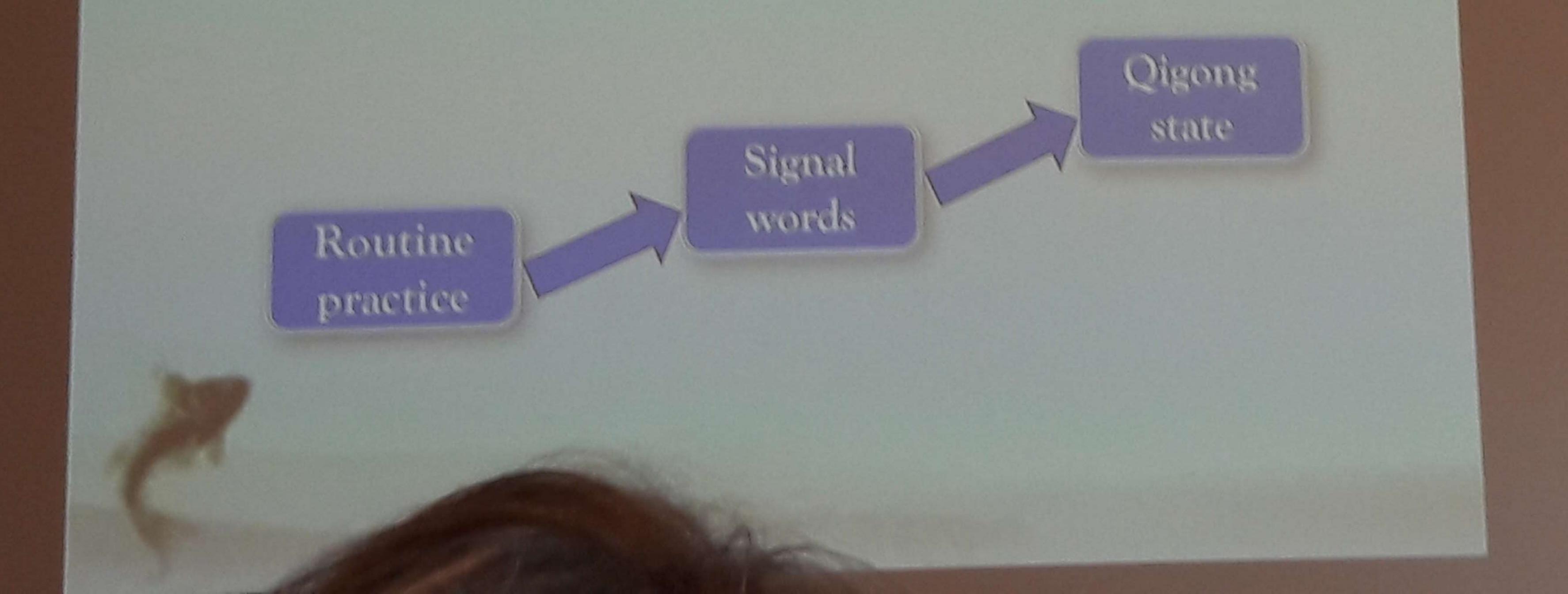
1. Abstract

Health Qigong (HQ) teaching is usually divided in three stages based on its characteristics; whereby the exercises are extended, slow, static and dynamic; where the body and the mind are united. There are three different aims in these three stages that are going to be achieved.



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Green programs

same transfer of the unity of three regulations (body, mind and breathing)

Other lane observe

ERO-music-guidell prosection

Translation of the sixth brush

Soft guided positive

the qigong state

Can practice HO alone

Mines

Z KOU UN

3. Wer He

4 Zhang

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2. Details of the Three-phase Teaching Medical

2.1 Routine practice: the excession are partitioned and among anymous and asymmetric sondards of 1.3 X 5 beats. This method turns 19.2 and grammatics. The medical sondards the explantation and demonstrates such as no tracking grammatics.

2.1.2 Teaching goal: the students can carry out the executes account, one moments for movements, are still motivated and becaused. The teaching time will be discussed and the efficiency will be sucreased.

2.1.2 Templing task: make the student master the morning templine and the master the morning task and the master the master the principles.

2.1.3 "Routine practice" Teaching Method

2.1.3.1 Preparation: use suitable unarmed activities (e.g. representative movements from HQ excercises and basic Zhan Zhuang contents) in order to prepare oneself both physical and mental.

2.1.3.2 Revelatory education: stress on introduction to traditional culture during the explanation and demonstration of the movements, make sure that the students understand why they should do it in a similar way. For instance, modern science like anatomy, traditional science such as Yin-Yang theory and meridian points can be introduced. The explaination should be short and clear.



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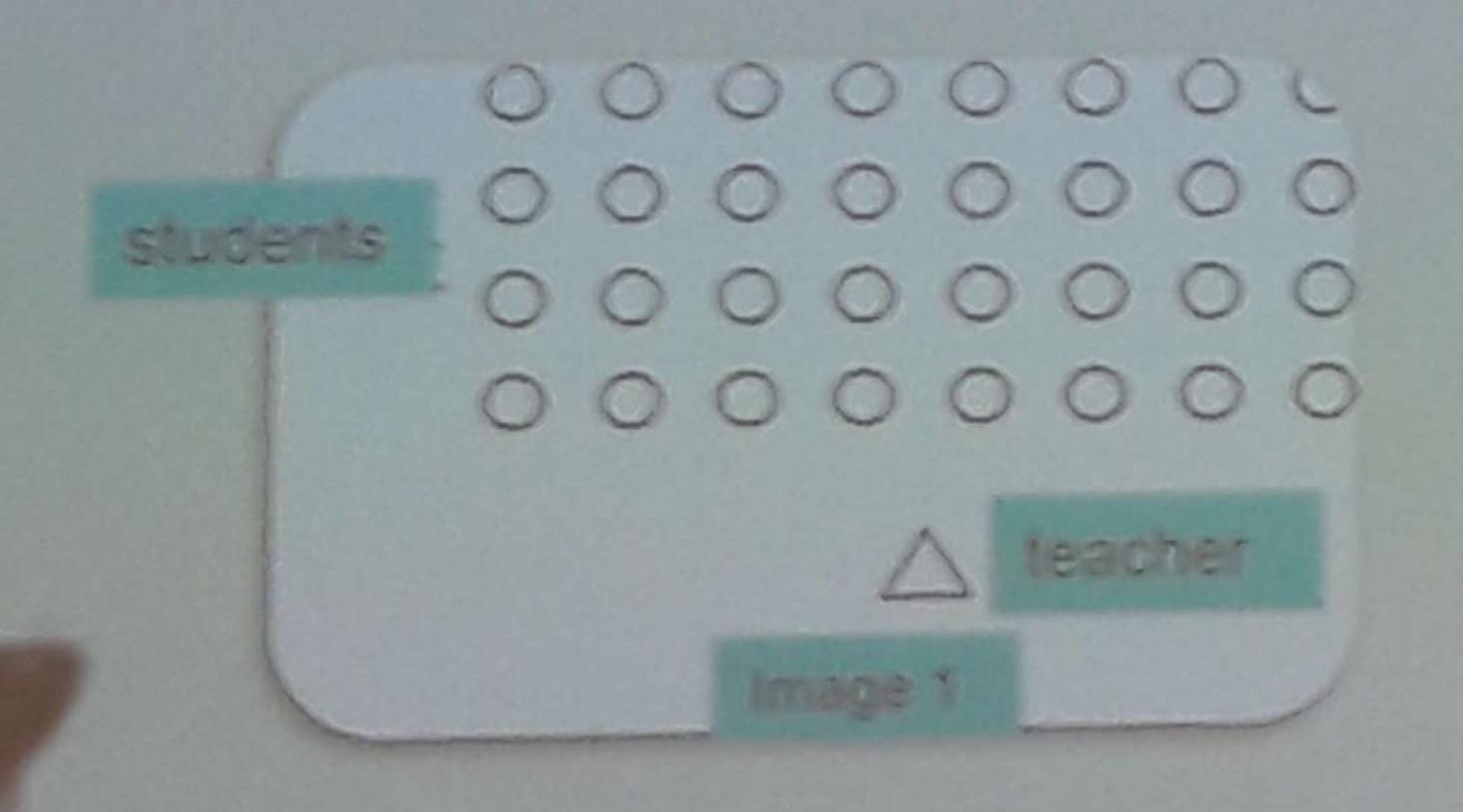
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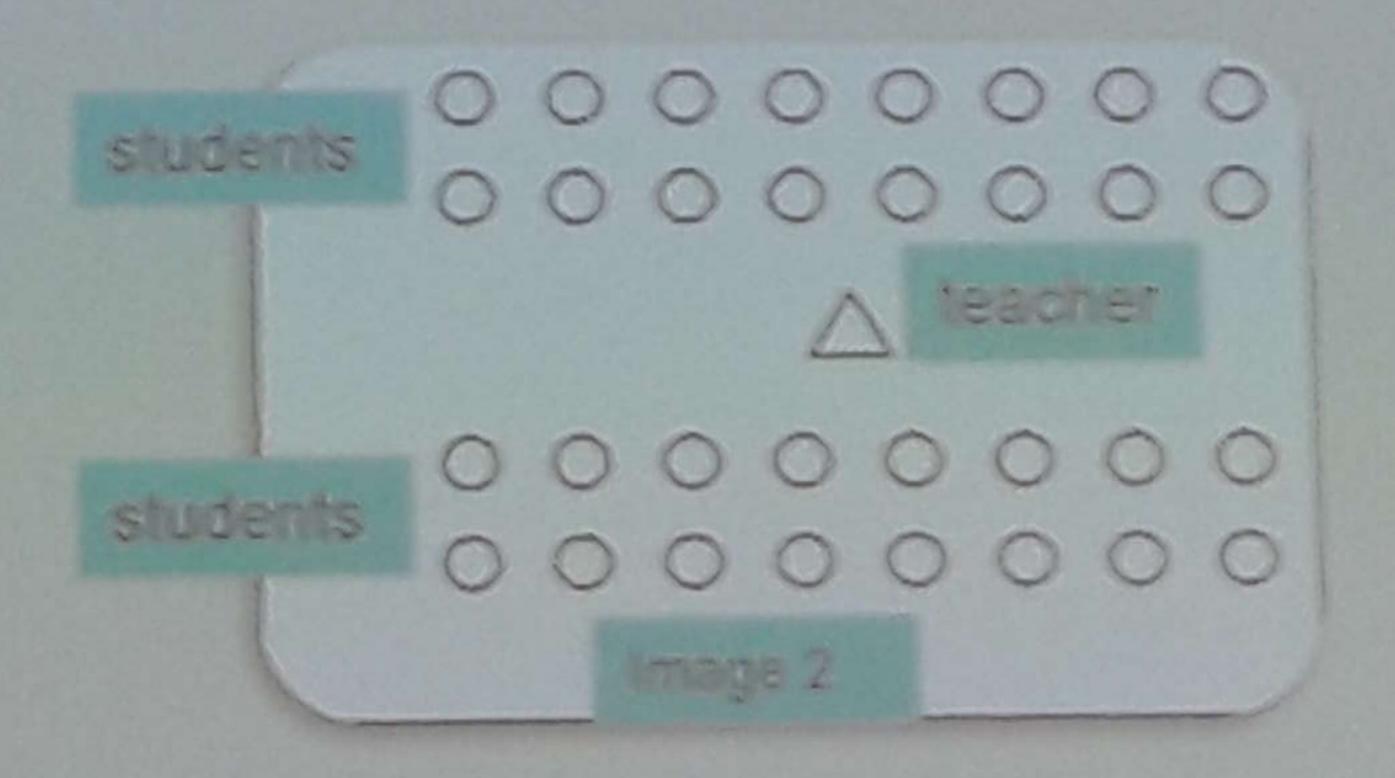
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2.1.3.3 Detailed Teaching Method

a. Collective learning: learn simple movements as a whole and learn complicated movements broken down.

The demonstration should be entire and multi-dimensional. The mistakes should be corrected at the very beginning inorder to avoid making the mistakes into a habit. Common problems will be collectively corrected, individual problems will be individually corrected.



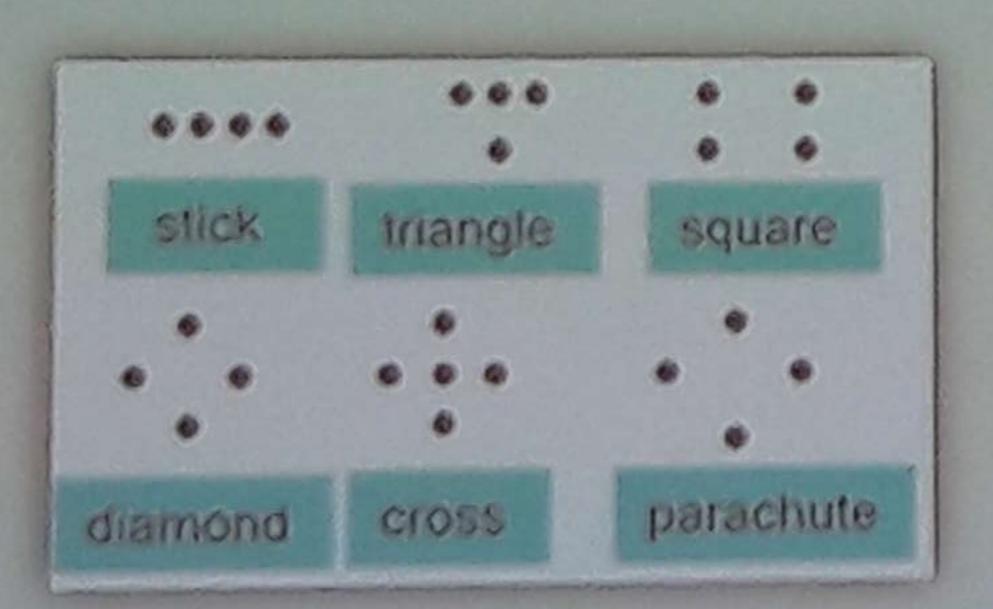


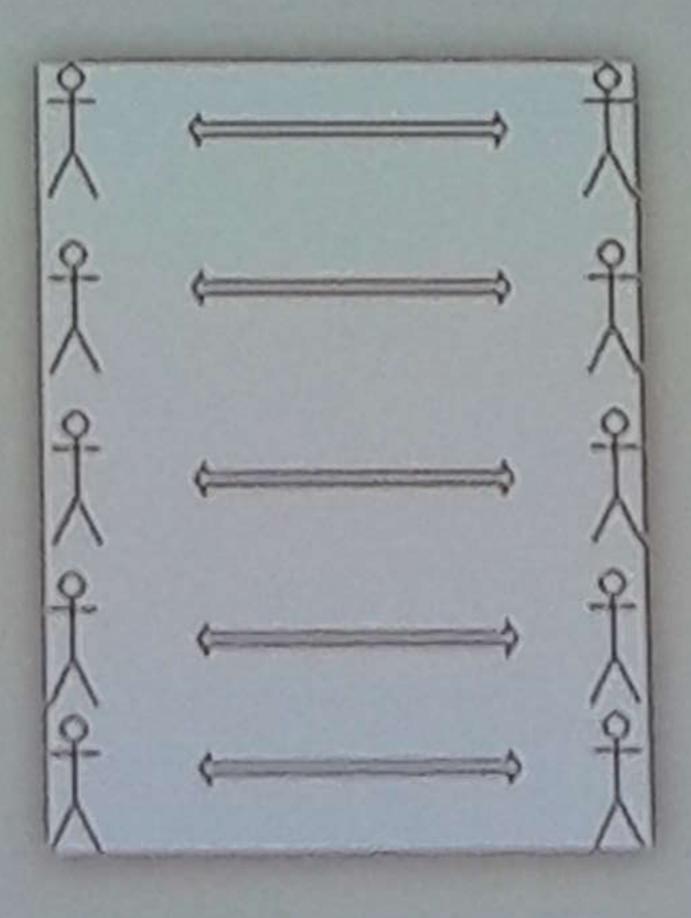
Ming Xin Wo G. Win G. Win G. Win Kin Line Zhang Kin

2.1.3.3 Detailed Teaching Method

b. Group learning: in order to train the independence of the students, they can be divided into groups of 2, 4 or 6, depending on the respective class.

The students are asked to correct each other and exchange their experiences. The teacher goes around, helps them find out their hidden problems and solve them.





7 Ming Xin Wo Gu

2 Koù Chi Ming Gu

3 Wer Han Tran Zhu

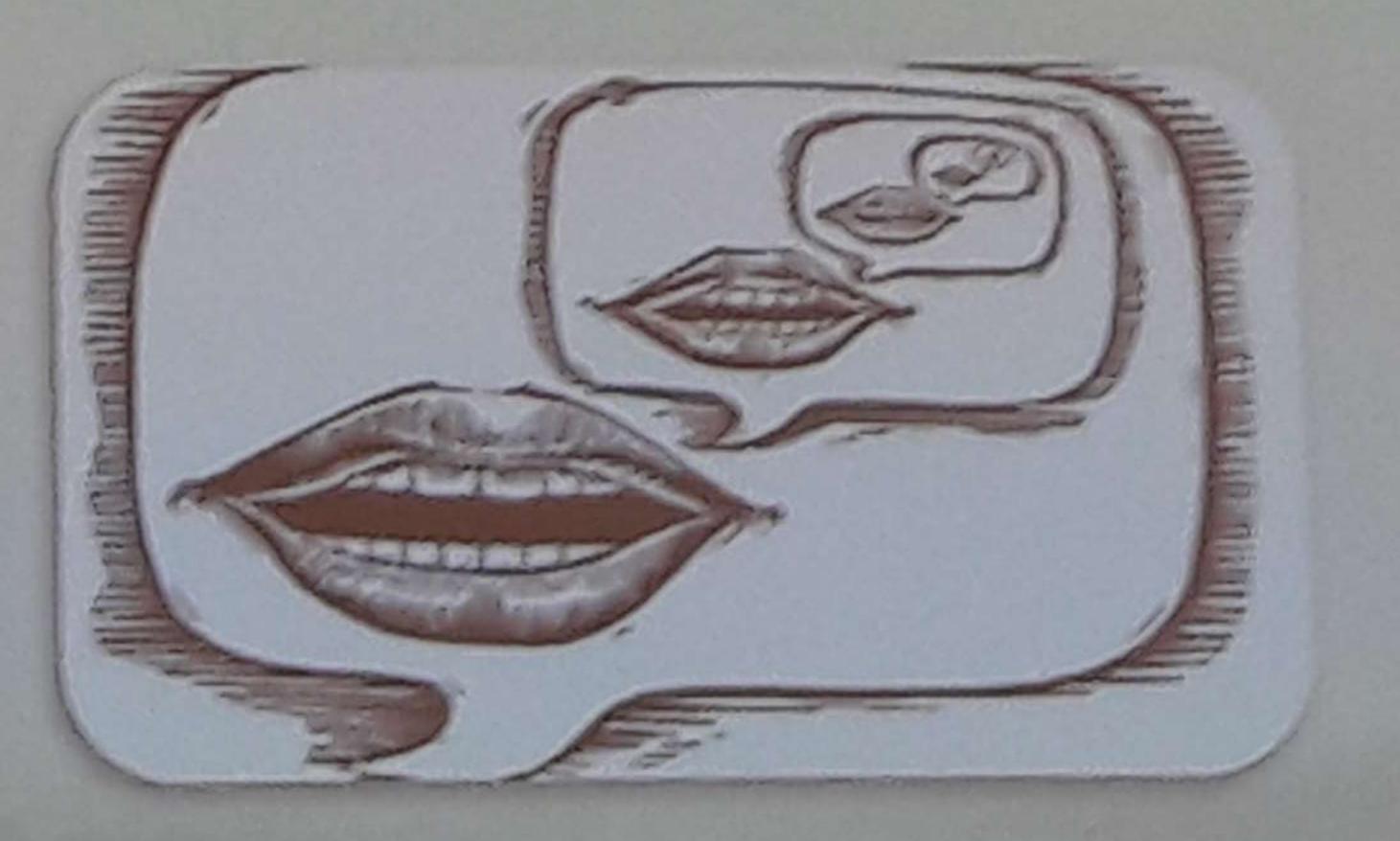
4 Zhàng Kào kun Lun

5 Yao Zhum Lù lù

- 2.2 Signal words: the teacher guides the students throught the movements by giving either first or slow, slight or heavy stressed instructions so that the students can proceed from mechanical training at graceful training
 - 2.2.1 Descring grads the teacher can common be signal words flexibly and effectivity, can remind the students of the contents and mystem of the movements. This makes the sequence clear and easy so that the students can master the increasests fact and accountedly.
 - III Beaching using ensure that the students remember all the movements rigidly at first their they can practice slowly under the gualance from the tenchen at the end they can master the studing and the practice by themselves.



- 2.2 Signal words: the teacher guides the students throught the movements by giving either fast or slow, slight or heavy stressed instructions so that the students can proceed from mechanical training to graceful training.
 - 2.2.1 Teaching goal: the teacher can control the signal words flexibly and effectively, can remind the students of the contents and rhythm of the movements. This makes the sequence clear and easy so that the students can master the movements fast and accurately.
 - 2.2.2 Teaching task: ensure that the students remember all the movements rigidly at first, then they can practice slowly under the guidance from the teacher, at the end they can master the routine and carry out the practice by themselves.

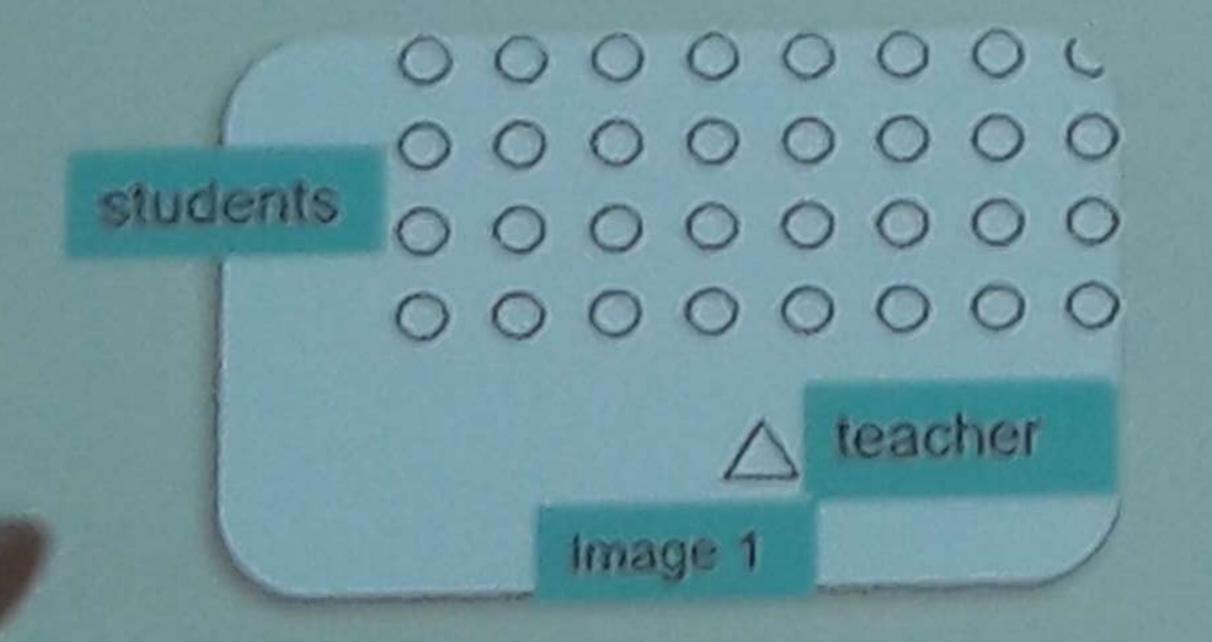


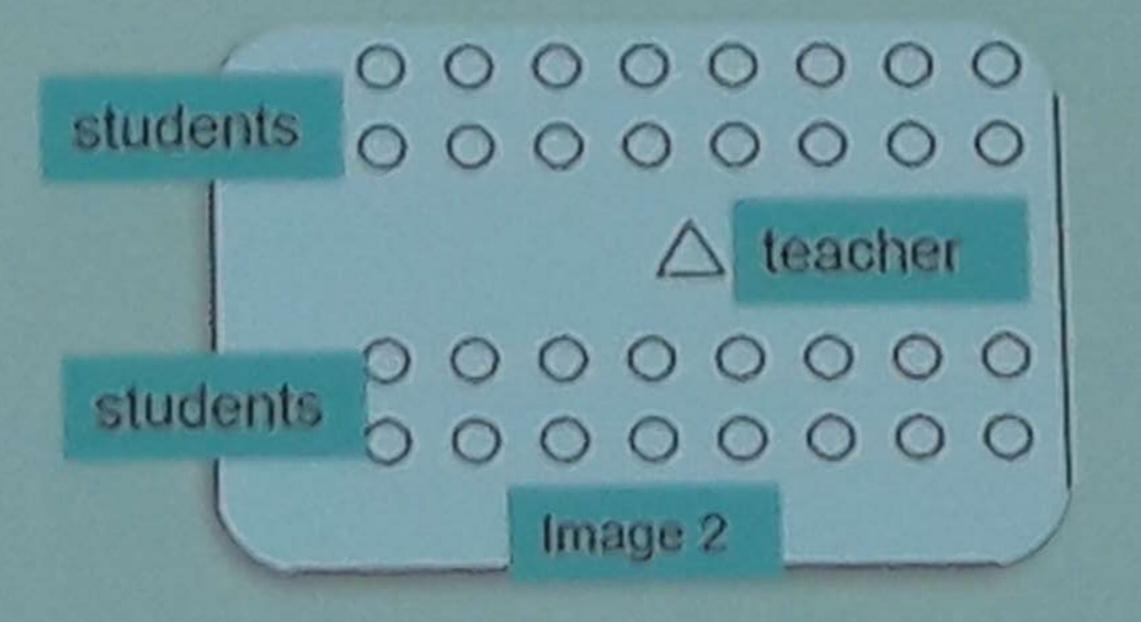
Z Kou

2.2.3 Detailed Teaching Method of Signal Words

a. Collective practice: under the teacher's guidance, the excercises can be divided into segmental or snowballed collective practices, until the complete excercise is done.

The teacher should vary his signal words by means of tempo and emphasis. He should correct the false movements with the aid of signal words or demonstration, until the movements become right.





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3 Wer Han Tian Zhu

4 Zhàng Kào kun Lùn

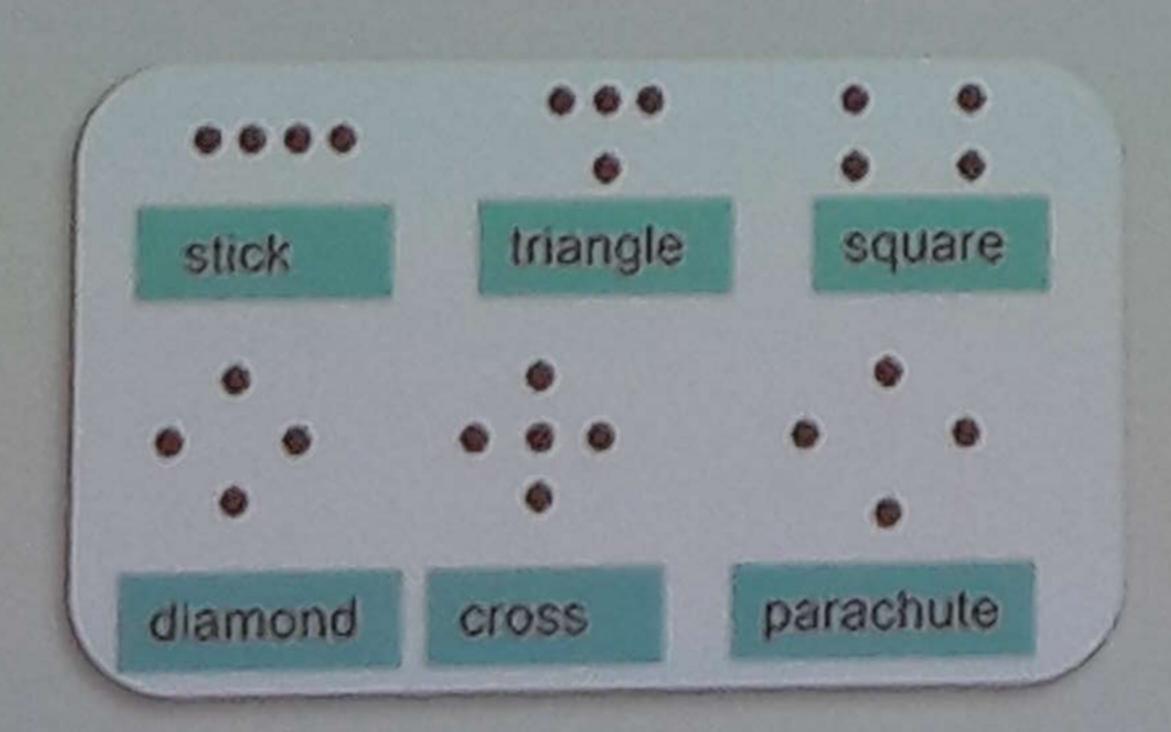
5 Yáo Zhuản Lù lù

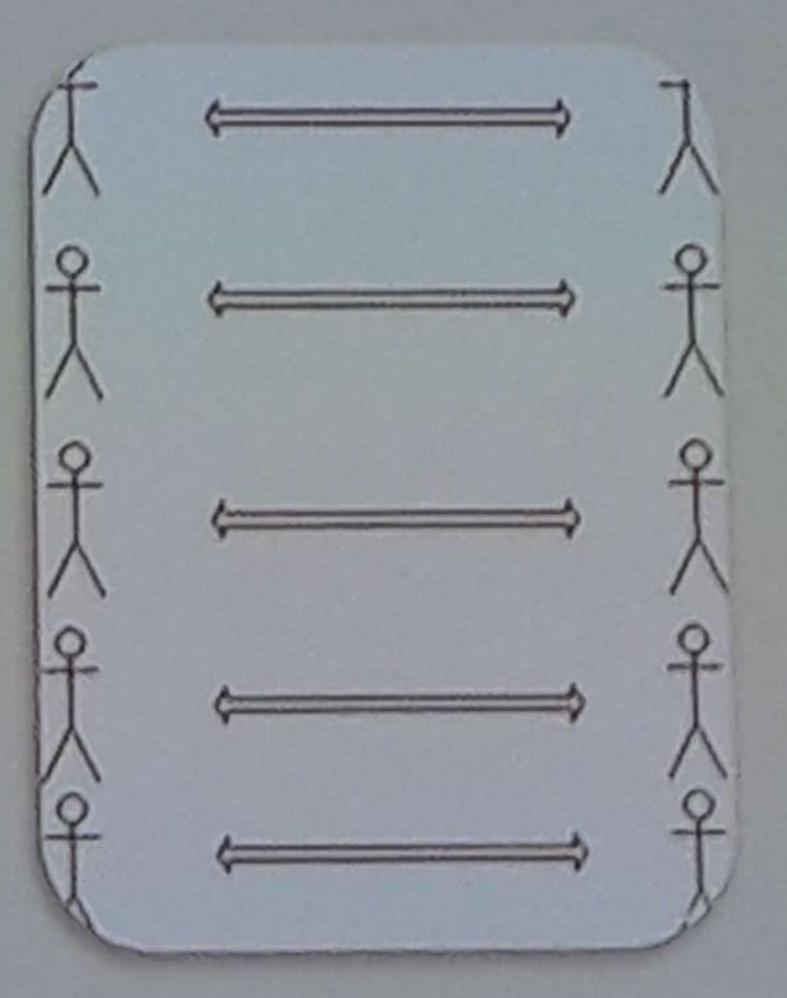
15 Yáo Zhuản Lù lù

2.2.3 Detailed Teaching Method of Signal Words

b. Group practice: it requires that the teacher or representives of the students guide the others with signal words. During the practice the students should correct each other. After practice they should commend one another

While the students are practicing, the teacher should go around and correct the individual problems. Common problems should be corrected together.





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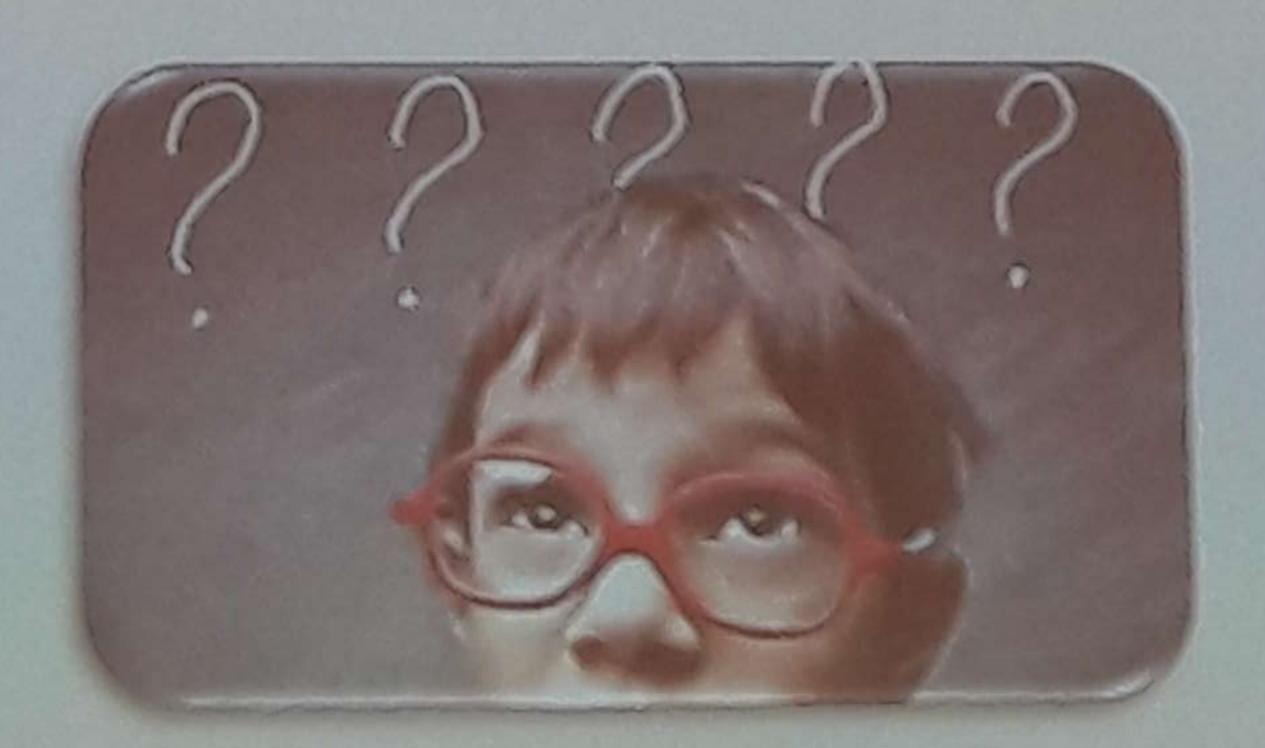
5 Yao Zhuan Lu lu

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2.2.3 Detailed Teaching Method of Signal Words

c. Individual practice: the students are required to practice by themselves with signal words, they are suppose to observe each other and learn from one another.

The teacher instructs the students during his/her rounds. He/she will give comments at the end.



Ming Xin Wo die 2 Kan die

2.3 Qigong state: with the aid of HQ music and traditional chinese music, instruct the students in the practice, aims to enable them to do the practice later on with their own instructions

2.3.1 Teaching goal: can motivate the students, create a good class atmosphere, increase learning effect which is helpful for the qigong state.

2.3.2 Teaching task: practice with instructional music, the teacher guides the students through the practice, helps them to get used to the signal words. Through musical instruction to self-instruction. The technic and performance will be improved.



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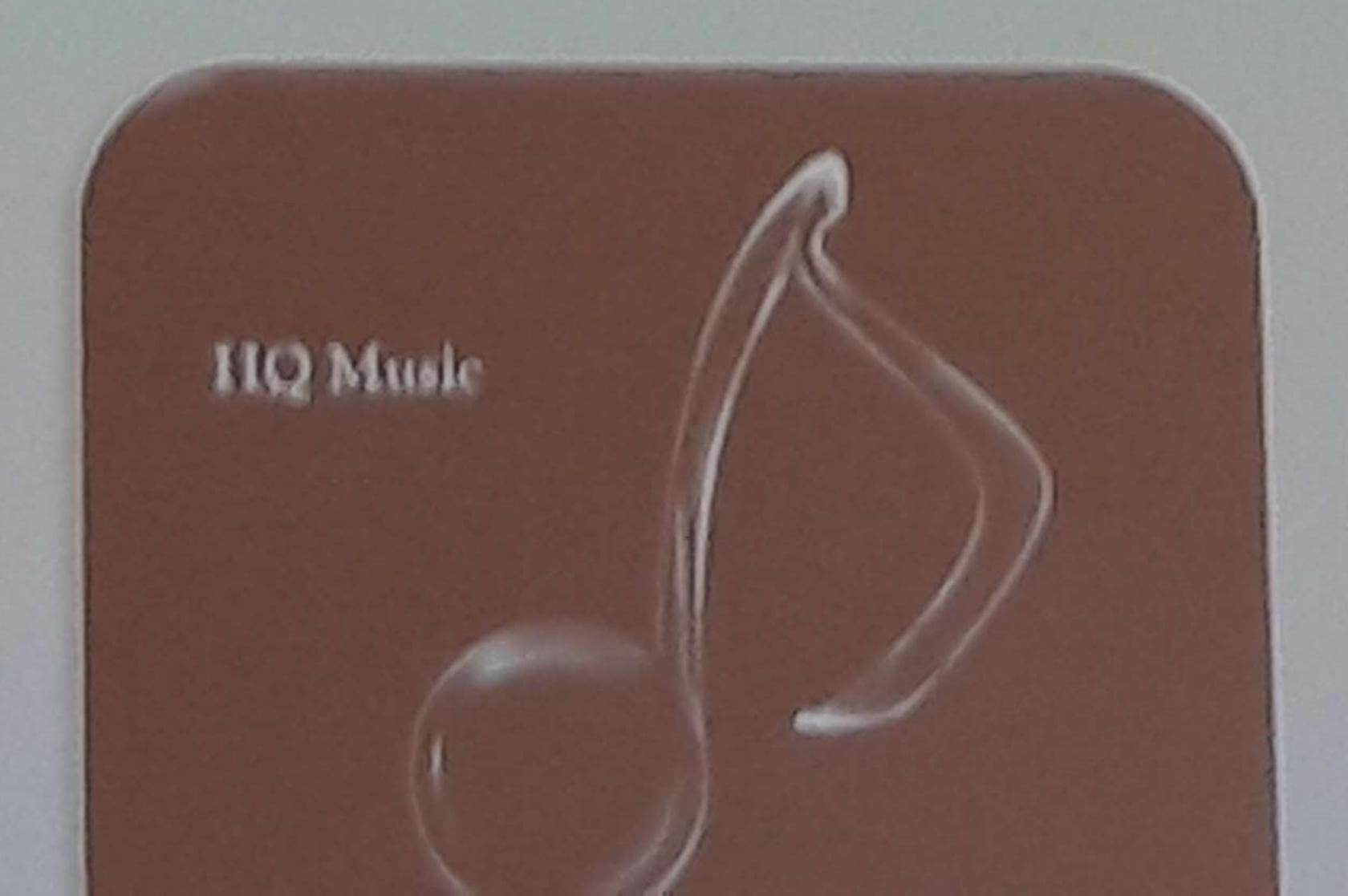
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2.3.3 Detailed Teaching Method of "Qigong State"

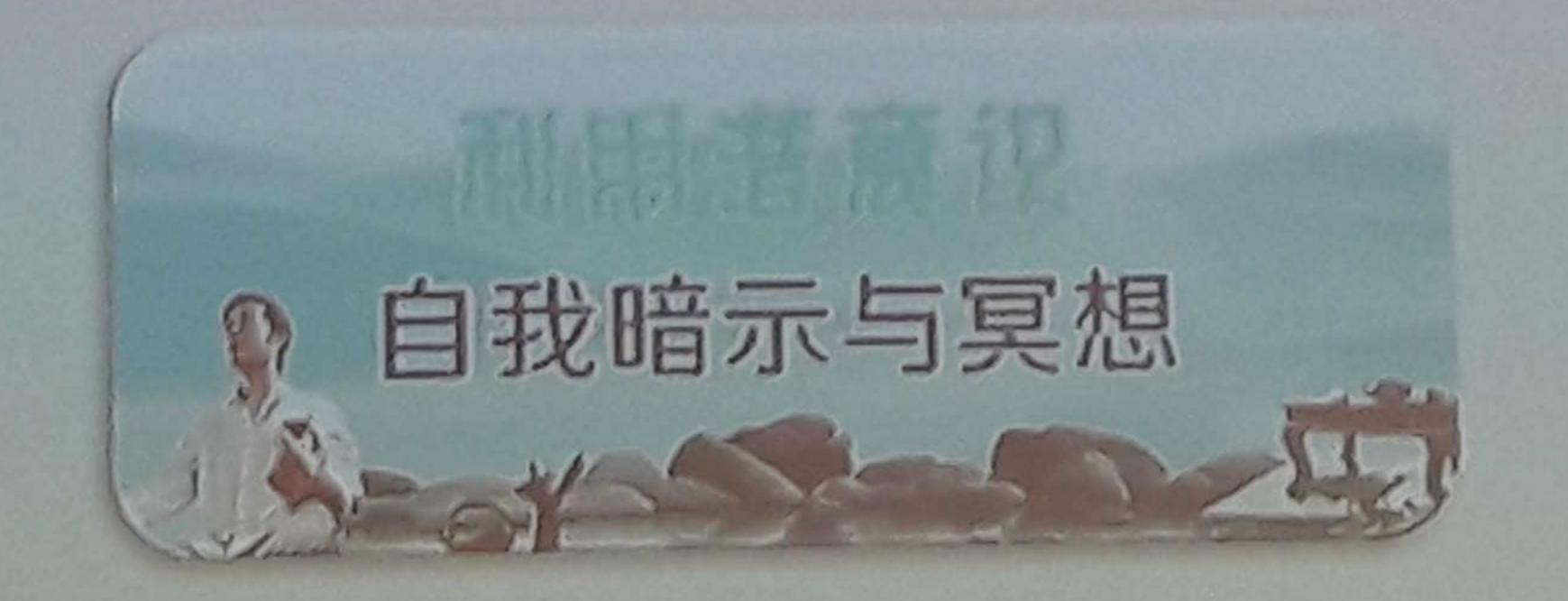
a. Qigong musical instruction: signal words instruct the practice, the teacher guides the students, aids them in getting used to the signal words, imply them by body languages. The teacher is required to demonstrate the practice and express the intension of the movements in his demonstration.



C. Self-instruction: without musical instruction, the students practice by themselves.

They practice individually and the teacher goes around quietly in order to keep them away from getting shocked.

2.3.4 Worthy of remark: It must be stressed, that when others are in qigong state, they should not be joked or harassed.



Ming Xin. Wo Gu

2 Kou Chi Ming Gi

3 Wei Han Tian Zhu

4 Zhàng Bào kun Lún

5 Yáo Zhuán lù lù

3. Summary

- 3.1 Three stages of HQ teaching; Characters, goals and tasks of each stage
- 3.2 Different teaching methods and requirements during the teaching process and their worthy of remark.

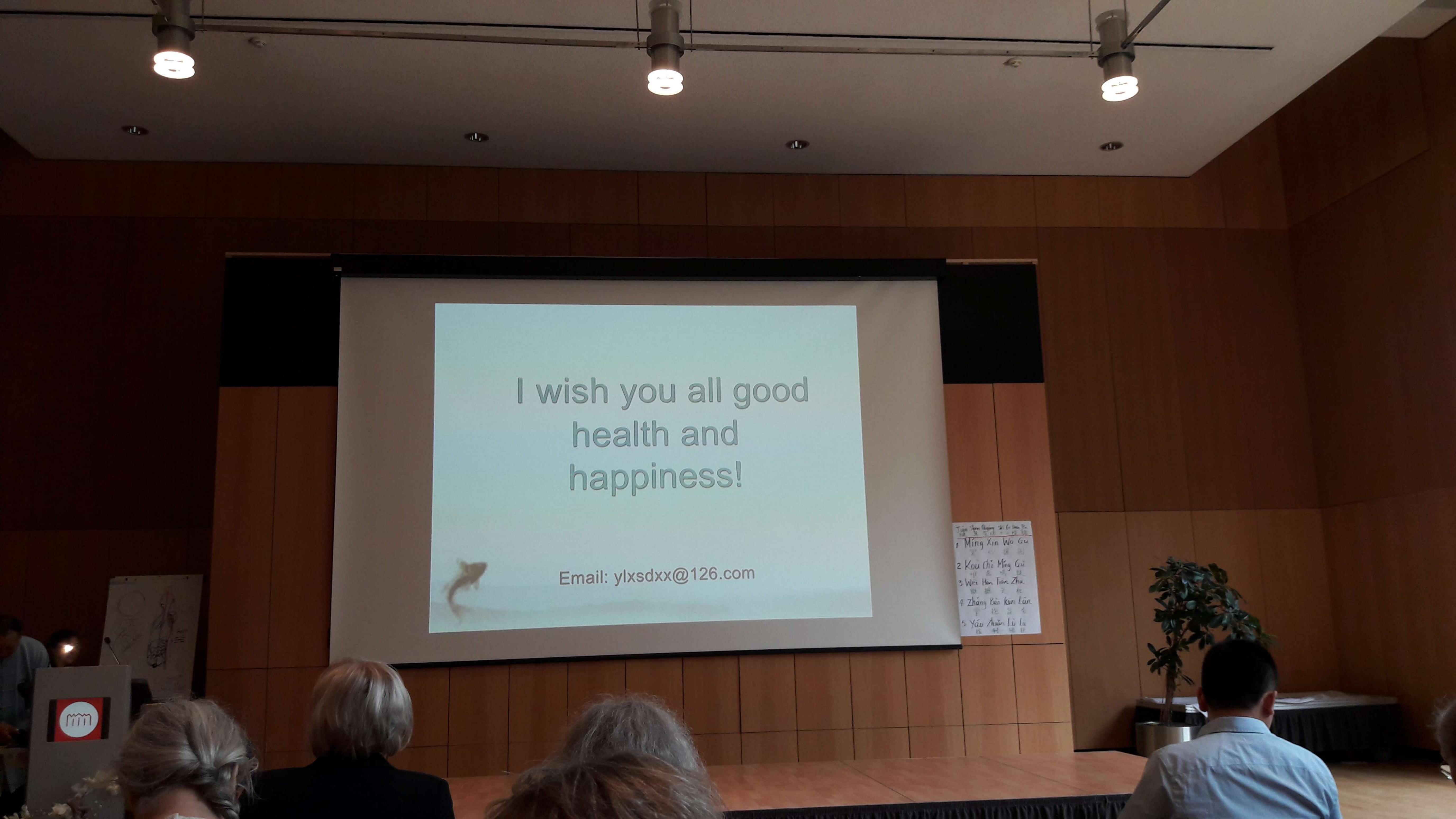
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Kou Chi

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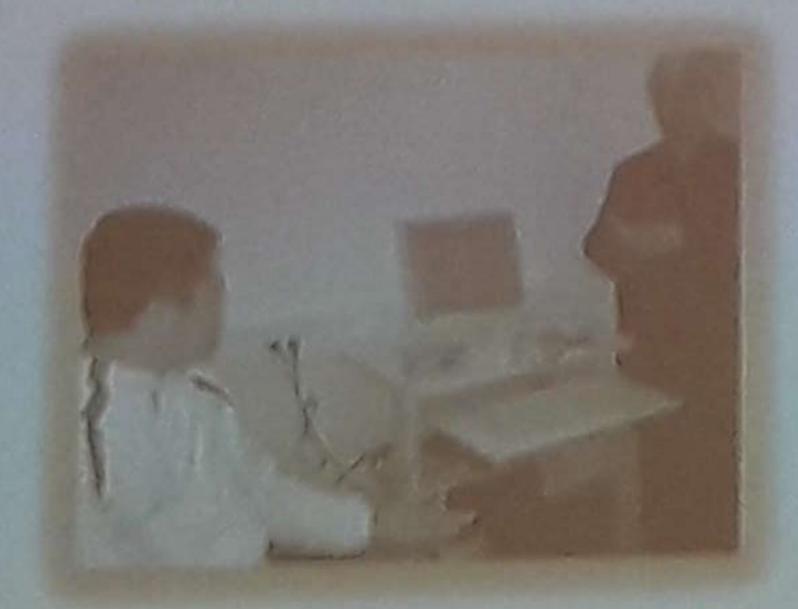


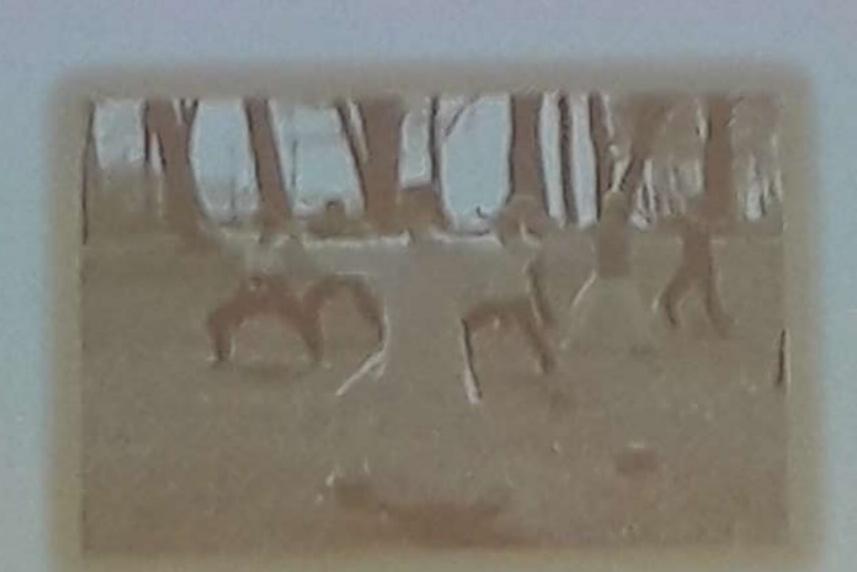
Development, implementation and evaluation

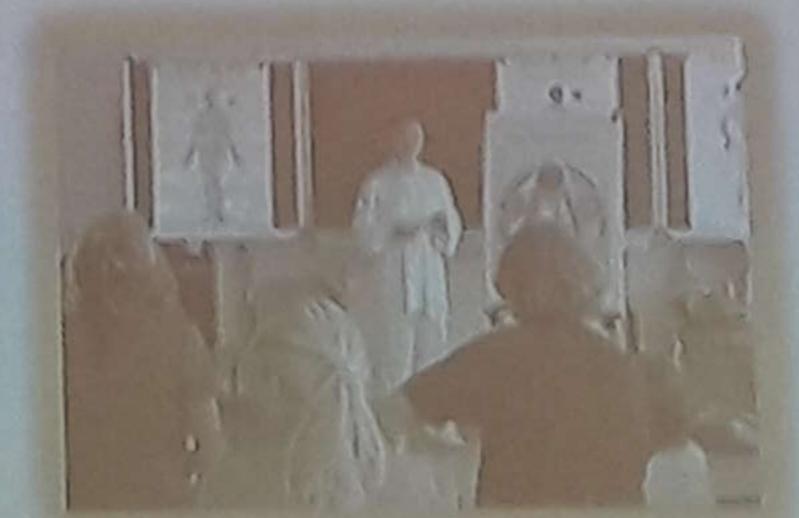
of evidence-based training concepts to mental health, stress
management, mindfulness and Health Qigong
in combination with blended learning concepts

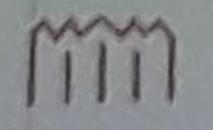
Short: "Multiplier training - Health promotion and disease prevention"

Project manager:
Prof. Dr. Willi Neumann
Prof. Dr. Bedriska Bethke
Prof. Dr. Gabriele Claßen









Hochschule Neubrandenburg
University of Applied Sciences





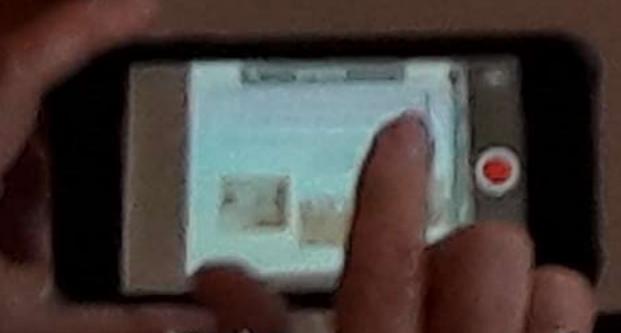
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2 Kou Chi Ming Gu

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4 Zhang Bao kun Lun

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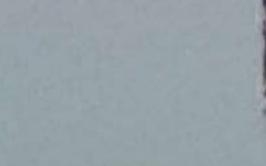


Structure of the presentation

1. "Multiplier training - Health promotion and disease prevention"

Scientific quality assurance for the project

- · Objectives and primary tasks of the scientific project support
- Research design
- · Cohort description
- Health indicators
- Description of an example of a reliability analysis for scale development
- Efficacy studies
- · Summary and prospects



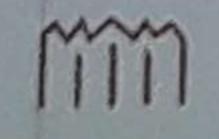


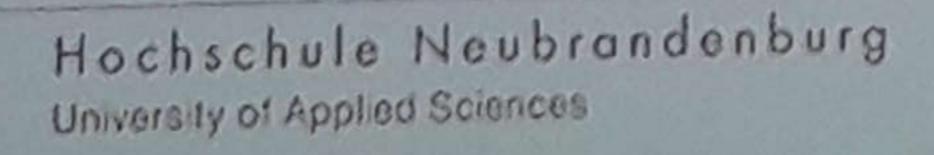
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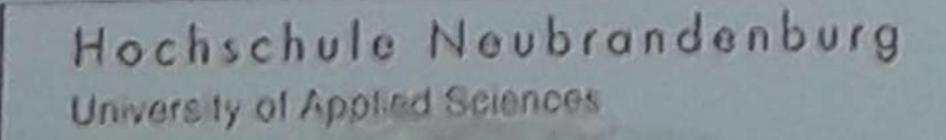
Project-Objectives

"Train the Trainer"- qualifications

- Training of multipliers
- Professional and scientifically-based continuing education
- Design, introduction and evaluation of innovative evidencebased an modular training programs
- Ability of the participants to the professionally plan and perform their own training programs and actions.









Tian Shen Gigging Shi Er Dean Jin 1 Ming Xin Wo Gu

Project-Objectives "Train the Trainer"- qualifications

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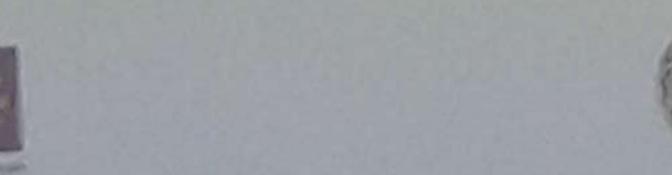
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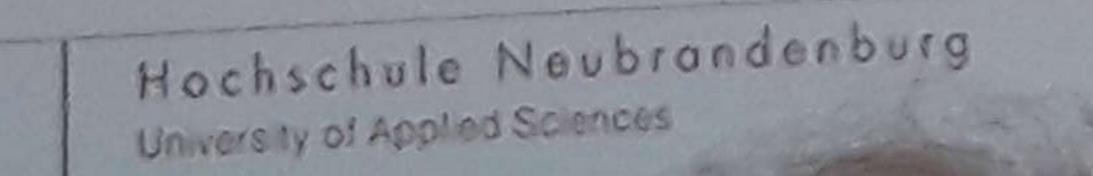


Objectives linked to the ,train the trainers' concepts:

- scientifically-based continuing education of multipliers and specialists in disease prevention
- · reinforce skills in health promotion and disease prevention
- expand expertise by changing lifestyle
- develop strategies using complementary medicine for outpatient and inpatient treatment and rehabilitation
- develop new concepts for self-care and to prevent burn-out in nursing, the working environment, etc.



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3 Wes Hon Tian Zhu.

4 Zhang Kai kun Lun.

5 Yao Ahar lo lu

Contents

- · Strategic health promotion and disease prevention
- · Combination of preventive methods and approaches derived from Eastern and Western

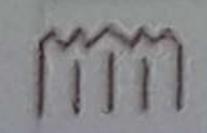
Modules in the following areas:

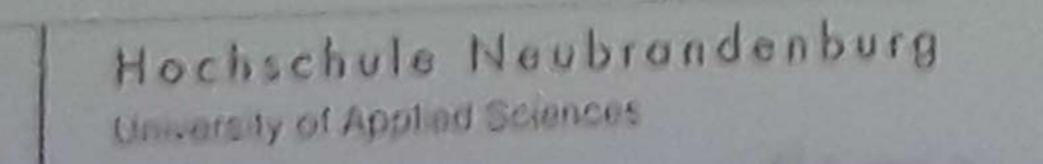
- 1. Principles, Methods, Supervision and Teaching Practice
- 2. Palliative-Regenerative Stress Management
- 3. Multimodal Stress Management
- 4. Health-Promoting Qigong





1 Ming Xin Wo Gu







Modules of the Multiplier training Health promotion and disease prevention

*Principles and methods for health promotion and prevention - Eastern and Western principles

*Palliative-regenerative stress management ! -Relaxation procedure: Autosuggestion and autogenic Model 2 training

Modul 3

*Palliative-regenerative stress management II -Relaxation procedure: Jacobson and progressive muscle relaxation

Modul 4

*Health gigong I - Ba Duan Jin and Wu Xin Xi

Modul 5

+Daoyin Yangsheng I - Heart gigong, spleen and stomach qigong

• Multimodale stress management ! -Cognitive procedure

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•Multimodale stress management II -Meditation and mindfulness, resilience and Modul 7 resourcen

*Health qigong II - Yi Jin Jing, Liu Zi Jue and gigong meditation

Modul 9

 Daoyin Yangsheng Gong II – Kidney qigong and meridian gigong

Modul 10

. Teaching practice, areas of application and supervision I - Western principles

ModullI

. Teaching practice, areas of application and supervision II - Eastern principles





3 Wer Han Iran Zhu Zhàng Bào kun Lún 5 Yau Muan Li lu

The scientific quality assurance for the project 'Multiplier Training for Health Promotion and Disease Prevention'

5 Yao Chum li li





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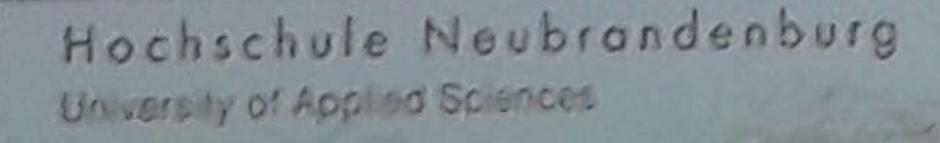
3 objectives and main tasks of the scientific quality assurance

- · Objective no. 1: Evaluation in the development of the modular, evidence-based training
- · Objective no. 2: Scientific supervision, evaluation and development of new instruments on the subjects of stress management, health-promoting qigong and mental health
- · Objective no. 3: Effectiveness tests of internationally relevant interventions in health promotion, primary disease prevention based on the mind body health principles





1 Ming Xin Wo Gu





Research design for objective no. 1

(Optimising the training concepts)

- Type of research: formative evaluation
- Two cohorts
 - Intervention group 1
 - Intervention group 2
- Data collection
 - · Questionaires for the particular modules
 - · Participant observation
 - · Over a period of 2.5 years

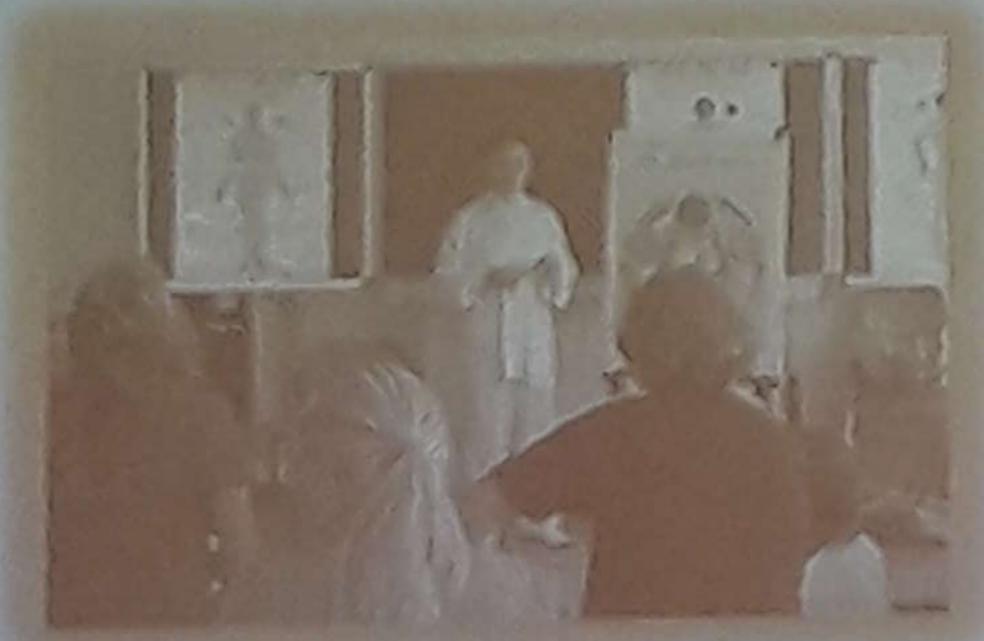




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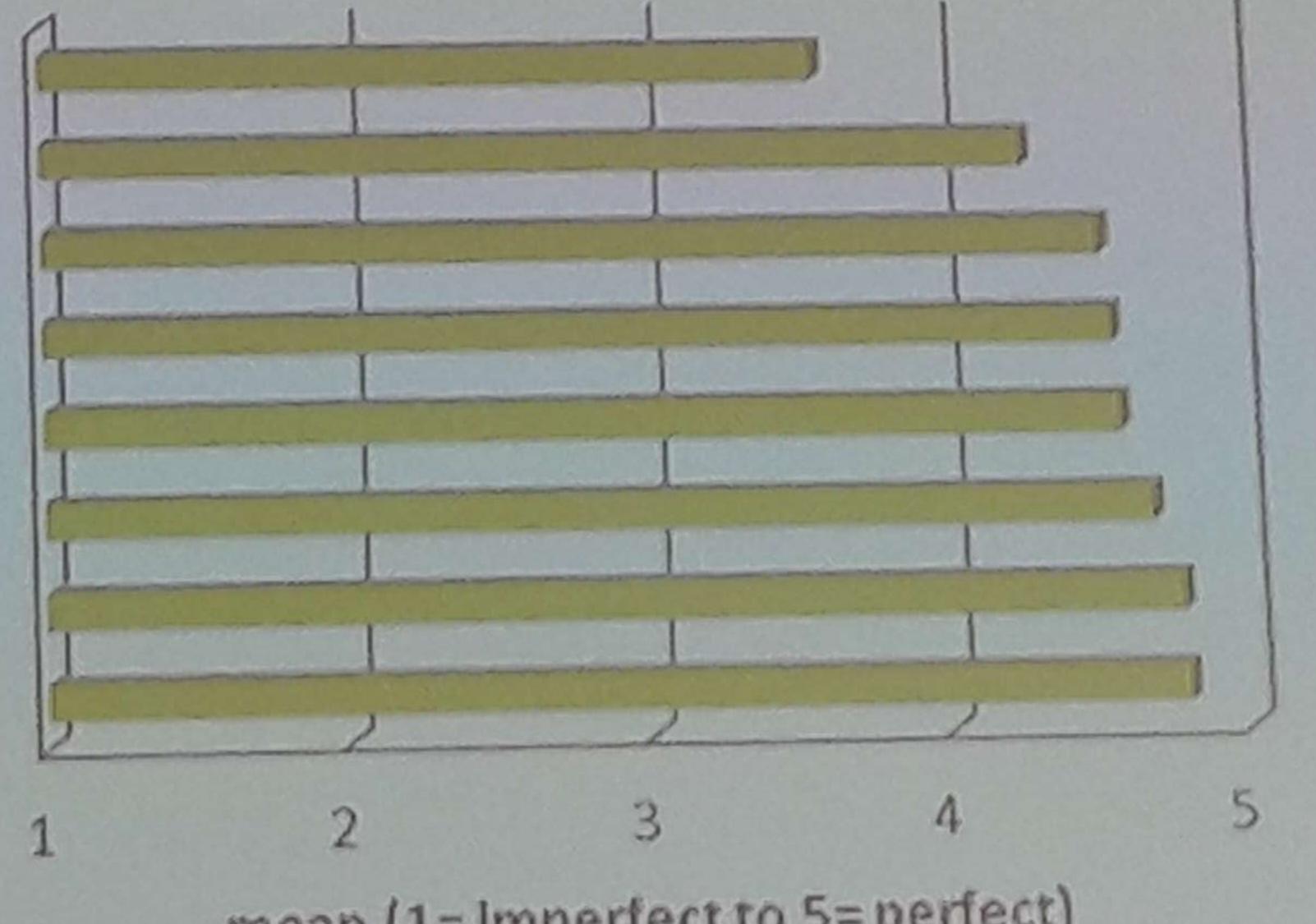


Example: Evaluation of the Face to Face teaching in the Modul 04



Valuation of the CHQA-Trainers

Translation quality Speed of teaching Attention to questions Trainer-Team (overall rating) Explanation of facts Presentation of contents Useful content Preparation by Trainers



mean (1= Imperfect to 5= perfect)





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Research design for objectives no. 2 and no. 3

Type of scientific study

- Prospective longitudinal study with 3-group, repeated measurements using a pretest-posttest quasi-experimental design
- Cohorts: two experimental intervention groups and one control group
- Time dimension over 2.5 years

Group	Measurement	Intervention	Measurement point	Intervention	Measurement point
Intervention group1	01 (Apr 2016)	X	03 (Mar 2017)	X	06 (Jul 2018)
Intervention group2			04 (Mar 2017)	X	07 (Jul 2018)
Control group	02 (Oct 2016)		05 (Mar 2017)		08 (Jul 2018)

0 = Observation; X = Treatment, Stimulus

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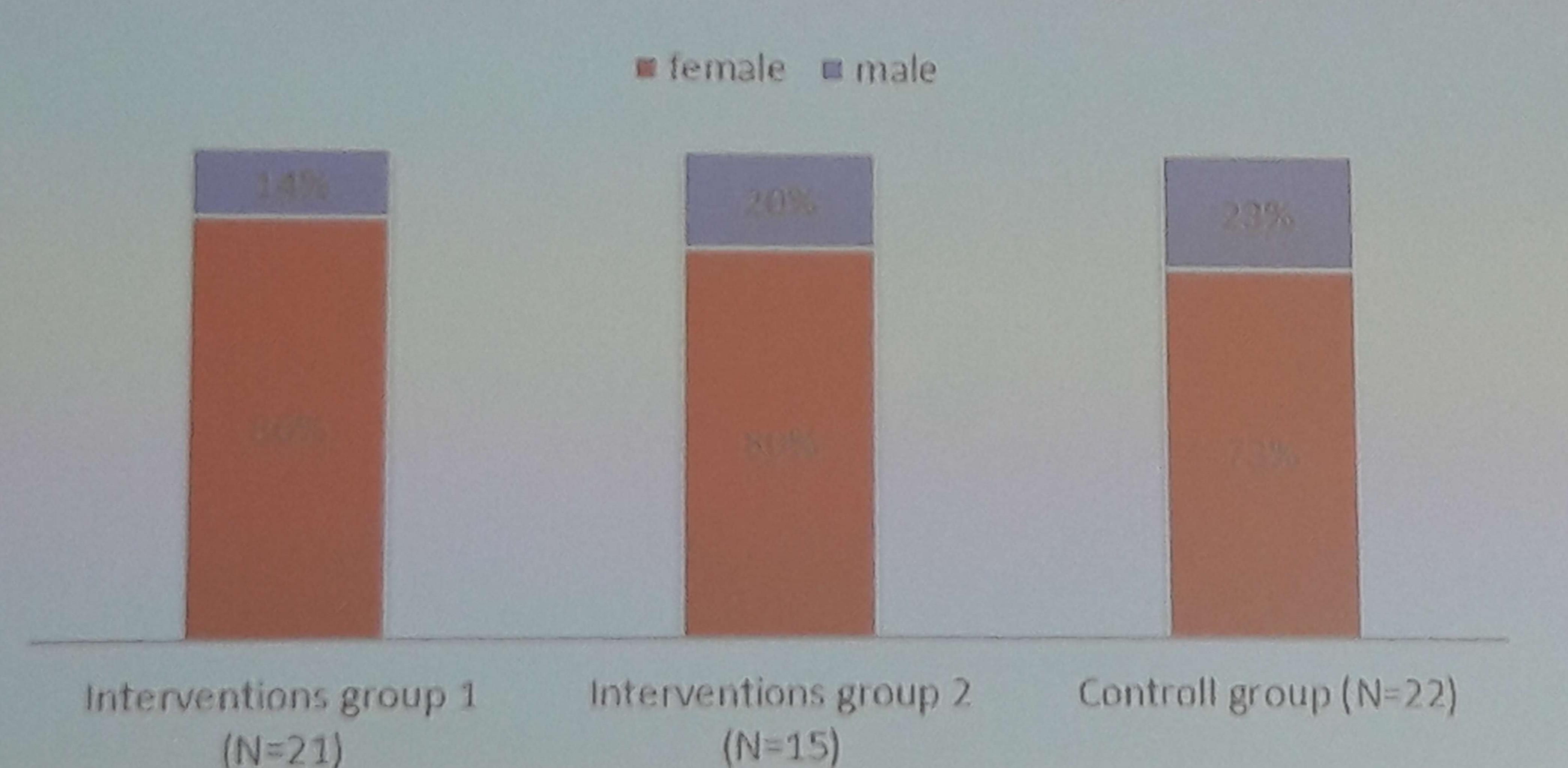


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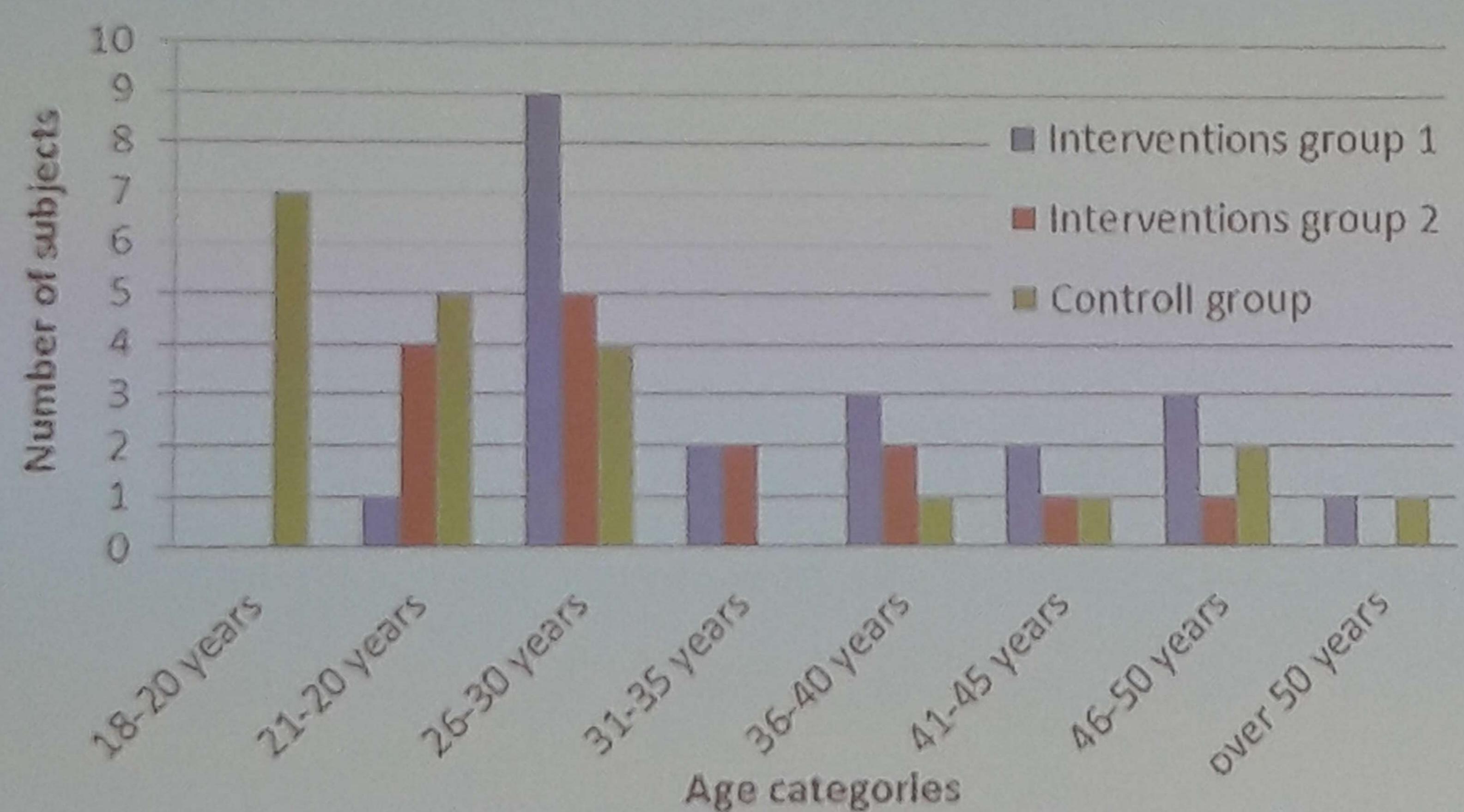
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Sample

Gender distribution for the groups



Age distribution of the groups



Interventions group I	Interventions group 2	Controll group			
36,05	32,20	28,67			
10,57	2,73	12,33			
73	21	18			
63	50	63			
	36,05	(N=15) 36,05 30,05 32,20 10,07 9,73			



Health indicators in the evaluation and development of instruments

- Generally parameters
- Selected health indicators: quality of life, ability to selfregulate, exercise behaviour, stress reaction, health-related attitudes, self-efficacy as well as psychophysiological indicators such as skin conductance
- · Breathing, ability to concentrate, flexibility.





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Health indicators in the evaluation and development of instruments

- use to observe and evaluate the health of the subjects
- indicators of success of the interventions
- provide statistically reliable information

Health indicators in the evaluation and development of instruments

Objective no. 2:

- instruments to be used for the topics of stress management, health-promoting qigong and mental health, standardised questionnaires designed based on test methodology are developed
- Reliability analyses
 - Testing of the reliability
 - → statistical reliability coefficients (e.g. Cronbach's Alpha)

Description of an example of a reliability analysis for scale development

- currently more than 40 scales recorded and tested
- Example PSQ (Perceived Stress Questionnaire): The objective of this instrument is to determine and test the subjective perception, evaluation and processing of stressors
- The questionnaire uses 4 scales to classify stressors: worries, joy, tension and demands
- Reliability analysis of the scale for demands





Scale development using the example of the scale "Demands" of the Perceived Stress Questionnaire by Sheldon Cohen

	Adveryes	Officera	Sommer	Rarety	News
A233 You feel that too many demands are being made on you		04		02	
A234 You have too many things to					
A235 You feel you're in a hurry					
A236 (recode) You have enough time for yourself					
A237 You are Impatient when you have to wait					
A 238 You feel under pressure from deadlines					

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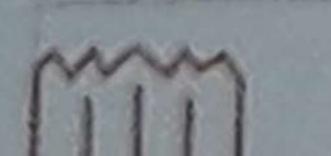




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Example of a reliability analysis for scale development: Scale "Demands"

		IG 01 (TO; N=21)	IG 01 (T1; N=19)	IG 02 (TO; N=15)	CG 01 (T0; N=22)
Item	Label	Separa	ting sharpness c	coefficient of the	eitems
You feel that too many demands are being made on you	A233	,568	,620	,403	,209
You have too many things to do	A234	,670	,677	,538	,466
You feel you're in a hurry (recode) You have enough time for yourself	A235	,445	,604	,814	,745
	A236	,566	,810	,282	,285
	A237	,302	,237	,390	,255
	A238	,625	,741	,778	,678
ronbach Alpha		0,769	0,833	0,771	0,682
viean (standard deviation)		3,214 (SD 0,597)	2,921 (SD 0,568)	3,191 (SD 0,577)	2,75 (SD 0,506)





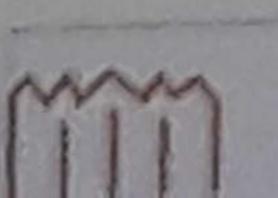


Recording effectiveness: Initial trends in the project

- Significant changes in many health indicators were identified between measurement point T0 and measurement point T1
 - -> Example: the scale 'Demands' in the PSQ
- Trends can be identified that reveal that the interventions are having a positive effect on the indicators
 - -> Example: finger-to-floor distance







Effectiveness recording: initial trends in the project using the example of the 'Demands' scale

T-Test (Intervention group 1)

	Paired differences					
	Mean	Standard downation	standard error mean	1	OI.	Sig. (one-sisted)
Domands T0 to T1	,24561	,44917	.10305	2,384	18	014

Statistics (Intervention group 1)

	Mean	N	Standard deviation
Demands To	3,1667	15	,60858
Demands Ti	2,9211	15	58758

Excample of finger-to-floor distance as indicator of global flexibility

The finger-to-floor distance is measured with the upper body bent forward as far as possible and both knees fully extended. Normal values lie between 0 and 10 cm (see Fehre & Schiltenwolf 2015)

Statistics (intervention group 1)

Finger-to-Boor-distance (in cm) Yo	Mean	Standard deviation
	00020	10,54811
inger-to-floor-distance (in cm) T1	7.0200	7,7878

Excample of finger-to-floor distance as indicator of global flexibility

T-Test (Intervention group 1)

	Paired diff	erences			
	Mean	Standard			
Finger-to-floor-distance (in cm) T0 to T1	2,56250	7,74570	1,32	3	

Summary:

Effectiveness recording - Critical consideration

- referring to the groups as a whole:

 Healthy subjects mostly employed in health and social services
- referring to the control group:
 Difficulty of retaining all participants → drop-out rate?
- referring to the collection instruments:

 Selectivity coefficients and the reliability coefficient do not show optimal results in some cases





Outlook

- The training concepts will be optimised
- Data will next be collected for the 3 cohorts 2018
- The data collection will allow modification of the instruments





Thank you for your attention! The Team

- Prof. Dr. Willi Neumann, Prof. Dr. Bedriska Bethke &
 Prof. Dr. Gabriele Claßen as project management
- Anja Lentz-Becker (M.Sc.), Alexandra Neumann (M.A.), Thilo
 Schulz (B. Sc.) as scientific staff
- Partnerships: with presenters from our Chinese partner universities, the International Health Qigong Federation and the Neubrandenburg University of Applied Science





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Brodaer Straße 2, 17033 Neubrandenburg
Tel.: 0395/5693-3102, E-Mail: classen@hs-nb.de





Types of funds and market share 2016 in % of Insurees





Source: KM1 official statistics, Feb. 2017

- 6 Substitute Funds
- 11 Local Funds
- 99 Company Funds
- 6 Craft Guild Funds
- 1 Miner's Fund
- 1 Farmer's Fund

SHI-expenditures by sectors (2016)



Medical treatment 36.33 bullion (

Other 3.51 billion €

Home care 5.70 billion E

Preventive medical SERVICES

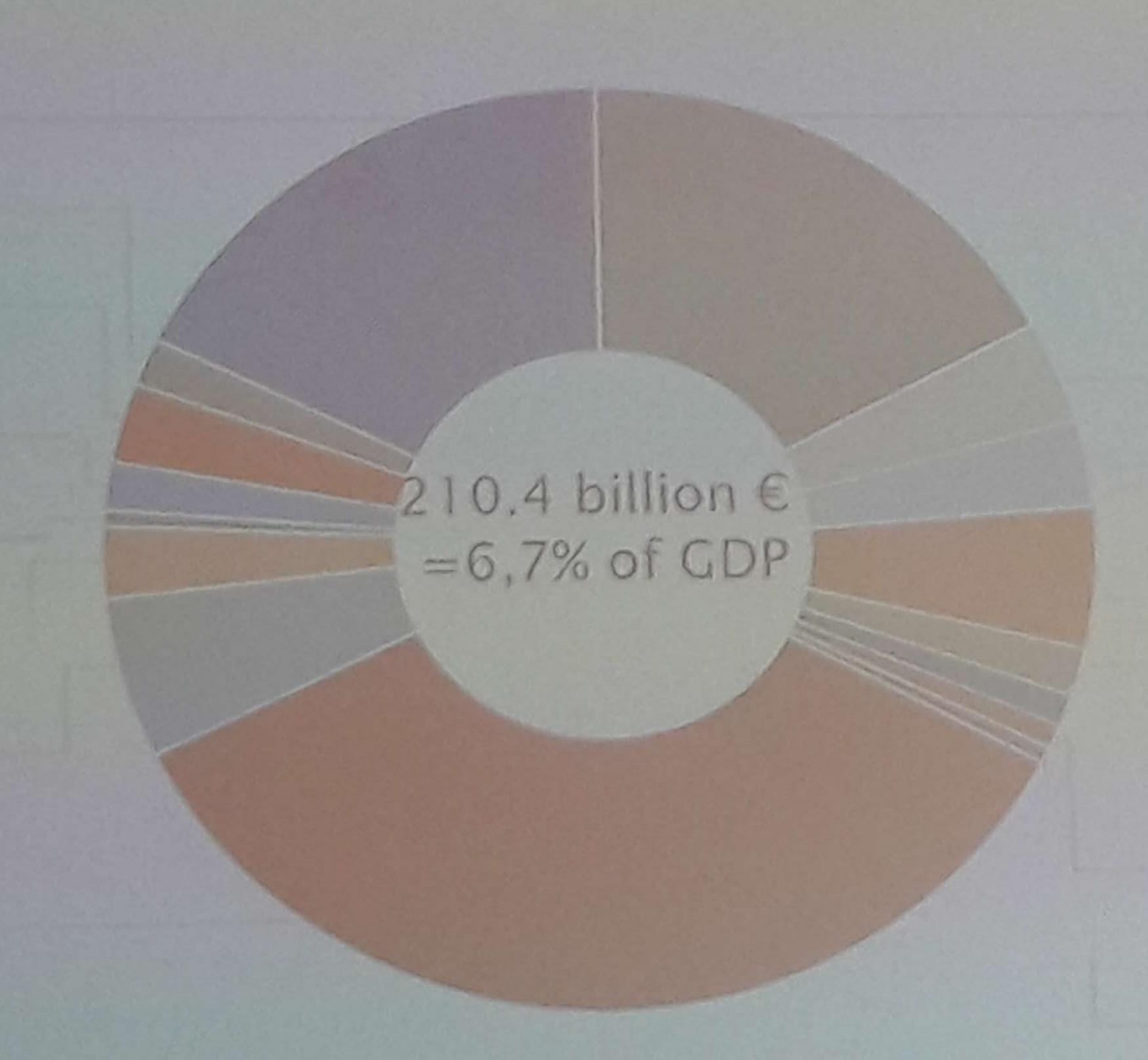
3.36 billion 6

Preamancy and maternity 1.35 billion €

Patient transport costs 5. 18 billion E

Sickness benefit 11.68 billion

Hospital care 12.93 billion 6



Pharmacountain products 36.27 billion (

Medical devices 7.82 billion €

Remedies 5.48 billion E

Dental treatment 10.53 billion E

Dental prostheses 3.26 billion C Early-detection services 2.25 billion C Distysis 2.13 bullion 6

Vaccinations 1 34 billion C

Source: Official Statistics KJ1; Design. National Association of SHI Funds

Promotion in the SHII

Dr. Volker Wans

23.07.2017 | Shile 7

Tian Shien aliging Shi Er Dran Jin 1 Ming Xin Wo Gu 2 Kou Chi Ming Gu 4 Zháng Bào kun Lún 5 Yáo Zhuán Lù lù

Prevention in the scientific and political discourse



- Epidemiologic discourse
 - Noncommunicable diseases: are not fully curable after manifestation primary prevention and early detection as preferred strategies
- Demografic discourse
 - Ageing of the population: facilitate a longer productive life and higher quality of life in the elderly
- > Social-policy discourse
 - Reduction of gaps in life expectancy and morbidity between social groups
- > Economic discourse
 - Prevention is probably cost saving compared to treatment

Controversial

tion and Health Promotion in the Still

23.07.2017 1 50808

Jian Shen aiging shi Er Dea Jin
Ming Xin Wo Gu 2 Koù Chi Ming Gir 3 Wei Han Tian Zhi

- Zhàng Bào kun Lún

Range of preventive services in the SHI

- Expenditures 2016 in mill. € -

	1

Prevention	Benefits	Spitzenverband
Primary	vaccinations	1.405
Medical prevention	preventive medical care	446
1.974 Mio. Euro	caries prevention for children	123
Primary	prevention courses	211
Prevention (nonmedical)	setting-approach	116
725 Mio. Euro	workplace health promotion (WHP)	136
	bonuses to individuals/employers	262
econdary prevention	early detection dental diseases	463
2.038 Mio. Euro	early detection (children)	190
	early detection screenings for cancer	
	health checks adults	
ertiary prevention	funding of self-help groups	
	consumer-/patient advice	
59 Mio. Euro	prevention of disabilities (children)	360
	rehabilitation sports	
	patient education	
		5.59
2421		

Total:

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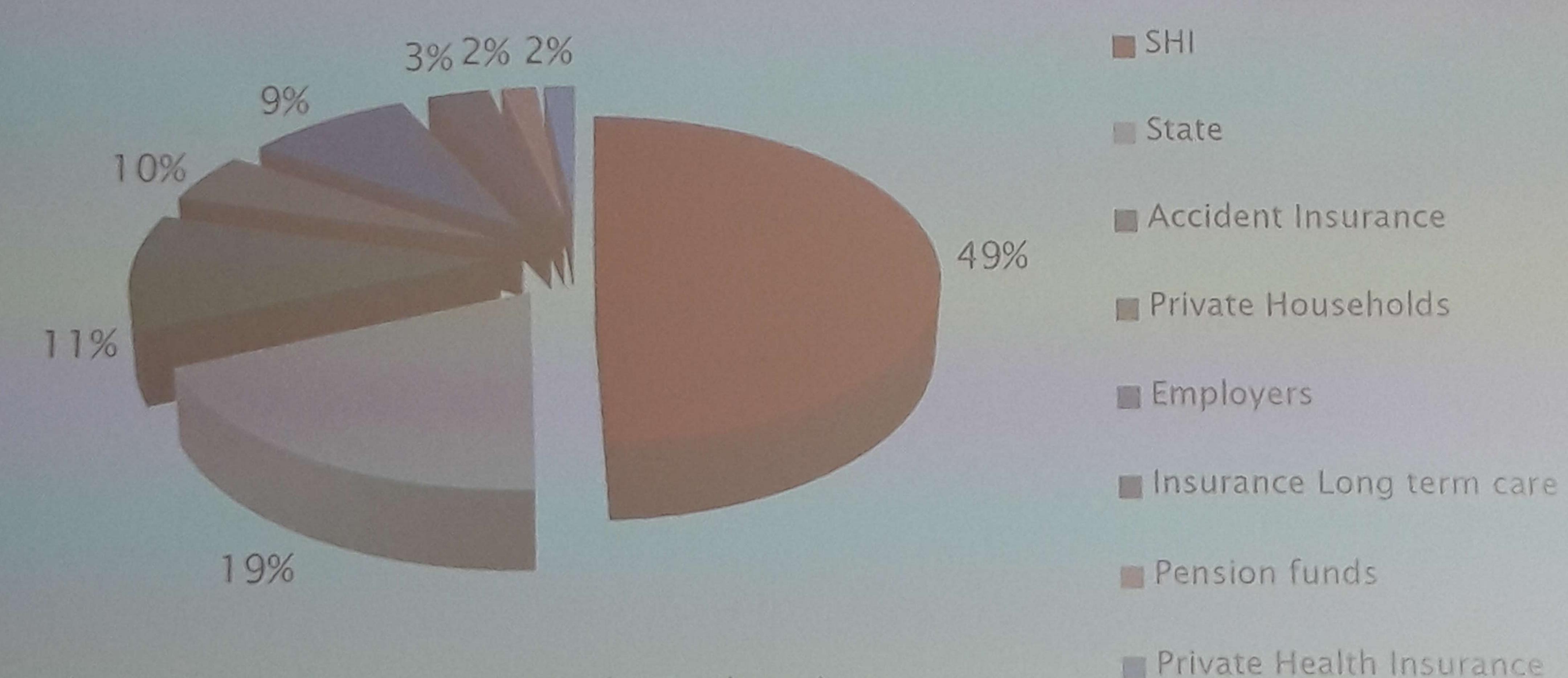
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Funding of prevention 2015 (all payers) 11.3 billion € (=3.3 % of total health expenditures)





Source: Federal Statistics Office (Statistisches Bundesamt)

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Legal framework and guidelines for primary prevention & health promotion



- Primary prevention and health promotion are regulated by law since 1989 (§20-20b Book V of Social Insurance Code)
- Prevention guidelines ("GKV-Leitfaden Prävention")
 - Binding guidelines for benefit packages of health insurance funds
 - Quality standards of services
 - Spheres of activity derived from protective factors of chronic diseases:
 - > physical activity
 - healthy eating
 - stress management and relaxation
 - drug dehabituation (tobacco and alcohol)
 - Prevention and health promotion targets

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Structure of the SHI-prevention guideline ("Leitfaden Prävention")



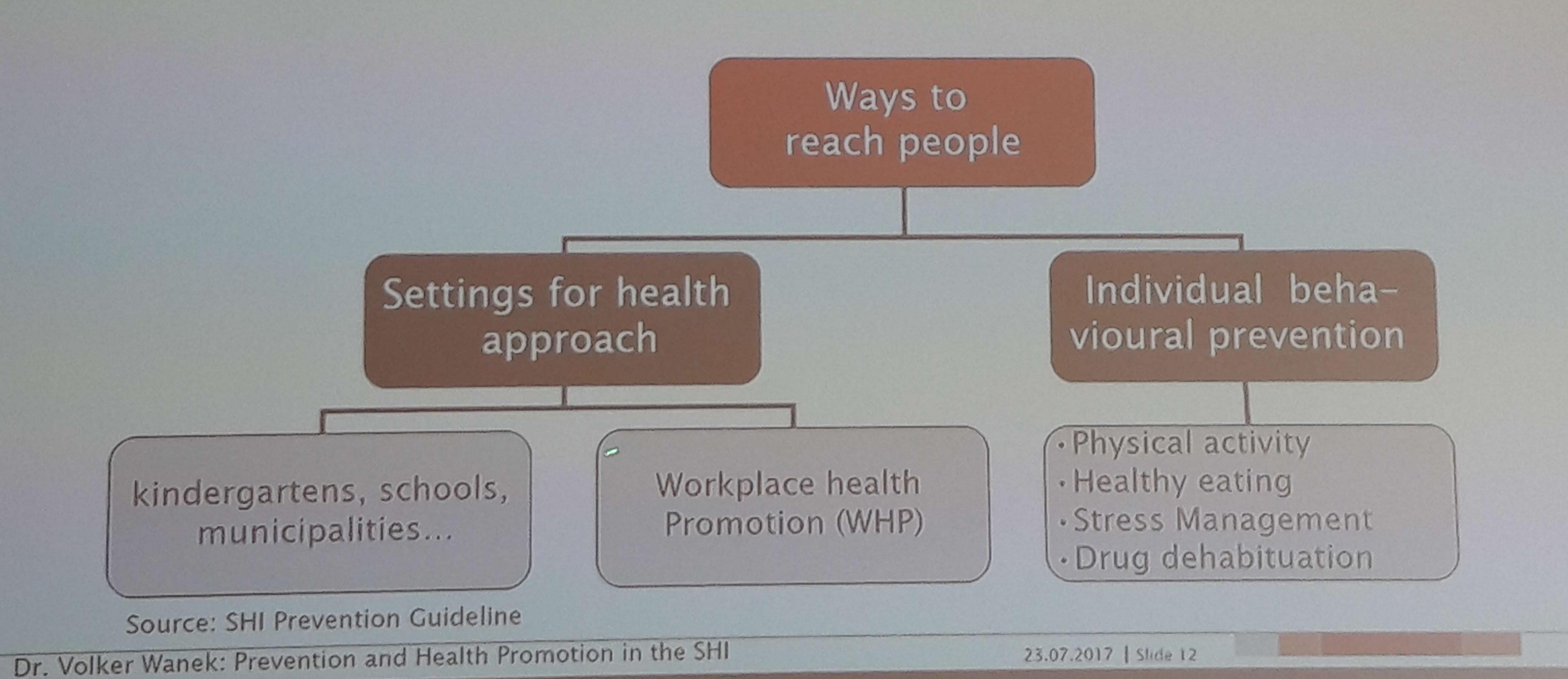
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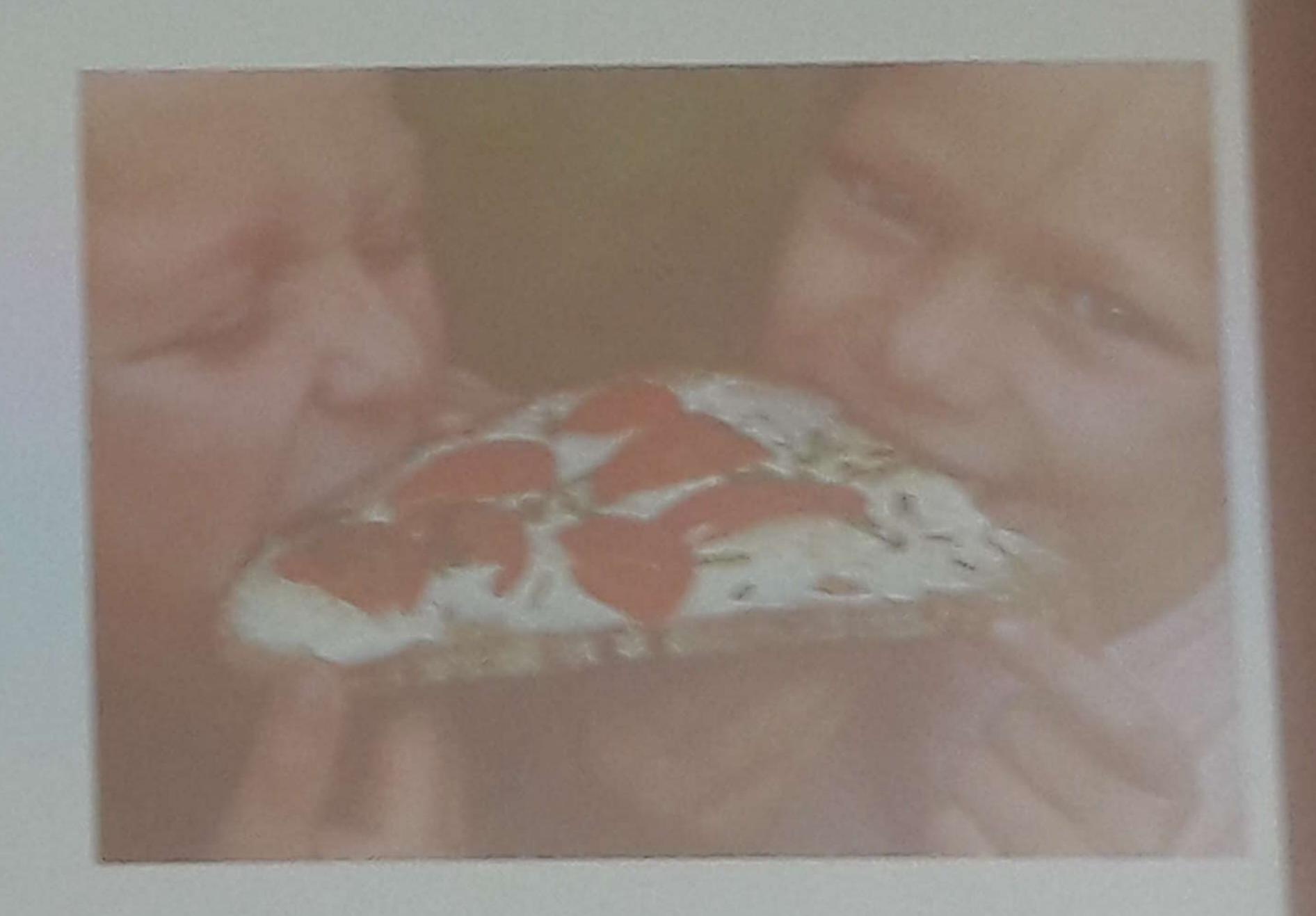


Settings for health approach

- > 24.440 Settings supported 2015
- Focus on kindergartens (7.160) and elementary schools (6.046)
- 2.5 million persons directly participated in prev. activities
- Contents of activities (multiple answers possible)

Healthy eating	69%
Exercise and physical act.	60%
Stress reduction and relaxation	5196
Strengthening psych. resources	5.0%





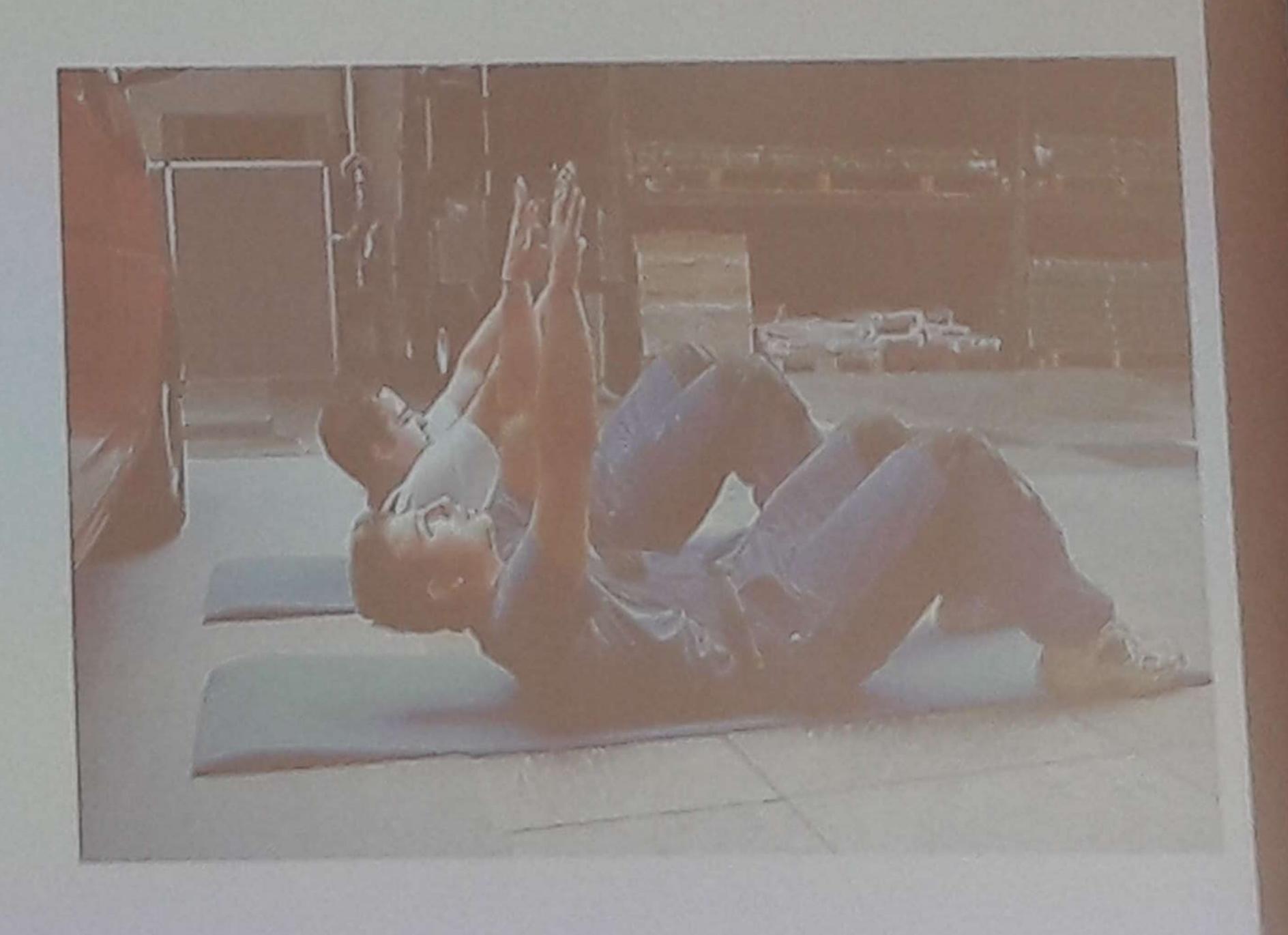
Source SHI Frevention report 2016

Workplace health promotion

- ▶ 11.000 companies supported
- ▶ 1.3 million employees directly participated
- ▶ focus on industry and middle sized firms (100–500 employees)
- Contents of activities (mutiple answers possible)

- health prom. physical activity	78%
- Stress red. and prom. of resilience	45%
 healthy nutrition 	35%
- health promoting leadership	28%





Source: SHI Prevention report 2016

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National Prevention Strategy: Intentions of law on prevention 2015

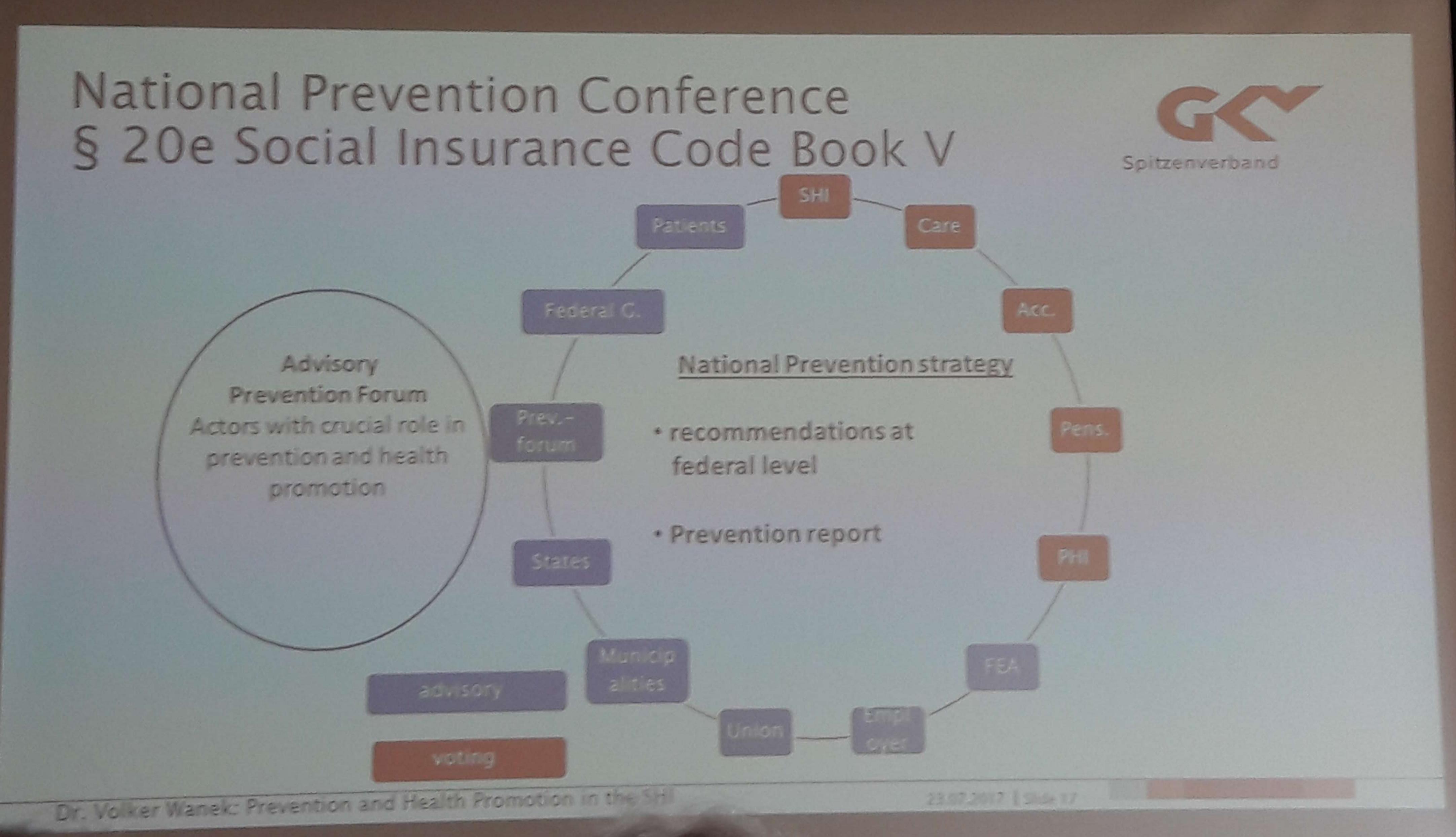


- Increase goal-orientation
- Involve all social insurance branches and private health insurance
- ► Enhancing cooperation between the various responsible parties and decision-makers at all federal levels
- ► Strengthening prevention and health promotion in the living environment, "settings for health-approach"
- Improve quality of prevention measures
- Primary, non medical prevention in the center of the act
 - Improvements of screening and vaccination coverage

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Recommendations on federal level: Goals, target groups, organisations



Goal: growing up healthy

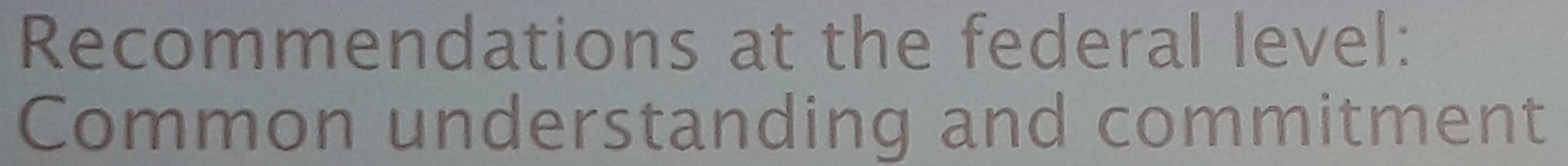
- · Young families: SHI with youth welfare instituions ...
- · children, adolescents, apprentices: SHI and S. accidents I. with Länder and municipalities, kindergartens, schools, sports clubs ...
- · Students: SHI and S. accidents I. with universities, municipalities ...

Goal: healthy living and working

- Empolyees: SHI, Statutory accidents Insurance and Statutory Pension funds with Empoyers, employee's representatives, instituions of occupational safety...
- . Unemployed persons: SHI and S. accidents I. with Employment agencies

Goal: healthy ageing

- · Pensioners. SHI with municipalities, voluntary associations, sports clubs ...
- · Persons in need of care: Statutory long-term-care insurance with inpatient nursing homes, municipalities

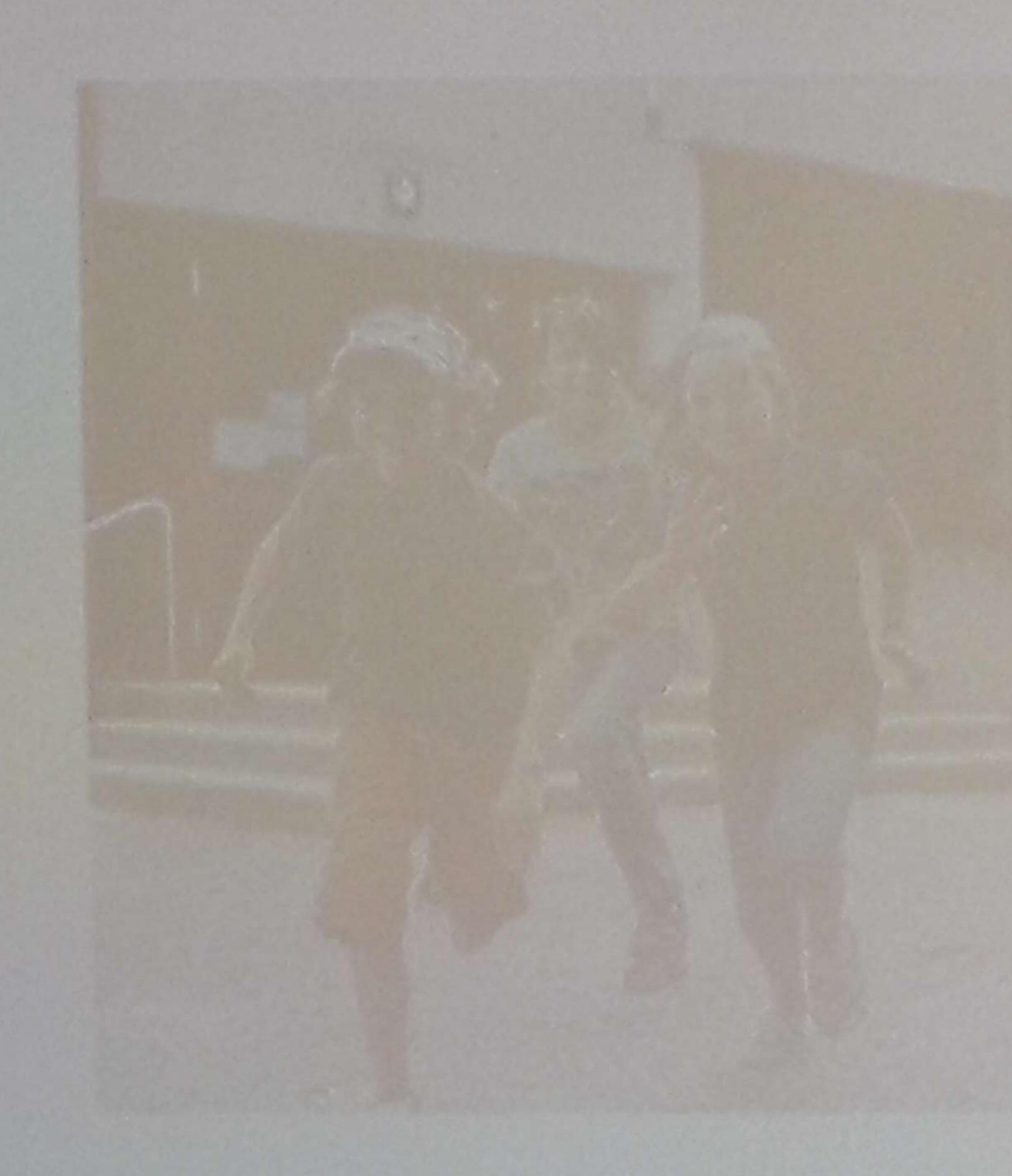




- Healthy setting approch (according to WHO)
- Public-Health-Action-Cycle
- Participation and empowerment of target groups
- Intersectoral action
- Concept- and evidence based actions
- Quality assurance and -development
- Equity: special focus on disadvantaged groups and settings when formulating policy and planning services

The law on prevention: will it be a success?some

- The National Prevention Strategy improves goal orientation and cooperation in prevention and health promotion
- Focus on equity in health and settings for health approach is correct
- Misalignment in the allocation of financial burdens: Settings for health approach is strenghened only by SHI
- Prevention is a task for all areas of life and deserves efforts of society at all levels
- The commitment of the state and other stakeholders in settings is needed and crucial for the success of the implementation



Spitzenverband

Thank you for your kind attention

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Jiàn Shinn Qigong Shi Er Dhan I Ming Xin Wo G Ming Xin Wo G Wer Han Tian Zhi





Structure

http://www.dbfk.de/regionalverbaende/no/bildung

- 1. Workload / Health risks in nursing care and the preventive potential of Qigong
- 2. Qigong as a complementary strategy in nursing care

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Hochschule Neubrondenburg



Safety and health risks in professional environment

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	ita (age	-27)

Accidents (80%)

Work-related stress (79%)

Musculoskeletal disorders (78%)

Hazardous substances (58%)

Violence or threat of violence (37%)

Mobbing and harassment (37%)

Noise and vibration (61%)

Professional sector (% of companies)

Construction business (90%) Energy and water supply (87%)

Healthcare and social service (91%)
Education (84%)

Energy and water supply (87%)
Healthcare and social service (86%)

Energy and water supply (75%) Mining industry (73%)

Healthcare and social service (57%) Education (51%)

Healthcare and social service (47%) Education (47%)

Mining industry (84%)
Construction business (82%)

EU-OSHA 2013, Hirschberg, Epples, 2015

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