

## PREVENTION MAKES YOU STRONG — INCLUDING YOUR BACK (*PRÄVENTION MACHT STARK — AUCH DEINEN RÜCKEN*)- GERMANY

**Type of initiative:** Work programme

**Time frame:** 2013-2018

### 1 Description of the initiative

#### 1.1 Introduction

The work programme on musculoskeletal disorders (MSDs), which had the motto 'Prevention makes you strong — Including your back' (*Prävention macht stark — auch deinen Rücken*), was launched in 2013 and ran until 2018. It was part of the Joint German Occupational Safety and Health Strategy (*Gemeinsame Deutsche Arbeitsschutzstrategie — GDA*), which is a concerted, long-term initiative by Germany's Federal Government, federal states (*Länder*) and occupational accident insurance funds to improve OSH in the workplace. With the joint strategy, the German government, federal states and public accident insurance institutions are making the prevention work more systematic and better coordinated on the basis of joint OSH objectives, fields of action and work programmes.

The objectives are agreed in consensus between the GDA bodies and in close consultation with the social partners for three to five years. Every 5 years, the stakeholders of the GDA define work programmes according to those objectives that all stakeholder organisations implement together. The objectives selected for 2013-2018 were to improve the OSH management in companies, to reduce work-related health hazards and MSDs and to protect and strengthen health in the case of work-related mental load.

The work programme related to MSDs included workplace inspections and a broad information campaign. Parallel initiatives were carried out in coordination with the work programme: an MSD campaign by German Social Accident Insurance (DGUV) entitled 'Think of me — Your back'; the project 'MEGAPHYS', in which DGUV and the Federal Institute for occupational safety and health (BAuA) conducted research on the risk assessment of physical strains; and the development of an online self-assessment tool for the care sector.

#### 1.2 Aim of the initiative

Although the level of MSDs within the workforce has reduced in Germany, it remains very high and continues to be a major problem. The general goal of the work programme was to reduce work-related musculoskeletal health risks and disorders, focusing mainly on those activities seen as presenting the greatest risk for the development of MSDs, such as lifting and carrying heavy loads, repetitive work and work involving little movement. The strategy to achieve this goal was based on two aspects:

- A. To improve the prevention culture in enterprises, including the following sub-targets: (i) increase the number and quality of risk assessments, (ii) increase the number of businesses with ergonomically optimised workplaces, (iii) improve the work organisation and leadership related to MSD prevention, (iv) increase the number of occupational medical preventive treatments in cases of high workload and (v) increase the number of businesses with an occupational health management system.

- B. To increase health literacy on the prevention of MSDs among employees and insured persons by achieving the following sub-targets: (i) increase the number of employees who make use of prevention programmes in relation to MSDs and (ii) improve employees' and insured persons' individual health literacy.

The work programme had three large target groups: (i) entrepreneurs, enterprises, businesses, multipliers and counsellors, with a focus on SMEs, (ii) employees and insured persons and (iii) researchers and research institutes. Actions were supposed to target professions and workplaces with the highest risks, which were identified in the following sectors/branches: waste management, construction, forestry, health and social services, trade and logistics, maintenance and repair of vehicles, kitchen, metal/plastics production and treatment, food production, cleaning, and pre-school childcare.

### 1.3 Organisations involved

The stakeholders of the GDA include the Federal Government, the federal states (Länder) and the occupational accident insurance institutions (DGUV, which is the umbrella association of accident insurance institutions that coordinates the joint activities of the individual accident insurance institutions). The GDA is governed by the National Occupational Safety Conference (*Nationale Arbeitsschutzkonferenz* — NAK). The NAK is composed of three representatives of the Federal Government, the labour protection authorities of the federal states and the umbrella associations of the statutory accident insurance institutions. Three representatives from the leading organisations of employers and employees take part in an advisory capacity. The chair of the NAK changes annually, being chosen from among the GDA stakeholders.

The NAK defines the direction of the GDA and identifies common priorities and safety and health goals. It appoints working groups to implement the work programmes or to steer the evaluation. The working groups also have equal representation, containing representatives of all GDA organisations. The GDA stakeholders cooperate with trade associations, safety experts and occupational physicians, as well as with the statutory health insurance funds. These cooperation partners contribute to the work programmes and participate in the further development of the Strategy.

### 1.4 What was done and how

The work programmes are implemented in cycles with the following steps: (i) baseline analysis to identify the target groups, sectors and businesses most at risk, (ii) analysis and choice of the most useful instruments, methods and products offered by the GDA supporting organisations and cooperation partners, (iii) definition of measures and finalisation of the work programme, (iv) implementation and (v) evaluation.

The work programme on MSDs had four main components: an MSD website ([gdabewegt.de](http://gdabewegt.de)), focused workplace inspections and advice (by the inspectorates and the accident insurance institutions), customised training and seminars, and specialist events, exhibitions and congresses.

It resulted in the following specific actions:

- Core measures/workplace visits / inspections: the core measures included company inspections by the GDA stakeholders' inspectors between September 2014 and December 2017. Based on a scoring system, the companies that performed poorly in terms of MSD prevention were identified, a sample of which (around 10 % of those initially visited) was chosen for follow-up visits in 2016 and 2017. The following instruments were used during the visits: a survey on technical data for enterprises and businesses, action guidelines for supervisory staff, support material for advisory staff (e.g. presentation slides, video tutorials) and information brochures and other material on MSD prevention.
- Up to February 2018, 13,609 workplace visits were carried out, amounting to 90 % of the initial target. However, the analysis could include only 12,109 visits owing to erroneous data sets for the remaining workplaces. During the first round, 11,955 workplaces were visited and 1,292 were visited during the second round (follow-up visits).

Among the first-time visits, 32 % were enterprises with 20 employees or fewer, 57 % had between 21 and 249 employees and 11 % had 250 employees or more. The second-time visits showed that the situation had improved as a result of the inspections.

- Additional activities implemented by the GDA stakeholders (see below for examples): the majority of additional activities (15,678 in total) were implemented by the social accident insurance providers. They identified the relevance to the work programme of existing instruments and implemented those.

## 1.5 What was achieved

An evaluation of the whole work programme, including those elements focused on MSDs, was carried out (mid-term evaluations at the end of 2015 or 2016 and an ex post evaluation in 2018). The results are outlined below.

### Workplace visits / Inspections and advice

The initial workplace visits showed that the implementation of MSD preventive measures was deficient in relation to the following sub-targets:

- the risk assessment of physical loads;
- the instruction and participation of employees on handling loads (work organisation);
- training and support by managers (leadership);
- occupational medical preventive treatments;
- a continuous offer of prevention measures at the workplace (health management) and health literacy, especially making use of occupational medical preventive treatments.

The workplace visits showed that implementation was satisfactory in relation to the following sub-targets:

- the availability of ergonomic workstations and processes;
- health literacy with regard to ergonomics (the take-up of ergonomic support and working tools by employees).

Enterprise size did not seem to have an effect on ergonomics, leadership or employees' participation. However, small enterprises seemed to be particularly deficient in implementing risk assessment and occupational medical preventive treatments.

In those workplaces that were visited twice, an improvement was observed in the majority of workplaces in respect of all sub-targets.

### Additional activities

- Conferences on 'Practice-oriented assessment of physical strain' reached a total of 432 participants.
- The seminar module entitled 'Practised health at the workplace — It depends on the HOW' (*Gelebte Gesundheit am Arbeitsplatz — auf das WIE kommt es an*) and the film entitled 'Health literacy in the work environment' (*Gesundheitskompetenz in der Arbeitswelt*) were provided online and reached around 6,500 persons in 10 months.
- The online handbook entitled 'Moving on purpose — Also at work' (*Bewusst bewegen — auch im Job*) was accessed by around 92,000 persons over 4 months (17 January to 17 April) through the main website 'gdabewegt.de'.
- The 'Good Practice Examples' provided on the above-mentioned website were positively evaluated by technical journals. A new version went online in 2017 and reached 1,400 persons per quarter, on average.
- Qualifications and training sessions related to MSDs were attended by around 1,700 persons.
- 'Health days' (*Gesundheitstage*) on the topic of MSDs reached around 1,800 persons, mainly employees.
- Around 8,400 consultations in enterprises, including the topic of MSD prevention, were carried out.

- A total of 45 online tools were provided. These were created for a variety of purposes. Some offered the prospect of achieving a qualification; others provided a seminar; still others served as practical handbooks or provided e-learning programs.

### Online communication

- The website (gdabewegt.de) was published to draw together prevention measures from the GDA bodies and social partners. It resulted in a database of over 400 examples of prevention measures. These were clustered according to target groups, enabling those using the site to find details of tools for reducing and avoiding MSDs.
- In January 2017, visits to this website increased to around 50,000, compared with around 20,000 in 2016. The online handbook and the web page on 'risky practices' were especially successful.
- From October 2014 to December 2017, the gdabewegt.de website was visited by around 315,534 persons.
- The following activities were commonly reported on by the media: (i) the online handbook entitled 'Moving on purpose — Also at work', (ii) the work programme's kick-off, (iii) the web page on the risky practice 'pulling and pushing', (iv) the seminar module entitled 'Practised health at the workplace — It depends on the HOW' and (v) the web page on the risky practice 'repetitive work'.

## 1.6 Success factors and challenges

In the final evaluation, several aspects of the work programme were considered to have worked very well and contributed to the its success:

- The initial phase of risk analysis and the identification of target groups, sectors and enterprises most exposed to risks was considered absolutely necessary for such a large work programme across various sectors.
- The involvement of stakeholders of the GDA (the Federal Government, federal states and the accident insurance institutions), as well as the cooperation of the social partners (each with their own legal competence and expertise) in the board, in the work programme group and in work packages, ensured the technical quality of the work and adequate representation and coordination of key stakeholders, which was necessary for the widespread impact of the measure.
- Core measures (workplace visits): the standardisation of the survey on technical data for enterprises and the action guidelines for supervisory staff were considered essential for the workplace visits; the scoring system to identify workplaces that needed improvement and should be visited again was considered useful; in general, the coordinated inspection process was considered a crucial contributing factor to the improvement in many workplaces.

The following challenges were encountered:

- One of the strategic goals of the work programme was to reduce work-related musculoskeletal health risks and disorders; while prevention measures at the workplace were assessed and could be improved in many enterprises, the prevalence of illnesses could not be captured within the work programme owing to the complexity of this exercise.
- While the standardisation of the survey on technical data for enterprises was considered essential, it was still considered too complex and too long.
- The communication channel between the work programme and the supervisory staff carrying out the workplace visits was considered very long, with information sometimes not passed on in due time or accurately.
- The form of data processing was inefficient and prone to data errors, which could not be automatically traced back and corrected owing to the involvement of many actors and the system's complexity.

## 1.7 Transferability

The success of the initiative was, among other things, due to the involvement of a large network of stakeholders with different competencies. This ensured large outreach and a large number of instruments. The successful cooperation between these stakeholders was of course anchored in the specific institutional background provided by the GDA.

However, despite this institutional setting, the information exchange and coordination between all stakeholders was found to be challenging at the time. Therefore, the involvement of a broad range of participants was both a success factor and a risk factor, and the transferability of this measure depends on other countries' institutional settings.

Nevertheless, tools that have proven successful can certainly be transferred to other country settings, in particular the workplace visits and consultations, including follow-up visits to ensure that improvements are made, and the online handbooks and information on different risks.

## 2 National background

Eurostat data from Labour Force Survey ad hoc modules show that, in the 5 years from 2007 to 2013, the percentage of workers in Germany reporting some form of musculoskeletal disorder (MSD) decreased markedly from 74.9 % to 64.5 %. By contrast, in the whole of the EU, there was an increase from 54.2 % to 60.1 % over the same time period. Over that period, national legislation has been in place that implements the provisions of two EU occupational safety and health (OSH) directives that are intended to address some of the major causes of MSDs.

National legislation implementing the provisions of the Manual Handling Directive includes specific details on the nature of the information and training to be provided to comply with the legislation. There are no substantial additional requirements under German law in respect of either the Manual Handling Directive or the Display Screen Equipment Directive. However, in 1991, the Occupational Health Surveillance Ordinance (*Verordnung zur arbeitsmedizinischen Vorsorge*) was introduced, entitling employees to specific medical advice and assessments to prevent work-related MSDs. It also requires that preventive medical care be offered for activities with increased physical workload (this requirement is also specified in German Occupational Medical Rule 13.1 (*Arbeitsmedizinische Regel*)). In 2010, new MSD-related occupational diseases were added to the German List of Occupation Diseases.

Psychosocial risks are increasingly recognised as a contributing factor to work-related MSDs. In 2013, following an intense political debate, the Occupational Safety and Health Act was amended. This Act now explicitly states that employers have to conduct risk assessments that include psychosocial risks (§5) and that the measures implemented, based on those risk assessments, have to consider both physical and mental health (§4).

## References and resources

1. Information provided in the survey to the National Focal Points by EU-OSHA.
2. GDA web page on MSDs. Available at: [https://www.gda-portal.de/DE/Betriebe/Muskel-Skelett-Erkrankungen/Muskel-Skelett-Erkrankungen\\_node.html](https://www.gda-portal.de/DE/Betriebe/Muskel-Skelett-Erkrankungen/Muskel-Skelett-Erkrankungen_node.html)
3. GDA, Working plan for work programmes — Work programme on MSDs, 2014 (*Arbeitsplan für GDA-Arbeitsprogramme — Arbeitsprogramm MSE*). Available at: [https://www.gda-portal.de/DE/Downloads/pdf/Arbeitsplan-AP-MSE.pdf?\\_\\_blob=publicationFile&v=3](https://www.gda-portal.de/DE/Downloads/pdf/Arbeitsplan-AP-MSE.pdf?__blob=publicationFile&v=3)
4. GDA, Final Report on the GDA-Work Programme 'Prevention makes you strong — Including your back' (work programme on MSDs), provided by email by the Employers' Liability Insurance Association for Medical Services and Welfare Work (*BGW — Berufsgenossenschaft für Gesundheitsdienst und Wohlfahrtspflege*).

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