



GOOD PRACTICE HUNGARY

University of Miskolc

Contact person (NCO)

Name and organisation

Lorik Eszter - National Institute for Health Development

E-mail address and website

lorik.eszter@oefi.antsz.hu

www.oefi.hu/english.htm

General information about the MOGP

Name of organisation and short description

The Professional and Methodological Centre for Healthcare of the University of Miskolc takes care of the 1500 teachers and other employees of the university.

Contact person

Dr. Sára Felszeghi, sarafelszeghi@gmail.com

Website

www.uni-miskolc.hu

Information on the good practice “Health development program of the University of Miskolc”

Aims

The aim of the program is to enhance and develop the health of the employees, prolong their active age, reduce and/or eliminate risk factors such as smoking, harmful use of alcohol, and by doing so to decrease the morbidity indicators of the employees.



work. adapted for all. move europe is co-funded by the European Commission under the Public Health Programme

Target group

The program was extended to all employees with a special focus on ageing ones (employees above 45 years of age).

Description

According to survey data, the number of people with a chronic illness among the employees of the university is relatively high, especially due to sedentary work, work overload, and psychosomatic diseases caused by increased stress.

In 1989, based on the initiative of the university's occupational health service, the management together with the employees' representatives decided to implement a long-term health program, with three main pillars:

1. Establishing and developing a proper infrastructure (multidisciplinary out-patient clinic) for providing examinations, screening, treatment and rehabilitation services to ensure primary, secondary and tertiary prevention. Besides primary care services - ophthalmology, ear-nose-throat, neurology, gynaecology, physiotherapy, and a laboratory operate in this complex out-patient clinic.

Aptitude tests and campaign screenings provide a good opportunity for recognising risk factors and for early diagnosis of diseases. The proper therapy, treatment and a monthly follow up of these employees allows for avoiding possible complications. In addition, workplace restrictions help to reduce workload and stress, and help to improve the quality of life.

2. Creating the conditions and tools that enable employees to participate in workplace health promotion programs (nutrition, sports and physical activity, stress management, reducing smoking and harmful use of alcohol, health protection lectures etc.) taking into consideration their health status and workplace risk factors.
3. Planning, managing and evaluating the health promotion programs.

Why is it a good practice?

The approach combines primary, secondary and tertiary prevention.

The program is managed by the occupational health service (doctor, professional assistance) in close cooperation with the management of the university, line managers, the employees, and the Association for Healthier Workplaces. Trade unions participate in informing employees and in the popularisation of the programs. They are involved in the day-to-day operation of the program by keeping in contact with business representatives. In order to achieve the common goal, dieticians of the university's catering service, and the Institute for Sports have been involved as well.

The health promotion programs and special programs for the group of older employees (with follow up even after their retirement) are based both on work-related risk factors (stress, work overload, time pressure, ergonomic risks) and on individual morbidity indicators.



Results

Evaluation

The programs and their results are monitored yearly and corrections are made if necessary. The efficiency and the development of the morbidity rates are evaluated every 3-5 years. The evaluation of the period 2007-2012 has been under way starting at the end of 2012 through the 1st quarter of 2013. The results of 2000-2007 are promising in terms of improvement of the indices of morbidity measured (e.g. cardiovascular diseases decreased from 21,4 to 13,46%, neurological diseases from 10,16 to 3,43%, malignant tumours from 3,96 to 0,49%).

At the beginning (1998-2002) absence rates were monitored as well, but further on they were neglected because they did not prove to be relevant, due to the particularities of the employment by the university (e.g. teachers tend to give their lectures even when they are sick, or they prefer to take days off when they need to stay home due to a disease).

Incentives for success

The local government of Miskolc contributes to the implementation of the health promotion program by providing 50% discount to the employees on tickets for the local swimming pool and free underwater gymnastics twice a week for those above 45.

The company that provides catering services at the university cooperates in ensuring healthy nutrition for the employees.

Line managers respect the recommendations of the occupational health doctor about necessary changes in working conditions; they take maximal advantage of flexible working hours; they provide appropriate conditions for going to work according to the special needs of employees with chronic diseases; and if necessary working hours are reduced.

Barriers for success

The withdrawal of the occupational health doctors' right to execute sickness transfers (charging the health funds) made it very difficult to carry out all necessary examinations for diagnosis and complete treatment, especially for employees living with a disability or chronic disease.

