

PH Work Part 2 : in-depth case description

Case Study Template for Good Practice

As was already mentioned in the introduction paper there are 3 ways of finding and describing good practices:

1. To get in touch directly with **employers or companies** which are known for their efforts to promote job retention and the return to work of workers with chronic illnesses with special attention to those initiatives consisting in workplace health promotion strategies/activities. It may well be the case that there are only a few companies that explicitly pay attention to this subject.
2. To approach prominent vocational **rehabilitation service providers** which in close cooperation with companies contribute to high-standard re-integration policies for people with a chronic illness. The good practice may be described from both perspectives: company and service provider.
3. To describe interesting **projects or collective initiatives** of collaborating stakeholders (like patient/consumer organisations, insurance agencies, information campaigns, demonstration projects, award schemes for company good practice etc.). Of course the focus in these good practice studies is more on the aspects of the added value and societal impact of these initiatives, than on individual company practice.

It would be helpful to our research when you will include at least two of these three types of good practice.

Background information

1. Country and National Contact Office (NCO)

Hungary, Országos Egészségfejlesztési Intézet (National Institute for Health Development)

2. Name and address of company (incl. contact details of informant) **(when the company is the main focus of the good practice)**

University of Miskolc, Professional and Methodological Centre for Healthcare (Egyetem út 17, Miskolc, 3515)
Dr. Sára Felszeghi, PhD, (Tel: +36/46/565 391, sarafelszeghi@gmail.com)

3. Name and address of the organisation/agency /service provider (incl. contact details of informant) which is primarily responsible for organising the good practice within companies **(when a service provider is the angle of approach)**

4. Name and address of the organisation/agency (incl. contact details of informant) which is primarily responsible for organising the activities **(when a collective action project is the angle of approach)**

5. General information about the company of good practice

Website www.uni-miskolc.hu

Sector (NACE)¹ 8542

Number of employees 1500

Description of main activities and relevant statistics:

A university with more than 17.000 students, 1500 teachers and other employees.

General information on good practice

6. Title of the case: Complex health development program of the University of Miskolc

7. Summary

a) Aims and objectives (100 words)

The aim of the health promotion 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, distress (primary prevention), to early diagnose (secondary prevention), to treat diseases and rehabilitate them at the workplace (tertiary prevention) and by doing so to decrease the morbidity indicators of the employees. One of the important steps in order to ensure primary, secondary and tertiary prevention is to bring health provision closer to employees and to strive for definitive care. To establish a complex out-patient clinic in order to provide health care and rehabilitation services for employees, especially those with chronic diseases. Besides primary care services ophthalmology, oto rhino laryngology, neurology, gynaecology, physiotherapy, and laboratory operates in this complex out-patient clinic.

Tasks of the program fall under one of the following three main steps:

1. Establish and develop proper infrastructure (multidisciplinary out-patient clinic) for providing examinations, screening, treatment and

¹ Nomenclature statistique des activités économiques dans la Communauté Européenne.

See: http://ec.europa.eu/environment/emas/pdf/general/nacecodes_en.pdf

- rehabilitation services (to ensure primary, secondary and tertiary prevention)
2. Create and provide the conditions and tools that enable employees to participate in workplace health promotion programs taking into consideration their health status, and workplace risk factors.
 3. Create, prepare, operate and adopt workplace health promotion programs

b) Specification of core activities and interventions (100 words)

The health promotion program was launched in 1989. The task of the program have been realised partly in parallel and partly in succession of each other. Implementation, monitoring of the tasks and their necessary changes have been carried out yearly or every three years.

1. Establish and develop proper infrastructure (multidisciplinary out-patient clinic) for providing examinations, screening, treatment and rehabilitation services (to ensure primary, secondary and tertiary prevention). The out-patient clinic has gradually been developed to provide primary care services (such as occupational health, physician, and dental surgeries) as well as a range of special services of ophthalmology, oto rhino laryngology, neurology, gynaecology, physiotherapy, locomotor rehabilitation and laboratory.
2. In cooperation with the management of the University the conditions and tools were created that enable employees to participate in workplace health promotion programs (nutrition, physical activity, stress management, reducing ergonomic risks, reducing smoking and harmful use of alcohol, etc.).
3. Planning, managing and evaluating the screening and health promotion programs (sports and physical activity, individual and team stress management trainings, health protection lectures, etc.).

c) Why in your opinion is this a good practice? (100 words)

Please refer to some of the afore mentioned criteria for success:

Is a specific approach and strategy prominent

Multidisciplinary and complex approach that allows for primary, secondary and tertiary prevention.

coordination with various stakeholders assured

Close cooperation between the management of the university, the employees, and the occupational health service (planer, coordinator and manager of the program).

focus on chronic illness

According to survey data the number of people with chronic illness among the employees of the university is relatively high especially due to sedentarism, work overload, psycho-somatic diseases caused by increased stress. The main aim of the health promotion program is to prevent / treat them.

Is early intervention and case management

One of the main aims of professional, job related aptitude tests and campaign screening is to enable early recognition and early intervention of diseases as well as their regular (monthly) follow-up.

Issue of self-management/self-determination

Innovative aspects

Development of a special, multidisciplinary form of healthcare for the employees.

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

any process and outcome data available

Change of morbidity indicators between 2000 and 2007

Cardiovascular diseases: 21,43% / 13,46%

Locomotor diseases: 10,53% / 3,49%

Neurological diseases: 10,16% / 3,43%

Diseases of the respiratory organs: 4,58 % / 1,9%

Metabolic diseases: 2,97% / 3,12%

Diseases of the digestive organs: 6,7% / 2,02%

Malignant tumours: 3,96% / 0,49%

8. History of this good practice and the factors prompting its establishment (why and how did the good practice evolve?) (200 words)

The results of the examinations in 1988 and 1989 showed that morbidity rates of our employees in each morbidity group are not worse than the average at regional or country level. Even though they were still quite high, therefore based on those results and on knowing the complaints and the risk factors of the employees the university came to the conclusion that it is very important to take measures to reduce those morbidity rates in order to ensure productivity and improve the employees' quality of life.

9. Is a target group of the practice specified? (yes/no) If yes, please provide a brief description of the target group.

The program was extended to every employee with a special focus on aging ones (those above 45 years of age).

10. Describe the core activities and interventions paying special attention to the four main topics: 1) company culture, health promotion at the workplace 2) coordination between professionals/agencies, 3) early intervention and case management and 3) early intervention and case management and (200 words)

1) company culture, health promotion at the workplace

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 complex health program .

The three pillars of the program:

1. Establishing and developing proper infrastructure (multidisciplinary out-patient clinic) for providing examinations, screening, treatment and rehabilitation services (to ensure primary, secondary and tertiary prevention).
2. creating the conditions and tools that enable employees to participate in workplace health promotion programs (nutrition, physical activity, stress management, reducing ergonomic risks, reducing smoking and harmful use of alcohol, etc.).
3. Planning, managing and evaluating the health promotion programs (sports and physical activity, individual and team stress management trainings, health protection lectures, etc.).

2) coordination between professionals/agencies

The program is managed by the occupational health service (doctor, professional assistance). In order to achieve the common goal employees' representatives, line managers, dietician of the university's catering service, and the Institute for Sports have been involved.

3) early intervention and case management

Aptitude tests and campaign screenings (allergology, gynaecology, etc.) provide a good opportunity for recognising risk factors and for early diagnosis of diseases. The proper therapy, treatment and monthly follow up of these employees allowed for avoiding possible complications. Workplace restrictions helped to reduce workload and stress and to improve quality of life.

Organisational aspects

11. Is there a stepwise approach in your case? Please describe the different steps.

1. job related aptitude examinations/tests, screenings
2. diagnosis
3. determination of appropriate therapy with respect to overload and stress
4. treatment and rehabilitation
5. joining health promotion programs

12. Who is involved in the case (employees, line management, board of directors, service providers, health professionals, etc.)?

Employees, health professionals, management, service providers

13. Who is primarily responsible for good practice within the company (role/function)?

The university's occupational health service is responsible for the professional management of the program, the university's management is responsible for providing the resources necessary for the implementation of the program (human and financial resources, tools, instruments, conditions, infrastructure, etc.)

14. In what way are external service providers (public or private, public health care, vocational rehabilitation, etc.) involved in the good practice? (100 words)

Screenings, diagnosis and regular follow up of the employees are carried out by experts of the out-patient clinic, apart from them physiotherapists are involved in the rehabilitation.
The local government of Miskolc contributes to the implementation of the health promotion program by providing 50% discount to the employees of the university on tickets for the local swimming pool and to those above 45 free underwater gymnastics twice a week.
The company that provides catering services at the university cooperates in ensuring healthy nutrition of the employees.
An external service provider offers yoga and folklore dance programs 3 times a week.

15. In what way are stakeholders outside the company/organisation (not service providers) involved in the good practice?

Their activities are continuously coordinated by the program managers during planning and implementation. Decisions about necessary modifications or corrective actions are made jointly with the service provider

16. Are the responsibilities and competences of the stakeholders adequate for promoting sustainable employability? (Yes/no). Please include an explanation of their jurisdiction, training or qualifications in your response.

Yes.

The professionals and experts of the occupational health service, the doctors and professional assistance of the out-patient clinic, the physiotherapists, and the yoga trainers all have the professional qualifications to ensure proper implementation of the program.

17. What is the role of social partners or business representatives, if any (employers, trade unions, employee councils)?

The employer extensively supports the efforts to promote employees' health.
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.
The program management cooperates regularly with the chairs of the Association for Healthier Workplaces in order to make use of financial resources from tenders and of good practices.

18. In what way workplace health promotion (which in general is aimed at the general and usually healthy working population) is linked to the employability promotion of workers with a chronic illness or Disability Management?

Health promotion programs are designed based on the risk factors of employees with chronic diseases. These programs help to avoid complications and contribute to the improvement of their quality of life as well as their productivity by considering the proper workload.

Results

19. Has there been any evaluation of the good practice? (**Yes**/no) (reference and 50 words)

The programs and their results are monitored yearly, 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 preliminary results are promising in terms of improvement of the indices measured. For the results of 2000-2007 please see in paragraph 7/c above.

Please illustrate in relation to the following issues (50–100 words):

How is the good practice monitored? What information is collected? (50 words)

How is the good practice evaluated?

Have the costs and benefits of the good practice been monitored?

What were the results of the evaluation?

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

20. Are there any incentives within the company/organisation, e.g., training facilities, rewards, bonuses, decrease in working hours, etc., to promote sustainable employability for workers with disabilities and chronic illness? Please provide details (150 words)

Line managers respect the recommendations of the occupational health doctor about necessary changes to 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, if necessary the working hours are reduced.

21. Are there any incentives from outside the company/organisation, e.g., insurance premium reductions, employer wage subsidies, etc., to promote sustainable employability for workers with disabilities and chronic illnesses? Please provide details (150 words)

As part of the cooperation between the University and the local government employees can get a discount of 50% of the ticket price to the local swimming pool and can participate in under water gymnastic training 3 times a week for free.
The rehabilitation institutes of the county hospital contribute further to the success of their rehabilitation.

22. Are there any barriers within the company/organisation, e.g., lack of appropriate services or support, lack of suitable jobs, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

No

23. Are there any barriers from outside the company/organisation, e.g., economic disincentives, inflexible social security provisions, etc., to the sustainable employability of workers with disabilities and chronic illnesses? Please provide details (150 words)

In this topic you may also go into the consequences of the economic crisis with respect to the employability of workers with a chronic illness.

The withdrawal of the occupational health doctors' right to execute sickness transfers (charging the health funds) made it very difficult to carry out

all the necessary examinations for the diagnosis and complete treatment especially in case of employees living with disability or chronic diseases.

24. To promote sustainable employability for workers with a chronic disease or disability a transnational campaign is proposed. What sort of information, material or support do you need to make such a campaign successful in your country?.(150 words)

Development of proper legal background

Development of necessary conditions for education (information materials, films, good practices)

Popularising it and providing wide access to it