

German Gymnastics Federation
(Deutscher Turner-Bund, DTB)

Evidence-based Health Exercise Programs

Pia Pauly
Head of Department Sport development/Gymnastics for all

Content

- The „Health Related Physical Activities“ in the DTB
- The Quality demands of the insurance companies
- The intervention strategy and the evidence-based Health Exercise Programs
- The challenges

German Gymnastics Federation

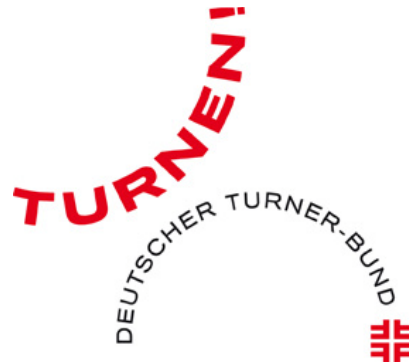
- 22 regional federations
- 19.229 clubs
- More than 65.000 instructors with a licence
- 2. biggest federations with 4.993.218 members with
 - 1,7 Mio children,
 - 3.5 Mio = 69,3% weman und
 - 1 Mio seniors

German Gymnastics Federation

The main focus



- Parents-Child-Gymnastics
- Kinderturnen



- Gerätturnen
- Trampolinturnen
- Rhönradturnen
- Rhythmische Sportgymnastik



- Leisure sports
- Fitness und Trends
- Health Sport
- Fitness-Aerobic
- Gymnastics, Dance
- Walking, Hiking

„Health related Physical Activities“ in the DTB

- Since 1992, the DTB educated instructors in the field of „Fitness and Health“ and „Prevention“.
In the DTB are registered 14.500 instructor licences in the field of „Prevention by means of physical exercise“ on the second licence level .
- Since 1994 , the DTB honours health offers in the clubs with the seal „Pluspunkt Gesundheit.DTB“.
- Since 1998, the Pluspunkt is under the roof of the common seal SPORT PRO GESUNDHEIT of the DOSB.
Actually are honoured 18.795 offers – 12.362 Pluspunkt-Offers of the DTB.
- A scientific board consults and accompanies the DTB all the time.



Health Prevention in the health system

- Since 2000 health prevention became a task by law for the insurance companies
(Health Care Reform Act of 2000)
with
- Specific quality standards for **individual and setting-oriented** health promotion
(key words: »quality« and »effectiveness«)

The statutory health insurance funds passed common and uniform criteria and areas of action for preventive and health promoting measures.



Leitfaden Prävention

Handlungsfelder und Kriterien des GKV-Spitzenverbandes
zur Umsetzung von §§ 20 und 20a SGB V vom 21. Juni 2000
in der Fassung vom 27. August 2010



In Zusammenarbeit mit den Verbänden der Krankenkassen auf Bundesebene
ADK Bundesverband, Berlin
BKK Bundesverband, Essen
DOK e. V., Berlin
Spitzenverband der landwirtschaftlichen Sozialversicherung, Kassel
Knappschaft, Bochum
Verband der Ersatzkassen e. V., Berlin

The statutory of the health insurances

The main tasks

- **Reduction of physical inactivity/**
sedentary behaviour by means of »general« health related physical activity programmes
- **Prevention and reduction of particular (prevalent) health risks**
by means of »specific« health related physical activity programmes

The main target groups

- **Sedentary persons** who often have not been exercising a long time (Prevention principle 1).
- **Persons with special risks** in the muscle-skeleton system, the cardiovascular and metabolic system and in psychic and somatic areas (Prevention principle 2).

The statutory of the health insurance - the quality criteria

- The basic are the **six major objectives of Health related Exercise Programs**.
- The teaching methods should be adapted to the specific aims as well as to the **special target groups**.
- **Special manuals for instructors** with a description of aims, contents, teaching methods, exercise sessions and sequences of the programme.
- **Evidence of the effectiveness** of the program via scientific evaluation.
- In general, instructors need a high, professional qualification (e.g. sports teacher/scientist, physiotherapist,...)
also **non-professional instructors** with **a special licence** of the German Sports are accepted (for the prevention principal 1).

Health related Exercise Programs

The quality standards of the health system were the basic for the development of our programs **from a “physical activity approach” to a “physical exercise approach”**.

Health related Exercise Programs

The WHO distinguished between
“physical activities” and “physical exercises”:

The main sources of health-enhancing physical activities encompass normal and simple activities such as walking, cycling, manual labour, swimming, skiing gardening, recreational sport, and dancing”. (WHO-Europe: Steps to health, 6).

“Exercise is a subset of physical activity, defined as planned, structured, and repetitive bodily movement to improve or maintain one or more components of physical fitness and health”

Health related Exercise Programs

Our Health related Exercise Programs are

- aiming specific health effects
- aiming specific target groups
- Structured – 7-sequences/unit and 12 units/program
- income evidence (program evidence) and outcome evidence (effects) are proofed

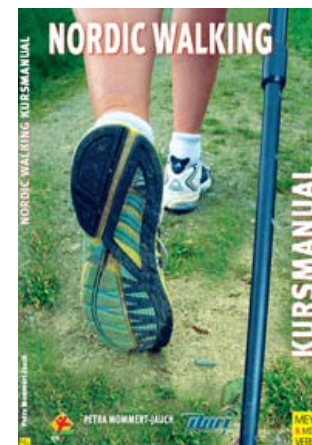
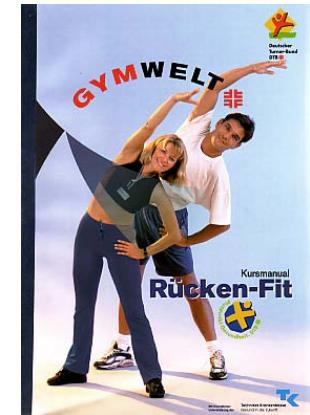
The strategy to activate sedentary people

- The DTB developed special **standardised and evaluated exercise programs** (over three months) for newcomers.
- The instructors get special further education for introduction into these programs.
- **The health insurances support its members with refund (80%) of the course fee** (law § 20 SGB V).
- **The strategy is (with 3-month-programs) to motivate people being active lifelong and to become a club member.**
- The aim is, to develop close ties to physical activities and to stabilize the new active lifestyle.

Evidence-based Exercise Programs in the DTB

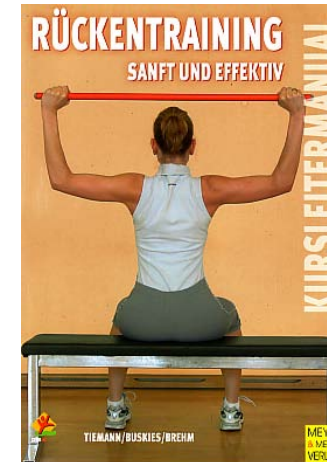
Standardised/evaluated programs for newcomers:

- Cardio Aktiv
- Rücken fit
- Walking /Nordic Walking
- Gesund und fit - mobilisation
- Appetit auf Bewegung – overweight kids



Evidence-based Exercise Programs in the DTB

- Training for the back – gentle and effective
- Optiwell – against overweight, for woman
- MOBILIS light - to loose weight, to be more active
- Fit bis ins hohe Alter – prevention from falls
- Safari TurnKids – to loose weight, for kids



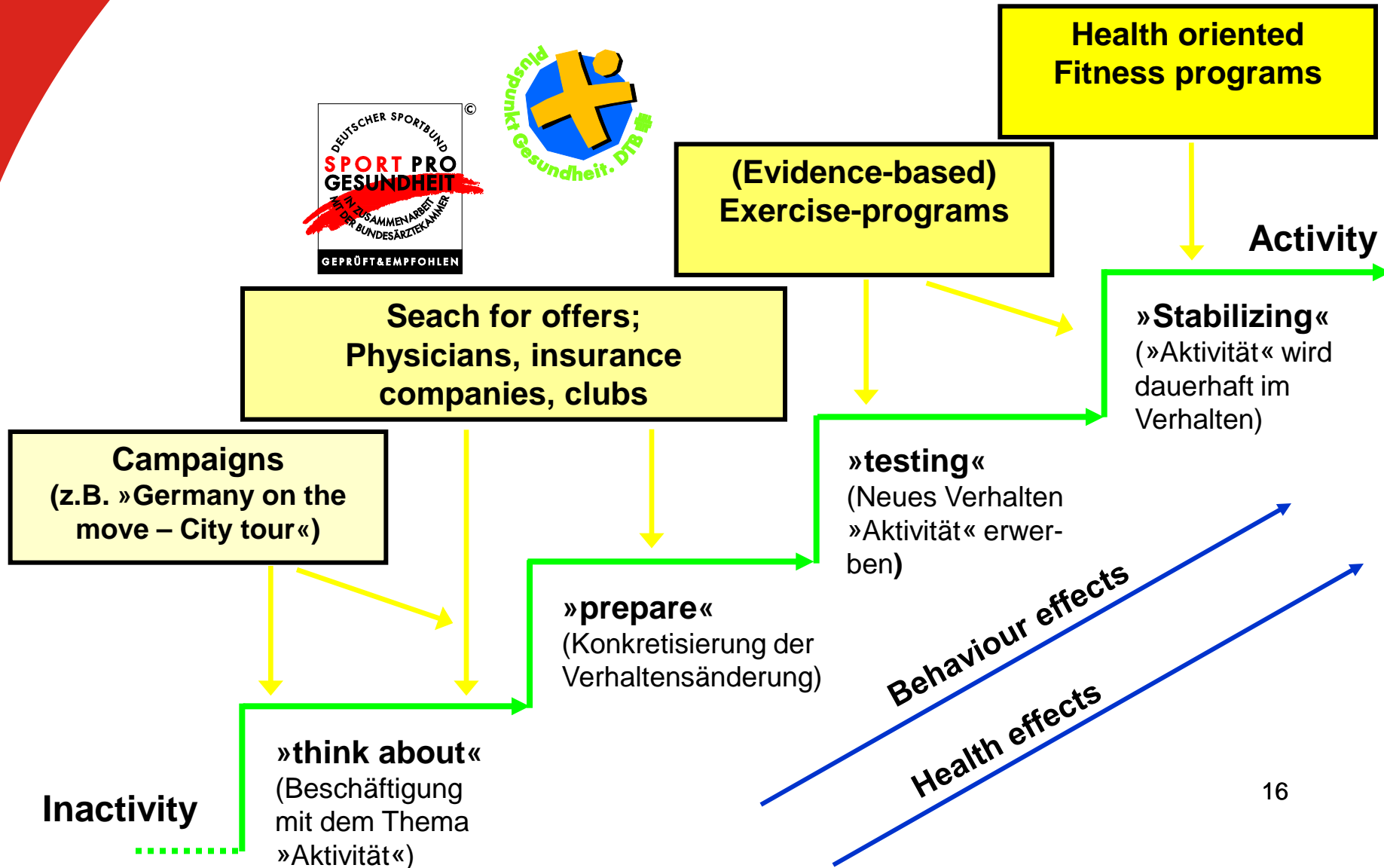
Our challenges

- *How to reach people with a lack of physical activities?*

How to lead sedentary people from “THINKING ABOUT” physical activities to TEST it?

- How to reduce barriers to test?
- How to develop close tie to regular physical activity and to stabilize the new active lifestyle?

Intervention strategies/-konzepts for supporting physical activities



Our challenges

- ***How to reach people with a lack of physical activities?***

How to lead sedentary people from “THINKING ABOUT” physical activities to TEST it?

- How to reduce barriers to test?
 - Strategy “3- months-offer”
 - Strategy “recommendation through partners” like insurance companies, physicians,
 - Strategy “refund of the course fee”
- How to develop close tie to regular physical activity and to stabilize the new active lifestyle?
 - Quality of the instructor
 - Quality of the program

Thank you !