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Good Practices in Social Security

Good practice in operation since: 2011

Establishment and operation of workers' health centers to promote health for vulnerable groups of workers

**Certificate of Merit with Special Mention, ISSA Good Practice Award – Asia and the Pacific
competition 2018**

Korea Occupational Safety and Health Agency
Republic of Korea

Summary

The Korea Occupational Safety and Health Agency (KOSHA) has established 42 workers' health centers nationwide to provide complimentary health services to workers in workplaces with less than 50 employees, who show higher prevalence of diseases based on health examinations and who work under poorer environments that are prone to exposure to more harmful factors.

The services provided by the centers consist of health consultations and examinations, work stress prevention and exercise prescriptions performed by professionals such as occupational and environmental medicine doctors, nurses, and clinical counsellors.

From 2015 to 2017, a total of 502,675 workers visited the centers for health consultations and examination. By tracking the health conditions of 31,951 workers who participated in the programs more than twice, we figured out that about 67 per cent (21,306) of workers demonstrated health improvements.

The centers play a significant role in promoting the health and welfare of the vulnerable (female, elderly, migrant workers) by helping them to use the centers without discrimination.

Workers' health centers have contributed to improving workers' health, given the stable financial support from KOSHA. The coverage of the center will steadily be expanded to include services for internal stability through outreach services, trauma counselling, etc.

The issue or challenge

What was the issue or challenge addressed by your good practice? Please provide a short description.

Despite the fact that workers in small workplaces with less than 50 employees show higher prevalence of diseases based on health examinations, and work under poorer environments that are prone to exposure to more harmful factors than workers in medium-and-large workplaces, these small workplaces remain to be blind spots for occupational health management (health management, working environment management and work management) due to the absence of any legal obligation to appoint health managers. The situation strongly requires necessary measures in order to address these issues. In addition, a problem of access to the centers hinders these workers from caring for their health conditions appropriately.

Addressing the challenge

What were the main objectives of the plan or strategy to resolve the issue or challenge? List and briefly describe the main elements of the plan or strategy, focusing especially on their innovative feature(s) and expected or intended effects.

Consequently, KOSHA established workers' health centers in order to provide free, professional health promotion services which workers can easily access. KOSHA has tested the effectiveness of the project through pilot operations of a center for four years between 2007 and 2010. Based on results which showed that this project has successfully contributed to the

enhancement of workers' health, KOSHA officially launched this project in 2011 and has since endeavoured to promote the health of workers in small workplaces with less than 50 employees. There are 42 such centers nationwide as of 2018.

With the support of six experts which include occupational and environmental medicine specialists, nurses and job stress specialists, the Workers' Health Center performs health examinations to prevent work-related cerebrovascular and cardiovascular diseases and muscular skeletal disorder for workers in small workplaces, provides consultations to prevent work stress, and provides follow-up management based on the health examination of workers.

Targets to be achieved

What were the quantitative and/or qualitative targets or key performance indicators that were set for the plan or strategy? Please describe briefly.

In 2017, the KOSHA made efforts to expand the coverage of occupational health services for workers at the workplaces with less than 50 employees. For this, KOSHA established 16 more branch offices of the center for greater accessibility to and management efficiency of remote industrial complexes where workers are unable to pay visits to the center or where house-calls by medical personnel are limited. KOSHA also implements outreach services using medical buses for health promotion.

This year, the agency plans to operate programs of health consultations, examinations and follow-up management based on the results of health examinations of 150,800 workers. A budget of approximately 14 million dollars of the United States (USD) has been procured for this purpose. It also aims to manage traumas of workers who experience or witness horrific fatal accidents and to help promote health for vulnerable occupations such as drivers and caretakers.

Evaluating the results

Has there been an evaluation of the good practice? Please provide data on the impact and outcomes of the good practice by comparing targets vs actual performance, before-and-after indicators, and/or other types of statistics or measurements.

From 2015 to 2017, a total of 502,675 workers visited the workers' health centers for health examination/consultation and follow-up management programs, and 412,068 (82 per cent) of these workers were from small workplaces with less than 50 employees. Moreover, in 2017 alone, 20,310 foreign migrant workers (a 20 per cent increase compared to 16,998 in 2016) paid a visit to the centers and participated in the programs, as evidenced by the expanded use of the centers by foreign workers.

According to a report analysed by KOSHA on the health status of 31,951 workers who have participated in the programs offered by the Workers' Health Center (prevention of muscular skeletal disorder and cerebrovascular and cardiovascular diseases, job stress management) on two or more occasions from the entire workers accessing the programs at the center, 66.68 per

cent (21,306 workers) of those participants demonstrated improved health, showing that the center has significantly contributed to health promotion of the workers.

Based on all workers who have used the Workers' Health Center, 81.8 per cent of them were from workplaces with less than 50 employees, 45.1 per cent were women, 42.6 per cent were elderly workers and 4.1 per cent were foreign migrant workers. Again, this demonstrates that the center makes notable contributions to health promotion of the workers from vulnerable groups (women, elderly and foreign nationals).

Lessons learned

Based on the organization's experience, name up to three factors which you consider as indispensable to replicate this good practice. Name up to three risks that arose/could arise in implementing this good practice. Please explain these factors and/or risks briefly.

Aggressive political and technical support at the state level is required for health promotion and management of workers in small workplaces and for vulnerable groups who remain in the blind spots of adequate health care services. Most of all, migrant workers are routinely facing a situation where they are unable to access sufficient safety and health services due to cultural and language barriers. Through the Workers' Health Center, non-discriminative and active health promotion services are now made available to those who are in desperate need of such services. The Workers' Health Center is currently fulfilling a substantial role not only to protect the health of vulnerable workers but also to improve their welfare as well.

For the purpose of successful operation of the Workers' Health Center, easy accessibility must be ensured in order for workers to access services; and high-quality professional workforce must be procured for the quality operation of the center. At the same time, stable procurement of sufficient budget is also an integral element to support the operation of free programs.