



## **Draft concept for the 2013-2014 prevention campaign**

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## Introduction

Musculoskeletal disorders (MSDs) are frequently described as a „national disease“, since one person in two complains of problems in this comprehensive and complex area. MSDs are of immense importance in the occupational sphere. In Germany work-related musculoskeletal disorders are those causing the highest direct costs (costs of treatment) and indirect costs (loss of production owing to sick leaves), and for many years have led the statistics for working days lost owing to incapacity for work broken down by diagnostic group [1].

The 2008 report by the German government on the health and safety at work situation and on trends in occupational accidents and diseases in the Federal Republic of Germany provides comprehensive data on the frequency of MSDs and the associated costs in the occupational sphere [1]. According to this report, this group of diseases was responsible in 2008 for approximately 112 million lost working days, corresponding to over 24.6% of the total sick leaves; over 25,000 persons also took early retirement in 2008 owing to reduced earning capacity attributable to MSD (approximately 16% of cases of early retirement for health reasons, and the second most frequent diagnostic group). MSDs are statistically also among the most significant diseases in terms of their costs to industry, being surpassed in this respect only by diseases of the digestive system. According to the German Federal Office of Statistics, MSDs accounted for approximately €13.6 billion or 11% of all direct costs of illness (essentially expenditure for treatment) incurred in 2006 for 15 to 65-year-olds [2]. In addition, MSDs were responsible for almost a quarter of production losses in 2008 caused by incapacity for work, at €10.6 million from a total of €43 million. This was substantially more than any other diagnostic group.

In the modern world of work, a range of working conditions lead to various workloads upon the musculoskeletal system. According to a survey conducted by the German Federal Institute for Vocational Education and Training (BIBB) and the Federal Institute for Occupational Safety and Health (BAuA) in 2005/06, some 23% of persons in gainful employment are still frequently required to handle heavy loads at work. Professions strongly affected are those in the agriculture, transport, storage, foods, certain metals, care and health sectors, and in particular construction and associated professions. Approximately 14.3% of employees frequently work in awkward postures (bent, squatting, kneeling, working overhead). Again, this is particularly common in the construction and associated professions, and also in agriculture, various professions in the metals and electrical sectors, and in the miscellaneous service-sector professions. In addition, repetitive movements of the hands and arms, for example at workplaces involving continual repetition of the same load-handling tasks, present a risk of injury to the musculoskeletal system [3]. Finally, another problem is the high proportion of insured individuals whose working day is increasingly characterized by physical inactivity (for example schoolchildren and workers at VDU workplaces) and/or static workloads, for example resulting from sustained standing or sitting without effective breaks.

Mental and psychosocial stress factors are also associated with back complaints [4]. Work-related MSD risks can be considered particularly severe where physical workloads are accompanied by a high level of mental workloads, owing for example to strong time and/or performance pressure. Over half of the German working population believe themselves to be frequently affected by such a combination.

The demographic shift and the pending rise in the retirement age constitute further challenges. Prevention of occupational MSDs is increasingly being conducted against the backdrop of a progressively ageing workforce.

Improved prevention of MSDs at the workplace by the avoidance or reduction of musculoskeletal workloads therefore translates into a considerable health benefit for employees and at the same time a considerable economic benefit for businesses. The resulting contribution to enhancing fitness for work and employment is in the interests of the economy and society as a whole.

# Limiting the range of topics covered by the campaign

**Owing to the wide range of prevention topics and measures for the avoidance/prevention of musculoskeletal stresses, it was necessary to limit the suitable topics for a campaign.**

In the first phase, the DGAUM (the German Association for Occupational and Environmental Medicine) was therefore given the task at the end of 2008 of conducting a literature review on occupational MSDs. This survey comprised four work packages: into the prevalence of MSDs in various occupations and tasks in Germany; into the associated risk factors (physical, mental and in combination); into parameters/indicators of the effects of the MSDs in question; and into effective, evaluated prevention approaches and national and international research strategies [4].

The results of the DGAUM literature review were discussed and experience pooled between MSD experts from various countries at the international MSD conference held by the DGUV in Dresden in October 2009. The objective was to identify suitable topics for the prevention campaign, deficits in research, and MSD prevention topics for the future [5]. As a flanking measure, the IFA – Institute for Occupational Safety and Health of the DGUV conducted a questionnaire survey among conference delegates into the prioritization of MSD prevention topics.

Based upon the results of work packages 1 and 2 of the DGAUM literature review, the lower spine (lumber spine) and the associated risk factors were clearly prioritized as a suitable topic for a campaign. The delegates from various countries to the MSD conference principally confirmed these results regarding the foci of disease and the affected occupational groups/tasks.

Lumber spine syndromes likewise clearly topped the ranking in the results of the MSD survey of experts on priorities in MSD prevention. The discussion in a conference workshop confirmed this result, priority being given to MSDs in the area of the lower spine as opposed to the upper extremities or the knee (ranked second and third respectively), owing in part to the availability of more comprehensive research results, the impact upon many different occupational groups, and the relationship with MSDs in other regions of the body (such as the neck/cervical spine).

By contrast, the large number of MSDs of the upper extremities under consideration requiring additional inclusion of the hand-arm system was considered problematic.

Finally, the EU-OSHA recommendations for campaigns on the subject of health protection and safety were included in the wider considerations during the post-conference analysis [6, 7]. The recommendations can be summarized as follows:

- ▶ Intelligent targets should be specified, i.e. they should be specific, measurable, reasonable, realistic, and achievable within a defined timeframe.
- ▶ The target groups including various sub-categories should be known in detail.
- ▶ Clear and simple messages should be communicated on a topic that lends itself to the conducting of a campaign.

A campaign for the „Prevention of lower back workloads“ would be able to satisfy these criteria. The topic is suited to a prevention campaign owing to its specificity, measurability, prevalence, relevance, existing criteria for risk assessment/scope for quantification of the risk factors and existence of clear diagnostic criteria, comprehensive research results and evaluated prevention measures, and a clear, simple message (see below regarding the core message).

At the 1/2010 meetings of the prevention managers' conference (PLK), prevention principles committee (GAP) and directors' conference (GFK), the campaign was initially focussed upon the prevention of lower spine disorders. At its 1/2010 meeting, the Governing Committee instructed the GAP to investigate extending the scope

of the campaign to the upper back region. The GAP subsequently proposed selecting the spine in general/the back as the overall campaign topic. In the GAP's opinion, the concept could select the prevention of stresses in the lower spine region as the focus, with the objective of attaining a healthy stress level. Flanking areas can be covered in the campaigns by the supporting institutions. The Governing Committee responded by formulating the following decision at its 2/2010 meeting: „The umbrella campaign will primarily address the lower spine, but the concept will leave scope in particular for the supporting institutions, so that on a case-by-case basis, the latter's campaigns can cover other areas of the spine up to and including the topic of ‚back overall‘ in the individual accident insurance institutions.“ In addition, the proposal by GAP was adopted in accordance with the prevention mandate of the statutory accident insurance institutions under the German Social Code VII Section 14 for the focus not to be the diseases, but the workloads upon the spine/back.

The following detailed concept is to form the basis for the campaign.

## **Function of the statutory accident insurance institutions**

The prevention mandate of the German statutory accident insurance institutions extends beyond the prevention of occupational accidents and diseases to include work-related health hazards. Musculoskeletal workloads, in this instance specifically upon the back, clearly fall within the scope of work-related health hazards.

In recent years, campaigns have proved to be effective prevention instruments for the raising of awareness and the dissemination of information among companies, employees, and the general public. A joint prevention campaign addressing this important topic is therefore to be conducted in 2013.

The campaign will embody circumstantial and behavioural prevention approaches.

## **Joint German OSH Strategy (GDA)**

Reducing the frequency and severity of musculoskeletal stresses and disorders (MSDs), including reducing mental workloads and promoting the systematic safeguarding of occupational safety and health within companies, is one of three GDA targets. The findings of the GDA projects are to be incorporated directly into the prevention campaign. This particularly applies to the binding GDA Category 1 projects agreed at national level, „Safety and health in nursing“ and „Healthy and successful office work“.

## **European campaign**

In 2007, reducing musculoskeletal workloads was the key campaign topic of the European Agency for Safety and Health at Work, under the motto „Lighten the Load“. This campaign has already raised awareness for the scope available to employers and insured individuals in the areas of circumstantial and behavioural prevention in order to prevent high musculoskeletal stresses at workplaces. The DGUV's campaign will build upon the Agency's campaign, in order to focus upon reducing hazards and stresses which could lead to work-related back disorders.

## **Supporting institutions and partners in the joint prevention campaign**

The campaign is being prepared and conducted jointly by the statutory accident insurance institutions and the DGUV. It is open to further supporting institutions and partners, such as the German agricultural social insurers, statutory health insurance institutions, retirement pensions insurance institutions, the German national and regional governments, professional associations, and the clinics of the statutory accident insurance institutions.

## Target groups of the campaign

The target groups of the campaign are:

- ▶ Insured individuals (employees, schoolchildren, students, voluntary workers, etc.) who are exposed to unfavourable physical back stress, either alone or in combination with mental stress
- ▶ Employers and individuals with responsibility for the safety and health of workers at work
- ▶ Mediators and disseminators within companies (occupational physicians, OSH professionals, employee representative bodies, etc.).

For the medical checkup “G 46 - Musculoskeletal workloads“, the DGUV Working group „Occupational medicine“ has developed a classification for the physical workload factors. This classification has since become established in Germany, where it has also been adopted within professional associations [8]. Table 1 in the appendix shows examples of relevant physical risk factors associated with work-related spinal disorders/diseases, together with the corresponding sectors/occupational groups/tasks. These are:

- ▶ Manual material handling operations, such as lifting, holding, carrying, pulling and pushing
- ▶ Working in awkward postures, such as: sitting and standing without effective relief, postures involving trunk flexion, squatting, kneeling and lying down
- ▶ Work involving high exertion and/or exposure to force
- ▶ Repetitive tasks with high handling frequencies
- ▶ Exposure to whole-body vibration

Static workloads at office VDU workplaces and physical inactivity should also be regarded as constituting physical load factors in the context of this concept<sup>1</sup>.

Mental and psychosocial load factors associated with back complaints and diseases particularly include [4, 5]:

- ▶ Highly demanding work
- ▶ Poor control/scope for decision-making
- ▶ Lack of social support (from superiors, colleagues)
- ▶ Insufficient gratification
- ▶ Dissatisfaction with work
- ▶ Workplace insecurity
- ▶ Monotony

In principle, these mental and psychosocial load factors may occur in all employment groups [9].

<sup>1</sup> OSH principle G46 excludes employees at office VDU workplaces.

Various discrete factors have a major influence upon the strain [10] and upon the success of prevention measures [12, 13]. These factors include:

- ▶ Age
- ▶ Sex
- ▶ Body height and weight
- ▶ Fitness/excessive relieving behaviour under pain
- ▶ Attitude
- ▶ Health behaviour (e.g. exercise, nutrition)
- ▶ Cognition disorders (e.g. catastrophization, fear-avoidance beliefs)
- ▶ Emotions (e.g. depression)
- ▶ Personality (e.g. external attribution style)

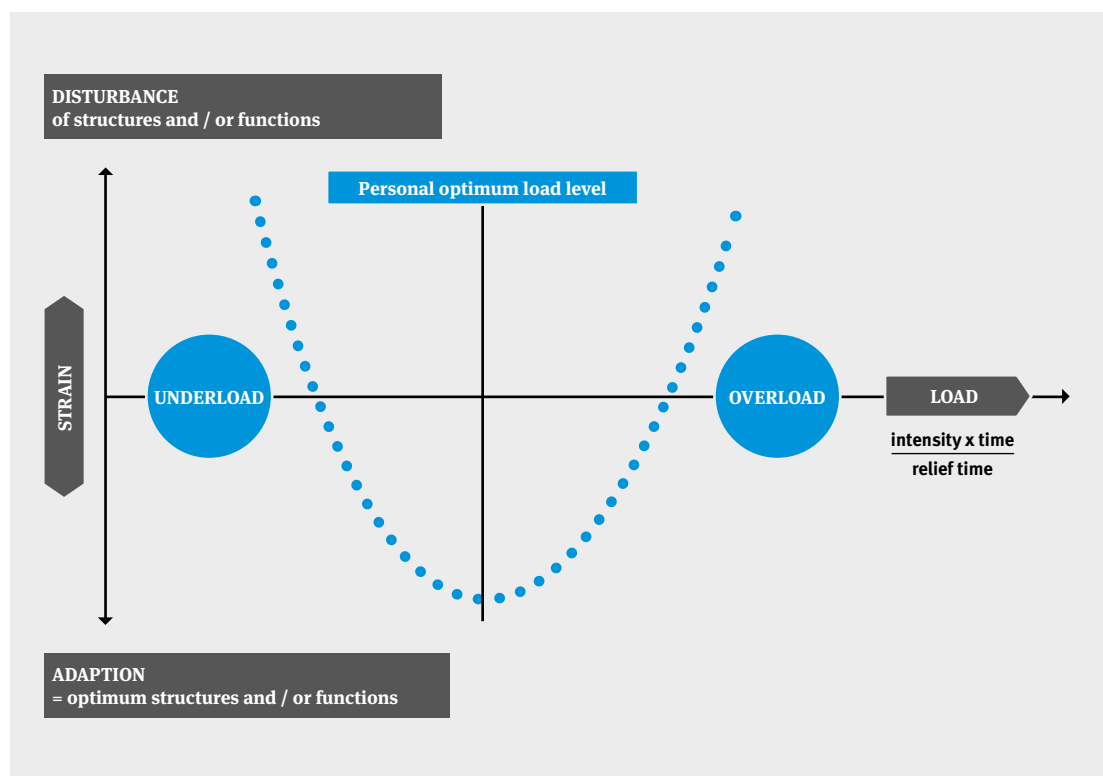
## Core message and targets of the campaign

The detailed concept forms the basis for creative implementation in the form of campaign communications (logo, slogan, creative ideas, media, etc.). The core message to be communicated should therefore also be defined. The message is the pivotal aspect of communication. It is NOT, however, the campaign title, slogan or claim.

The core message of the campaign should be:

**„The right amount of workload keeps the back healthy.“**

This approach enables both work-related overload and underload, for instance resulting from physical inactivity (U curve, see Figure 1), to be tackled. The measures are to follow a holistic approach within a prevention campaign, in consideration of physical and psychosocial factors.



U curve showing relationship between strain and workload (underload, overload), source: [11]

## General target of the campaign

Reducing occupational back load (including underload).

## Prevention targets

- ▶ Increase in the number of companies with ergonomically optimized workplaces, premises and procedures, including workplaces geared to an ageing workforce
- ▶ Increase in the number and quality of risk assessments concerning physical and mental stresses with a focus upon the back
- ▶ Increase in the number of companies conducting occupational medical checkups in accordance with OSH principle G46
- ▶ Enhancement of a prevention culture in companies and schools, for example through improvements in work organization, managerial skills, introduction of elements of health management
- ▶ Increase in the number of insured individuals taking advantage of (company-sponsored) prevention measures relating to back loads or complaints
- ▶ Increase in the personal health skills of the insured individuals (knowledge, attitude, behaviour, subjective feeling of well-being, etc.)
- ▶ Identification of concrete prevention products from research findings in the fields of ergonomics and occupational medicine, and their application in corporate and educational environments
- ▶ Increase in the number of schools with a suitable „Healthy school“ concept

## Lines of action / prevention instruments

Prevention measures for companies and schools are to be developed, made available and evaluated in the context of the campaign. The campaign is to consider all areas of prevention (primary, secondary and tertiary). The following lines of action are thus identified, in consideration of employee involvement:

- ▶ Guides to risk assessment
- ▶ Programmes for occupational rehabilitation within companies
- ▶ Ergonomic design of workplaces and products
- ▶ Integrative health management
- ▶ Preventive occupational medical care
- ▶ Training programmes
- ▶ Instruments for assessment by companies of their own preventive activity (for example by means of online surveys)
- ▶ Materials for schoolchildren, teachers and parents

### Subjects to be explicitly excluded from the scope of the campaign

- ▶ The prevention of workloads and disorders of the upper limbs
- ▶ The prevention of workloads and disorders of the lower limbs



## Structure of the campaign

The prevention campaign consists of a joint umbrella campaign involving all participating institutions, and campaigns targeting specific groups and conducted by individual statutory accident insurance institutions (and where applicable by the statutory health insurance institutions etc.).

### Umbrella campaign

The umbrella campaign, which is to be primarily media-based, has the purpose of raising awareness for the activities of the campaigns conducted by the supporting institutions. The umbrella campaign constitutes the framework for the various prevention activities of the latter. Essential elements of the umbrella campaign include:

- ▶ Provision of a common communication concept and a uniform design of the campaign, including an agreed slogan and specified design guidelines
- ▶ Provision of central and general media suitable for cross-sector use and for multiple target groups, or for easy adaptation to the needs of individual supporting institutions, such as: leaflets, brochures, magazines, radio announcements, video clips, model advertisement, Internet portal, the tapping of online social networks
- ▶ Provision of information to disseminators and multipliers on the conducting of the campaign and on adjustment within the individual institutions in consideration of particular sector- or target group-specific aspects
- ▶ High-visibility promotion of the campaign, for example by poster advertising, press activities and events
- ▶ Involvement/recruitment of prominent disseminators and multipliers in order to raise the visibility of the campaign and to enhance its efficacy

### Campaigns by the supporting institutions

The supporting institutions pursue the targets of the campaign through campaigns of their own for specific sectors or aimed at particular target groups. Essential elements of the campaigns by the supporting institutions include:

- ▶ Transfer of the detailed concept and of the future communication concept into practice for specific target groups
- ▶ Training of staff in the prevention services of the supporting institutions for implementation of the campaign in companies and in schools
- ▶ The campaign must be co-ordinated in its impact with other prevention services and have a reinforcing effect upon them (not only during the campaign, but also beyond its completion)
- ▶ Conducting of events
- ▶ Conducting of institutions' own media and press activity
- ▶ Use/production and distribution of media
- ▶ Where applicable, launching of research projects within the scope of the campaign

## Evaluation

The umbrella campaign and the campaigns by the supporting institutions are to be evaluated comprehensively. A joint evaluation concept is to be drawn up based upon the present adopted concept and parallel to the development of measures. The reader's attention is drawn at this point to the „Common principles for prevention campaigns of the German Social Accident Insurance“ (see appendix 2 (in German only) or please visit [www.dguv.de](http://www.dguv.de), webcode d 106644).

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## Concluding remarks

The German Social Accident Insurance formulates the following medium and long-term aims with regard to work-related health risks in the back region:

- ▶ The number of workplaces associated with impairing strain upon the back is to be reduced.
- ▶ The number of sick leaves attributable to disorders and diseases of the spine is to be reduced.
- ▶ The number of cases of early retirement caused by diseases of the spine is to be reduced, and the retirement age in such cases is to be substantially increased.
- ▶ The costs of applicable disorders and diseases (lost production, loss of gross added value, costs of treatment) are to be reduced.

The targets of the prevention campaign, which has an envisaged duration of two years, must be differentiated from the above long-term prevention targets of the German Social Accident Insurance. The long-term targets stated will also be pursued by other institutions.

The joint prevention campaign will make an important contribution to the attainment of these targets. The first, indispensable step towards a change in circumstances and behaviour is that the target groups must be aware of the campaign's topic and appreciate its relevance to them. Through the campaign activities of the supporting institutions in schools and companies in particular, tangible initial success in terms of improvements in circumstances and behaviour should be attainable even within the short period of two years.

The indicators stated above, the details of which have yet to be defined, are also to be observed in the medium and long term beyond completion of the campaign. In order to assure sustainability, extension of the campaign's duration beyond the two-year period and/or a second or further campaign „waves“ (for example in 2016 and/or 2017) are an option for consideration. This aspect must also be considered in relation to the definition of the targets for the second GDA phase beginning in 2013. Extension or repetition of the campaign is also conditional upon the recruitment of suitable partners outside the statutory accident insurance system, and upon the depth and breadth of impact that can be attained through them.

## Literature

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Table 1: Examples of physical risk factors and typical related occupational groups/tasks which are associated with work-related back complaints, excerpt from [8].

## APPENDIX 1

## Examples of physical risk factors

Physical risk/load factors	Examples of associated sectors/occupations/tasks
<b>Manual materials handling</b>	
<b>Lifting, holding, carrying</b>	<ul style="list-style-type: none"> <li>• Construction sector: assembly of scaffolding, masonry work with blocks requiring handling with both hands, carpentry work</li> <li>• Transport trades: vehicle maintenance, baggage handling work at airports</li> <li>• Agriculture, forestry, landscaping</li> <li>• Metals industry: foundries/casting fettlers, metalwork</li> <li>• Nursing and health services: tasks in healthcare and geriatric care</li> <li>• Trade and logistics: warehousing, order-picking, transport work; parcel sorting</li> </ul>
<b>Pushing and pulling</b>	<ul style="list-style-type: none"> <li>• Nursing and health services: pushing and pulling of beds and wheelchairs</li> <li>• Transport trades: pushing and pulling of trolleys on airliners, baggage handling work at airports, special tasks of aviation mechanics, domestic refuse disposal (refuse workers)</li> <li>• Landscaping: pushing and pulling of containers containing plants (loading)</li> <li>• Trade and logistics: warehousing, order-picking and transport work; pushing/pulling of trolleys in mail-order/postal operations</li> <li>• Cross-sector: pushing and pulling of carriages/trucks</li> </ul>
<b>Working in awkward postures</b>	
<b>Sitting without effective breaks / with lack of movement</b>	<p>Special workplaces/tasks:</p> <ul style="list-style-type: none"> <li>• Microscopy workplaces</li> <li>• Seated (primarily) activity at a process control system, control panel work</li> <li>• Tasks in drivers' cabs</li> <li>• Surveillance workplaces</li> </ul>
<b>Standing without effective relief</b>	<ul style="list-style-type: none"> <li>• Meat-processing industry: meat portioning</li> <li>• Nursing and health services: sustained standing at operating tables, in some cases in conjunction with constrained postures</li> <li>• Retail trade: sales tasks</li> <li>• Construction sector: carpenters</li> </ul>
<b>Working in awkward trunk postures, static / dynamic, high proportion of the time</b>	<ul style="list-style-type: none"> <li>• Metals industry: tank construction, shipbuilding, welding in confined spaces, visual weld inspection</li> <li>• Mining: at faces with a seam thickness below 210 cm, work at the working face with a free working height of &lt; approx. 160 cm; faceworker preparing the face – erection work on roof supports</li> <li>• Construction sector: concrete technicians, steelfixers, composition floor layers, tilers, plumbers, bricklayers</li> <li>• Transport trades: aircraft loading personnel</li> <li>• Horticulture: vegetable harvesting, plant work, pruning work at ground level, grafting of roses, etc.</li> <li>• Children's daycare facilities: daycare facility staff</li> </ul>

Physical risk/load factors	Examples of associated sectors/occupations/tasks
<b>Squatting, kneeling, lying</b>	<ul style="list-style-type: none"> <li>• Mining sector: faceworker during extraction – work at the face at a free working height of up to approximately 120 cm</li> <li>• Construction sector: floorers, roofers, tilers, plumbers, parquet layers</li> <li>• Metals industry: welding in confined spaces (e.g. tanks, double bottoms, shipbuilding)</li> <li>• Cross-sector: work in poorly accessible places, e.g. in shipbuilding, turbine manufacture, aircraft manufacture</li> </ul>
<b>Arms above shoulder level</b>	<ul style="list-style-type: none"> <li>• Construction sector: decorating work, stucco workers and plasterers, plasterboard construction</li> <li>• Automotive industry: special assembly work in the manufacture and maintenance of vehicles</li> <li>• Cross-sector: maintenance work</li> </ul>
<b>Work involving high exertion and / or exposure to force</b>	
	<ul style="list-style-type: none"> <li>• Horticulture: tree care/felling with the use of rope-assisted tree-climbing techniques (basic and advanced)</li> <li>• Construction sector: facade construction workers – erection of façades, scaffolding erection during work on special structures (bridges, towers)</li> <li>• Power supply works: maintenance for example of overhead lines, wind-power systems, transmitter towers</li> </ul>
<b>Repetitive tasks with high handling frequencies</b>	
	<ul style="list-style-type: none"> <li>• Trade, logistics and postal services: tasks in packaging and mail order, mail sorting offices, order-picking</li> <li>• Food industry: for example fish and meat processing</li> <li>• Textile and clothing industry: sewing workplaces</li> <li>• Nursing and health services: masseurs</li> </ul>
<b>Exposure to whole-body vibration</b>	
	<ul style="list-style-type: none"> <li>• Construction sector: use of plant and vehicles such as excavators, construction site trucks, dump trucks, tracked vehicles, (road) graders, etc.</li> <li>• Agriculture and forestry: use of plant and vehicles such as tractors, forestry machines on site, agricultural and forestry towing vehicles, etc.</li> <li>• Trade, logistics: e.g. use of fork-lift trucks on uneven ground</li> <li>• Helicopter pilots</li> <li>• Use of military vehicles</li> </ul>

Examples of physical risk factors and the occupational groups and tasks typically at risk which are associated with occupational back complaints. Excerpt from [8].

# Gemeinsame Grundsätze für Präventionskampagnen der gesetzlichen Unfallversicherung

## strategie

## planung

### Kampagnen sind Teil der Präventionsstrategie der gesetzlichen Unfallversicherung

- Sie bringen ein Thema in den Blickpunkt der betrieblichen und der allgemeinen Öffentlichkeit.
- Ihre Wirkungen müssen mit anderen Präventionsdienstleistungen verknüpft werden und diese verstärken, auch über die Kampagnenlaufzeit hinaus.
- Die Reduzierung der Arbeits- und Wegeunfälle, der Berufskrankheiten sowie der arbeitsbedingten Gesundheitsgefahren ist übergeordnetes Ziel der Präventionsarbeit und damit auch der Kampagnen.
- Für Präventionskampagnen der gesetzlichen Unfallversicherung gilt: Verhältnis- und Verhaltensprävention bedingen einander.

### Die gemeinsamen Präventionskampagnen bedürfen einer detaillierten Planung

- Die Kommunikationsziele sollen die Präventionsziele unterstützen. Eine Ist-Analyse auch unter Berücksichtigung der Ergebnisse früherer Kampagnenevaluation ist daher vor jeder Kampagne erforderlich. Zuerst ist die Frage zu stellen, ob eine Kampagne die richtige Methode zur Erreichung der Ziele ist.
- Es ist ausreichend Zeit für die Vorbereitung gemeinsamer Präventionskampagnen vorzusehen.
- Die organisatorischen Voraussetzungen bei den Trägern sind rechtzeitig zu schaffen (Verantwortlichkeiten festlegen, Rahmenbedingungen festlegen, begleitende interne Kommunikation).
- Kampagnen sollten monothematisch ausgerichtet sein. Sie können daher nicht immer für alle DGUV-Mitglieder passgenau konzipiert werden. So kann zum Beispiel eine Trennung von Schüler-Unfallversicherung und Allgemeiner Unfallversicherung sinnvoll sein.
- Die Konzentration auf wenige konkrete, nach den SMART-Kriterien festgelegte Ziele und klar definierte, eingegrenzte bzw. nicht zu heterogene Zielgruppen erhöht die Effizienz einer Kampagne (SMART = spezifisch, messbar, akzeptiert, realistisch, terminiert).
- Die Zielgruppen sind bei der Konzeption einzubeziehen. So sollten z.B. Pretests in der Zielgruppe durchgeführt werden.
- Die Kampagnendurchführung ist strategisch, dramaturgisch und taktisch zu planen.
- Hinsichtlich der Kampagnendauer sollten abhängig vom Thema individuelle Festlegungen getroffen werden. Optional können Kampagnen in Intervallen mit festgelegten Anfangs- und Endpunkten aktiviert werden.
- Kampagnen müssen mit relevanten Partnern verzahnt werden. Die frühzeitige Einbeziehung möglicher Kooperationspartner ist erforderlich.



# struktur

# wirkung

## Die Struktur aus gemeinsamer Dach- und Trägerkampagnen ist für den Kampagnenerfolg essentiell

- Die Dachkampagne ist primär medial orientiert und schafft die kommunikative Basis. Die Trägerkampagnen sind zielgruppenspezifisch dialogorientiert.
- Die gemeinsamen Konzepte sind als Konsens zu verstehen und erfordern das Einhalten gemeinsamer Beschlüsse.
- Eine hohe Qualität kommunikativer Verzahnung zwischen Dachkampagne und Trägerkampagnen ist erforderlich, um den Erfolg der Kampagne zu sichern.
- Öffentlichkeitsansprache (Dachkampagne) und Trägerkampagnen müssen prägnant auf die Zielgruppen abgestimmt sein (Marketingkonzept). Die konkrete Präventionsarbeit in den Trägerkampagnen bzw. Schwerpunktprogrammen ergänzt und erweitert die Öffentlichkeitsansprache der Dachkampagne.
- Eine interne Kommunikation im Sinne einer „Kampagne vor und während der Kampagne“ ist zur Identifikation notwendig.
- Eine schlankere Kampagnenorganisation ist Voraussetzung für ein optimales Zusammenwirken von Dachkampagne und Trägerkampagnen.
- Die Kommunikation und Entscheidungsfindung in den Gremien der Dachkampagne und der Trägerkampagnen müssen zielorientiert sein. Redundanzen sind zu vermeiden.

## Die Wirkung gemeinsamer Präventionskampagnen ist auf allen Ebenen zu evaluieren

- Zur Messung der Wirkung einer Kampagne sind aus den jeweiligen konkreten Zielen geeignete Indikatoren abzuleiten.
- Die Evaluation der Dachkampagne orientiert sich an Zielen der Dachkampagne, die Evaluation der Trägerkampagnen an den jeweiligen Zielen der Trägerkampagnen.
- Die Evaluation muss vor Beginn der Dach- und Trägerkampagnen geplant werden und starten. Eine Nullmessung (Ist-Zustand) ist durchzuführen. Die Evaluation soll während und nach der Kampagne fortgeführt werden (Vorher-Nachher-Messung).
- Unfall- und BK-Zahlen schwanken aufgrund verschiedener Ursachen von Jahr zu Jahr. Das Zusammenwirken dieser Einflussgrößen ist nur schwer identifizierbar, da sie nicht alle systematisch miterfasst werden können. Unfall- und BK-Statistiken erlauben nur eine Beschreibung des Status Quo. Es kann anhand von Unfall- und BK-Zahlen keine wissenschaftlich gesicherte Aussage über Erfolge oder Misserfolge von Kampagnen getroffen werden.
- Die Wirkung von Kampagnen sollte entsprechend einer Wirkungskette auf den Ebenen „Aufmerksamkeit“, „Wahrnehmung“, „Akzeptanz“, „Wissen“, „Einstellung“, „Verhalten“ und „Verhältnisse“ – als wichtige Einflussfaktoren auf Unfälle, Berufskrankheiten und arbeitsbedingte Gesundheitsgefahren – gemessen werden. Dazu sind die direkten Zielgruppen zu befragen.

## Über die „Gemeinsamen Grundsätze für Präventionskampagnen“

Am 15. und 16. Juli 2010 haben im Rahmen eines Strategie-Symposiums erstmals rund 120 Selbstverwalter, (Haupt-) Geschäftsführer/innen, Präventionsleiter/innen und Kommunikationsverantwortliche der Berufsgenossenschaften und Unfallkassen intensiv über die Strategie gemeinsamer Präventionskampagnen diskutiert.

Die in vier Workshops erarbeiteten Standpunkte wurden im Plenum abgestimmt und erhielten dort Zustimmungen zwischen 80 und 99 Prozent. Zusammengefasst wurden sie von den Gremien der DGUV verabschiedet und werden als „Gemeinsame Grundsätze für Präventionskampagnen der gesetzlichen Unfallversicherung“ den zukünftigen Kampagnen zu Grunde gelegt.