy and the first years of life. Early prevention and health promotion influence the rest of a person’s life and 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 prevention and the promotion of health, safety and participation can have a positive influence up until the last stage of life. Even in old age, a person’s remaining health resources must be maintained and fostered, and the competences needed to cope with health limitations must be strengthened. It is crucial that conditions be designed in such a way that they support healthy behaviour at every stage of life. Public health services also play an important role in this.

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

- **Objective: Healthy Growing Up**
- **Objective: Healthy Life and Work**
- **Objective: Healthy in Old Age**

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10 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). In the German translation, the word Lebenswelt is used for ‘supportive environments’, hence, the phrase ‘life environment’ used in this document is equivalent to ‘supportive environments’ as used by WHO.

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

12 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). Other objectives of ‘gesundheitsziele.de’ also reflect the life-phase objectives of these Federal Framework Recommendations.
In principle, this system of objectives can be used to reach all people with services for prevention, health promotion, safety and participation that are related to their life environments. Because people generally have several roles in society, life environments 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 parent at their child’s day-care centre or school.\(^{13}\)

Statutory health insurance funds, statutory accident insurance institutions, statutory pension insurance funds and statutory long-term care insurance funds have their own objectives and activities which can be incorporated into these Federal Framework Recommendations. Their own specific objectives for prevention and health promotion, as well as those across institutions, are of nationwide importance. Of particular significance are the vaccination recommendations developed by the German Standing Committee on Vaccination for the Federal Joint Committee, as well as the OSH objectives of the Joint German Occupational Safety and Health Strategy (GDA), which take into consideration the experience gained during previous GDA periods. For the period starting in 2019, the voting members of the National Prevention Conference intend to combine the Healthy Life and Work objective with the objectives of the GDA into a unified system of objectives.

### 3.1 Objective: Healthy Growing Up

#### 3.1.1 Target groups: Expectant parents and young families, children, adolescents, trainees, apprentices and university students

Expectant parents, young families, children, adolescents, trainees, apprentices and university students are important target groups for preventive and health-promoting efforts. For expectant parents, young families, children and young people (including young adults studying or doing a traineeship or apprenticeship), health insurance funds have a mandate to work with other partners to make it easier for children and young people to grow up healthily and to help them develop their individual health literacy. The accident insurance institutions are mandated to support children, adolescents and 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 Objective: Healthy Life and Work).

Expectant and young parents\(^{14}\) tend to be particularly susceptible to health issues. Single parents and their children are often exposed to considerable psychosocial and financial/material strain due to their life situation. Therefore, they should be given special consideration as part of prevention and health promotion activities.

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\(^{13}\) In addition, persons covered by statutory health insurance have access to individual behaviour-based prevention in accordance with § 20 (4, 1) SGB V.

\(^{14}\) Regardless of other services provided in their life environment, 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 §§ 24d ff. and in conjunction with § 134a (1) SGB V on the provision of midwifery services.
Children (and their parents) in day-care centres and other forms of child care are 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 be positively influenced by starting in the life environment of the day-care centre. Creating health-promoting structures and procedures can also help reduce stress and strain, thus improving the health of childcare workers.

Starting from the age of six, schools are the main place where children and adolescents 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.

Older adolescents and young adults can be reached both via prevention and health promotion in the workplace (see Objective: Healthy Life and Work) and also through prevention and health promotion at vocational schools and universities.

All educational institutions are also workplaces. These workplaces and their employees are addressed by activities geared towards the Healthy Life and Work objective (see 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.

Federal states and local authorities, including in their role as providers of educational institutions, have a significant influence on 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 life environments. The voting members of the National Prevention Conference believe there is a strong need to provide adequate exercise and healthy food in schools and day-care centres, as well as to promote resilience and prevent violence. These tasks pertain to legislation (e.g. embedding of 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 to the Healthy Growing Up objective:

**Statutory health insurance funds:**
- Needs analysis (e.g. surveying target groups) and setting-based goals
- Consultation on modifying conditions to be preventive, as well as initiating modification processes and corresponding new structures
- Training in prevention and health promotion for disseminators
- Planning and implementation of behaviour-based measures
• Documentation, evaluation and quality assurance
• Public relations work
• Assistance with networking
• Active participation in local committees for health promotion with all responsible stakeholders (health promotion objective of the GKV for life environments)

The content of the measures put in place are 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 addictions and drug consumption
• Health-related competences for parents
• Encouraging the uptake of recommended vaccinations
• Other health-related topics as required by the target groups

**Statutory accident insurance institutions:**

The focus of the work done by the statutory accident insurance institutions in educational institutions covers:
• Preventing accidents
• Mental health
• Prevention of violence
• Encouraging exercise, play and sport
• Training in safety and health competences
• Road safety education
• Promotion of a culture of prevention and safety

The focus of the statutory health insurance funds and statutory accident insurance institutions is towards a health-promoting process in the sense of a learning cycle. Furthermore, their approach is to integrate safety and health systematically into the processes of a life environment. In doing so, they strive for sustainability by establishing structures (e.g. steering committees). They work closely together on prevention and the promotion of health and safety to achieve the Healthy Growing Up objective, and they are involved in committees for reaching agreement and coordinating at state and local level. Cooperation includes sharing information about measures that are planned or already implemented, agreeing on and coordinating plans, as well as the planning, financing, implementation and evaluation of joint measures.15

The NPK fosters local health promotion strategies that are goal-oriented and involve multiple stakeholders. Going beyond the responsibilities and action areas of local authorities, services to

promote good health and safety during the transition from childhood development to the start of adulthood should be combined with one another and designed according to needs ('chains of prevention). This should take into consideration existing, effective structures and prevention measures such as dental group prophylaxis in accordance with § 21 SGB V.\textsuperscript{16}

\textsuperscript{16} Framework Recommendation on the promotion of group prophylaxis in accordance with § 21 SGB V, especially in preschools 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).
Overview 1: Objective Healthy Growing Up: target groups, action areas, contribution by the voting member organisations of the NPK, and organisations and institutions involved.

<table>
<thead>
<tr>
<th>Target groups</th>
<th>Action areas</th>
<th>Contribution of the relevant social insurance</th>
<th>Organisations and institutions involved*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectant parents and young families</td>
<td>Family-related prevention and health promotion</td>
<td><strong>GKV:</strong> Activities to implement health promotion in the ‘community’ life environment; services based on the community setting from the Prevention Guideline</td>
<td>Public and private providers of child and youth welfare services</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and their parents during the day-care phase</td>
<td>Prevention and the promotion of health and safety in day-care centres</td>
<td><strong>GKV:</strong> Services based on the settings approach of <em>Health-Promoting Day-Care Centres</em> of the GKV Prevention Guideline <strong>GUV:</strong> Prevention services based on the <em>Good, Healthy Day-Care Centres</em> approach (concept currently under development)</td>
<td>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)</td>
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<td></td>
</tr>
<tr>
<td>Children and adolescents at school or in a traineeship or apprenticeship</td>
<td>Prevention, health and safety promotion in schools (including vocational schools) and recreational facilities</td>
<td><strong>GKV:</strong> Activities to implement prevention and health promotion objectives related to life environments; services based on the <em>Health Promoting School</em> approach from the Prevention Guideline <strong>GUV:</strong> Prevention services based on the concept of <em>Using Health to Develop Good Schools</em> (DGUV Information 202–083)</td>
<td>State governments, school authorities, local governments (regardless of whether they operate a facility), non-profit organisations (e.g. sports clubs)</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Young persons at university</td>
<td>Prevention and the promotion of health and safety in universities</td>
<td><strong>GKV:</strong> Services based on the setting approach from the Prevention Guideline <strong>GUV:</strong> Activities as per the Prevention Services Catalogue</td>
<td>Universities, local authorities, non-profit organisations (e.g. sports clubs), university sports, student unions</td>
</tr>
</tbody>
</table>

*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 state governments/public health services; networks or non-profit organisations such as those involved in nutrition or exercise/sport).
3.2 Objective: Healthy Life and Work

3.2.1 Target group: Persons of working age – employed persons

Work plays a significant role in a person’s health. On the one hand, work has a great deal of potential to promote health because working has 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 a worker’s health. 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’. 17

In order to prevent accidents, occupational diseases and work-related health hazards, employers must fulfil their obligations in accordance with OSH laws and regulations. They must also design working conditions to be favourable to their employees. They are provided with support from state OSH authorities and the statutory accident insurance institutions. As employees spend a significant proportion of their life at work, workplaces are also a suitable setting for putting health-promoting measures in place. This not only creates working conditions that promote health but also helps employees to lead a healthy lifestyle. Measures for workplace health promotion (WHP) and 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 that normally only make limited use of what is offered to individuals in terms of health promotion and prevention. This not only includes trainees, apprentices and young employees but also groups of workers whose opportunities for good health are limited due to their social circumstances (poorly skilled workers, migrant workers, single parents, etc). Particular attention needs to be paid to employees in small and medium enterprises (SMEs) 18, which include 99% of all companies in Germany. Behaviour-based prevention services, such as those offered by the pension insurance funds to insured individuals, contribute to a person’s ability to maintain their participation in working life and social life.

Measures for WHP, OSH and participation should be referenced and linked to one another where needed.

Healthy working conditions encourage a good work–life balance and thus indirectly influence important health-related conditions in families. As such, they also affect the prerequisites for the healthy development of children and adolescents.

17 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).

18 In terms of micro enterprises and family businesses, the focus is particularly on the safety and health of the youngest and oldest generations (especially in the agricultural sector).
**Statutory health insurance:** Workplace health promotion measures are generally voluntary for employers according to § 20b SGB V.¹⁹ Health promotion services provided by statutory health insurance funds are particularly beneficial for building and improving health promoting structures, both within and across companies. A systematic approach is taken to developing recommendations for improving health conditions and strengthening health resources. This approach is based on an assessment of the health conditions of insured persons, including risks and potentials. The assessment involves the insured persons, company owners/managers, occupational physicians and OSH professionals. Services are primarily oriented to specific work-related health risks (§ 20c (1) SGB V), taking into account the results of risk assessments which have been carried out in accordance with the Occupational Safety and Health Act and DGUV Regulation 1 (Principles of Prevention). The statutory health insurance funds also assist companies with evaluating preventive and WHP measures. They offer companies advice and support using existing structures via joint regional coordination offices (§ 20b (3) SGB V). This includes information about services on offer and clarification about the provision of services in individual cases. The statutory health insurance funds develop pilot projects; encourage the knowledge transfer of best practices, evidence-based WHP measures and workplace prevention; and are involved in relevant expert and business networks.

**Statutory accident insurance:** Occupational health and safety measures are mandatory for employers. They are assisted by occupational physicians and OSH professionals. In accordance with § 14 (1) SGB VII, the statutory accident insurance institutions are required to support companies with all appropriate means related to setting-based and behaviour-based prevention. According to the Common Understanding of prevention work in the area of ‘Company Health’ by the social accident insurance institutions and the German Social Accident Insurance (DGUV), this includes the prevention of workplace accidents, occupational diseases and work-related health hazards through all technical, organisational, behavioural, social, psychological and occupational health measures. This also includes needs-based aspects of workplace health promotion if these can contribute to the reduction of health risks or prevent the occurrence of health hazards in the workplace. The accident insurance institutions consider it essential to take a systematic approach to integrating safety and health into companies with the active support of managers and by involving employees, occupational physicians and OSH professionals. The accident insurance institutions assist companies with this task.

**Statutory pension insurance:** In accordance with § 31 Abs. 1 Satz 1 Nr. 2 SGB VI, the work done by the statutory pension insurance funds on behavioural prevention as a means of systematically protecting 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 receive access to primary prevention and health promotion services provided by statutory pension insurance if they work in an occupation that is particularly hazardous to health and could potentially endanger their employability, and if they are not acutely ill or currently need medical rehabilitation services.

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¹⁹ If work-related health hazards are identified during a company health assessment carried out or funded by a statutory health insurance fund, the employer is responsible for taking appropriate measures.
provided by statutory pension insurance. In addition, statutory pension insurance provides consulting services to companies and organisations on a number of topics such as workplace health management.

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

Services/Activities of **statutory health insurance funds**:

- Information and advice for companies
- Support with establishing internal company structures for managing WHP and prevention activities
- Identifying and analysing areas where action is needed; assessment of health conditions
- Assistance with planning and implementing WHP 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 prevention measures, especially for preventing chronic diseases
- Assistance with training internal specialists in 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 prevention and WHP committees with all responsible partners at state and local level

The health insurance funds also enter into regional agreements on general vaccinations with occupational physicians, specialists in occupational medicine and general practitioners 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 charters which encourage inter alia the use of vaccinations or workplace health promotion measures.

Services/Activities of **statutory accident insurance institutions**:

The statutory accident insurance institutions generally provide the following prevention services:

- Incentive schemes (e.g. seals of quality, awards, reward schemes)
- Consultation
- Advice on occupational medicine and technical safety
- Assessments (e.g. causal assessments of accidents)
- Research, development and pilot projects
- Information and communication (e.g. practical guides, trade fairs, expert conferences)
- Testing and certification
- Provisions and regulations
- Training (especially of company employees responsible for OSH, including managers)
- Monitoring, including inspections

This takes into consideration the objectives of the Joint German Occupational Safety and Health Strategy (GDA) which has set the following goals for the 2013–2018 period:

- Improvement in the organisation of company occupational safety and health
- Reduction in work–related health hazards and musculoskeletal diseases
- Protection and strengthening of health against work–related mental stressors

**Services/Activities of statutory accident pension insurance funds:**

- Information and advice for companies
- Information and advice on Workplace Health Management
- Personalised prevention services for insured persons: multi–professional and modularised services to encourage the individual to take responsibility for creating a healthy lifestyle at work and in their 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 prevention services for employees and employers
- Cooperation and networking with other social insurance institutions
- Documentation and quality assurance

A joint goal of the social insurance institutions is to systematically institutionalise and interlink statutory occupational safety and health, workplace integration management and workplace health promotion in companies. The statutory health insurance funds, statutory accident insurance institutions and statutory pension insurance funds help companies to implement this. In particular, they help with establishing internal steering structures as part of a management approach (e.g. workplace health management) by using existing structures such as OSH committees. For this to happen, it is vital to involve all necessary internal persons early on, including management, works councils and staff councils. Cooperation with the social partners (employers’ organisations and trade unions) at regional level can help ensure long–term sustainability.

The statutory health insurance funds, statutory accident insurance institutions and statutory pension insurance funds are expected to inform one another of their undertakings in a company. Any involvement with one of the other partners must be done in consultation with the company. On a case–by–case basis, arrangements should be made regarding how the various parties engage in joint activities based on their statutory responsibilities, competences and resources.

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Possible options for cooperation between statutory health, accident and pension insurance institutions in the context of their statutory responsibilities include:

- Working together on steering committees
- Conducting analyses, risk assessments and employee surveys
- Training managers and disseminators
- Media design, in-house public relations, cross-company information campaigns
- Supporting companies through networking

Other important external cooperation partners for workplace health promotion and prevention (with examples of what they can contribute) are:

- Authorities responsible for OSH
  - Information and advice to companies on all OSH topics
  - Targeted supervision and monitoring that OSH legislation and ordinances have been implemented
  - Focus on settings-based measures, especially internal structures and processes
- Integration authorities
  - Subsidies for creating workplaces to suit persons with disabilities or other impairments
- Addiction counselling centres as well as other organisations and initiatives for prevention and health promotion.

To encourage take-up on a needs basis and linking of the services provided by external partners, the statutory health, accident and pension insurance institutions should not only mention their own tools and services when consulting companies but also the support options available from the other partners.

When the social insurance institutions work together across companies and regions it is important to do the following in order to create synergy: coordinate common approaches, concepts and quality criteria; establish cross-company networks; be transparent about the respective services offered by the social insurance institutions; and talk about support services that go beyond the institution’s own area of responsibility. The specific way that the institutions communicate information and coordinate activities between themselves and other stakeholders is regulated in the State Framework Agreements in accordance with § 20f SGB V on implementation of the National Prevention Strategy.

### 3.2.2 Target group: Persons of working age – unemployed persons

Continuous long-term unemployment is a significant risk factor to health. The risk of disease increases with the length of unemployment, age and declining socio-economic status. Unemployed people with existing health issues find it particularly difficult to return to work. Therefore, unemployed people are a socially disadvantaged group with a very strong need for health promotion and prevention. The statutory health insurance funds have a prevention and health promotion mandate with regard to the Healthy Work and Life objective for the target group of unem-
ployed persons. They work together with the Jobcenters and employment agencies. The Recommendation Agreement between the GKV and the Federal Employment Agency, which currently only applies to employment agencies and Jobcenters as joint establishments (Annex 2), should also apply to cooperation between statutory health insurance funds and Jobcenters run solely by a local authority. The statutory health insurance funds and the statutory accident insurance institutions have a mandate to provide support and services to unemployed persons who participate in employment promotion measures.

The aim of health-promoting and preventive activities 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. The employment agencies and Jobcenters are responsible for employment promotion and integration in the labour market. They have incorporated health as an overarching strategy into their advisory and placement services. To raise awareness of health and motivate the target group, the advice and services provided by the Jobcenters and employment agencies are also geared towards health promotion. Jobcenters, employment agencies, and providers of labour market integration are an avenue for the voluntary use of the 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 Jobcenters with the prevention services provided by the statutory health insurance funds. The promotion of setting-based and behaviour-based measures to prevent health risks and strengthen individual resources is done across all health insurance funds as part of the community-setting approach, as stipulated in the GKV Prevention Guideline (free for participants). It is a good idea to use (or implement) a steering committee in the local area which involves those responsible for the Jobcenter or employment agency, local authorities, statutory health insurance funds and the non-profit sector (e.g. clubs/associations). The members of this committee should plan what happens locally and coordinate their specific contributions to linking labour market integration and health promotion. The contribution made by Jobcenters and employment agencies includes the training of integration specialists and integrating health-promoting elements into employment promotion. Local governments can, for example, provide facilities where health-promoting activities take place.

The main services/activities of statutory health insurance funds include:
- Needs assessment
- Planning and implementation of behaviour-based prevention measures targeted at specific groups
- Assistance with continuing health-promoting activities
- Documentation, evaluation, quality assurance
- Support the networking of specialists and target groups

21 The German Jobcenter 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.
3.2.3 Target group: Volunteers

Volunteers’ exposure to risks and health hazards during their work is the same as regular employees. Therefore, volunteers need to be provided with appropriate preventive and supportive measures from those responsible for the life environments in which they work. The statutory accident insurance institutions have a mandate to support volunteers who provide assistance following an accident/emergency or are involved in civil protection (e.g. volunteer firefighters, emergency services or the Federal Agency for Technical Relief). This support corresponds to the target group of employed persons, and the aforementioned activities of the statutory accident insurance institutions for employees apply here.\textsuperscript{22} For all other volunteers, the options available to them in terms of insurance protection and the relevant mandate for support are stipulated in the respective charters of the statutory accident insurance institutions.

\textsuperscript{22} There are possibilities for incorporating prevention and health promotion services provided by the statutory health insurance funds in the local community setting.
### Overview 2: Objective Healthy Life and Work: target groups, action areas, contribution by the voting member organisations of the NPK, and organisations and institutions involved.

<table>
<thead>
<tr>
<th>Target groups</th>
<th>Action areas</th>
<th>Contribution of the relevant social insurance provider</th>
<th>Organisations and institutions involved*</th>
</tr>
</thead>
</table>
| 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) | Prevention and Workplace Health Promotion (WHP). Assistance with internal measures and activities | **GKV**: Services as per the Prevention Guideline section on WHP: 'Advice on designing health-promoting work' and 'Health-promoting work and lifestyle'  
**GUV**: Prevention services as per the ‘Common Understanding of prevention work in the field of “Workplace Health” of the statutory accident insurance institutions’ based on the quality criteria for ‘Company Health’.  
**GRV**: Services as per the Pension Insurance Framework: At the request of the insured person, identification and assessment of behaviour-based prevention needs as well as medical services to maintain employability and encourage self-responsibility for creating a healthy lifestyle at work and in everyday life. | Company management including HR officers, works councils and employee councils, occupational physicians and OSH professionals, equal opportunity officers, trusted persons of severely disabled persons and state government OSH authorities |
| Small and medium-sized enterprises and their employees (differentiated by needs: all; exposed to health hazards) | Prevention and Workplace Health Promotion. Encourage and assist with networking | **GKV**: Services as per the Prevention Guideline section on WHP: ‘Cross-company networking and consultation’  
**GUV**: Prevention services as per the ‘Common Understanding of prevention work in the field of “Workplace Health” of the statutory accident insurance institutions’ based on the quality criteria for ‘Company Health’. | Business organisations and associations, occupational physicians, OSH professionals, employers’ associations, unions, and state government OSH authorities |
<table>
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<tr>
<th>Target groups</th>
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<th>Contribution of the relevant social insurance provider</th>
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<tbody>
<tr>
<td>ards; workers with specific needs, e.g. women/men, persons with disabilities, older people, migrants, managers)</td>
<td></td>
<td>Health&quot; of the statutory accident insurance institutions' based on the quality criteria for ‘Company Health’. <strong>GRV:</strong> Information and advice for companies on healthy employees. Cooperation and networking with company doctors, union doctors and occupational physicians, with self-help groups and with other regional and national consulting and prevention services for companies and their employees. Assistance with implementing Workplace Integration Management. Information and advice on Workplace Health Management.</td>
<td></td>
</tr>
<tr>
<td>Unemployed persons</td>
<td>Prevention and health promotion during unemployment</td>
<td><strong>GKV:</strong> Services as per the Prevention Guideline section on the community setting approach <strong>GUV:</strong> When part of efforts to promote the labour market, services for the unemployed as per those for employed persons (see above).</td>
<td>Jobcenters, employment agencies, local authorities, training and employment providers (if required), company partners</td>
</tr>
<tr>
<td>Volunteers (emergency workers)</td>
<td>Prevention and health promotion for volunteers</td>
<td><strong>GUV:</strong> Prevention services of the accident insurance institutions with all suitable means for promoting safety and health, as for employed persons (see above).</td>
<td>Associations, voluntary organisations, local authorities, relief organisations, fire brigades, regional fire brigade associations</td>
</tr>
<tr>
<td>Volunteers (all other workers)</td>
<td>Prevention and health promotion for volunteers</td>
<td><strong>GUV:</strong> Prevention services of the accident insurance institutions with all suitable means for promoting safety</td>
<td>Associations, voluntary organisations, local authorities, businesses, charities,</td>
</tr>
</tbody>
</table>
### 3.3 Objective: Healthy in Old Age
#### 3.3.1 Target group: Persons no longer of working age in local areas

In a society of long lives, the period of life in old age is becoming longer despite the retirement age being increased. The goal is to ensure that these additional years are as healthy as possible. Going into retirement after years of active employment is a significant life change. The statutory health insurance funds have a mandate to provide 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 already suffer from chronic illnesses. Attitudes and behaviours become more pronounced with age, which makes the people in this age group increasingly heterogeneous 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; this means that, as they age, it becomes increasingly challenging to involve these people in cultural, leisure and sport activities. During the transition phase to retirement, there should be low-threshold access to leisure activities and social participation as well as health-promoting conditions in the living environment of all people.

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

As the number of older people in society steadily increases, so too does the number of very elderly people in need of care who are looked after in their own home. Therefore, health promotion and prevention measures for people in retirement age in the local community must also focus on people receiving in–home care. The aim is to maintain their health and to counteract the current need for care or prevent it from worsening. It is also important to keep in mind family caregivers.

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### Target groups | Action areas

<table>
<thead>
<tr>
<th>Contribution of the relevant social insurance provider</th>
<th>Organisations and institutions involved*</th>
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<tbody>
<tr>
<td>and health, as for employed persons (see above).</td>
<td>welfare associations</td>
</tr>
</tbody>
</table>

* 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 state governments/public health services; networks or non-profit organisations such as those involved in nutrition or exercise/sport).
who can also benefit from preventive and health-promoting measures due to the physical and psychological strain associated with providing care. Measures for people in need of care and their caregivers can be provided within the framework of local structures and in cooperation with various local stakeholders. The greater the focus placed on the respective life environments of the target groups, the more successful the measures will be.

The statutory health insurance funds contribute to 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 setting-based prevention measures with services of SGB V (Guide to Prevention)
- Design and implementation of behaviour-based prevention services for various age groups, especially in terms of ‘exercise habits’, ‘nutrition’, ‘stress management’ and ‘addictions’.
- Encourage the uptake of recommended vaccinations
- Public relations
- Documentation, evaluation and quality assurance

In addition to this, statutory long-term care insurance offers courses to family caregivers in accordance with § 45 SGB XI. 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 also 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 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 facility itself. As per § 5 SGB XI, these facilities are supported by social long-term care insurance, in that the long-term care insurance funds have a statutory mandate to provide prevention services in residential care facilities.

The special challenge of this is to clearly differentiate between prevention services and the genuine aspects of professional care. An essential part of professional care is promoting patients’ own abilities (‘activating care’) and preventing complications which can arise from temporary or permanent impairments or the need for care that results from this. Traditional prophylactics in long-term care include identifying risks and preventing bed sores, nutritional deficits or falls.

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23 ‘Activating care’ is a concept that refers to ‘promoting and supporting patients’ own abilities and resources in daily activities’
respect, prevention in the form of information, advice and guidance for persons in need of care or their relatives, as well as the planning and conducting of prophylactic measures are already part of nursing care in all care settings, independent of the new services in accordance with § 5 SGB XI.

**Statutory long-term care insurance** contributes to 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 residents and the care facilities, develop recommendations for improving the health situation and strengthening health resources and abilities. They also assist with the implementation of these recommendations.
- The obligations of the care facilities as per § 11 Absatz 1, particularly with regard to activating care, are not affected. This must always take into account respective statutory (financing) responsibilities such as those stipulated in legislation on long-term care insurance and social assistance.

The long-term care insurance funds are geared towards the setting-based approach for health promotion. (The GKV-Spitzenverband, as umbrella association of the long-term care insurance funds, is currently developing a guide for this approach). When implementing this, the long-term care insurance funds are expected to work with one another and provide prevention services that cross multiple funds. Cooperation agreements can be signed when implementing services that go across insurance funds.

Residential care facilities are also workplaces. Activities aimed at the Healthy Life and Work objective come into play for workplaces and employees. The statutory health insurance funds, statutory accident insurance institutions and the statutory pension insurance funds have a mandate here to provide support and/or services (see Objective: Healthy Life and Work – Target Group Employed Persons). The effect 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.
Overview 3: Objective Healthy in Old Age: target groups, action areas, contribution by the voting member organisations of the NPK, and organisations and institutions involved.

<table>
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<th>Organisations and institutions involved*</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 care; people cared for at home; family caregivers)</td>
<td>Prevention and health promotion for older and very old people in the local community setting (to avoid health risks, improve resources and to prevent the need for long-term care)</td>
<td>GKV: Services as per the local setting approach for older and very old people</td>
<td>Local authorities/communities, joint service points of rehabilitation providers, non-profit organisations (e.g. sports clubs)</td>
</tr>
<tr>
<td>Persons in the life environment of residential care</td>
<td>Prevention in residential care homes. Possible topics: nutrition, exercise, psychosocial health including the prevention of stress and violence, consumption of addictive substances, strengthening of cognitive resources</td>
<td>SPV: Prevention in residential care homes. Activities in accordance with the setting-based approach for residential care homes (Guideline currently in development)</td>
<td>Residential care homes</td>
</tr>
</tbody>
</table>

* 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 state governments/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)

4. Documentation and Reporting Obligations

The National Prevention Conference will prepare its Prevention Report every four years; the first report will be released on 01 July 2019. The Prevention Report provides transparency regarding the services provided by the various stakeholders responsible for health promotion and prevention; various experiences of achieving common objectives and working together; and the health
situation of the population in terms of prevention needs and potential. On the basis of these Federal Framework Recommendations, the organisations represented by the voting members of the NPK report on the following main areas:

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

All necessary information is to be made available in consolidated form by the respective umbrella associations of the statutory insurance institutions (or the Association of Private Health Insurance Companies).

The Prevention Report serves to document, monitor the success and evaluate the Prevention Strategy over time. Thus, it provides a basis for further developing 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 voting members of the NPK to the societal task of reducing the social and gender inequalities which hinder opportunities for good health.

The voting members of the National Prevention Conference invite all organisations who are represented by non-voting NPK members to also submit information to the Prevention Report regarding health promotion and 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 federal states can provide regional information from their health reports.

5. Final Provisions

These Federal Framework Recommendations entered into force on 19 February 2016. They will continue to be developed by the voting and non-voting members of the National Prevention Conference in conjunction with those who were involved in its preparation and the signatory partners, based on consultation via the Prevention Forum.