

# Germany

## Workplace Health Promotion at the Federal Insurance Institute for Salaried Employees

### About the authority

As the biggest German pension office, the Federal Insurance Institute for Salaried Employees (BfA) administers the accounts of roughly 31.6 million insured persons and pensioners plus 1.5 million employers. BfA tasks include settling legal claims efficiently and giving competent advice on all questions of old-age provision and rehabilitation. These tasks are carried out by approximately 27,000 members of staff, 75% of whom are women, 15 % part-timers and about 550 in part-retirement.

There are 11 different BfA office buildings in Berlin alone. Departments have been set up in Gera (Thuringia) and Stralsund (Mecklenburg-West Pomerania) implementing the resolutions of the Commission on Federalism. There are 427 local advisory offices nationwide employing more than 1,600 members of staff, a further 1,700 employed in company inspection and approximately 3,500 working in 27 BfA-owned rehabilitation centres nationwide. A further department is being set up in the town of Brandenburg.

### Background

The project "Workplace health promotion" is the outcome of the working group on absenteeism set up on the initiative of the staff committee of the supervisory board in 1996. The initial task of establishing the causes of sick absences and working out proposals on how to reduce such absences has, over time, been transformed into the specific

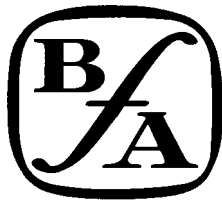
task of promoting workplace health. In addition to drawing up guidelines on how to deal with talks on sick absences, attention was focussed on developing a plan for workplace health promotion at the BfA. In 1999 a resolution was passed establishing workplace health promotion as a holistic, continuous and long-term instrument for leadership and management at the BfA. In June 2000 a project leader's position was set up and occupied.

### Project infrastructure

Implementing the project "Workplace health promotion" is a strategic departmental goal in the field of personnel; content and organisation are part of the company medical service.

The project is under the control of a committee, the project control group, consisting of the managing directors, the head of personnel, a representative of the internal organisation development office, the company chief medical officer, a representative for industrial safety, the company social service and the women's representative (now the representative for gender equality), the staff representative, the representative for the handicapped and the project manager. The working group on "Workplace health promotion" is the central motor and decision-making instance. Its members do this work voluntarily in addition to their regular tasks. The criteria for membership were commitment and interest in active contribution, knowledge of the organisation, expertise (e.g. industrial medicine or psychosocial expertise), also experience in

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workplace health promotion, of course. Besides this there is no doubt that the project relies on many other active supporters, working in particular in the mostly temporary and topic-oriented (sub) working groups.

### **Clear objectives**

The goals of workplace health promotion are reducing strain on health at the workplace, improving personal health competence among staff, raising job satisfaction and thereby improving the health status of staff. To achieve these goals the project is granted a budget that is adjusted annually according to its requirements. Health promotion is currently one field of action in personnel management in the modernisation process at the BfA and it will be located within a new project management in the future.

### **Putting WHP into practice**

Information is distributed at different levels. Members of staff can refer to the Intranet project page and/or the monthly staff magazine "BfA-intern". Besides this, there are information sessions or kick-off events – for instance when setting up health circles – not only to inform but also to motivate and illustrate the participatory approach. Furthermore, the BfA publication "Health at work", regularly received by all members of staff, is intended to be used for special publications with in-depth background information.

For the managers in the personnel department there are the monthly meetings of the (middle) managers and the daily briefings of the head of department. The first internal managers' congress in this department took place a few months ago; staff health promotion (as a leadership task) is to be integrated into such congresses in future.

The current status of the project and its results are also presented to all heads of department at meetings (once so far). In addition, all measures to promote staff health have been presented to the leading committees of the BfA, its supervisory board (the personnel committee) and the delegates' assembly (consisting of equal numbers of representatives of employers and employees). The reports were received with great interest and the hope that such action will reduce the sick leave rates.

### **Staff survey**

With respect to instruments and results of analyses available the BfA has a wide-ranging staff survey, workplace analyses and sick absence analyses at its disposal. Almost 43 % of staff responded to the survey carried out in 1998. The aim of the survey was to establish the objective causes for and factors influencing sick absences in order to obtain a factual basis for measures to promote workplace health. Data evaluation was carried out with the support of an external consultant. The findings, passed on to all members of staff, revealed considerable need for change and indicated many necessary starting points.

### **Dealing with working conditions**

Workplace inspections take place in cooperation with representatives for industrial safety, with the company medical service, with the personnel representative and with a representative of the particular sub-department; inspection of an individual workplace by company doctors is also carried out as a matter of course if staff request this. The conditions at the workplace are always evaluated.

### **Company health report**

Regular analyses of absence due to illness are carried out in the personnel department. The rates of absenteeism are submitted to the managing directors and the personnel committee of the supervisory board.

In the meantime three medical insurance companies with the most members among BfA employees have drawn up health reports which will be included in a company health report.

So far it has been the staff survey that has formed the basis for translating analyses findings into action. The findings of the staff survey indicated the degree of satisfaction with working conditions, the strain at work, health complaints and also points for improving working conditions and job satisfaction.

### **Health campaigns and lifestyle issues**

At the level of campaign and prevention there have been health and campaign days (world day of diabetes; the heart

week; respiratory complaints/smoking) and a workplace programme for the addressee group “data programmers”; courses in relaxation and exercise have been set up and run by BfA staff in one office. Currently health promotion courses (such as back exercises) are being run in co-operation with the medical insurance companies (TK, GTK) in another big office building. The women's representative's office has also organised a session on the Asian practice of “Qigong” and another programme on “the Menopause – Health in the prime of life”.

### **WHP as a leadership task**

At prevention level pilot courses for young managers (lawyers) on “Stress management” and “Health-promoting managerial behaviour” are planned in co-operation with a health insurance company (BKK VBU). At this level workplace health promotion is intended to be understood and taken on board as a leadership task in the medium run.

### **Work-life balance**

In the framework of work-life balance a course is planned for staff on family leave and returners to work, reintegration also being a central field of the programme for women's career advancement. Other measures, which could be seen at the level of prevention, include the “Family Service”, the “parent-child workplaces” in office buildings, part-timing or different patterns of work (such as teleworking). In view of the many members of staff involved, linking such measures to workplace

health promotion offers further development potential.

Proposals for further measures are expected in the near future from a newly set up working group on “Healthy nutrition at work” and from the working group on “Involving the rehabilitation centres and local offices in workplace health promotion”.

### **Health circles**

Setting up and running health circles is a significant point of intersection of analysis and intervention. In a first pilot project three health circles are being set up with the support of a health insurance company (DAK), one in the BfA post office, one in a domestic claims department and one in a foreign claims department. These circles are now almost ready. Since the number of employees involved runs to approximately 180, implementing these health circles has entailed a considerable amount of communication to provide the necessary information for both managers and employees.

### **Looking at the results**

As described, experience has been gained in the course of the project in the form of pilot projects, which have yet to be evaluated. Instruments for this and the corresponding evaluation design are still being developed.

The feedback from members of staff with regard to the outcome so far has been really positive. Workplace health promotion has become something real

for many, acceptance and interest in further action is growing. Knowledge and communication of workplace health promotion has spread within the organisation. Staff at all levels (managers included) are expressing interest and asking questions.

Results of a completed workplace programme point out the proposals for quality assurance made by members of staff. These proposals will be taken into account in future programmes.

Sustained impact of these measures on staff satisfaction will not be apparent, however, until a further staff survey is carried out at the end of the project in 2003. Experience shows that impact on sick absence rates will also only be apparent in the long run.