



Health Promotion activities in Germany

Klaus Pelster, Institut für Betriebliche Gesundheitsförderung BGF GmbH

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INFORMATION

ANALYSE

BERATUNG

SEMINARE

AKTIONEN

PROJEKTE

UMSETZUNG

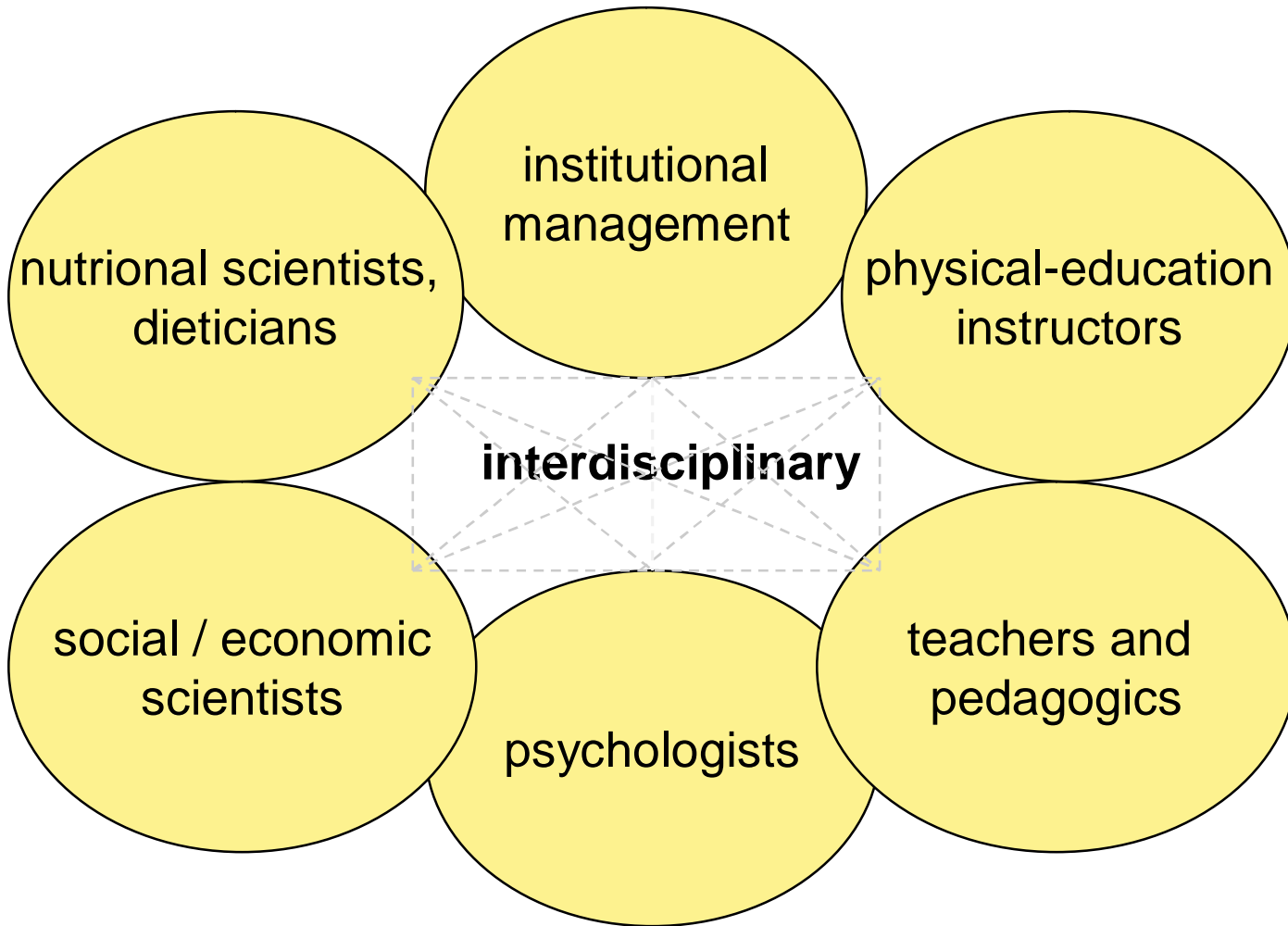
Contents

- ▶ **The Institut für Betriebliche Gesundheitsfoerderung BGF GmbH**
- ▶ **Health promotion activities in Germany**
- ▶ **Health circles (history, experiences and trends)**

The Institut für Betriebliche Gesundheitsförderung BGF GmbH

- ▶ **is a subsidiary company of the AOK
Rheinland/Hamburg**
- ▶ **has 32 employees in various professions**
- ▶ **advises approximately 400 predominantly mid-
sized companies from various sectors each year**
- ▶ **Tasks in cooperation with the client**
 - ▶ **analysing internal causes of illnesses,**
 - ▶ **developing solutions to reduce stress and**
 - ▶ **Supporting of the implementation**
- ▶ **researches in WHP for different ministries**

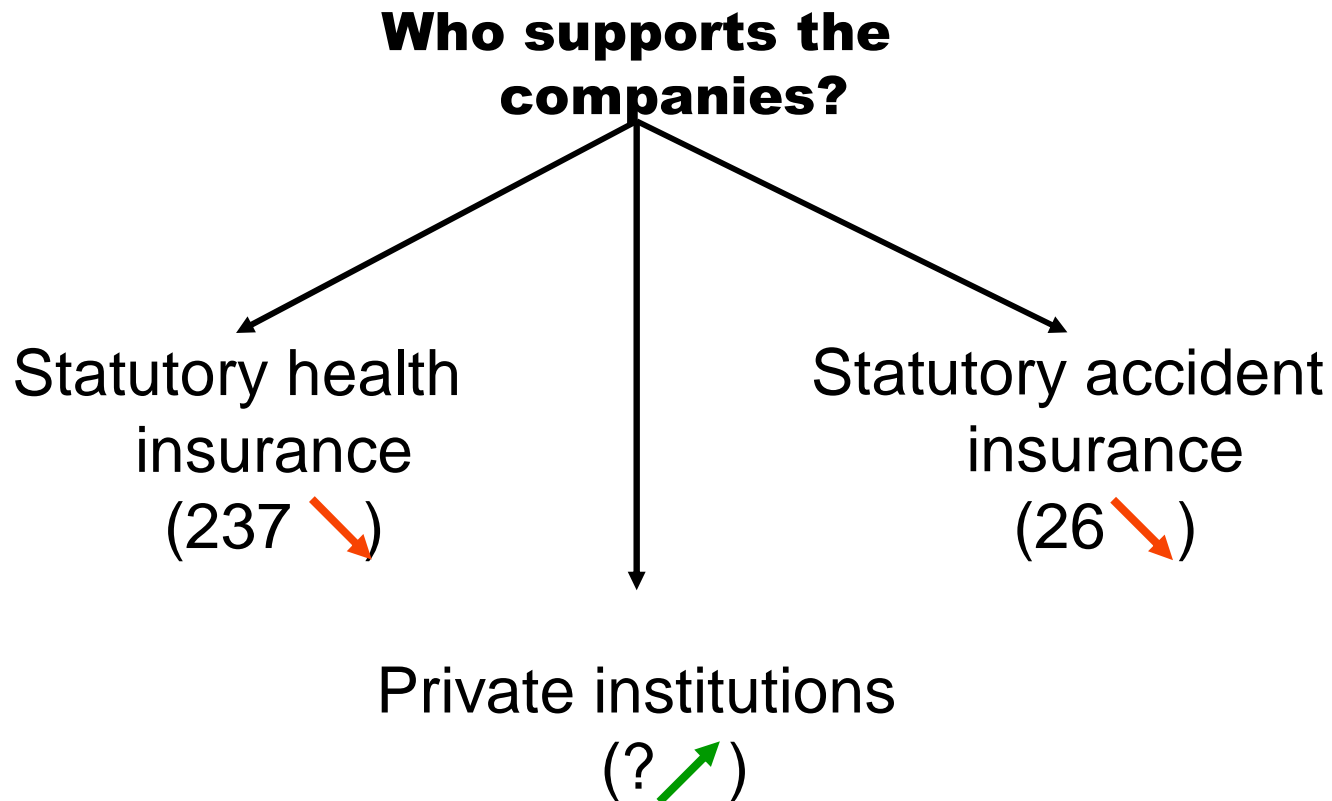
Consultancy team



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Health promotion activities in Germany



Health promotion activities in Germany

Who pays for the insurances?

Statutory health insurance
(employer and employee (~50/50))

Statutory accident insurance
(employer 100%)

Both have an legal order to care about worksite health promotion / prevention of worksite related health risks! (written in the social law books)

The law requests them to work together!

Priority fields of health promotion (statutory health insurances)

- ▶ **according to Social Law Book V § 20**
 - ▶ **prevention of work related strain of the body**
 - ▶ **health related nutrition**
 - ▶ **psycho-social stress (coping strategies,
healthy leadership)**
 - ▶ **addiction prevention, smoking cessation
programs**

The spread of worksite health promotion

Data from the evaluation program of the GKV

Tabelle 4: Rücklauf Dokumentationsbögen BGF

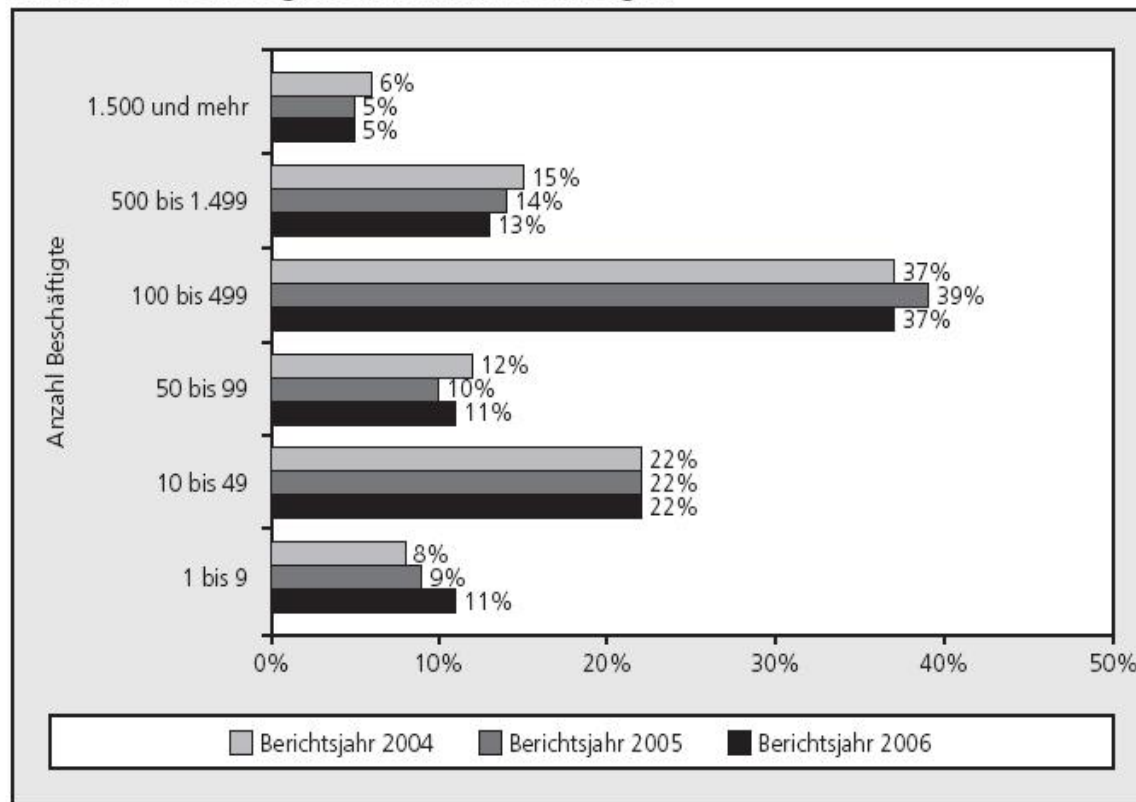
Rücklauf Dokumentationsbögen	
Berichtsjahr	Anzahl Dokumentationsbögen (gemeldete Fälle)
2006	2.422 (+ 5.454 AU-Profile*)
2005	2.531 (+3.125 AU-Profile*)
2004	2.563 (+2.665 AU-Profile*)
2003	2.164 (+628 AU-Profile*)
2002	1.895 (+463 AU-Profile*)
2001	1.189

*Fälle, in denen ausschließlich AU-Analysen durchgeführt wurden

The spread of worksite health promotion

Data from the evaluation program of the GKV

Abb. 26: Betriebsgrößen (Anzahl Beschäftigte)

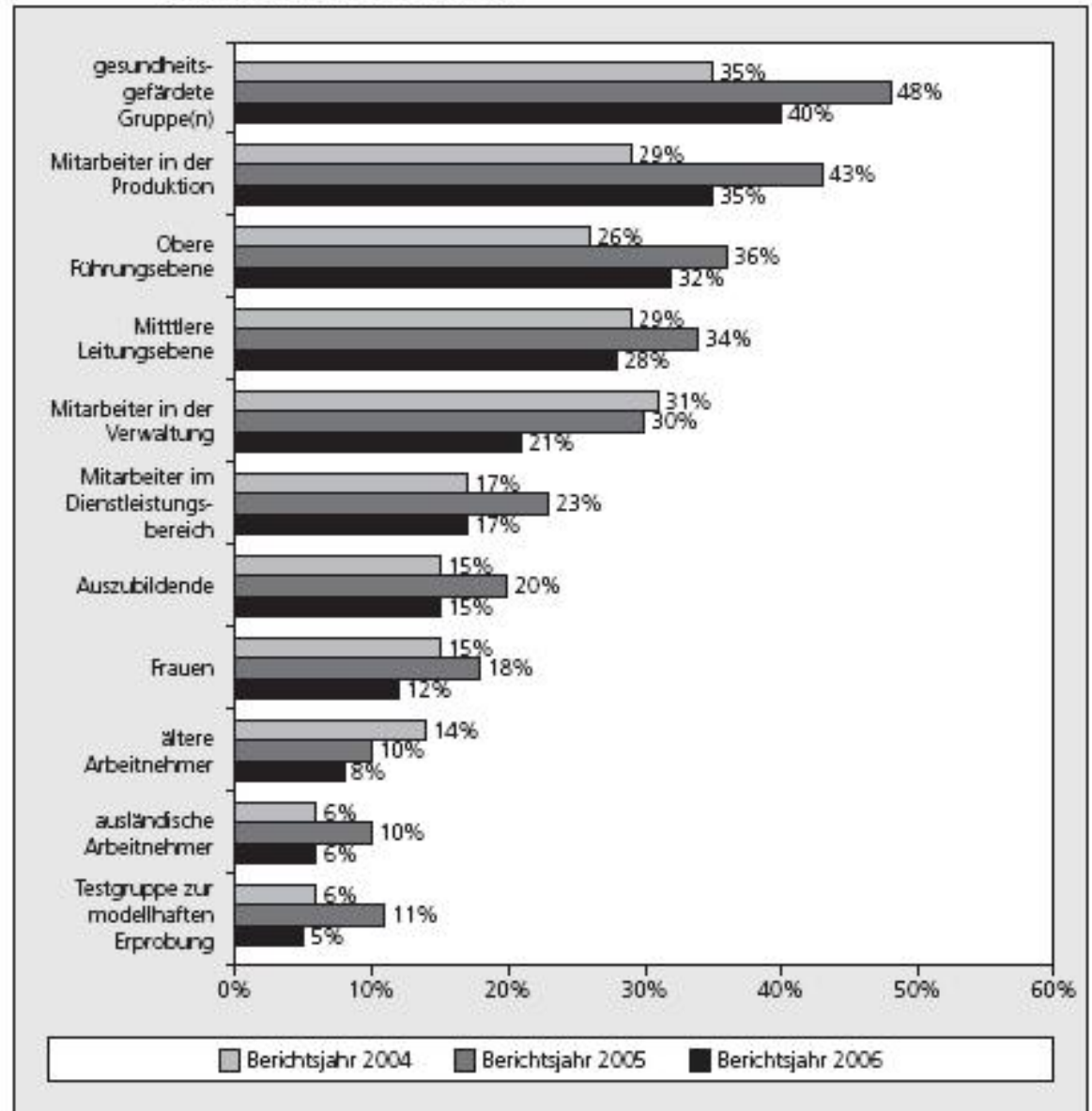


Source: http://www.g-k-v.com/gkv/fileadmin/user_upload/Pressemitteilungen/Praeventionsbericht2007.pdf
(access am 21.01.2008)

Abb. 27: *Schwerpunktmäßige Zielgruppe*
(Mehrfachnennungen möglich)

Target groups

- People on workplaces with health risks
- „Blue-collar workers“
- „White-collar workers“
- ...



Data from the representative IAB establishment panel 2004

„...one-fifth of the companies in Germany voluntarily carried out or financially supported measures for the protection or promotion of the health and well-being of their work force...“

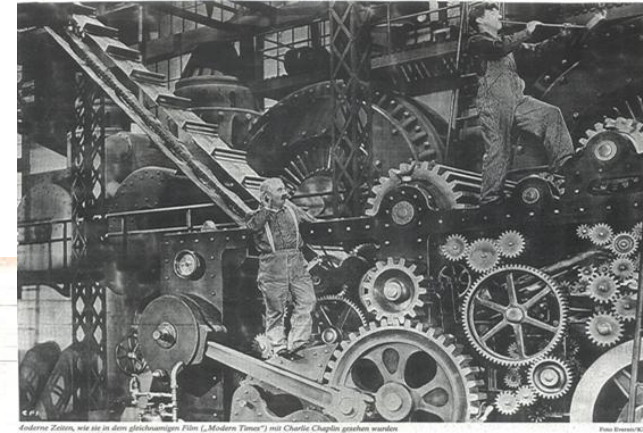
„...Work-site health promotion has, up to now, been concentrated in big companies and groups. An under-representation of work-site health promotion is observed above all in small and very small companies and particularly in the catering trade. ...“

Source: <http://iab.de/de/389/section.aspx/Publikation/k070510a01> (access 23. April 2008)

Health promotion in practice

tools and experiences

gestern die Kandidaten für ein Jobangebot auf den Fuji, den höchsten Berg Japans, geladen. Nur wer den Gipfel zu Fuß erreichte, konnte an dem Bewerbungsgespräch teilnehmen. Von 20 Kandidaten gelang dies lediglich 11.



Andere Zeiten, wie sie in dem gleichnamigen Film („Modern Times“) mit Charlie Chaplin gesehen werden. Foto: BSW/KNA



The development...

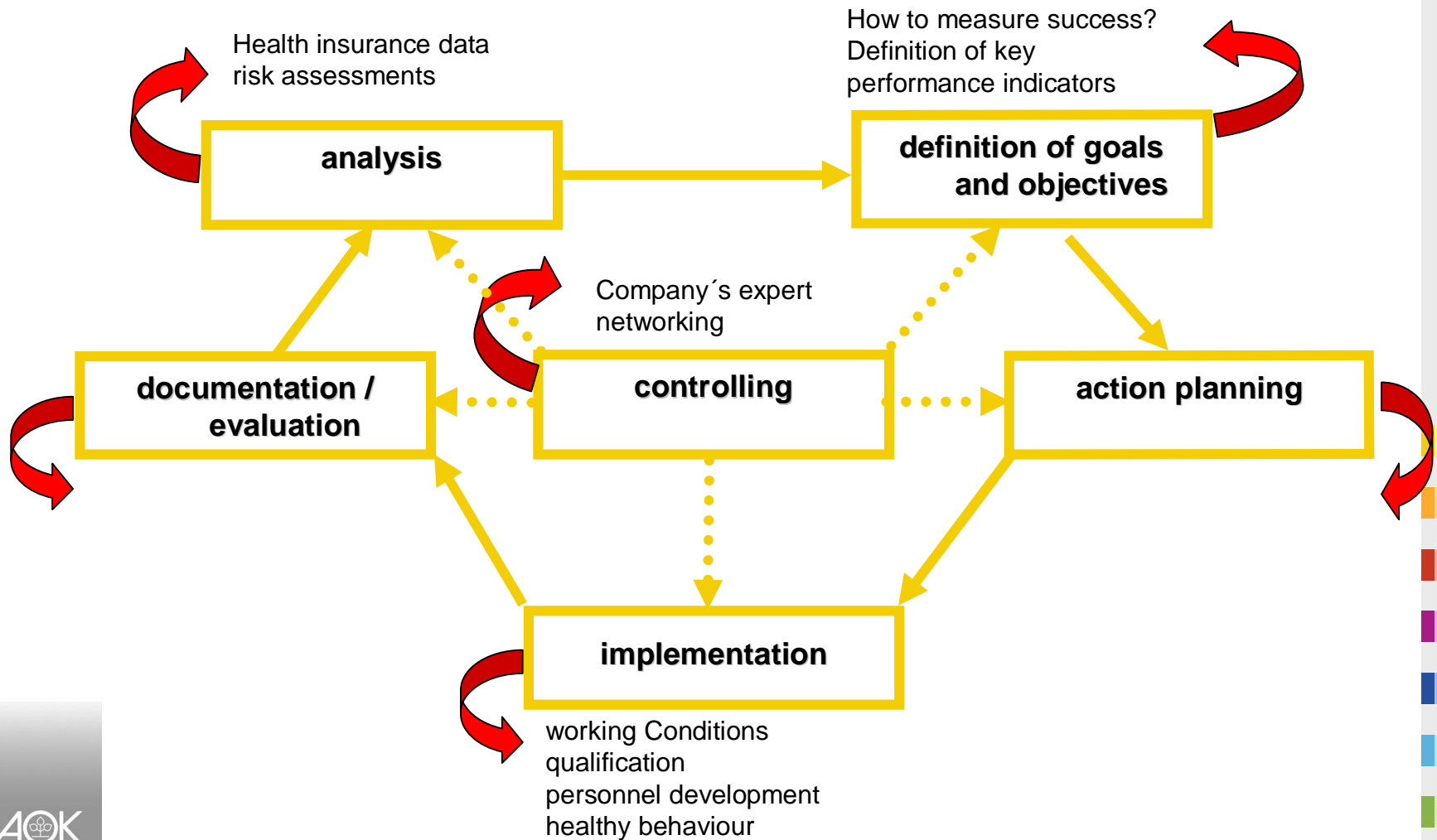
▶ ...from health promotion...

- ▶ limited in time, individual approach

▶ ... to health management!

- ▶ systematical and sustainable approach,
- ▶ healthy configuration of processes and structures,
- ▶ teaching of healthy behaviour and healthy living

Health management program – the process



Analysis Instruments

- ▶ **Disability Data /health report**
 - ▶ **certified sickness and absenteeism rates from workplace (ICD 10)**
 - ▶ **represents the development of the rate of absenteeism in specific periods of all persons insured by AOK and employed by the company**
 - ▶ **the rate of absenteeism concerning the period of short-term disability and the rate of long-term disability of the sickness.**
 - ▶ **a retrospective view over the passed years**
 - ▶ **comparison to other companies, branches, regions.**
 - ▶ **crosstabs of different items like gender, age, diagnosis, duration, departments.....**

Data basics AOK-members year 2005

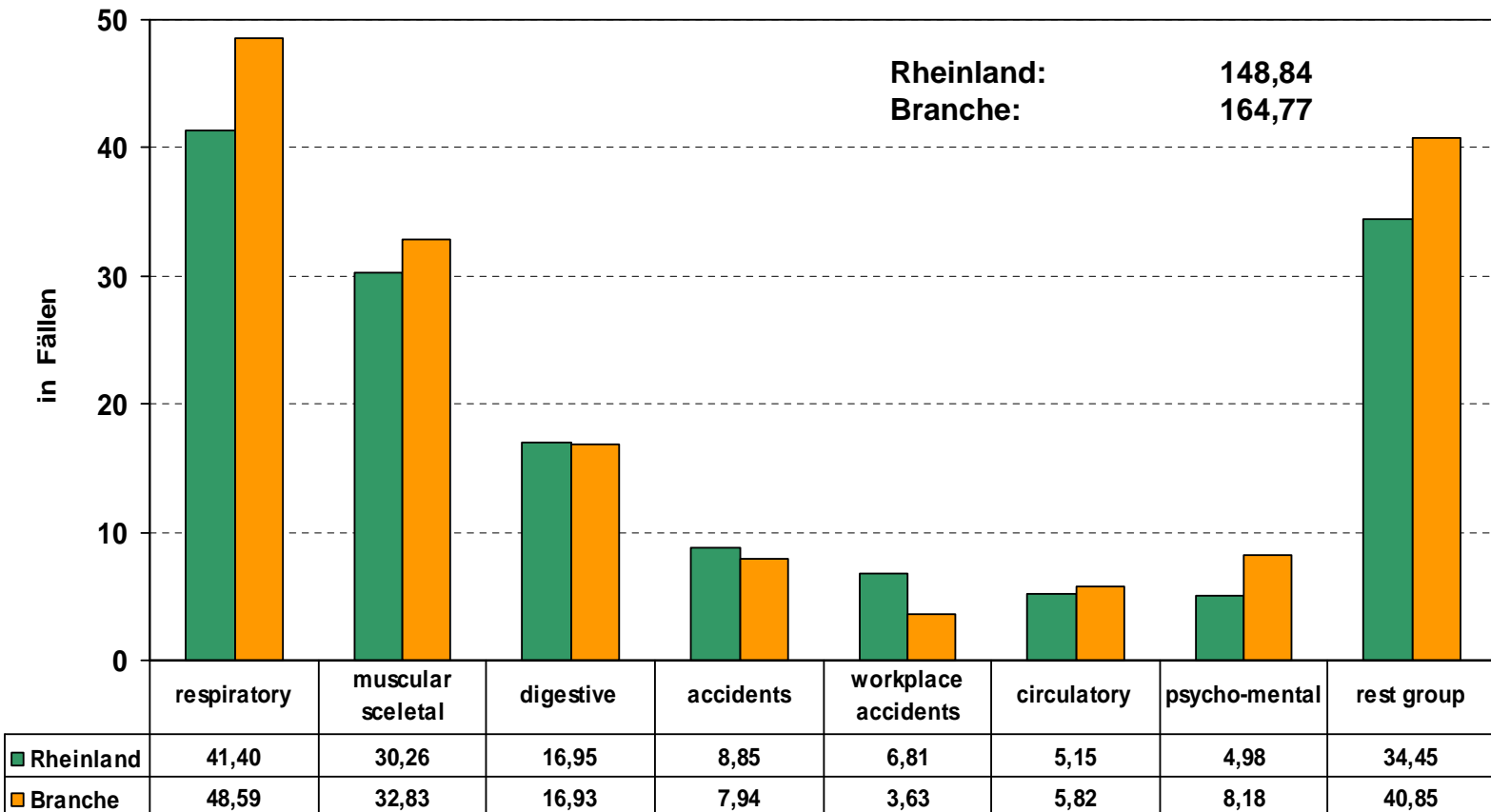
	Nursing Homes	Rheinland
persons	14.002	944.515
insurance years	16.547	726.866
average of age	40,1	37,5
proportion women	82,8	38,4 %

cases in total	23.072
days in total	313.172
days short term	209.064
days long term	104.108

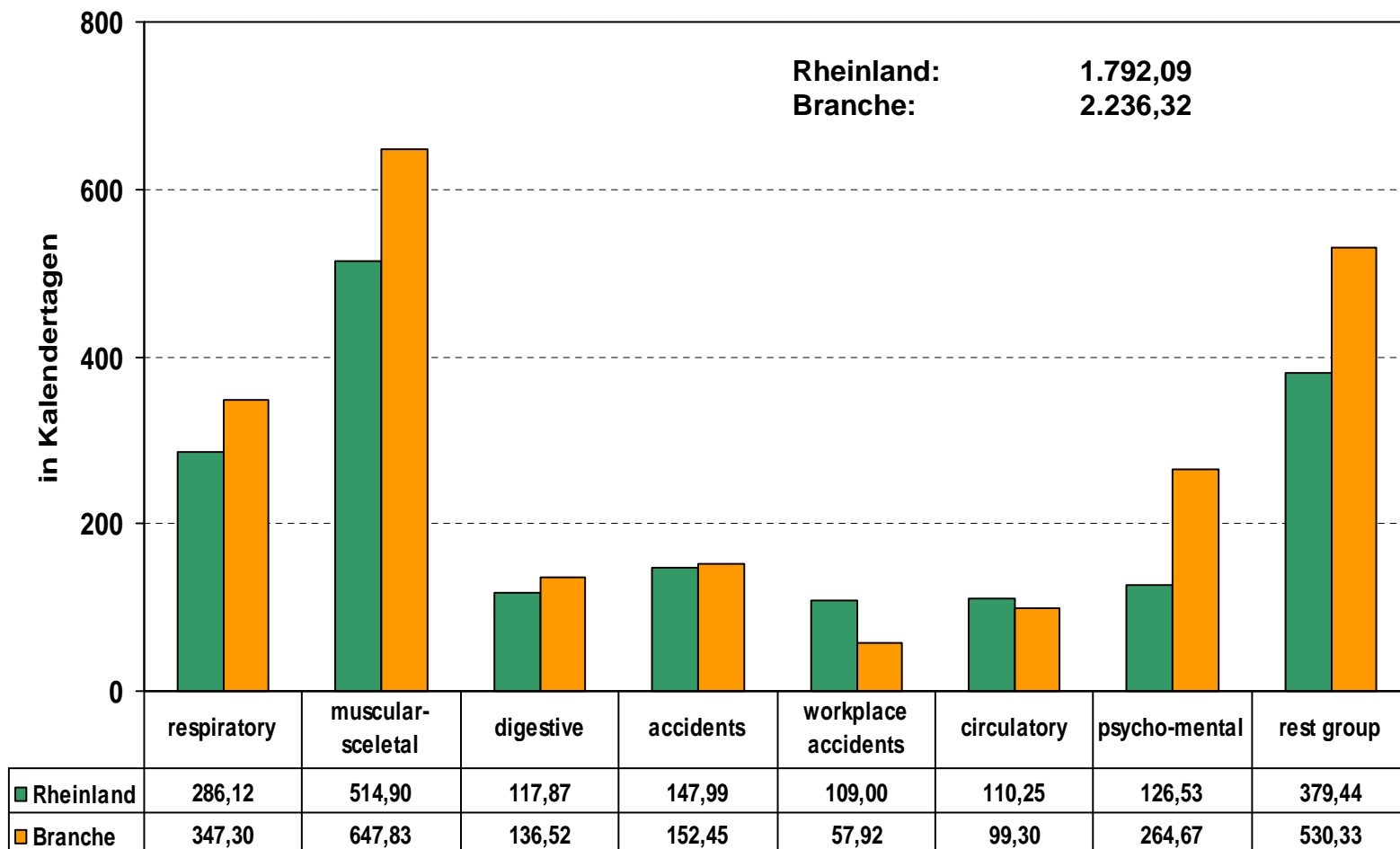
Short term sickness rate 2001-2005



cases year 2005 per 100 insurance Years, Diagnosis



days, year 2005 per 100 insurance Years, Diagnosis

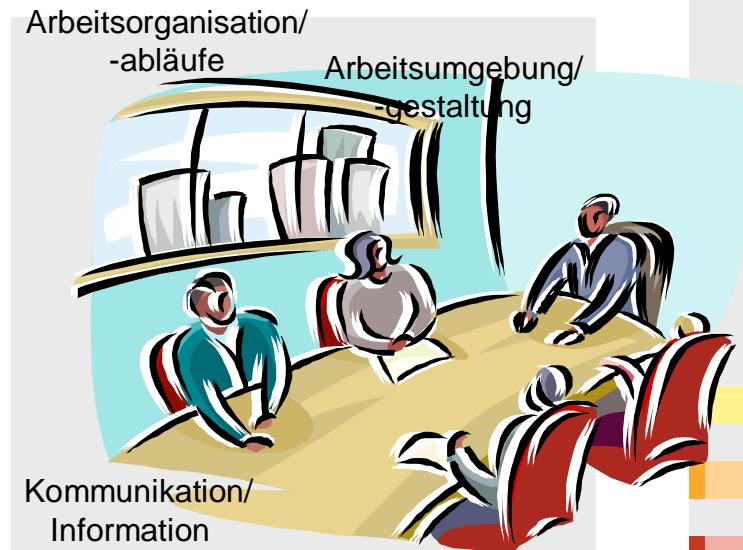


Analysis Instruments - Workplace design



Work-Situation-Analysis (Arbeitssituationsanalyse)

- ▶ **8-12 employees (volunteers, without line managers)**
- ▶ **analyses the satisfaction factors**
- ▶ **exposition of the factors which are the reasons for dissatisfaction**
- ▶ **after due consideration of soft factors (leadership communication, ...)**
- ▶ **development of practical solutions**
- ▶ **time duration about 3 to 4 hours**



Soziale Beziehungen:
Zusammenarbeit zwischen
Mitarbeitern und
Führungskräften/ zwischen
Mitarbeiter und Mitarbeiter

First conclusions

- ▶ **The knowledge about methods and tools für worksite health promotion are known and available**
- ▶ **Positive examples show the success of WHP (already the economic success)**
- ▶ **WHP is often a topic only for the experts and not for the employees**
- ▶ **depending on general conditions priorities are changing – WHP is not a number „1“ theme**

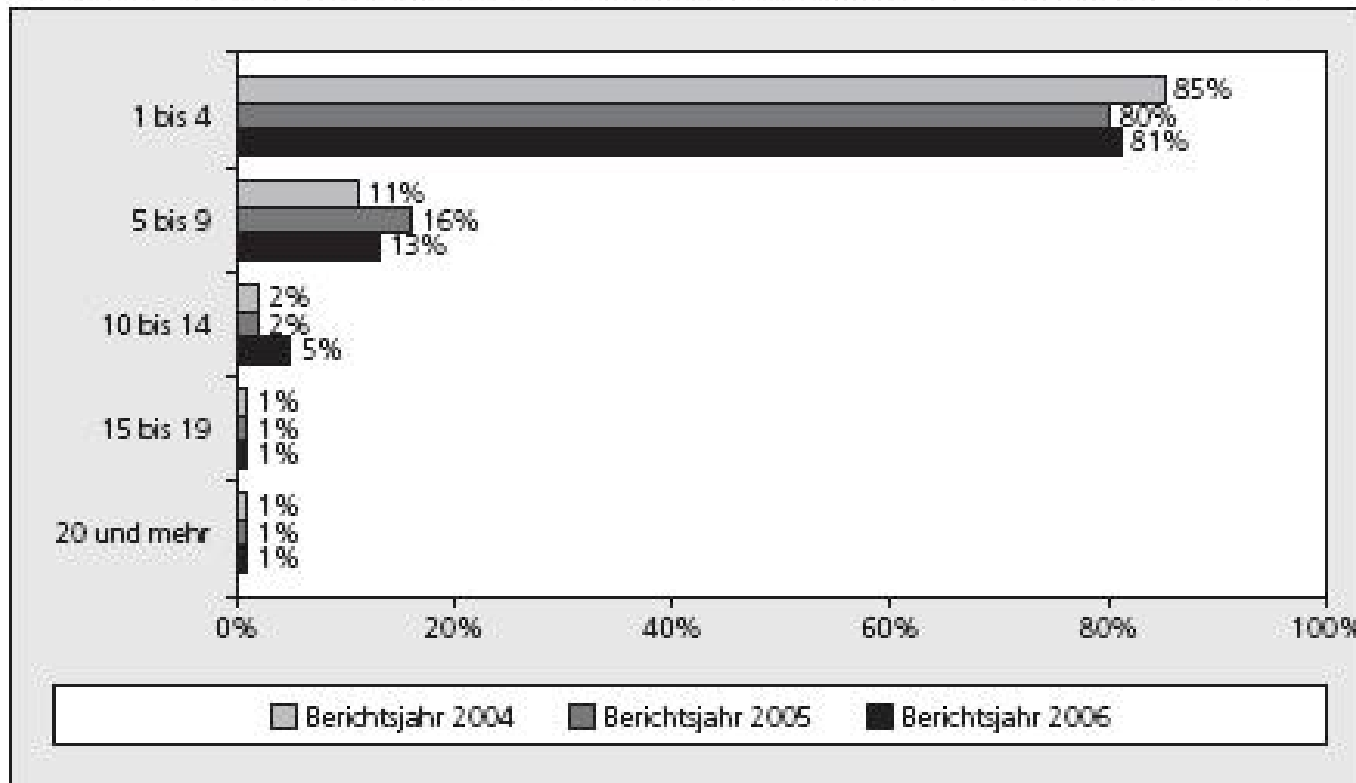
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The spread of worksite health promotion

Data from the documentation of the GKV


Abb. 31: Anzahl der pro Dokumentationsbogen gemeldeten Gesundheitszirkel



Source: http://www.g-k-v.com/gkv/fileadmin/user_upload/Pressemitteilungen/Praeventionsbericht2007.pdf
(access am 21.01.2008)

The health goals of the statutory health insurances

GKV-Gesundheitsziele: betriebliche Lebenswelt
Oberziel Gesundheitsförderung



Vom AK II am 22. Mai 2007 beschlossene Ober- und Teilziele der betrieblichen Prävention und Gesundheitsförderung:

	<u>Oberziel Gesundheitsförderung:</u> "Die salutogenen Potenziale der Arbeitswelt ausschöpfen"
Teilziel 1	Steigerung der Anzahl an Betrieben mit betrieblichen Steuerungskreisen um 10 % innerhalb von zwei Jahren.
Teilziel 2	Steigerung der Anzahl an Betrieben, in denen betriebliche Gesundheitszirkel durchgeführt werden, um 10 % innerhalb von 2 Jahren.
Teilziel 3	Steigerung der Anzahl an Betrieben mit speziellen Angeboten für die Beschäftigten zur besseren Vereinbarkeit von Familien- und Erwerbsleben um 10 % innerhalb von zwei Jahren

AOK-Bundesverband, Abteilung Prävention, 4. Dezember 2007 3

Increase of the percentage of companies which use health circles (+10%)

The history of health circles in Germany

Two model projects in the 1980's

Duesseldorf approach

Berlin approach

Goals:

- Prevention of work-related health complaints and work-related illnesses by designing workplaces to meet health requirements
- Inclusion of psycho-social stress in health and safety standards
- Expansion of the spectrum of methods used in occupational health and safety standards
- Practicability of the process

Goals:

- Enabling persons exposed to stress to identify personal as well as situational factors in the emergence of stress
- Improving abilities to cope with stress
- Creation of a work environment that promotes dealing with stress in a healthy manner
- Creation of objective operational conditions that promote a healthy work environment

The history of health circles in Germany

Two model projects in the 1980's

Duesseldorf approach

Berlin approach

Process elements:

- Integration of the employees with their know-how and knowledge of change
- Heterogeneous composition, formulation of joint proposals
- Coordination circle to accompany the circle work and to review and pass on the suggestions for changes

Characteristics

- load-oriented
- Design-oriented

Process elements:

- Integration of persons exposed to operational stress
- Homogeneous composition (same hierarchical position)
- Heterogeneous contact committee accompanies circle work

Characteristics

- Resource-oriented
- Enablement-oriented

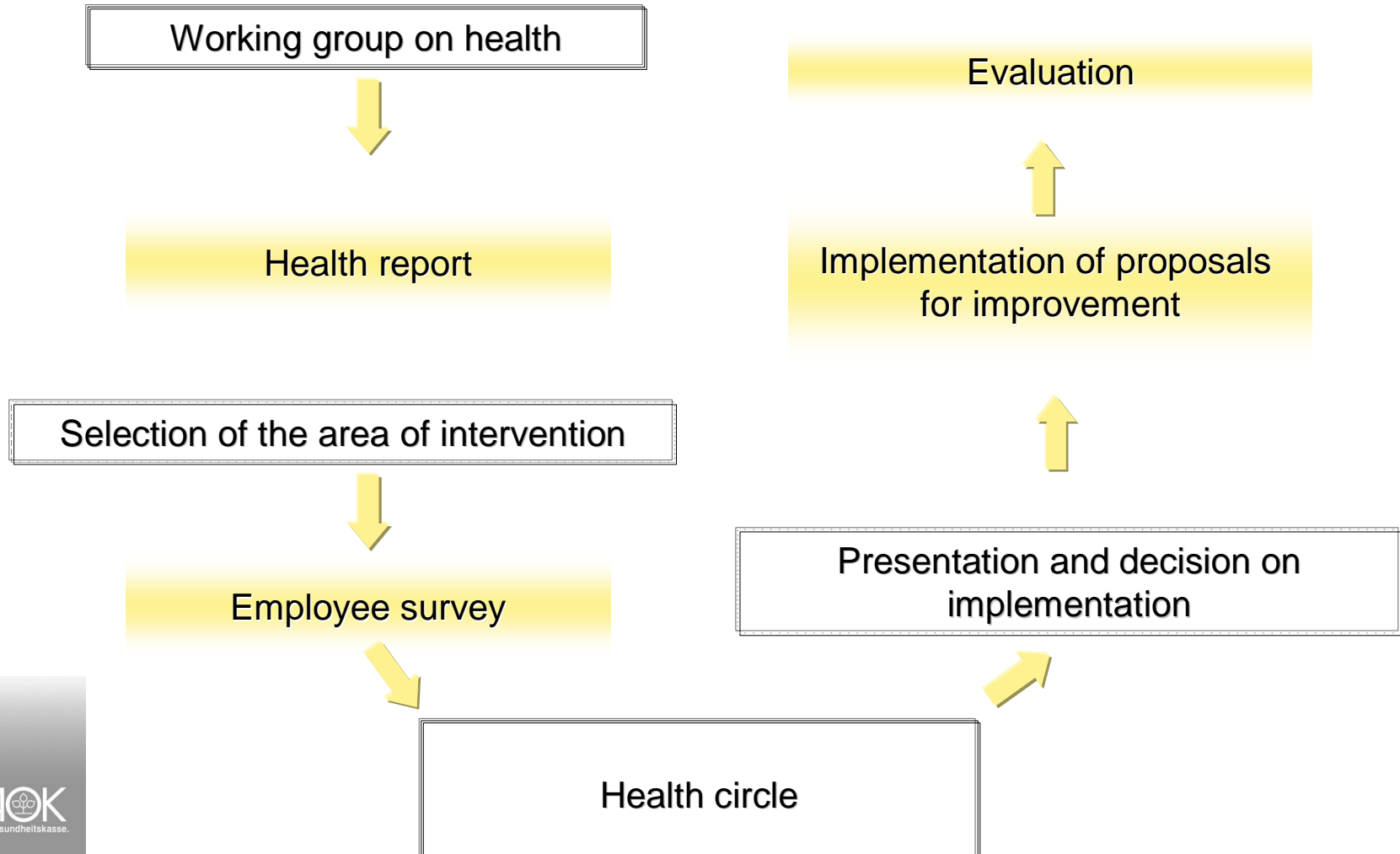
The Duesseldorf approach

A small hierarchical group made up of employees, supervisors, works council members and other (work safety) experts spanning various professional fields

Meets at regular intervals over a limited period of time

Headed by a trained moderator for the purpose of gathering information on the work demands that the employees experience as stressful in their own areas of work and working out proposals for reducing or eliminating this stress in terms of creating a workplace that does justice to health needs

Typical ideal process flow of a health circle project



Stages involved in a health circle

▶ **Preparation**

- ▶ Information and selection of participants
- ▶ Workplace observation

▶ **Implementation**

- ▶ Initial circle meetings
- ▶ From second to second-last circle meeting

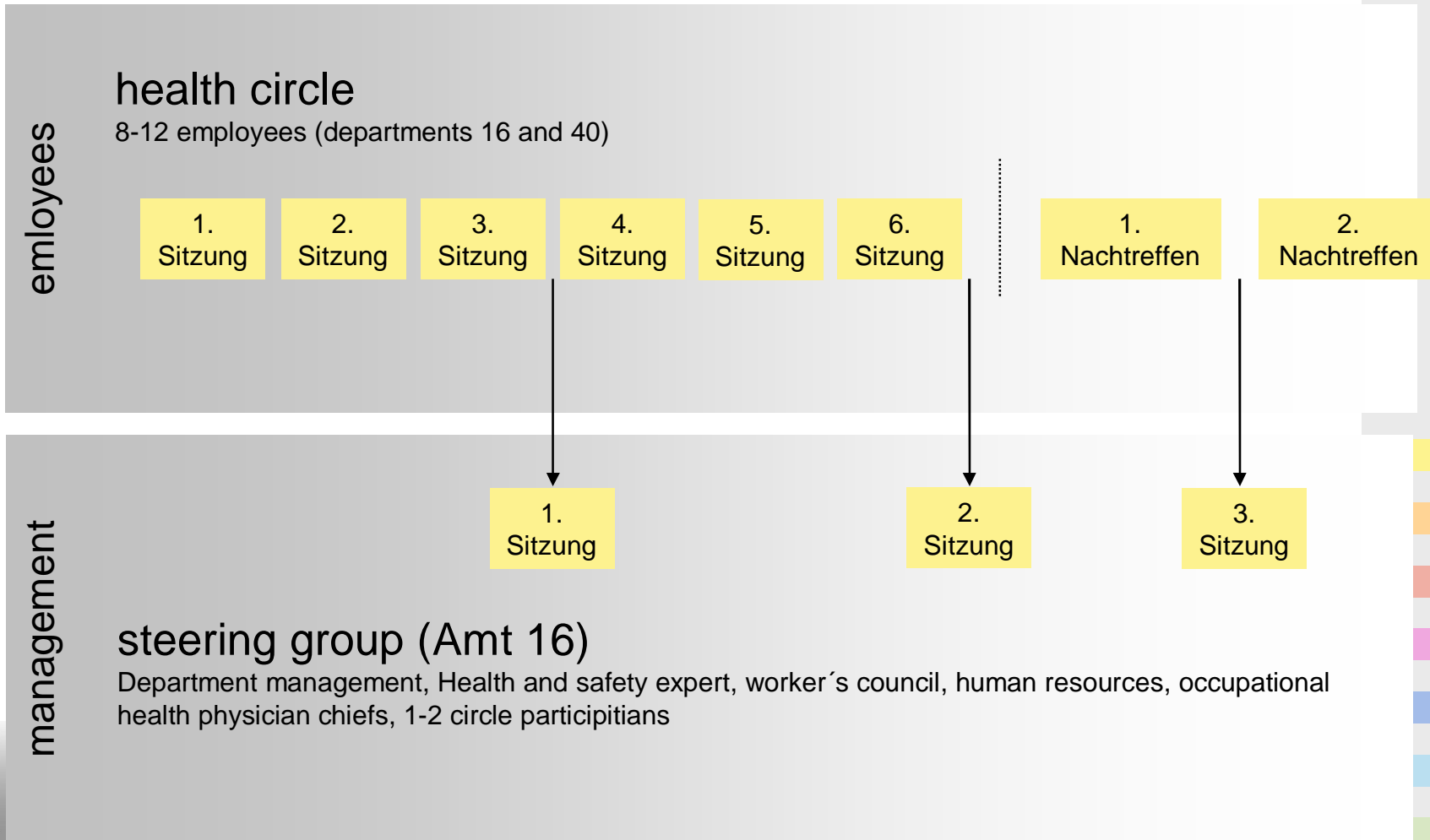
▶ **Presentation**

- ▶ Last circle meeting
- ▶ Publicity work

Stages of a health circle

- ▶ **Initial circle meetings**
 - ▶ Round of introductions
 - ▶ Rules for working together
 - ▶ Work on the subject at hand (start of gathering information on problems)
- ▶ **From second to second-last circle meeting**
 - ▶ Continuation of collecting information on problems
 - ▶ Clustering of the problem areas
 - ▶ Development of proposals for improvement
- ▶ **Last circle meeting**
 - ▶ Assessment of the suggestions from the point of view of the participants, determination of order of implementation

Practical experiences - organisation



Practical experiences – timetable

Projekt:		Gesundheitszirkel im Amt 16		Starttermin:		01.01.2008																										
Projektleiter:		Günther Pauli		Endtermin:																												
lfd. Nr.	Arbeitspaket	Verantwortlicher	2008																													
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
1	Vorbereitung		■	■	■	■	■	■	■	■	■	■	■	■																		
1a	Abstimmung Amt 16 - Amt 40 (Reinigungskräfte - Hausmeister)		■	■	■																											
1b	Information aller Mitarbeiter				■	■	■	■	■	■																						
1c	Auswahl der Teilnehmer				■	■	■	■	■	■																						
1d	Terminplanung der Gesundheitszirkel				■	■	■	■	■	■																						
1e	Einladung										■	■	■	■	■																	
2	Durchführung Arbeitskreis/ Gesundheitszirkel (1,5 Std.)																															
2a	1.-6. Sitzung des Gesundheitszirkel (jeweils 1,5 Std.)														■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
															04.04.	18.04.	02.05.	16.05.	30.05.	13.06.												
2b	Sitzungen Arbeitskreis Gesundheit als Steuerungsgruppe																															
3	Präsentation der Ergebnisse																															
3a	Sitzungen Arbeitskreis Gesundheit als Steuerungsgruppe																															
3b	1. Nachtreffen / Rückmeldung an den Gesundheitszirkel																															
3c	3. Sitzung Arbeitskreis Gesundheit																															
3d	2. Nachtreffen / Rückmeldung an den Gesundheitszirkel																															
3e	Rückmeldung an alle Mitarbeiter																															
Meilensteine:															Abschluss Vorbereitungen TN sind ausgewählt und eingeladen				Vorstellung Zwischenergebnisse, 19.05.2008, 14:00 Uhr				Vorstellung Ergebnisse				Projektabschluss					

Practical experiences – fields of application

- ▶ **„Health circles“ is an instrument to promote participation**
- ▶ **With „Health Circles“ you can reach different targets as:**
 - ▶ **health promotion,**
 - ▶ **organisational or personal development,**
 - ▶ **risk assesment**
- ▶ **„Health circles“ are used in several sectors: the chemical industry, steel production, administration departments, nursing homes, cleaning companies...**

Conclusions about health circles

- ▶ **Health circles are widespread in Germany;**
 - ▶ **in 2006, 1.960 health circles were documented in 605 companies by the statutory health insurance bodies.**
- ▶ **The “Duesseldorf approach” is most common in practice – it is used as an participation instrument in different ways.**
- ▶ **Health circles are suitable for application in a great variety of sectors.**
- ▶ **There are a number of hybrid forms, including integration of the circle work into the CIP, e.g. In the chemical industry or with the focus on demographic change.**
- ▶ **A variation for small businesses has been developed, for example by AOK Bavaria (1-5 meetings, topics are agreed on in advance).**



Thank you for paying attention