

# Germany

## Health Management in the City of Berlin

### About the administration

As one of Germany's largest public administrations, the administration of the city and federal state of Berlin provides services to a population of approximately 3.4 million. The scope of duties is characterised by activities of a widely varying nature and includes such different areas as administrative services, teaching and youth work of all kinds, tax administration, the police department, the fire department, the penitentiary system, horticulture, construction, surveying, and the cultural sphere.

These duties are the responsibility of around 150,000 civil servants and blue- and white-collar workers. Around 17% work part-time and approximately 6.1% of the staff are disabled. Women make up approximately 60% of the workforce. In recent years, the average age of the staff has risen to 45.

### Budget consolidation and cuts in personnel

The 1990s were characterised by the pressures of budget consolidation, the consequence of which was huge cuts in personnel. For the staff, this process was accompanied by a consolidation of responsibilities and an increase in the daily workload. As a result, both job dissatisfaction and absence due to illness (9% in 2000) increased continually. Those in charge at Berlin's administration, the unions, and the professional associations of the civil service faced up to this personnel policy challenge - the growing employee dissatisfaction

and the high rates of absence due to illness, combined with a problematic demographic development - and, in 1999, decided to implement a health management project. Health management in Berlin is an integrated component of the administrative reform process and applies to all blue- and white-collar workers and civil servants (including all those in training) in all of the various parts of Berlin's administration.

### Two levels of project organisation

The implementation of the project "Health Management in Berlin's Administration" is carried out on two levels that are linked organisationally with one another.

■ The centralised level includes a "Central Office for Health Management," which was established specifically for this purpose at the Senate Department for the Interior. Under its leadership, a steering committee comprised of members from various departments and organisations (representatives of the Senate Departments and the borough offices, staff representatives, unions, and professional associations) meets regularly and coordinates, evaluates, and directs the overall process. In addition to organisational tasks, such as holding an annual meeting for the exchange of information between specialists in the various departments, the Central Office for Health Management is also responsible for content-related tasks, such as developing an advisory and framework plan for Workplace Health Promotion, planning qualification measures, public relations work,

**Contact:**  
**City of Berlin**  
Angelika Delin  
Phone: +49-30-90272865  
E-mail:  
delin@seninn.verwalt-berlin.de

Peter von Rymon-Lipinski  
Phone: +49-30-9027 2247  
E-mail:  
rymon-lipinskivon@seninn.verwalt-berlin.de



coordinating and directing decentralised activities, and drawing up uniform statistics on days lost due to illness.

■ On the decentralised level, i.e., in each of the departments of Berlin's administration, there is a "health management" working group that plans, coordinates, and directs activities that promote health on site and on departmental level. The tasks of the health management working group include: analysing work areas that have a particularly heavy workload with the aid of a health report for the department in question; supporting the establishment of health circles (quality circles with a focus on health); evaluating the success of the measures introduced and doing public relations work related to the department in question.

### Health managers

The health management working groups are given professional assistance by specialists in carrying out their tasks. These include, on the one hand, personnel from the department in question who have been trained as "health managers" in in-house training facilities and are now functioning as such in more than 70 departments. By the end of 2002, there will be "health managers" in more than 100 departments. Additional support is provided in the form of outside expertise from, in particular, BKK Berlin (the health insurance fund of the city and federal state of Berlin). As a rule, BKK Berlin accompanies the

implementation of measures intended to promote health and advises the working groups.

The goals of health management in Berlin, which have been formulated jointly, are to be implemented based on this organizational work. The primary task is to identify the various causes of days lost due to illness – also, for instance, using the health circles – and to introduce measures appropriate to improving health. Health should be promoted in the interest of the entire staff and of the departments.

### Management plays a key role

Management staff play a key role in this process, since it is assumed that absence due to illness is also influenced by factors such as management behaviour and its effect on the staff at work. With this in mind, Berlin's health management considers a cooperative leadership style that invites participation very important.

Health management in Berlin is financed by re-distributing and prioritising previously allocated and existing budgetary funds and by BKK Berlin. Staff members are exempted from their normal duties with pay in order to take part in health measures and in the health management working groups.

### How the system works

Berlin's health management takes as its premise the idea that it is neither possible nor economically reasonable, due to limited resources, to implement health-promoting measures across the board.

For this reason, it is very important that suitable areas are chosen.

Therefore, areas with particular health problems were identified first, using a citywide health report that includes data from BKK on sick leave rates and from the personnel department on days lost due to illness. The implementation of health-related activities in these areas promised to be of the greatest benefit to both the staff and the department. Since the agreement on health management went into effect in 1999, the Senate Chancellery, two borough offices, four Senate Departments (Finance, Health, Justice and Urban Development), the Berlin Residency Office, and the State Office of Administration, with a total of approximately 12,000 employees, have in this way been included one after another in measures to promote health. With the support of BKK Berlin, more than 50 projects and individual workplace health promotion measures have been initiated here.

Despite the differences in the details, each of the projects is characterised by the following procedure:

### Public relations work and information

Promoting health must be a transparent process. Its success is dependent on its being accepted by all parties. The first step of a project is therefore to provide comprehensive information to the staff on all levels of the hierarchy about what is being planned. As a rule, staff are informed in writing and in meetings.

### Analyses

The primary instrument for analysis is the workplace health report. It is the basis for the modification and development of additional appropriate measures in the department in question. As a rule, the health report is based on three sources of information:

■ 1. Data from BKK on the sick leave rates. The basic idea of this stage of analysis is an epidemiological comparison. An examination is made in order to determine whether there is something unusual about individual departments with respect to the figures on absence due to illness. Here days lost due to illness are compared both within the administration and with the corresponding national and sector data, and illnesses associated with unusual features and high incidence are identified.

■ 2. Health surveys. With the aid of standardised questionnaires or interviews, all of the staff members of a particular department or of an area that has been selected for intervention are asked about their workload, their health problems, and their job satisfaction. The data collected here complements the analysis of the figures on sick leave rates in providing information on possible connections between working conditions and illness. Staff participation in responding to the anonymous questionnaires or in being interviewed is voluntary.

■ 3. Risk assessment and workplace programmes. Documented assessments of risks associated with working conditions in a given department, which are

required by health and safety legislation, provide an additional basis for evaluating the health situation. Further, in four projects “workplace programmes” have also been conducted, which include, in addition to the evaluation of working conditions, the assessment of and advice on health-appropriate behaviour at work of individual staff members, such as exercises to compensate for a workday that consists primarily of sitting at the computer.

### Developing measures

Only rarely, however, do recommendations on practical measures to promote health result from the findings of the analyses. Berlin’s health management assigns this responsibility to the “health circles.” These are small groups composed of members of an organisational unit. They discuss the workload and health problems found in their own work areas and draw up recommendations for reducing or eliminating these with an eye to creating a healthy workplace.

As do other quality circles, health circles are formed to address a specific topic, include management staff at as early a stage as possible, are of limited duration, and are chaired by outside experts, often from BKK.

### Providing qualification, particularly for management staff

In order to do justice to the special role played by superiors in the health promotion process, corresponding seminars are conducted for management

staff on setting up teams, talking to staff members, conflict management, and health management. Superiors are also given individual coaching. So far approximately 300 members of middle management staff have been included in these training and support measures, again with the assistance of BKK.

### Looking at the results

As a rule, data and information from three sources are incorporated into the evaluation of projects:

- Surveys of the staff members directly involved in the measures
- Surveys of the staff members in the intervention areas who were indirectly involved
- Routine data, such as the statistics on days lost due to illness and data from BKK on the sick leave rates.

### Recommendations for better health

Evaluations show that an average of 40 to 50 recommendations for health-appropriate improvement in the structuring of work were developed in each of the 30 health circles that have been conducted so far. Discussions clearly tended to focus on psychosocial and organisational pressures that result, for instance, from inadequate communication and information, relationships between superiors and co-workers, and adverse work flows or organisation of work. Not all of the recommendations for improvement were able to be implemented, which, to a large extent, was due to the costs that would have been

incurred. However, six months after each health circle had been conducted, approximately 50% of the suggested measures had been put into practice.

### **Job satisfaction and productivity**

Implementing the recommendations proved to be positive both for individuals and for their departments as a whole. Fifty to seventy-five percent of those surveyed in the intervention area and the vast majority of those who were directly involved felt that their working situation had changed for the better. Job satisfaction also increased. It is probable that staff performance and productivity have also been affected.

### **Absenteeism**

Absence due to illness did not increase in 2000 in Berlin's administration and even declined slightly in 2001. Eliminating the taboo against discussing the topic has probably also contributed to this development: days lost due to illness in Berlin's administration are no longer ignored or passively accepted as unalterable; rather, discussion takes place and the root of the problem is actively sought. The introduction of workplace health promotion – as a measure that initiates, supports, and accompanies this process – has made a decisive contribution to promoting this development.

### **Looking to the future**

Management staff members also have a significant role to play in this process. Their actions influence the performance of their staff both directly and indirectly and therefore also have an indirect effect on the level of absence due to illness. In order to make this clear, starting in 2002 – in accordance with the express wish of Berlin's parliament – providing personal support to staff and promoting the health of staff at work, using modern personnel management, will be a component of agreements on targets. Management staff will be judged by its adherence to these agreements.