PHP GERMANY – REGIONAL REPORT

Data was collected by Dr. Dan Sava and Dr. Theodor Hărătău

Interviews with Jan-Frederik Pruessmann, Gregor Breucker, Reinhold Sochert, Dr. Alfons Schroer from BKK BundesVerband / Essen, Dr. Kai Seiler from Institute for Health and Labour of North Rhine Westphalia Land, and with Dr. Guido Nöcker, Ilona Renner, Michaela Goecke and Stephan Blümel from the Federal Centre for Health Education
The report is a general overview of German Public Health Policies mainly at national level and short descriptions about representative institutions.

The BKK BundesVerband is an association of statutory social health insurers traditionally in the field of industry; not anymore in the late years since the insured can choose their statutory health insurance fund. Statutory health insurance houses like BKK began with homogenous groups of insured and self representation. Until 1990 there were small monopolies attached to an industrial company; if you worked at Krupp you had to enrol in Krupp BKK. Now there is a competition between statutory health insurance funds in Germany. There are more than 100 BKKs. There is now a tendency for mergers of BKKs in order to face competition. Since 1990 statutory health insurance funds have dual features: there is competition between them on health insurance market like in private business, but these funds can not behave like private insurers; as an example, the insurance premium is decided at federal level. The demand for social health insurance is relatively inelastic (when the premium rises the number of the insured is not decreasing too much), probably because it is statutory. The BKK maintains a database with all certified providers of workplace health promotion (including service price). The Federal Health Insurance Control Commission is stricter with federal / national funds like BKK whereas with land funds (AOKs) it is not so strict. In general, guidelines and bylaws in Social Health Insurance are not as strict as those in OSH.

PHPRO project is funded by the European Commission through the Leonardo da Vinci / Life Long Learning Program and the views expressed in this document do not reflect European Commission's views but only those of the authors.

The private health insurers cover only 10% of the population mainly (99%) civil servants.

The BKK BundesVerband was involved in decision, development, approval, monitoring and evaluation of public health policies. The public health policies can be either regulation with provisions in public health or programs and projects in public health (health promotion, health education). As an example the regulation (Social Code No.5, Article 20) requested the BKK BV to develop a PHP (Health promotion) and BKKs were allowed to design their own policies. This was the situation between 1990 and 1997. Strong competition among statutory health insurance funds pushed for creative methods for health promotion and prevention. Retrospectively, it was a good experiment period. The policy was correlated with other health policies especially with occupational health.

1. The decision to make the new public health policy

The decision to develop a PHP (Health promotion programme) was taken by BKK BV in order to fulfil the requirement in the above mentioned law

2. The development of the public health policy

BKK had to design a concept based on 2 research projects developed by the University of Düsseldorf Institute for Medical Sociology. The 2 projects aimed to learn what data should be used for analysis of diseases within companies, and how to interpret and use the data. The data used was data from companies (employers), from the German Health Monitoring System through the Federal Statistical Office and from the German Federation of Pensions Insurances. The work was performed by employees of BKK, civil servants.

Several instruments were developed in order to fulfill this task as seen below:

PHPRO project is funded by the European Commission through the Leonardo da Vinci / Life Long Learning Program and the views expressed in this document do not reflect European Commission's views but only those of the authors.

The **health reports** present the results of work disability analyses using health insurance fund data. They provide a general overview of sickness levels within a company and analyze the outliers in comparison with similar positions within the company, and with regional and national averages.
The report is useful for the experts within a company at local level, for company doctors, works council members, occupational health and safety officers or technical monitoring personnel of the employer's occupational accident insurance society, and offers the possibility to use the documented data material for interpretations and analysis.
Leaving aside lifestyles and undesirable behaviors, the high morbidities are due to avoidable deficiencies in technical and organizational processes, to the workplace climate and to the motivation and satisfaction of the employees.

Health circles are participative, communicative and practically orientated tools that allow problems such as sickness, work disability and work dissatisfaction to be addressed from the point of view of the affected workers. Health circles were developed in the early '90s by the University of Düsseldorf and put in practice by BKK and affiliated companies. Because they were designed to be used in companies they were made simple and easy applicable by companies. The participants in these health circles were the employees of a company department, work safety experts, company doctors, the works council and members of the management. The aim was to detect stresses and strains at the workplace and to suggest improvements. In these health circles, the employees are considered the real "experts". The health circles provide an opportunity to put together employees and experts for discussing the issues raised by the employees in order to seek solutions for problems and to foster the improvement of the working environment. The assumption is that morbidities have as possible causes strain and stress within the working environment. After bad working conditions are identified, suggestions are made for improvement and the agreed measures are implemented. The health circle goals are to increase employee satisfaction, optimize the work processes and productivity, enhance the wellbeing of the employees, reduce the levels of sickness-related absence, and improve professional communication.

A health circle consists of three phases: an initial phase, a project phase and an evaluation.

PHPRO project is funded by the European Commission through the Leonardo da Vinci / Life Long Learning Program and the views expressed in this document do not reflect European Commission's views but only those of the authors.

- The first phase has the purpose of informing the management and undertaking a joint organizational planning, informing the employees in the intervention area concerned, conducting an employee survey on key causes of stress and strain, grievances and needs, and also conducting a work system analysis.
- The second phase comprises the organization and moderation of 5-7 health circle sessions (of approx. 90 minutes duration each) to discuss the issues, and the suggested improvement issues. The employees are regularly informed about the progress and results of the health circle.
- The third phase is the evaluation of the health circle. It is done in a concluding workshop about 6 months later. An assessment of the undertaken measures is carried out, and a survey on how the health survey was conducted, the outcome of the health circle, and the changes in the stresses and strains and causes of grievance, the original aim of the method.

An ***employee survey*** is a method of organizational development and human resource management which uses partially standardized questionnaires. The result is a comprehensive description of the actual state of an organization as seen by the employees. The particular value of an employee survey is that it takes equal account of the interests of the various groups within a company. It gives the employees the opportunity to anonymously express their opinions, draw attention to existing grievances and health problems, and put forward improvement suggestions. This is a way to influence management decisions. It gives managers statistically supported feedback about their leadership behaviour, the level of satisfaction of the employees and the quality of cooperation within the departments. The top management is provided with information about the general satisfaction of the workforce, the strengths and weaknesses of the individual departments, and the acceptance and implementation of corporate and management principles and guidelines. Employee surveys provide an opportunity for workforce participation and activate cooperation and performance potential.

The instruments used to develop the PHP are:

- Data analysis (health reports)
- Observation at workplace
- Moderation of health circles.

PHPRO project is funded by the European Commission through the Leonardo da Vinci / Life Long Learning Program and the views expressed in this document do not reflect European Commission's views but only those of the authors.

They were initiated after a research and a pilot project at the University of Düsseldorf

3. The approval of the public health policy

After the PHP and its instruments were designed and tested, the Board of BKK approved it and suggested that it should be sold to companies. This policy was submitted also to the MoH which approved its use in the system.

Those who worked in health circles departed from BKK to a new entity that manages it, Team Gesundheit.
The AOKs took the concept and spread it to national level but first in NorthRhein Westphalia and Lower Saxony. Every AOK hired public health experts, nutrition experts and sport experts. There are two Team Gesundheit at regional level have consultants and researchers which are not civil servants. They are privately employed.

4. The implementation of the public health policy

The PHP was implemented by the companies affiliated to BKK with the help of the latter. The companies benefit from an organizational improvement so they are happy to implement it; the working groups a regarded as a help towards the company's progress

5. The monitoring of the public health policy outcomes / effects

The indicators used for monitoring the PHP are sickness data from companies, data from the departments of the company, employee surveys for those departments who are concerned, evaluation data

6. The evaluation of the public health policy

The PHP was evaluated by BKK BV at the end of '90s and by the University of Düsseldorf

The main question to be answered was: what is the connection between the data, the healthcare, the suggestion to intervene and implementation of that suggestion

PHPRO project is funded by the European Commission through the Leonardo da Vinci / Life Long Learning Program and the views expressed in this document do not reflect European Commission's views but only those of the authors.

The instruments and the methodology used to evaluate the PHP, relied on the three instruments mentioned above. The most important was considered the health circle.

The German Health Monitoring System makes an annual report about the health status of the nation after collecting data from BKKs, AOKs, IKKs, EKs and others.

The main strength of this process was considered to be the fact that the Health promotion policy fitted the new employment concept: the employees are the experts at the workplace

A weakness of this public health policy might be the fact that it is neither applicable to very small companies (bakeries) nor to very large companies (BMW)

It is essential for an agency in charge with PHP development to have comprehensive and accurate data. Implementation can be delegated to private agents. The core functions are: mastering the data, coordination of efforts not only cooperation; the workforce involved has to have a good mix of skills, scientists, psychologists, sportsmen. Surveys have to be carried by the policymaker. The most frequent problems usually appear in the beginning and at the end of the working process

The Initiative Health at Workplace (IGA)

In the '60s there were some agreements between health insurers and accident insurers but not very substantial. In the '90s the competition between BKKs made them increase their activities of workplace health promotion. The DGUV members felt threatened considering that BKKs entered their territory.
KOPAG (1995); the embryo of IGA was a project funded by the federal government with 90 multidisciplinary experts (BGs and UKs).
IRAG was another federal project (2-3 years) with BKK, others and DGUV affiliated accident insurance funds. It was difficult to manage because there were too many partners and the decision was taken to return to the KOPAG concept.
DGUV and BKK adopted a common action plan (IGA) with a common budget – from their own resources. The manager of IGA is proposed alternately by the two parties. In time,

PHPRO project is funded by the European Commission through the Leonardo da Vinci / Life Long Learning Program and the views expressed in this document do not reflect European Commission's views but only those of the authors.

other institutions joined this (AOKs, EKs, IKKs). Now the initiative is to include as partners the retirement and Rehabilitation Funds and the Employment Agencies
IGA was initiated by BKK being supported by the paragraph 20 of the Social Code book no.5.
BKK as federal association recommends (not imposes) IGA to its members and proposed it to the Ministry of Health,which approved it.

The accident insurance has its own regulation but now there is a drive towards coordination of standards between OSH and Accident insurance domains. This might be due to the fact that historically, the institutions dealing with these issues have evolved separately.

Description of IGA

IGA (Initiative for Health and Work) is a collaborative project between Federal Association of Company Health Insurance Funds (BKK) the federation of Institutions for Statutory Accident Insurance and Prevention (HVBG) and the Federation of local Health Insurance Funds (AOK). The aim of the initiative is to generate new approaches to prevention and intervention in health in the workplace and to further develop existing ways and methods. The partners of this initiative try to initiate a dialogue with interested parties in business, politics, social insurance, employees organizations and employers organizations. The project started with the definition of framework for development of objectives for primary prevention and health promotion. In developing the objectives for primary prevention a ranking process was used; it was based on empirical data and burden of disease for certain diseases and on expert opinions. Expert opinion was used for criteria like preventability, work relatedness and operability. The development of objectives in health promotion is based on general concepts and values of the domain. Thus a hierarchical system of aims and objectives was developed. For each aim there are certain prevention areas (behaviour, circumstances, population groups) with their own specific objectives. A 6 steps process was designed by which in the beginning diseases are selected through ranking for primary prevention, whereas the selection of aims for health promotion is based on theory. Through expert exchanges the same deriving objectives are reached leading to agreement on aims and objectives and adaptation of prevention objectives. The ranking process for developing aims and objectives in primary

PHPRO project is funded by the European Commission through the Leonardo da Vinci / Life Long Learning Program and the views expressed in this document do not reflect European Commission's views but only those of the authors.

prevention is based on ICD-10 classification of diseases and takes into consideration mortality, years of life lost, number of cases and days of sick leave per 100 insured members, new pensions due to reduced earning capacity (disability), direct costs, and cost per case. This ranking system is easy to handle and relies on objective criteria.

The ranking process for occupational diseases uses the following criteria:

- Latency period
- Confirmed cases of occupational diseases
- Age at confirmation of occupational disease
- New pensions
- Reduction of ability to work of new pensioners (excluding cases of death)
- Cases of occupational and social rehabilitation
- Total costs of cases compensated (medical, occupational and social rehabilitation as well as pension)
- Mortality
- Three criteria were chosen by experts for the prioritization process:
- Preventability
- Work relatedness
- Operability

PUBLIC HEALTH POLICIES AT REGIONAL LEVEL

One of the most developed and densly populated German Land is North Rhein Westphalia. The powerhouse of this region is the Ruhr Basin. Alongside industrial development - more than a century ago - the statutory health insurance emerged together with efforts to improve occupational health. Following this tradition, the Land Institute for Health and labour (LIGA) was established in Düsseldorff by the merger of two institutes, one of public health and the other of occupational health.

The Land Institute for Health and Work (LIGA) advises and assists the Land Government, the public authorities, the institutions and the communities of North Rhine-Westphalia in matters of health, health policy, safety and health at work.

The mission of the LIGA encompasses the following domains:

- health policy on prevention and health promotion
- promotion of innovations in health care

PHPRO project is funded by the European Commission through the Leonardo da Vinci / Life Long Learning Program and the views expressed in this document do not reflect European Commission's views but only those of the authors.

- company health and healthy design of work conditions
- drug safety
- infection control and hygiene

LIGA is the center for the monitoring of infectious diseases as well as the body responsible for the medical and safety office of the Land North Rhein - Westphalia. It also provides health monitoring and produces reports and analysis on health situation in North Rhine-Westphalia. LIGA is an official inspection body in the realm of medicine and equipment in North Rhine-Westphalia.

LIGA is the North Rhine-Westphalia regional node of the nationwide Cooperation Network for Health Promotion. Also since 2008, the institute is recognized as a WHO Collaborating Centre for Regional Health Policy and Public Health.

Because public health training is not organized by medical universities, but by social sciences universities, economics universities and others, in the last two years the LIGA has started a process to attempt the introduction of public health modules in the curriculum of medical faculties.

Currently, LIGA has offices in Bielefeld, Düsseldorf and Münster.

The LIGA consists of five departments, which in turn are divided into several sections. Work is performed in interdisciplinary teams with flat hierarchies and direct communication channels in order address quickly and efficiently complex issues.

One of LIGA's public health projects is "healthy childhood," which promotes the participation of children in screening tests.
Other public health projects in co-operation with the accident insurance (DGUV) pertain to:

- Health promotion in labor leasing
- Health promotion with labor inspectorates

1. The decision to make the new public health policy

PHPRO project is funded by the European Commission through the Leonardo da Vinci / Life Long Learning Program and the views expressed in this document do not reflect European Commission's views but only those of the authors.

The decision to develop a public health policy in the Land of North Rhine-Westphalia is taken by the Land Ministry of Social Affairs and Health in cooperation with LIGA. The stakeholders in this process are obviously the land Government and LIGA but the opinion of the statutory health insurers (BKKs and AOKs) is also sought.

The decision to develop a PHP is initiated either by a federal request (MoH in Berlin or a federal regulation recently issued) or LIGA whistle blow about a public health issue. LIGA's initiative can be supported by a previously carried out study, by analysis and by data reports.
Are there any rules you have to consider while developing a PHP?

2. The development of the public health policy

LIGA develops new public health policies. It cooperates in this endeavour with federal institutions in the realm of healthcare, universities, BKKs, AOKs .
Those who directly work in developing the PHP are the employees of LIGA, who are civil servants and usually have a background in social science' public administration, psychology, medical, engineering; This PHP development is an interdisciplinary work involving PR and communication techniques. In many projects / programs the PR made the difference. Generally speaking, PR is a common denominator in all LIGA projects: example: "healthy childhood initiative" a project aiming at boosting the attendance of families with infants and young children to regular medical check-ups; during the project, parents were requested to go with their children to the GPs and the whole process was monitored by reports made by the latter. During the implementation the main problem was the lack of willingness of GPs to report because it was an additional task for them. The problem was solved using strong PR techniques in the geographical areas where the system is showing problems. The main message used in the PR campaign had two facets:

- This is a highly ethical project: it is aiming children
- The results will be fully transparent and will highlight the role of the doctors.

LIGA carries out surveys in a regulate manner, yearly - one example in the last 5 years is the survey concerning "migrant workers and health outcomes". It also carries out surveys on special issues identified by themselves. One way to reveal issues is literature

PHPRO project is funded by the European Commission through the Leonardo da Vinci / Life Long Learning Program and the views expressed in this document do not reflect European Commission's views but only those of the authors.

review. Periodic meetings 1 / 3 months are held. The board meets every 3 months in so called planning meetings where they discuss recently emerged issues and decide future policies and future projects. For example in one of these meetings they have decided for their own guideline for quality management in Project Management. This is a clear example of participatory planning on long term.
The instruments used to develop the PHPs are mainly guidelines for developing programs, whereas the principles employed are interdisciplinary work, participation, involvement of the affected and working groups.

3. The approval of the public health policy

The decision about implementing a PHP is made by the LIGA and it is endorsed by the Land Ministry for Labour and Health. In between there is a prevention conference organized at Land level and where the Ministry for Labour and Health, the statutory health insurance funds, universities and experts are members. This conference is a formal body which has a secretariat and plans for 5 years and they are consulted for any public health policy at land level. In the conference members are employers associations and unions but they don't have the right to vote. However, their opinion is always considered and if they oppose a new consensus is being sought. After this the policy is officially adopted and becomes public and ready to be implemented.

4. The implementation of the public health policy

The implementation of the PHPs is carried out by LIGA, municipalities, doctors associations, companies, employers associations, depending on the topic.

5. The monitoring of the public health policy outcomes / effects

Every project has its instruments for monitoring. The set of indicators are chosen as such to be most adequate. (Example?).

6. The evaluation of the public health policy

PHPRO project is funded by the European Commission through the Leonardo da Vinci / Life Long Learning Program and the views expressed in this document do not reflect European Commission's views but only those of the authors.

The evaluation of OSH policies is carried out by an independent not for profit cooperation institute in Hamburg.

There is no special methodology for the evaluation of PHP. The data used is qualitative data resulted from surveys.

The main strengths of the process are considered to be:

- The existence of a collective decision body (the conference)
- Participation in early steps in implementation
- Transparency
- Interdisciplinary work
- Variety of different views
- The use of social science
- Information on implementation

The weaknesses of these processes might be the fact that they are time consuming and the compromise reached is not always the best solution.
The pitfalls to be avoided in these activities are miscommunication or wrong communication.
In agency in charge of developing regional public health policies should rely on participation of the stakeholders in consensus oriented conferences, a scientific advisory board and collective work.

The Federal Centre for Health Education (BzgA)

The Federal Centre for Health Education is a public organization subordinated to the Federal Ministry of Health (BMG). BZgA was established by the Decree of 20.7.1967, according to which it has the following tasks:

- Elaboration of principles and guidelines (content and methods) for practical health education
- Vocational training and continuing education for health education professionals
- Coordination and intensification of health education,

PHPRO project is funded by the European Commission through the Leonardo da Vinci / Life Long Learning Program and the views expressed in this document do not reflect European Commission's views but only those of the authors.

- International collaboration

The main fields of activity of the Federal Centre for Health Education are the following:

Development and implementation of action programmes for:

- Preventing infectious diseases, particularly HIV/AIDS and sexually transmitted diseases
- Drug and addiction prevention (mainly tobacco and alcohol prevention)
- Promoting child and youth health (healthy development; nutrition, physical exercise, mental health)

The statutory tasks are:

- Sex education and family planning as required by *Pregnancy and Family Assistance Act*
- Education on organ and tissue donation as required by *Transplantation Act*
- Education regarding blood and plasma donation as required by Transfusion *Act*

Other important tasks are:

- Evaluation and quality assurance
- Research & development
- Coordination and cooperation

The main goals of BzgA are preventive healthcare and health preservation. To achieve these goals BzgA takes certain measures and develops programmes aimed at reducing the incidence of diseases (primary prevention) and improving the early detection of diseases (secondary prevention), as well as strengthening health-related potentials (health promotion). The latter is achieved by strengthening people's knowledge, attitudes and abilities, fostering a healthy behaviour. People are educated to recognize and avoid risks and assume responsibility for their own health and that of others.

PHPRO project is funded by the European Commission through the Leonardo da Vinci / Life Long Learning Program and the views expressed in this document do not reflect European Commission's views but only those of the authors.

In order to achieve these goals long-term measures are required; these are based on scientific findings and are planned and implemented in a target-oriented manner. For achieving the best possible results for the resources employed (effectiveness and efficiency) market observation, quality assurance and strategy development techniques are used. Clear priorities are set, and the target groups and subject areas are precisely defined.

The Federal Centre for Health Education has been considered an efficient institution that works successfully in health education and whose campaigns made an essential contribution to health prevention in Germany.

Below there are several examples of health education and health promotion programmes:

Komm auf Tour (Come on tour)

This is a programme aimed at increasing the responsibility of youngsters who have to make decisions about their future career. The programme is implemented in few Lander: Berlin, Branderburg, Baden Wurttemberg, North Rhein Westphalia.

It was noticed that 7.3% of the pupils leave school without a diploma at the age of 12-13; these adolescents have also a higher rate of teenage pregnancy.

The project consists of a journey through a set of several rooms, each one being oriented towards a human activity. Children are asked to interact and perform simple tasks, the aim being to make them reflect on their abilities and skills and how to use them in the future.

The project was evaluated at it was found to be well accepted by the teenagers who appreciated the hands-on approach. There were no obstacles to participation. A control group survey found a change in attitudes, so the project is considered a success.

Know your limits

PHPRO project is funded by the European Commission through the Leonardo da Vinci / Life Long Learning Program and the views expressed in this document do not reflect European Commission's views but only those of the authors.

This is a national programme aimed at educating teenagers about the risks of alcohol consumption, and what quantities are considered not harmful to health. It has been noted that there are teenagers who drink to much alcoholic beverages and sometimes end up in hospital for acute alcoholic intoxication. The program is explaining teenagers about the metabolism of alcohol within the human body. The information is transmitted to the public by means of social marketing: TV spots, cinema spots, billboards, websites and internet links to them, and peer education (youngsters are coaching others younger than them).

Health education for migrants

Almost 20% of German population consists of migrants, mainly from Turkey, Eastern Europe and the former Soviet Union. They are refugees, people of German origin, migrant labourers, and foreign students. There are cultural differences between these people and native Germans. The most important issue is the language barrier and the fact that they are generally poorer than the average Germans. This is leading to social inequalities and further more to health inequalities. This nationwide program was designed to tackle these issues by providing health education to these target groups. In order to achieve this, mediators speaking the language of the target group were trained.

PHPRO project is funded by the European Commission through the Leonardo da Vinci / Life Long Learning Program and the views expressed in this document do not reflect European Commission's views but only those of the authors.