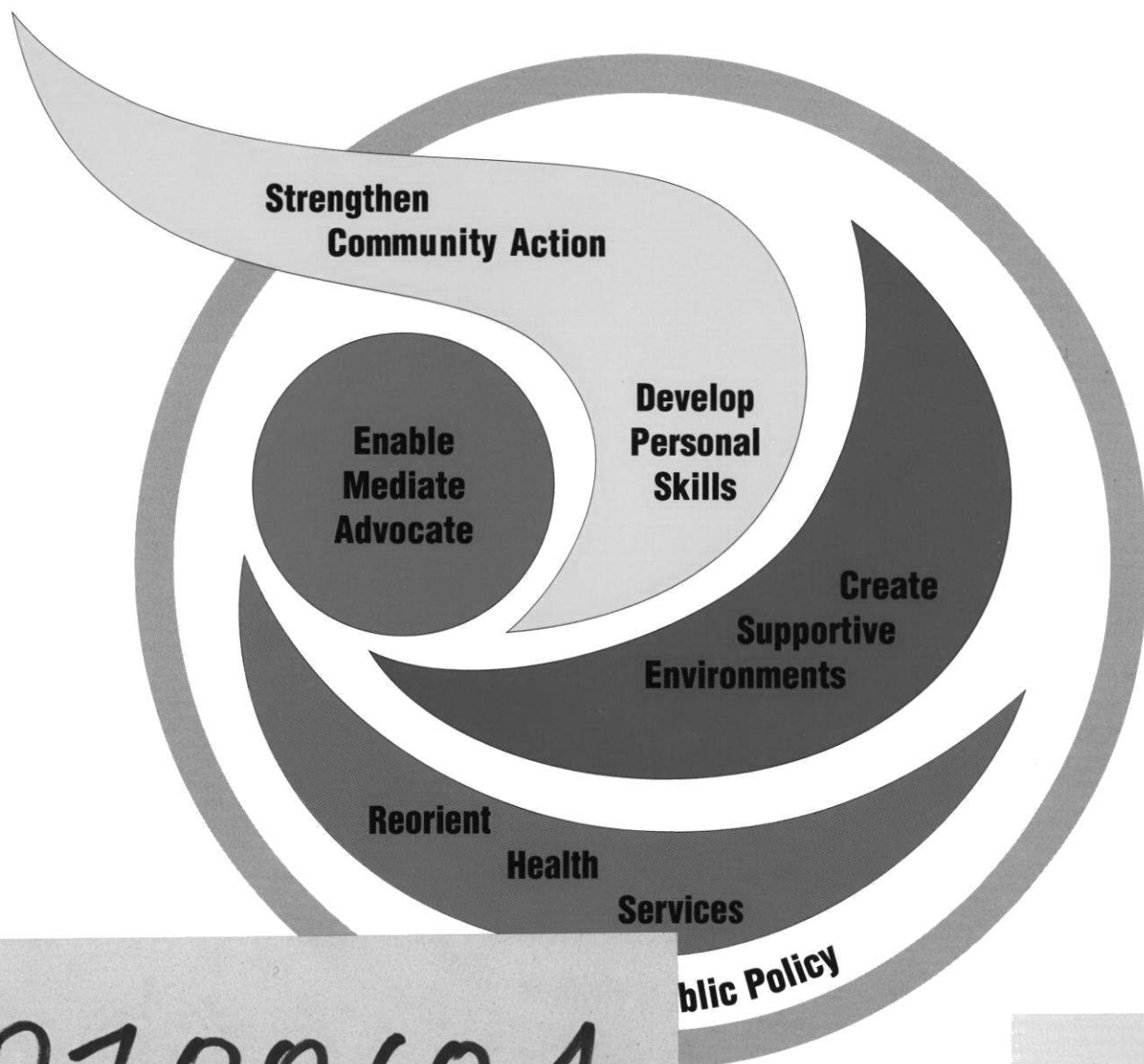


Health Promotion in the Work Setting

International Conference
Cologne, 6-8 October 1991



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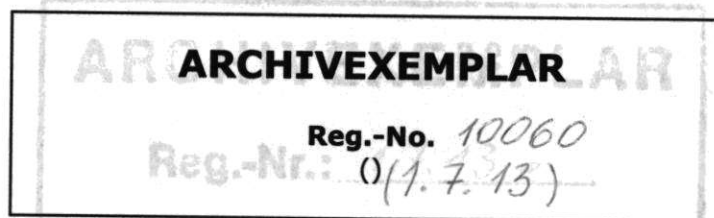


Federal Centre
for Health Education

Conference Report

Health Promotion in the Work Setting

Report on an International Conference
organized by the Federal Centre for Health Education
jointly with the World Health Organization
Regional Office for Europe



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FOREWORD

The world of work is a central area of a person's life and thus a priority field of action for health promotion. As early as 1985, the Federal Centre for Health Education, (FCHE) in cooperation with the World Health Organization (WHO), organised an international conference on this theme and presented the first examples of actions for health in the workplace. Rethinking health promotion in the workplace in the light of the meaning of "investment for health" and not only in the light of expenditure for disease treatment and health care was a central aim of the conference "Investment in Health", held in 1990 in Bonn. The focus of the conference "Health Promotion at the Workplace", held in April 1991 in Barcelona, was on the problem of adjusting health promotion programmes to the establishment of the European common market. The conference "Health Promotion in the Work Setting", held by the FCHE and WHO in October 1991, built on existing experience.

The practical examples of health promotion at the workplace offered in this volume show a gradual introduction of such concepts as self-determination, participation, interdisciplinary thinking and multisectoral action into enterprise practice. This primarily includes the development of a comprehensive policy for health promotion formulated in the 1986 Ottawa Charter, which set out general principles and strategies for health promotion. It is important to establish and maintain such a health promotion policy, not only in large, but also in middle-sized and small enterprises and organizations. The individual examples of "health circles" and "work committees for health", pilot projects in craft enterprises, as well as supportive initiatives of health insurance and other public bodies, are impressive and encouraging.

The present conference report should encourage dialogue among the providers and implementers of enterprise health promotion and win more support from other partners for a comprehensive health promotion policy. This is the only way in which the goal "Health for All" - including companies - will be brought a step nearer.

Elizabeth Pott
Director, Federal Centre
for Health Education.

Ilona Kickbusch
Director, Lifestyles and Health Department,
WHO Regional Office for Europe.

INTRODUCTION

Harald Lehmann

Aims and Objectives of the Conference

The Second International Conference "Health Promotion in the Work Setting" was organised by the Federal Centre for Health Education together with the European Regional Office of the World Health Organization. The conference was designed to demonstrate the process of development of health promotion at work since "The First International Conference for Health Promotion in the Working World", held in 1985 with the same organisers, and to review the new ventures and experiences developed in the intervening period in the field of health protection and promotion at work. The review was intended to be primarily relevant to knowledge and experience in the German-speaking area with special reference to opportunities and perspectives for health promotion at work related to the European Common Market.

The focus of the conference was the identification of the need and potential for the implementation of health promotion at work in small and middle sized enterprises. A further goal was to gain an insight into the activities and cooperative structures of the multitude of private and public providers of health promotion at work. Of particular significance was the question of the capacity for cooperation of two different types of approaches and systems of health promotion at work.

One system has developed from the classic areas of safety at work and health promotion at work, marked by the concern for preventive risk protection and the internal organization of safety at work, linked to occupational medicine services. The increasing preventive aspects of this traditional system of health promotion at work is closely related to another aspect of health promotion at work which has been developed in the course of the reorientation of health policy in the eighties along the lines of the European WHO regional strategy "Health for All by the Year 2000". The basis for this development of health promotion at work is the Ottawa Charter for health promotion published in 1986. In relation to the area of work it aims to provide all the members of an enterprise with a higher measure of self-determination about their own health and thus enable them to improve their health. The responsibility for the promotion of health is, as a result, not only seen as a part of the traditional system of work and health protection in an enterprise, but as a part of all sectors of company activity. This type of health promotion at work goes beyond the prevention of single diseases and includes the establishment of

healthy living and working conditions with the aim of improving and promoting the health and well-being of all the members of the enterprise. The essential components of such a strategy of health promotion at work include taking the initiative and responsibility for health advocacy in all areas of enterprise work; the strengthening and empowering of the members of the enterprise and working communities to develop their existing health potential; as well as interaction and networking among the various functional areas and an interest in the promotion of health. Both of the principles and systems of health promotion at work were adopted in the 1989 reform of the health law and especially by paragraph 20 of SGB V, which deals with health promotion and sickness insurance, such as sickness funds, which became responsible for carrying out these measures. This was the background which shaped the choice of the target groups and the main themes of the conference.

Participants

In addition to the 127 participants mainly from Central and Eastern European countries, there were also representatives of employers' and employees' organizations, specialists in occupational health, safety engineers, personnel managers, representatives of work councils and occupational health and social services. There were also representatives of sickness funds, research institutes and institutions, which participated in the development of pilot projects in the field of occupational health promotion, as well as representatives from consultancy firms and other private consultants in the field of health promotion at work.

Main themes

The 45 working papers presented concentrated on the following three topics, which were discussed in corresponding study groups:

- Health promotional policy in enterprises and trade guilds (aims, concepts, structures, implementation possibilities)
- Health circles and other group processes for health promotion at work (development, implementation and evaluation)
- Selection of other health promotion programmes at work (mainstream examples, cooperation partners, implementation in small and middle sized enterprises).



Elisabeth Pott

Director of the Federal Centre
for Health Education

I am happy to be able to greet over one hundred participants from ten European countries and the U.S.A. I am particularly happy that representatives from Eastern European countries, from Bulgaria, Rumania and Hungary, have also come to this Federal Centre for Health Education and WHO conference on "Health Promotion in the Work Setting".

Health promotion in the work setting is not a new theme; it is however, a perennially topical subject because it must conform to changes in the range of illnesses and change in the causes of stress. Within the framework of the main campaigns carried out by the Federal Centre in the field of addiction and aids prevention during previous years, it has been possible to collect abundant experiences concerning co-operation with enterprises. The field of nutrition education is an additional example, where the Federal Centre for Health Education (FCHE) was able to gain experience of cooperation with enterprises and sickness funds. Paragraph 20 SGB V provided a legal basis and clearly defined reinforcement for such measures. This conference should, in the first instance, provide a discussion platform and the possibility for exchange of experience related to new possibilities for development in health promotion based on paragraph 20 SGB V.

It is not only within the borders of the Federal Republic that health promotion in the work setting is taking on an important position. As a WHO Collaborating Centre for Health Promotion, the Federal Centre will through this conference also support other main WHO programmes. The project "Health Promoting Enterprise", together with such projects as

"Health Promoting School" and "Health Promoting Hospital", forms the core area of WHO health promotion programmes.

Health at the workplace is also the central theme of the EC for the year 1992, the inaugural year of the Common Market. Especially notable is the work of the European Foundation for Improvement of Living and Working Conditions. Although the conference takes health promotion in the work setting as its central theme, one has always to be aware that health promotion concerns all the areas of life. Because of the focus on the world of work, I should like to talk about work styles and working conditions instead of lifestyles and living conditions.

The individual and social meaning of work justifies the use of "enterprise" as a starting point for health promotion measures. Work gives meaning to and provides a structure for the organization of daily life and, therefore, the process of social learning - under which we also include health promotional measures - will have direct influence on behaviour and actions outside the area of the enterprise. The ability to work requires not only certain professional skills but also a certain social competence in individuals, especially in the field of communication and interaction. This competence is also of importance for health promotion. Its reinforcement likewise has a positive influence on health, as well as on work. Enterprises are, therefore, appropriate locations for the development and testing of such competence.

Safety at work and health protection have today to face new challenges. Due to changes in disease

patterns the first main task is to deal with multi-causal, degenerative diseases and health problems which should be considered as precursors of diseases ("diseases due to work"). The second main task results from changes in stressful working conditions. The declining importance of heavy physical strain, due to a range of technical and organizational developments aimed at its reduction, is countered by an increase in nervous and psychosocial stress situations, including environmental stress situations depending on the different areas of work. Working with computers is an example.

In this broad presentation of the situation, safety at work and health protection need a new driving force, which could be derived from the concept of health promotion. Accident prevention, safety at work, health protection and health promotion should be seen as a part of a new joint development. They build on each other and complement each other. In practical terms this means linking up with the existing structures and processes within the given legal regulations to achieve continuous further development and support with the aim of strengthening the general health of employees in the enterprise.

According to the Ottawa Charter for health promotion the Federal Centre sees three important issues for the existing processes and structures of safety at work and protection of health in enterprises:

1. Health Orientation

Health promotion is based on an expanded concept of health, which does not only include prevention of illness, i.e. the reduction of risks related to accidents and diseases, but also emphasises avoidance of work-related health problems, as well as promoting a feeling of wellbeing at work. This dimension is also already included in the general aims of safety at work (for example "human aspects of organization of work" paragraph 6 ASiG). Health promotion puts emphasis on this topic.

2. Participation

The methodological contribution of health promotion also includes, among other aspects, the mobilisation of employees for the achievement of the aims of safety at work and health protection in the enterprise. The mobilisation of employees should enable the treatment of certain stressful health-related situations, especially those originating in the working environment, for which up until now there were no formally recognised meth-

ods. At the same time, through greater incorporation of employees and their experience in safety at work, it should be possible to improve the implementation of the aims of safety at work.

3. Cooperation and Networks

The general requirement of health promotion is to mobilise all the relevant groups and services for the solution of health problems (paragraph 20 SGB V). This extends safety at work in the enterprise to include additional professional groups and social areas (interdisciplinary and multi-sectoral approach) for the achievement of the general aims of safety at work. This strongly emphasises the meaning of the social working environment and the organizational culture for the maintenance and promotion of health.

In emphasising these three issues, health promotion at work increasingly draws attention to the psychological, social and communications aspects of stress, demands, health and illness and stimulates new procedures which should further develop the existing practice of safety at work and health protection in enterprises.

I should like to encourage you all to a thorough exchange of views: the representatives of employers and trade unions, the representatives of hospitals, experts from relevant international and national administrations and last but not least, the presenters of good examples of practice and the participants from Eastern and Central European countries.

Once again I heartily thank everyone involved in the preparation of this conference and hope we shall have a fruitful exchange of experience and that the conference will have a good outcome.



Rudolf Neidert

Federal Ministry of Health

Ladies and gentlemen, I am happy to be able to welcome this small but illustrious group of experts in the name of the Federal Ministry of Health.

For years we in the German-speaking area have been engaged in a process of scientific research, development of political concepts, public discussion and the practical testing of the topic that forms the subject of today's conference: "Health Promotion in the Work Setting". Where does this conference, organized by the Federal Centre for Health Education in collaboration with WHO, fit into the general picture?

In 1985, the first Federal Centre for Health Education/WHO conference was held here in Cologne. Emphasis then lay on the problems of stress at work and the presentation of the first examples of health promotion in enterprises. The current conference of experts will bring us up to date with the further developments that the WHO programme "Health 2000" brings to workplace practice, and above all will examine the possibilities of participation by employees in health promotion in the enterprise. It is also relevant to build on the large international conference "Investment in Health" held in December 1990 in Bonn, which also dealt as its theme with the involvement of different groups in health promotion in enterprises. In April 1991, the European conference "Health Promotion at the Workplace" followed, in Barcelona, which made a European comparison its main focus. The present conference concentrates on the exchange of experience among the German speaking Central European countries. Immediately linked to this, the Scientific Institute of the German Medical Association will organize a workshop with the theme "Work-related Cancer Prevention". Finally, on the 30th October, the inauguration of the "European Information Centre - Company Health Promo-

tion", established by the National Federation of Company Health Insurance Funds (BKK BV) and WHO will take place.

We should, however, view this conference not only as a part of a sequence of events, but as a means of reconciling different concepts. These arise in the broad field of tensions between the rapidly developing WHO programmes and that of the reality within enterprises, which is only moving forward in a stepwise fashion. The health sciences, which established themselves only recently in Germany, are here mediating between theory and practice at the workplace. There is a considerable conceptual distance between the European goal "Health 2000" and the realities of the Federal German economic and industrial structure: on the one hand, state planning on a large scale and on the other, the complexities of an established system of health provision in the enterprises based on "subsidiarity". It is to the credit of WHO to have made "health promotion" the key idea in the formulation and propagation of a modern, primary prevention oriented health policy for the European region. The touch of "utopianism", which lies at the heart of such a programme and the regulatory frameworks of the member states, however, also reveal the barriers to establishing practical policies and concrete action in enterprises.

The best illustration of health promotion "the German way" (if I may call it that) is paragraph 20 of the Health Reform Law, which came into force in 1989. The statutory sickness funds (traditionally divided into Local, Company and Guild Sickness Funds and the "Ersatzkassen"), as the social health insurance system are required by the new law to "maintain and promote health". This task can and should be carried out within the statutory framework by the vari-

ous sickness funds, which are in a positive competitive relationship. It is explicitly prescribed that in this they should collaborate with the medical associations, health departments and other relevant institutions, as for example, the Federal Centre for Health Education. Because of the health threats specific to working conditions, the law explicitly provides for collaboration with the institutions responsible for prevention of accidents; in this sense, the trade unions are also considered to represent one of the main supports for health promotion in enterprises. Without their participation it will not be possible to carry out new health promotion approaches in enterprises.

The professional conference beginning today has brought together a great number of experts belonging both to this complex system and to companies. It represents a step in the translation of the new regulations into collaboration with the Federal Centre, which as a ministerial institution is our strongest exponent in this field.

With the inclusion of paragraph 20 into social law, a lengthy legal development has been temporarily completed, which changed the extremely important, but also limited, task of safety at work and prevention of accidents in the 1973 law concerning safety at work, into a comprehensive legal concept of health promotion in the workplace. The task itself - promoting health in enterprises - is, however, far from being completed. The law has only shown the providers the way for their initiatives through legal means. The comprehensive goal for health promotion as defined by WHO can only be achieved through a sustained process.

The main emphasis of the safety at work law is on traditional attempts to prevent accidents at work and occupational diseases, as well as on assuring safety and protection at work. Even when early detection and prevention were included, the approach was of a medical nature and related to diseases. Health promotion is, however, a concept which is primarily concerned with physical, mental and social health and its maintenance. As such, it covers a range of tasks and supports action based on the concept of integration. Health promotion needs to be introduced into the existing structures of the occupational health service and trade unions, as well as into the enterprise sickness funds. This extended task of health promotion can only be developed through all those responsible for health in an enterprise. In terms of content this can be achieved by complementing such activities as safety at work, accident prevention and screening programmes, by health promotional interventions, as for example nutrition education and stopping smoking, thus creating a closed system of health promotion in enterprises. Contracts related

to pay and conditions of work can be of great help in this integration. This can, however, only be achieved if morbidity data and health information are systematically collected and developed into a health information system - especially the records of the occupational health service, information about absenteeism, as well as records of trade unions and sickness funds. In addition, it will be necessary to carry out surveys at the workplace.

The introduction of technology and automation into production and management processes has resulted in an increase of psychosocial demands and stress in the world of work, while at the same time there has been a reduction in complaints due to heavy physical work. These kinds of stressful situations have also resulted in an increase in the abuse of medication, as well as of alcohol and tobacco. The variety of illnesses increasingly include so called "civilisation" illnesses, such as cardiovascular diseases and metabolic diseases, as well as diseases due to rheumatism and lack of exercise.

Health promotion is concerned with prevention related to behaviour and working conditions and is an equally shared responsibility of employers and employees. Healthy relationships at work create a correspondingly healthy work organization and working conditions, for example, through noise reduction, exclusion of dust and chemical pollutants, reasonable prices in the canteen, and appropriate protective clothing or office furniture. Behavioural prevention, on the other hand, also covers a very wide area such as: abolishing drug abuse, improvement in exercise and sport, utilisation of preventive and early detection services or participation in health promotional programmes in the enterprise. Health prevention in the field of behaviour and working conditions can, thus, be organised more efficiently by using an "enterprise" approach that includes a number of work and social structures: the occupational medical service, trade unions, personnel and organizational management, works councils and - if available - the sickness fund. This will be possible primarily in large and middle sized enterprises which can in this way become an almost ideal "learning situation" for health promotion as a task of the whole enterprise community.

This company-based description is also relevant for administrative institutions on federal, regional and communal levels, as well as for corporations and organizations. Health promotion in the workplace is not only the duty of industry and commerce but also of public services; we are all challenged.

A precondition for the success of health promotion at the workplace should, however, be met: the ac-

tive participation of employees in the health promotion efforts made by the enterprise, which are not only concerned with creating a healthier life and work style, but also the creation of healthier working conditions in the enterprise.

"The effective participation of people at all levels" represents an important element of the WHO concept of health promotion. This participation and integration of employees is an important pragmatic requirement for the establishment of health needs of employees, for the utilisation of their knowledge about the processes in the enterprise and at the same time, for the achievement of a social consensus about the health promotional measures at work. It is, therefore, one of the most important tasks of this conference to discuss the institutional forms of such participation, especially the usefulness of the model of the "health circle", which employees could join.

Health promotion, in general as well as in the workplace, is concerned with the maintenance and creation of health in its entirety: physical, mental and spiritual health. It does not really matter which type of relationship or behaviour endangers health and it does not really matter with what methods or with what partners this can be achieved. In brief: health promotion requires cooperation, complementing and strengthening a variety of efforts already existing within the system of health and social care. Such tasks as the creation of "work circles for health" should be further developed. This has been underlined by paragraph 20 when it mentions cooperation and foresees a close interaction between sickness funds and a whole set of other institutions.

Since the passing of the regulations a lot has already been undertaken. I can only mention some examples: the joint congress organized by AOK and WHO in Hamburg in 1989, the conference organized by the National Federation of Company Health Insurance Funds together with the Federal Society for Health Education in 1990, or the pilot project Health Promotion in Craft Works, held in spring of the same year. An encouraging sign for health promotion at the workplace is the beginning of a community-based initiative of the German Heart Association, German Cancer Society and the German Society for Nutrition.

The Federal Centre for Health Education (FCHE) has, during recent years, produced a variety of materials relevant to various areas of health promotion in the workplace. Here I would like to mention the long-standing courses tested by sickness funds and secondary schools on "Weight Reduction - the sensible way", and "How to stop smoking in ten weeks".

This material together with instructions for course leaders and participants, supported by training programmes for course leaders can be integrated into health promotion at the workplace programmes. The same applies to the newly developed and recently published book for FCHE courses, "Calm and Safe in Stress". In considering the introduction of health promotion programmes in enterprises, it is possible to make use of the exhibitions developed by the Federal Centre on such topics as: "nutrition", "smoking" and "addiction". Among other activities of the FCHE in this area the collection of health promotion material for further education and the international further education courses should be mentioned.

I would like to note an additional difficulty facing health promotion at work: small and middle sized enterprises as a rule find it a burden in financial and personnel terms to introduce and develop health promotion programmes with such a variety of measures and opportunities. This can be resolved through using external and shared resources within the framework of a regional model of cooperation between such organizations. There already exist examples of this approach. One that has already been in existence for a number of years in the Koblenz area is the Centre for Treatment of Alcoholism, which provides services for several enterprises. The importance of this approach can be understood if one takes into account the fact that most employees work in small and middle sized organizations within industry, commerce and crafts. The FCHE is planning a conference on this topic in the coming year jointly with the EC within the framework of the programme "Europe Against Cancer".

Ladies and gentlemen, I would like to conclude my presentation with the topic addressed at the beginning of this conference, which concerns contribution of the health sciences briefly referred to. Following the Anglo-Saxon example of "Public Health Schools", during a number of years, courses for public health promotion have been established in the Federal Republic at the universities of Bielefeld and Hannover, as well as at the Technical University of Berlin. In addition to the area of "the community", the area of "the enterprise" has now been included in the research and teaching of health promotion as an important part of the study of human health and disease. Nowhere else do such good conditions and opportunities exist for the improvement of the health of the public. Nowhere, other than in enterprises, can the sickness funds achieve the fulfilment of their legal obligation concerning health promotion. The new Ministry for Health, established in January 1991, which has also taken responsibility for statutory sickness insurance, will strongly support health promotion, as a central task of a modern health policy.

I ask the representatives of enterprises and sickness funds assembled here; you who carry immediate responsibility for health promotion at the workplace: be stirred to take concrete initiatives, by the exam-

ples and theoretical issues presented at this conference! Interventions for health in the enterprise represent a very good investment.



Willis B. Goldbeck

World Health Organization
Regional Office for Europe

Dr. Pott, Dr. Neidert, ladies and gentlemen.

On behalf of the Regional Director of the European Office of WHO, Dr. Asvall, I should like very warmly to welcome you to this conference. I also convey best wishes from the head of the Lifestyles and Health Department, Dr. Kickbusch. Dr. Asvall and Dr. Kickbusch greatly regret that they could not come to this conference, but since the internal budget and plans for 1992/93 for the European Office will be drawn up in the coming week, you will understand that their presence there is absolutely necessary.

On behalf of WHO, I should like first of all to thank the Federal Centre for Health Education - one of our WHO Collaborating Centres - for their initiative and involvement in the implementation of this conference on health promotion at work. The first international conference of this kind was held in 1985, similarly through cooperation between WHO and the Federal Centre for Health Education. Dr. Pott and Dr. Neidert have already outlined in their introductory presentations the goals and intentions of this conference, and I anticipate with great interest the lectures and study group reports on Monday, at which I can still participate and draw on my experience from the WHO viewpoint and my activity with the Washington Business Group on Health.

This conference certainly is taking place in stirring times in Europe. Reorganizations of health systems are moving more and more into the political and economic foreground, for example, in England, in the Netherlands and above all in the countries of Central and Eastern Europe. But reform efforts are in full flow also in my own country, the USA. These

developments have produced a multitude of information, facts and analyses related both to new possibilities but also to barriers to the improvement of health condition in these countries.

Parallel to this, the European Office of WHO has presented a first extensive evaluation of the programme "Health for All" and appropriately revised the 38 single targets of this programme "Health 2000" for the 90s. It has also developed a specific programme (Eurohealth) particularly for the support of Central and Eastern European countries. In the USA, the new goals for the improvement of national health and the preventive programme "Healthy People 2000" were recently established. For 1990/91, there is a further series of influential developments and progress on the part of WHO, which should be mentioned. These include the adoption of the European Charter "Environment and Health", the conference "Investment in Health", the development of a worldwide movement for the WHO Healthy Cities project, the initiation of the new projects "Health Promoting Hospital" and "Health Promoting School", the latter in close cooperation with the Commission of the European Community, as well as the continuation of the existing action programme "Smoking or Health" and the development of a parallel programme concerning alcohol consumption.

Health promotion at work and the creation of a health promoting milieu in enterprises play a prominent part in all these programmes.

For WHO, health promotion at the workplace is not a luxury to satisfy the needs of the jogger or vegetarian. Health promotion at work is on the contrary

an essential element in a complex, interrelated network of different environments, which - if we are ready jointly to make the investment - can decisively contribute to the increase of productivity and to the improvement of the health condition of the general population, to the improvement of equal access to medical provision in the public and private sectors and ultimately to the accomplishment of the goal, to add not only years to life, but also to add more quality of life to our remaining years.

The European Office of WHO follows four principles in the advancement of health at work:

1. The international market competitiveness of the European economy and industry are decisively improved through investment in the advancement of health.
2. Health promotion at work must from the outset include the workers and their families in the plans for decision-making and measures.
3. Health promotion at work is an inseparable part of national health and environmental policy as well as part of health protection in the cities and communities.
4. Organizations cannot, on their own, promote health improvements for their employees, but must rather create for them a supportive health protecting environment at work, following the model of a healthy organization in the form of the "Healthy Company".

At present, the European Office of WHO is operating in a multitude of areas to bring about transformations according to these principles.

Examples of this are:

- the extension of the results of the Bonn conference "Investment in Health" in close cooperation with the emerging WHO Collaborating Centre for Company Health Promotion at the National Federation of Company Health Insurance Funds (BKK BV);
- the Healthy Cities projects, for example in Barcelona and Camden, where special projects have been developed relating to health promotion at work in cities, which can subsequently be adopted by other WHO project cities;

- the long established successful experience of the health promotion programmes in the USA is continuously fed in to and further developed by the WHO Lifestyles and Health Department, through the Washington Business Group of Health;
- the WHO action programme "Smoking or Health" will in 1992 be fully directed towards the workplace. From the USA we know, that nonsmoking policies in companies are the most successful methods against the "Number One Preventable Killer";
- technical support is available through the different sections of WHO, which can be used by health promotion at work, to reach a multitude of specific target groups (e.g. the young, the old, women, the handicapped, AIDS-infected and alcohol-dependent);
- the focus of traditional safety at work has shifted from the "restoration" to the "prevention" model and a new network of experts in industry has developed in Europe;
- guidelines and recommendations are developed for all levels of management in enterprises, to take over a leadership role in a Healthy Company and to achieve measurable outcomes of their health promotional investments.

Health promotion in enterprises is certainly not the answer to all our health problems in Europe. If, however, the leaders of the unions, employers and enterprises cannot be won over as partners for the movement "Health for All", then we will not reach this demanding goal. A good opportunity would be wasted. Ultimately this would threaten access to the necessary medical services, since resources would have to be increasingly used for the treatment of health problems that ultimately cannot be cured, but only prevented.

Thank you for the opportunity to be able to participate at this conference. The European Office of WHO gives great importance to health promotion at the workplace and in enterprises and sees the necessity for increased investment in this area. Therefore, may I assure all those who are participating in this movement of the full support of WHO.



Eugen Müller
Federal Association
of German Employers

HEALTH AS A COMPANY TASK FROM THE POINT OF VIEW OF EMPLOYERS

Ernst Wichert wrote: "work is the most reliable joy on earth", which surely many will consider as an overstatement. On the other hand, there is the saying "work makes you ill". There is a considerable gap between these two statements which is dependent not only on various, objectively measurable factors but also on subjective attitudes and feelings, as well as on individual influences. In fact, the road from a state of health to a state of health impairment, in different forms and degrees, is a process with fluid boundaries and transitions.

The subject "health promotion at work" is at present without any doubt in great demand. Recommendations from various groups, an almost continuous series of activities and not least a great abundance of written material testify to this. The goal of all these activities is relatively clear: the traditional areas of safety and health protection at work should be extended beyond the traditional areas of work and health protection, to include other measures dealing with any health-risk situations. Health promotion at the workplace is concerned with healthy, as well as health-impaired employees. The third important factor therefore is, that the area of work should be broadened to cover behaviour and environment. Today, I would like to talk about:

- a) the working environment in which these activities are or should be integrated, and
- b) further possible actions in enterprises, as I see them.

Health Promotion: The Working Environment

My thesis about the working environment is:
The organization of the world of work, even more

than other areas of life, is today already to a great extent, oriented towards prevention.

One cannot argue with the statement that the activity safety and protection at work has in the past achieved great success, just as naturally it must be accepted that there is still a lot to be done. On the one hand, there are still stressful conditions such as noise, vibration or noxious substances which should be decreased or eliminated. On the other hand, the world of work is constantly changing due to technological and organizational developments. This implies that with the changes in the technical and organizational design of a system of work there will also be changes in the combination of stress factors, whose influence on humans often requires further clarification. Therefore, constant action is needed. Clearly, in saying this, I imply that the phrase "work makes you ill", in this simplified and distorted form, is wrong.

Nevertheless, it should not be denied that there is a connection between carrying out a job and health-impairment or ill health. This connection is not always immediately recognisable. The impairment of health is not, as a rule, dependent on one cause but can have a number of causes. The work place in this context, cannot be disregarded in terms of health threats, but is certainly not the main or only causal factor.

Scientific research shows that individual physical and mental constitution, individual health behaviour, and the problems related to health that exist before a person enters the world of work, as well as the influence of other environmental and living conditions, should be considered. So, for example, over half the expenditure on statutory health insurance (in 1990 about DM 141 billion) has been spent on treatment

of illnesses resulting from drug abuse, inadequate nutrition and lack of exercise.

Standards of Accident Prevention and Health Protection in Enterprises

Standards, which are applied to accident prevention and health protection in the Federal Republic, are also internationally recognised. Abroad they are used as examples of measures of reform. I wish to describe below some important aspects of the system:

1. In the first place, there are the concepts and instruments of primary prevention as a means of protection from danger. Important examples are the law related to safety of machinery and the specific regulations on accident prevention, as well as a whole range of technical measures which anticipate existing dangers. The competencies of the professional associations responsible for accident prevention at work and work-related diseases in Germany (Berufsgenossenschaften) should be widened to cover as well other health threats at the workplace.
2. Furthermore, the internal organization of protection at work plays an important part. There are about 16 million employees at present employed in companies who use the services of professionals related to safety at work and occupational medicine. The number of professionals in the field of safety at work within the "Berufsgenossenschaften" is approximately 60,000. At the end of 1989, there were altogether 8,052 specialists in occupational medicine. These and similar services, however, relate only to the former Federal Republic. Safety-at-work personnel and company doctors have, in addition to the analysis of existing conditions of work, the added duty to draw conclusions and follow them up by advising employers and managers and giving recommendations about necessary changes and improvements. This is even more relevant for the planning of new workplaces and production processes.

The law of safety-at-work also regulates cooperation in companies. It provides for a senior management safety-at-work committee, in which all those involved in safety and health in the company participate, including the representatives of employees. I am aware that a safety-at-work organization, as envisaged by the safety at work law, does not yet generally exist in small companies. These require different forms of organization and service, as well as probably different

types of content. At present, this is a topic of discussion among all concerned.

3. As a part of the safety-at-work preventive services in companies, I should mention the wide network of screening programmes carried out by occupational medicine. Their aim is to prevent or to detect early health risks due to certain activities or exposure to certain substances. There are approximately 2 million screenings carried out yearly. The outcome has been that only one percent of cases has been found to have health-related conditions which would prevent further continuous employment.

Outcomes of Accident Prevention and Health Protection

An indicator of the success of such activities in companies is the trend of accidents at work which has now, for a long time, been falling. The total number of fatal accidents at work has, in the last 25 years, been reduced by nearly two thirds. The incidence of first-time payments for serious accidents has in this period been reduced by 60%. In contrast, the number of work-related diseases in the last few years has taken a different turn. This is partly due to the introduction of a new recording system and the extension of the list of occupational diseases. In the event, it can nevertheless be assumed that we have better control of the technological aspects of safety and accident prevention compared to the area of occupational diseases.

The number of people taking early retirement has now, for a number of years, been falling. It appears primarily that the relatively high numbers up to the middle of the 80s was a result of insurance regulations. Even today the market economy plays an important part.

Cases of disability and their duration - and this has been well documented - show a relatively large spread over the various working areas. Some of the findings contradict the common assumptions about situations with different levels of stress, such as the area of administration, which has higher rates than steel works or building sites.

Absenteeism in the organization is due to a number of factors; among these are conditions of work, managerial leadership, and the organizational climate in the company. We have never doubted this. The discussion that has taken place in recent weeks among employers concerning the high rate of absenteeism has had another aim. Attention was drawn to the fact that there are cases of misuse of social

benefits. This harms both the company and employees. In issuing a sick note there are two partners, the employee and the doctor. Due to the constantly rising number of doctors there is increasing competition among them. Commerce and industry have always warned about the care to be taken when issuing sick notes. I do the same here and now.

Outlooks for Further Development

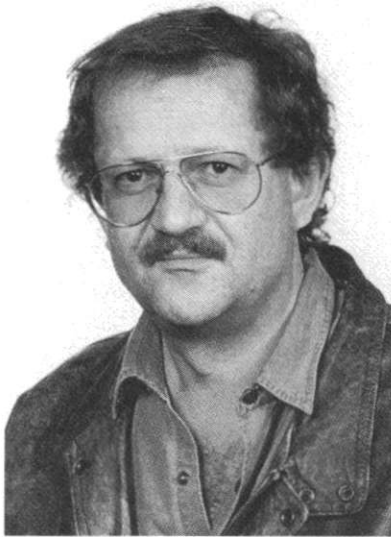
In the second part of my presentation, I should like to consider perspectives for further development. I can sum them up in eight points:

1. The epidemiological research into the complex causes of health threats can be expanded. The storage and long-term evaluation of personal data, health statuses and disease patterns in relationships to concrete threat situations can be known, although this indeed impinges on the legal problems of data protection. They should be surmountable. For epidemiology, anonymous data might as a rule suffice.
2. Company data and social insurance data can be structured, interrelated and evaluated. For this, the cooperation inter alia, of company doctors, health insurance companies, sickness funds, accident insurers and human resources departments is necessary. Accident and health threats can be determined in this way and appropriate measures derived. The company health report can be the instrument for this. In this connection I refer to the new designation of tasks for company sickness funds. A recommended agreement, at top level, with health and accident insurance organizations demonstrates the possibilities.
3. Fundamentally, no new organizations outside or above those existing are needed, for example, sector-related institutions or commissions. What is needed, however, is a more detailed analysis and evaluation of the existing data to draw the necessary conclusions for appropriate new actions in companies. Knowledge and experience external to the company can come from other sources and be used in the company's activity. I see here above all a task for the professional associations (Berufsgenossenschaften) and the sickness funds.
4. The organization can allow itself to expand the function of the work protection committee, which deals anyway with major aspects of health promotion at work where employee representatives are included. It depends on the respective company situations, whether in addition health circles are considered relevant to include employees more actively in the process.
5. The ever-expanding connection between the conditions of life and work must be considered. The tendency for the working week and working year to decrease inevitably emphasises the influence of leisure time, and not only quantitatively. The health dangers from the private area also multiply. This should not be considered as a deviation from, but a necessary part of company health promotion which is, in fact also, behaviour related. Thus, the division between the company and other areas of life becomes obsolete. It can easily be assumed that the company could quickly face limits in this field of action. Because of this, the activities of external institutions, for example, the company sickness funds, become much more important.
6. There are a great number of research projects and whole research programmes which are directly or indirectly relevant for health promotion at the workplace. Their findings need to be applied. This goes beyond traditional safety at work, related to applications and implementation of solutions outside normative rules. This implies, however, that the research findings should be presented in a practice-related form by means of information media in the company or included into the training and educational programmes.
7. Health promotion at work has to deal, as a rule, with complex innovative processes. One does not think here only about safety at work and health protection, but about ergonomic processes, organization of work, allocation of working time, personnel and their qualifications, and last but not least the inclusion of technology into production. Innovative processes can only be successful if the various aspects of these activities are not treated in isolation but are dealt with in an integrated way. Furthermore, they must be planned and set into motion with a view to integration. Outcomes will not be optimal if this does not happen.
8. It is our view that the area of tasks of "health promotion at work" must be responsive to special company conditions and demands. These differ according to the size of the company, the sector and the composition of the workforce. They also differ according to whether a sickness fund is involved or not. This forms a background to the production of recommendations for the development of health promotion at the workplace, but they should never be statutory regulations as is the case in the area of safety at work.

Many companies have already collected experience in the field of health promotion at work. There is an abundance of handouts, recommendations and published material, including concrete examples. Newcomers can build on this and consultants in companies can work on this basis.

I would like to conclude, somewhat heretically, by saying:

A company as such cannot be considered to be the fountain of health in society. Health promotion at the workplace will only be successful in the long run if costs and benefits are related in a balanced way.

**Erich Standfest**

Executive Committee of the Federal Association of Trade Unions (DGB)

HEALTH AS A COMPANY TASK FROM THE POINT OF VIEW OF TRADE UNIONS

Enterprises are not only purposeful, market oriented organizations with a productivity-oriented functional logic, they are also "areas of social interaction" (Friedrich Furstenberg). The logic of the business function poses first the question of, how work can be organized as effectively as possible? Max Weber saw us as "Egyptian fellahin" who have been subjugated by the industrial system until "the last ton of fossil fuel has burned out". For industrial sociologists the leading question has been concerned with "enjoyment of work": the contribution of work to the personal and general quality of life, to ensuring the basis for life, to expanding life opportunities in cultural participation.

Effectiveness, rationalisation and productivity, as aims of a productive enterprise, are as a rule in conflict with the socio-cultural needs of people. The world of work is very often also a primary source of health risks. Approximately 10 million workers are regularly in contact with dangerous substances and approximately 6 million of them work under unfavourable conditions due to noise, dampness, cold and draughts. Heavy physical work, restricted posture, monotonous and unbalanced timing leading to stressful haste, result in continuous physical and also psychological deprivation or strain.

The hopes that technological change at work would make it easier - not to mention making it more humane - have remained largely unfulfilled. Obviously, the strain due to heavy physical work has been reduced but, at the same time, there is no doubt that the psychological strain has increased. A survey of 883 steel works, in which 30% of all employees in the steel industry work, clarifies the stressful consequences of rationalisation and technological change. Thus, over a period of two years, there has been a

35% increase of social isolation in the industrial sector and a 68% increase among employees in the companies surveyed. The tempo of work has increased 77% for workers and 28% for employees in companies. Generally, an increase in psychological stress was reported. It is unmistakable that recently questions of health in the population, media and the scientific world have attracted considerable attention - independently from the political conflicts about laws and changes in laws. The initiatives of the "health movement", which in various countries has resulted in a "bottom-up health policy" and found its expression in the form of numerous self-help groups, are relevant here. Topics such as work, environment and health are playing an increasing part in general as well as in professional discussions. Not least is the fact that the World Health Organization is pressing its member states to achieve its ambitious programme "Health for All by the Year 2000".

Let us cite a statement from research which could explain these developments: "the burden on the population from chronic illnesses and general health deterioration has brought about a decision to tackle the 'misuse' of health, one's own or other people's unhealthy lifestyles, handicap and critical life threatening situations. People are becoming increasingly sensitive to the fact that at present there is for everyone a certain limit to the achievable quality of life due to health. This awareness is spreading in relation to the amount of experience that everyone can have in their daily life or within their immediate environment." If this is so, and there are indications to the effect that increasingly the deterioration of health represents the boundary of achievable quality of life, this should have consequences for actions, especially those of trade unions. Awareness seeks and creates new possibilities for action; but where,

should we "seek" and in what way should we "create"?

Is Health Actually Our Supreme Asset

The search for a definition of "health" frequently drives us to give the answer: "a person who is not ill is healthy". When we say "health is our supreme asset" we usually understand by this the absence of illness. "Health" is, therefore, essentially determined negatively, as free from illness. This statement is not as trivial as it seems. The negative definition of health also creates a state of awareness: the importance of health is realised only when problems of illness manifest themselves. This has far reaching consequences. We take action as a society or as an individual mostly only when we want to restore health. We do not usually worry how we can maintain and promote health, as well as how even in the case of irreparable damage and impairment it is still possible to ensure the quality of life.

It seems, therefore, necessary not so much to "re-think" but more to "extend" our way of thinking. We should orient ourselves more strongly towards a positive concept of health, which includes the process of active health promotion, as it does the most active possible concept of the management of illness. Concepts of health promotion which do not include management of illness are elitist and out of touch with everyday life. Management of illness without health promotion is hopeless. There are very strong arguments in favour of such a further development. Up until now the aspiration that medical advancement will cure today's dominant illnesses, as in the past it developed effective measures against most infectious diseases, has not been realised. Not only is this so, but new infectious diseases (such as AIDS) represent a riddle for research, and the dominant chronic and degenerative diseases have shown that they can be treated, but very rarely cured. With all this in mind, it is no wonder that avoidance of health risks is described as one of the "great hopes in the latter third of this century" (v.Ferber).

Let us try, therefore, to contain or exclude the causes of health threats in the world of work, including the material environment and the social relationships. The idea of health promotion aims even higher. The striving towards a physical, social and mental well-being (according to the traditional definition by WHO) includes the search for supportive social relationships and social organizations, as well as for a new culture of life and work. When the quality of our social relationships and the extent of our self-determination become important factors which jointly influence health and illness (as numerous research find-

ings show), then the aims of health policy become an integral part of trade union strategies for improvement of living conditions.

The trade unions, against considerable opposition, have viewed the topic "prevention" as a part of health policy. Today, this goal is well established in the discussions about health policy. The dispute no longer revolves around principles but mostly about methods and ways, instruments and boundaries. We today find ourselves in a situation in which increasing strengthening of people's competence has been discovered as an important source of health policy actions. If we do not want to be stuck in some kind of primitive individualism, this will direct us towards the trade union policy concepts concerned with the strengthening of rights to participation and self-determination. The developments in Italian occupational medicine towards the end of the 60s, when workers, following the principle of non-delegation, took the care of their health into their own hands, has met with interdisciplinary acceptance throughout science, which was never influenced by time-honoured traditional practices of institutions.

The marketing and institutionalisation of health interests is opposed to the "bottom-up" movement, without being able to stop it. This is shown by the numerous actions carried out by trade unions in enterprises directed towards raising awareness about health threats. Examples are the IG-Metall project "Working Days should be Improved", various action-oriented surveys concerning shift work, dangerous substances, humane aspects of care in social and health services, etc. "Working conditions should be organised in such a way that work for the duration of a working life up to the 65th year of age can be carried out without any physical, mental and social damage to health" was one of the aims set up by the IG-Metall project "Wage Reform 2000". This underlines the fact that health policy in the enterprise and health promotion has become a central part of a trade union policy for the establishment of a new "work culture". Such a policy corresponds to the new attitude of employers towards quality of work and life; involving raising awareness about ecological questions, health awareness, higher demands on the organization of work, improved work content and working environment.

The introduction of new technology requires a type of worker characterised by qualifications, competence in communication and willingness to make decisions. The organization of work is being less defined by technology. Concurrently, there is an increase in possibilities for deliberately health-oriented organization of work. Labour intensive services require a motivated workforce. Motivation is dependent on

satisfaction at work, which again depends on feeling well and healthy.

It is known that, in addition to ergonomic and working environment types of stress, the intensity and timing of work are also of great importance for morbidity rates. In other words: the higher the self-determination at work, the lower the incidence of illness. There are also many points where the interests of employers and employees meet in relation to the health policy of the company. Modernising safety at work (for example, giving greater emphasis to psychological stress), self-determination of job content, good company climate etc., all influence increase in productivity and reduction of cost; they have a health promotional character for employees and are compatible with modern "work culture".

The DGB has developed a concrete proposal for the implementation of health promotion at work. Those participating and involved - in the first instance, so-

cial insurance representatives, employers, trade unions, occupational medicine - should establish "Work and Health" regional organizations. These bodies should be concerned with the development of company and regional health policy. Based on the data from social insurance (sick leave data from sickness funds, data from professional organizations and medical services), health reports should be produced on a regional and if desired, also a company level. Companies concerned should be offered further consultancy, and support (consultations on medical questions, as well as in management training). Thus, health promotion in companies can be established and linked with regional health policy, and the discussion of sickness rates made more objective. The idea of "making work more humane" (setting up a relevant works organization) can be linked to the modernisation of safety at work and health protection and, ultimately, thus contribute to the solution of ecological questions.

Development of an Enterprise Policy for Health Promotion

Introduction and Summary of Results

Horst Noack and Günter Conrad

In this study group, with approximately 35 participants, examples and experiences in the development of an enterprise policy for health promotion were presented in 15 short reports and discussed in three study group meetings.

Basically, five different approaches were proposed concerning the strengthening of a policy of health promotion in enterprises and organizations. These range from models of extended safety at work and health protection, programmes for the further improvement of health behaviour among employees, models of "extended economic accountability", an increased integration of health aspects into the concepts of enterprise production, organization and personnel development, to the holistic model of a "Health Promoting Company".

1. Moves to extend safety at work and health protection

This is the approach of traditional occupational health and company health services. The prevention of accidents and protection from physical, chemical and biological risks at the workplace are regulated by law in many countries and have been widely applied in enterprises. As a rule, occupational health services are concerned with ergonomic questions and hardly at all with the relationship between psychosocial working conditions, health impairment and illness. For example, in the Federal Republic, absenteeism is rarely considered a result of physical and psychosocial stress at work or even as a sign of developing chronic illness, and is often only resolved by restrictive measures.

An expanded interpretation of safety and health protection at work that accordingly includes measures aimed at decreasing physical-chemical and psychosocial risks has been widely communicated. From Sweden it was reported that the idea of psychosocial health has been widely recognised in enterprises and has become a stated aim of health promotion at work.

2. The Grouping of Programmes for the Improvement of the Health Behaviour of Employees

The large proportion of time which the adult population spends in work has resulted in considering the enterprise as an almost ideal place for influencing behaviour. The links between lifestyles, state of health, risk factors and chronic illnesses, which have often been demonstrated by epidemiological research, have been the incentive for a number of behaviour modification programmes in enterprises. As a rule, these programmes are centred on individuals and include, for example, screening for blood pressure and cholesterol, health-related interviews and a variety of counselling and training programmes concerning nutrition, giving up smoking, exercise and reduction of stress.

Rarer are the programmes related to the structure and the environment of the enterprise, as for example, in the case of deciding on breaks in work, healthier food in canteens and non-smoking workplaces.

Normally, the setting in motion of an enterprise health promotion policy would take place by grouping together all the existing behaviour modification and supporting programmes in terms of contents, time and duration. As a special variation of this approach it was reported that a "General Health Advisory Centre" has been established supported by only 0.05 - 0.06% of the total budget of a large enterprise's sickness fund, but external to the company. The influence on the health promoting policy of the enterprise indirectly occurs through an increasing demand by employees for the services provided by this Centre.

3. Broader Economic Accounting

In nearly all the examples presented concerning the development of a health promoting policy in enterprises, emphasis was laid on the importance of demonstrating the cost-benefit aspects of health pro-

moting measures to the enterprise management. The variety of social and human factors included in the assessment of benefits, such as for example, the consideration of ecological factors and quality of life, create a multitude of unresolved methodological problems. As a possibility of escaping this dilemma an indicator, "the cost of uninterrupted man-hours", was suggested, in the form of a fraction based on the total cost of the work and health protection system and the number of uninterrupted man-hours. Thus the amount of absenteeism due to illness can also be included into the total budgeting of the enterprise, as well as the cost of work and health protection or other corresponding measures related to health promotion at work.

4. Integration of Health Issues into the Concepts of Production, Organizational and Personnel Development of the Enterprise

Health-related organizational and personnel development aims to support enterprises in the development and maintenance of health promotional potential and structures. The largest potential for development in the enterprise are the employees, the workforce of the enterprise, capable of being motivated and empowered to carry out health promotion activities.

Health-related personnel development and care in the production and service areas, have proven a well-tested means for setting an enterprise health promotion policy in motion. In large enterprises, this is carried out through instituting a "company works committee" which takes the form of a steering group composed of representatives of top management acting as coordinators, representatives of the works health service, personnel manager, works council, employee leaders, department of personnel development and an external team of consultants, as well as the establishment of individual "work circles for personel care" in different locations. These include local members, for example, from the personnel department, from the works council, foremen, as well as company doctors and safety at work specialists.

The main concern of these works circles is the behaviour, especially health behaviour, of the employees. This is seen as a highly dynamic and interactive process of interrelationships among people, situations and organizations. Relatively stable features of a person (e.g. constitution and routine behavioural patterns) interact with the situational factors (i.e. demands at work, arrangement of the office, the immediate workplace) and with organizational factors (enterprise culture, reward systems, rules and social norms). As a result of this dynamic interac-

tion, health behaviour is constantly monitored. The problem cases are identified, their causes defined and help is provided and evaluated with a view to its success. This includes, for example, the training of top management on the topic of health and general health promotional measures, controlling stress, social competence and management of resources. A special advantage of the personnel development programmes in relation to company health promotion is the fact that they are not limited only to large enterprises but are also applicable to middle sized and small enterprises.

5. Model of a Health Promoting Company

This comprehensive concept of health promotion at work treats the company as a system in which all the parts of the enterprise system, from management, through production and sales departments to the administration department, works council and the employees, all work towards a common health promoting enterprise policy. Another factor of the systems type of enterprise health promotion is the recognition of the relationship and interconnection between the enterprise and the wider communal and regional structures with which, as a rule, the enterprise is closely linked. This is especially the case with large enterprises, which not only forge links with community, transport, and communication structures in the community and the region, but also influence some cultural and leisure facilities, for example, by means of educational and sports events.

Health promotion strategy, integrated in this way, by definition includes measures related to behaviour and working conditions. An essential requirement for such a health promotion strategy is the commitment of the top-management to such a policy, as well as creation of the relevant enterprise steering and coordinating body supported by appropriate authority, as for example, "work committees for health", as has been reported in the presentations from many enterprises. This implies that the development of a health promotion enterprise policy will only have a chance of succeeding if the internal enterprise and functional health promotional infrastructures, in which the employer and employees work constructively together are established and health promotional programmes extend through networks outside the boundaries of the enterprise on a communal and regional level.

The Health Promoting Company is a part of the initiative of the WHO Regional Office for Europe which has been tested in operation in similar projects such as the "Healthy City", the "Health Promoting School" and the "Health Promoting Hospital". The Health

Promoting Company is the model for enterprises in which all the enterprise decisions simultaneously become health related decisions. Health-related company measures can, thus, pursue different aims such as workplace design, application of user-friendly technology, work time allocation, enterprise culture and organizational climate, preparation for retirement, medical care for family members of employees, or empowerment of workers and foremen.

In the U.S.A., the model and the concept of a "Healthy Company" was already recognised in the eighties as being relevant to enterprise policy. Currently, there is an appropriate network of companies, initiated by the Washington Business Group on Health, which among its other activities also publishes a monthly magazine "Healthy Companies". On its editorial board are representatives of such large enterprises as the Bank of America, Johnson & Johnson, A.T. & T., and Xerox.

Innovative Activities for Health and Safety at Work as Part of the Modern Concept of Production

Safety at Work and Health Promotion Should Have a Closer Link with Company Matters

At first glance this headline appears paradoxical, safety at work and enterprise health promotion are specifically interpreted as strategies related to the enterprise, the workplace, the working environment and employees. This is indisputable. The practical (and also unfortunately, conceptual) activity of safety at work and the health promoter, however, often are still distanced from the events in the enterprise. This is particularly evident in the case of new and innovative activities in safety at work and health promotion, which in many enterprises find themselves in a situation where a conflict between production and personnel concepts exists. So ultimately it involves linking together two currently highly dynamic developments, i.e. safety at work, where modernisation is at present going through a certain boom period, and company production and personnel concepts that are also undergoing change.

The challenge of bringing together these two areas is based on the assumption that until now these systems have not been linked closely enough and that in principle possibilities for a link do exist.

Both aspects are discussed in greater detail. With this aim the empirical findings and personal experience of the author are offered as evidence originating from a number of different sources. The outcome of innovative activities in safety at work and health promotion are the result of a survey of 161 enterprises, carried out by the Institute for Health and Social Research in the Federal Republic at the request of the "European Foundation for the Improvement of Working and Living Conditions". The description of manufacturing, production and personnel management concepts is based on the outcome of a project developed by MIT worldwide for development in the automobile industry.

The automobile industry is considered as an innovative area for industrial reform. Their line of development is also relevant for other branches of industry. In many assessments and evaluations the au-

thor refers to his own, and therefore, untested experience from his practice as a consultant to enterprises.

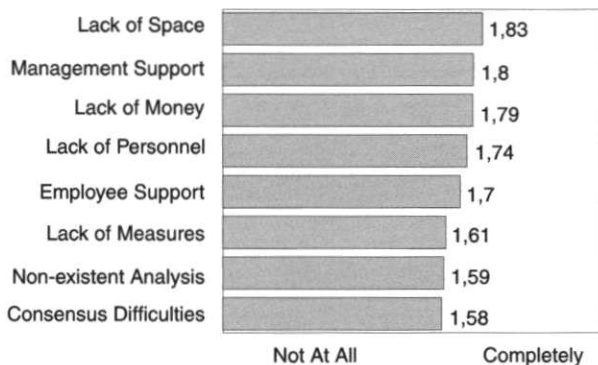
Safety at Work and Health Problems in the Enterprise

Health promotion is interpreted here as an additional activity of company safety at work. By innovative activities, we understand all the initiatives, concepts and practices that are the result of deliberate processes in the modernisation of safety at work. If, as is argued here, safety at work and the enterprise are not already efficiently linked together, elements that belong together (or should belong together) should not be differentiated on a conceptual level. Some evidence is presented for the loose connection between safety at work and the enterprise.

Logically the closest connection between safety at work and the enterprise should be provided by a systematic and continuous analysis of enterprise health, illness and risks. This is so because from such an analysis (related to health of employees and not only to "rights, money, etc.") it is possible to define the focal points of safety at work in individual enterprises. Sadly, only a few, very large enterprises systematically carry out such an analysis. In all the other cases, the link between the activities of safety at work and the enterprise are defined in legal terms. Nevertheless, the strength of the legally binding arguments cannot be challenged by corresponding health arguments. Often they do not even exist. It is not by chance that the "missing problem analysis" is paralleled by an (avoidable) lack of measures and consensus about the problems, which could, even in a limited way, be included in the implementation of innovative measures in the enterprise. This shown in Diagram 1.

The enterprises obviously make some realistic estimate of the situation, since the insurmountable lack of measures, as well as the lack of consensus are a natural outcome of the missing rational, comprehensible analysis of the problems.

Diagram 1 : Solution of Problems



Practically No Connection : Production and Personnel Management Concepts and Safety at Work Concepts

The distribution of health problems is the benchmark for the activities of company safety at work. The matching of these activities or even their allocation and emphasis (weighting) is, however, linked to the respective production and personnel concepts in the enterprise. Here, new knowledge from industrial sociology can support safety at work so that it can fit the routines of the enterprise.

How will industrial reform concepts develop in future and which tasks for innovative safety at work will emerge from them? Present day industrial sociology differentiates three lines of development related to modern concepts of production:

Abolition of the technology dominated production concepts in enterprises. Modern industrial sociology includes in its findings a great variety of organizational, production and personnel concepts related to specific technologies, which means that the type and distribution of technology no longer directly influences the conditions of its application and its organization:

- a specific technology will not always produce the same health risks and dangers because it will be applied under completely different conditions,
- nor, therefore, will there be available "standard routine solutions" as at present, in view of the fact that variation in conditions for implementation is much greater than was the case in the past.

Even when the technology based production concepts are being applied (for example, when a

firm introduces complete automation), the health risk resulting from technology is in most cases controlled by classical methods of safety at work. Obviously, technology based concepts have contributed to the reconstruction of the workplace, which will result in a change of emphasis in safety at work. Even when technology dominates a production process the old knowledge is applied, i.e. that the main danger is produced by the human-technology interface. As we have seen, where technology is concerned, however, this is in general reduced or controlled by existing safety instruments. Health promotion measures as a part of safety at work have not been affected by this development and will also not come into operation.

In other concepts of production the apparently systematic use of human factors of production provides a wider, but very different meaning. Industrial sociology differentiates in general between human-related concepts and post-Japanese concepts.

The human-related approach is focused (mostly very rigidly and hierarchically) on innovative measures in the organization of the workplace. Instead of the flexible organization of the technology-centred concept (based on a specific employment model), the human aspect is included in detailed planning of organization of production. Hence follows the concept of quantitative enrichment of work (for example Volvo - and Saab - production factories in Sweden and also in the Japanese car industry), but this does not extend the range of autonomy of the employees in terms of the content of work. In such a human-centred model, which does not exclude the classical production paradigms of Taylor, but only apparently modifies them in the light of the inclusion of modern technological resources, altered safety at work strategies emerge, which include emphasis on the following tasks:

- Testing the ergonomic tolerance of commonly very complex technical conditions (for example, the layout of car body handling equipment) in actual conditions of application and not only through model simulation. This is because, under such conditions, partly autonomous working groups emerge, resulting in the development of a spontaneous division of labour, which very often can not be justified by health arguments.
- Observation of the syndrome of overtaxing people in such programmes (a fact that is not willingly accepted by employees).
- Provision of workplaces for convalescence and rehabilitation within such a personnel employment

programme for (temporarily) handicapped employees. The relatively generous provisions for leisure of employees in such programmes makes it easier to set up workplaces for convalescence and rehabilitation. In the post-Japan model (including the Lean Production Concept), in addition to individual qualifications, communications and decision making competence, special emphasis is placed on the autonomy of each employee. A number of decisions concerning daily production, including quality assurance, are given over to the work group, which implies that the quantitative and qualitative production goals are very precisely defined and also very precisely controlled (often timed). Consequently, this is called "management by stress".

In this approach, the tasks of safety at work can only rarely be stated in general terms, since the demands are so new that safety at work is not prepared for them.

- Here again, all forms of overstressing people should be precisely observed.
- Social and communication problems within work groups, which in this model are exposed to the contradictory structures of limited autonomy. This is because productivity in this case indirectly depends on the ability of the whole group to communicate with the external system and communication problems within the group, although indeed subjective, could lead to damaging the whole system. They can represent a considerable source of stress.
- A high level of autonomy can here also lead to the creation of an insecure and unhealthy working relationship because it seems to make the achievement of work tasks easier. In no way can it be assumed that because of the increase in freedom of planning one's own work, an improvement in health related tolerance will follow.

All these concepts are applicable outside the automobile industry. They increasingly point the way for other small and middle-sized enterprises and are, therefore, helpful in expressing and shaping of innovative approaches in enterprise safety at work.

As far as safety at work is concerned, including its health promotional aspect, it is completely neutral with respect to these developments. These considerations do not form part of or are not widely known in the development of concepts related to safety at work, especially occupational medicine and health promotion.

What consequences, unanswered questions and

initiatives now follow from consideration of these main lines of development of concepts of production which affect company safety at work in all its various aspects? Below is a summary of modern concepts of production relevant for safety at work.

New Tasks for Safety at Work

The implementation of new concepts of production in industry places new demands on the quality of the workforce. This is already partly achieved in enterprises, especially among younger workers. The increased level of qualifications, compared to the past, is a precondition for increased participation of employees in safety at work measures. The consequence of this should be the continuous participation of employees in the safety at work activities of the enterprise. It is not fortuitous that already there is discussion about and creation of Health Circles in enterprises.

From an enterprise point of view, members of the workforce become less interchangeable. In all approaches companies are thought to be dependent on a stable workforce, which in some versions (especially the technology-centred model) needs to be highly flexible internally, but should have only limited mobility. At present, more than at any other time, a high level of attendance at work is important (also low absenteeism due to illness), not only for economic but also for reasons related to production. This could partly explain the very heated discussion about absenteeism due to illness. Occupational medicine and health promotion, as aspects of safety at work, should also in the future lay increased emphasis on preparing the workforce to a greater extent than before.

The new production and personnel leadership concepts have, together with safety issues, produced a great variety of new related burdens and demands, which are concepts largely outside the existing system of occupational medicine, with solutions perhaps more appropriate for health promotion. The layman's view of "management by stress" basically shows the line of future directions. Too little or too much mental stress, unbalanced stresses on the body, competition as a stress factor, are all labels for the direction in which prevention is moving.

There is an additional group of demands, not necessarily part of the concepts of production, but which should not go unmentioned. This is the increased number of chemicals involved in production. One should repeatedly emphasise the need for the new starting points necessary for taking this problem in hand. At present 100,000 pollutants are used in production (not counting their synergistic effects). It is

obviously not feasible to test all of these for their damaging effects. One needs to try to develop priority lists, "Knock-Out" lists and other measures with complex solutions. This is also a task facing safety at work in the future.

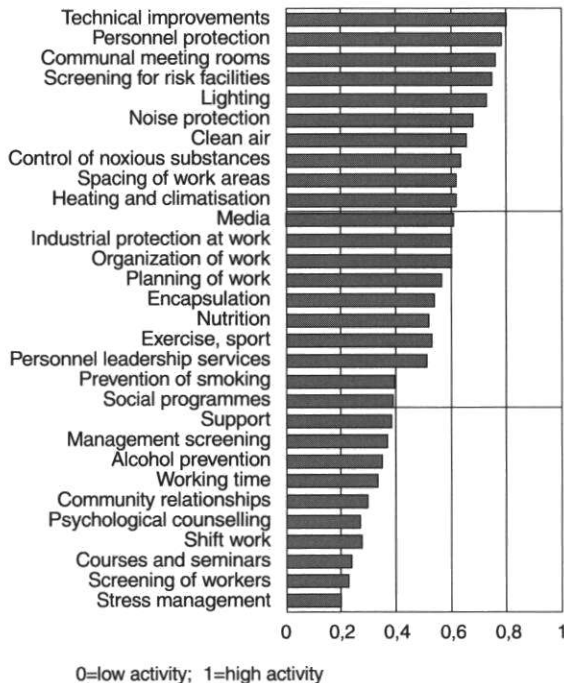
Integration into Enterprise Activities - Organizational Requirements for Safety at Work

It is unnecessary to provide additional arguments as to why safety at work should be integrated into the enterprise system as efficiently and smoothly as possible. The basic precondition for this is to understand which activities are taking place, where they are promoted and where they meet obstacles and what the expectations of the enterprise are concerning the innovative activities in safety at work.

Safety At Work Activities and Their Meaning for Health

Diagram 2 shows the "spectrum of activities" collected from 161 large enterprises in the old and the new parts of United Germany.

Diagram 2: Safety at Work Activities



Under the ten most often mentioned activities, there are only two which are not of a technological character (communal rooms and screening). These two activities are by-products: screening of workers exposed to risks is in most cases prescribed by trade unions. Communal rooms are a by-product of agree-

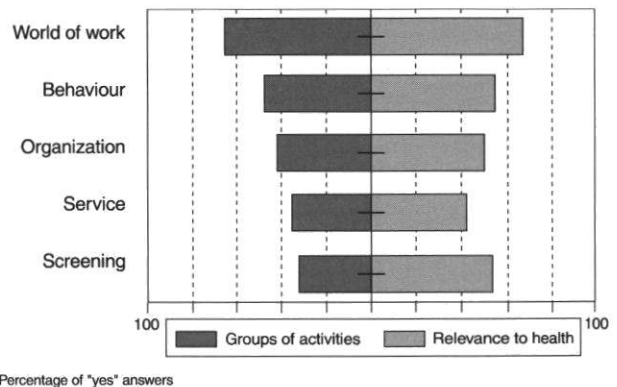
ment with management, or for example, the result of regulations concerning the workplace and other workplace related rules. It can be thus concluded that even the other measures are, in principle, based on legal requirements (see Diagram 3). Whether in fact the inclusion of technologically oriented measures within safety at work deals adequately with most problems is hard to assess. In the face of increasing applications of new forms of production there is no guarantee for the future.

Only in the bottom third of the diagram are measures to be found that would also belong to the repertoire of health promotion, although even in this section the organization of work and work-related planning measures are more often implemented as specific health promotion measures. They can also usually be described as innovative measures in safety at work.

To sum up: technological dominance of safety at work is partly a result of the orientation of safety-at-work legislation and partly the result of necessity arising from the conditions in enterprises. It can also be partly interpreted as an outcome of the inertia in enterprises and their safety at work systems. Behind the demands which must be directed towards a new safety at work one can clearly notice a reversal to a technological orientation.

When these thirty individual activities are grouped together and put in order according to the frequency of their implementation we have a similar picture.

Diagram 3: Groups of Activities with Health Relevance



This diagram also shows the health-related significance allocated to various areas of activity by companies. Essentially the frequency of implementation of individual measures corresponds to their burden on health. This relationship does not exist in the case of screening examinations. These are obviously considered by the enterprise as meaningful for health; however, it is questionable whether

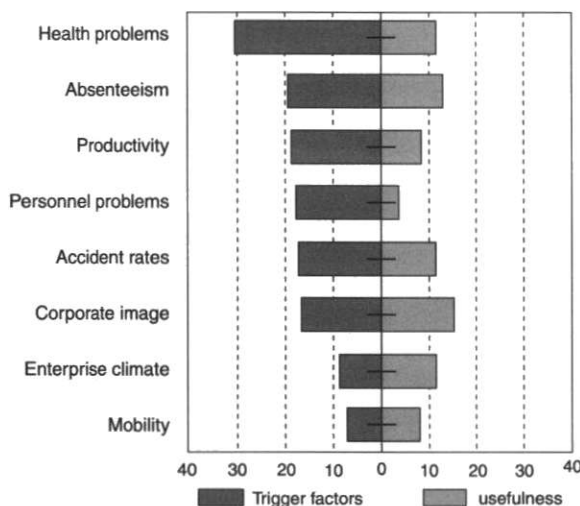
screening examinations play an important role for the health of individual employees.

Trigger Factors and Usefulness of Measures

Laws are the most frequently mentioned triggers for certain measures. This explains the fact that the greatest number of measures are triggered by safety-at-work legislation and corresponding professional norms. This also partly explains why they are mostly technology-oriented.

From the point of view of the triggering aspect, it is interesting to note that mobility is not mentioned as leading to the resolution of certain problems; instead, absenteeism, increase in productivity and the solving of personal problems are evidently the main triggering factors, whereas the maintenance of health and preservation of safety represents a socially desired general solution. It is obvious that the enterprises are already satisfying the need to raise the level of provisions for safety at work for employees, in which the mobility of the workforce obviously does not represent a decisive problem.

Diagram 4: Trigger Factors and Usefulness of Measures



"Very often" answers in percentages

The trigger factors which are also associated with expectations for the solution of the problem are compared with measures linked to usefulness. First of all, it is striking that "usefulness" and "very often" are not associated, and secondly, one can notice that there is a relatively wide gap between "usefulness" and "expectations". This will obviously be most relevant to the corporate image, although as a trigger factor "image" is placed in the bottom third of the table. It is exactly the reverse with the "solution of personnel problems", which rates relatively high but is not associated with "expectations". The different

assessment of "expectations" and "usefulness" can have a number of reasons:

- Enterprises completely over-estimate the effectiveness of safety at work measures as a problem solving instrument.
- Wrong or inappropriate measures are selected (wrong diagnosis).
- No regular evaluation of measures is carried out so that the enterprises cannot systematically assess usefulness; the outcome is not, of course, completely random but is more likely to depend on subjective assessment and experience.

Consequences for the Modernisation of Safety at Work

The results provide issues for consideration related to the modernisation of safety at work, related to its close integration into the approaches, production and organization within the enterprise.

1. Obviously enterprises expect a solution of their special problems from the safety at work system. For example, it is not likely that the safety at work system alone can provide a solution to personnel problems or absenteeism; it should, however, evidently make a contribution.
2. There is a large difference between the expectations associated with individual activities and the outcomes actually produced, at least as far as safety at work is concerned. Safety at work can reduce the discrepancy by realistically presenting its own capacity for problem solving, since numerous health problems cannot be solved just by measures relating to the health system.
3. Furthermore, it is necessary to link safety at work proposals for solutions to the strategies and the actual reality of the enterprise. This meets with considerable obstacles which - at least according to enterprises - do not stem from personnel or finances, but from the area of incorrect analysis, wrong interests and lack of motivation. This is also a problem for health promotion. Up until now there have been numerous attempts to justify health promotion using economic arguments, claiming that health promotion and preventive safety at work are "profitable" for the enterprise, without any empirical support for this statement, while doubts remain in the enterprise. It would be valuable to attempt, through closer links between innovation and the modernisation of safety at work in companies, to argue more credibly the case that safety at work can, even where there are new concepts of production, make a contribution to productivity and to healthy working procedures.

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Personnel Care - a Health Promotion Concept

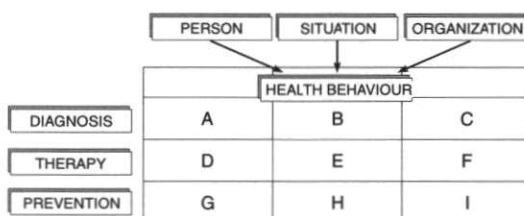
Linking Organisational Development, Personnel Development and Personnel Care

Economic cost-benefit analyses on the one hand and ecological or quality of life considerations on the other are often in opposition. There is some management opinion that staff should work as much as possible, be effective and productive, but not necessarily try to improve their quality of life within the firm and no expensive work time should be "wasted" on their physical and mental welfare. This is for their leisure time - the regeneration phase - during which, amongst other things, the employee is obliged to revitalise his own powers of performance.

Personnel care, in the form of activities for the protection of staff members, their intrinsic motivation for work, social support and maintenance of health is one of those situations in which human and economic interests meet and meaningfully complement each other. It is not only humane, advisable and possible to enrich the quality of working life, but in the long run caring and health promoting measures can also be considered a return on investment. Conversely, there is no question of exploiting personnel in a situation of increasingly complex work demands, changing values and specialised staff. The healthy organism in the healthy organization must be the essential goal of every enterprise, every administration, university, or office, in short of every working institution.

Kastner's framework (1990) permits both a more concrete classification of activities relating to personnel development (PD) and personnel care (PC), as well as a linkage between these (personal) leadership tasks and organisational development:

Diagram 1 : A Framework for Personnel Development and Personnel Care



The items of healthy, qualitatively high-level work behaviour and work experience to be observed are located in the cells A to I of this diagram. They must always be considered both from the individual aspect and from the holistic, organizational aspect.

An aspect of organisational development is to try to assess the future demands of the market on the enterprise, in terms of cost-effectiveness as well as in terms of avoiding incompatibilities within the system (see *System-Compatible Organisational Development*, Kastner, 1991) such as, for example, illness, internal migration and absenteeism. The basis for personnel care has already been created here on the collective level of the total organization.

All measures that improve the professional, managerial and social competence of employees belong to personnel development. This enhancement must always be relative to the demand structure within enterprises, to avoid frustrations through over qualification. Personnel care, on the contrary, emphasises the aspect of protection, which is worthwhile quite apart from the pattern of demand. Therefore, personnel development and personnel care, in contrast to system-compatible organizational development, focus more strongly on staff as individuals, who as one of the essential leadership tasks in line management, must be promoted, protected and "maintained". Ultimately, the enterprise essentially consists of its employees. To this extent, such investment must seem obvious.

Themes and Activities of Personnel Care

By analogy, the distinction (see Fig. 1) among the three constituent parts of healthy and efficient behaviour, Person, Situation and Organization, which are in reciprocal, dynamic relationship, one can differentiate between various responsibilities and tasks of personnel care.

First of all, each employee is responsible for himself or herself. Each must decide, how much time, energy and money should be invested in effective exercise, sleep, social relationships etc. In addition to personal responsibility, he/she also has responsibility for the social support of the team, the smallest

social system at work, The boss has an immediate duty of care. He or she must be aware if an employee is "shattered" and take action accordingly. The entire organization ultimately carries, represented through the top management, responsibility for personnel care, which must be made as system-compatible as possible and a part of organizational development.

The following diagram illustrates these interconnected themes and activities of personnel care.

An Example of Organizational Transformation

As always, stairs must be swept from the top down. There is a need for convinced and powerful champions within the organization, who must be inspired by the importance of personnel care. From experience, seminars on handling stress and time management offer quite good introductions to the topics of dealing with complex problems, and to the ethics of the enterprise. The top management will be more convinced of the success of these, if:

- Arguments will be less based on weaknesses.
- It can be clearly shown that personnel maintenance

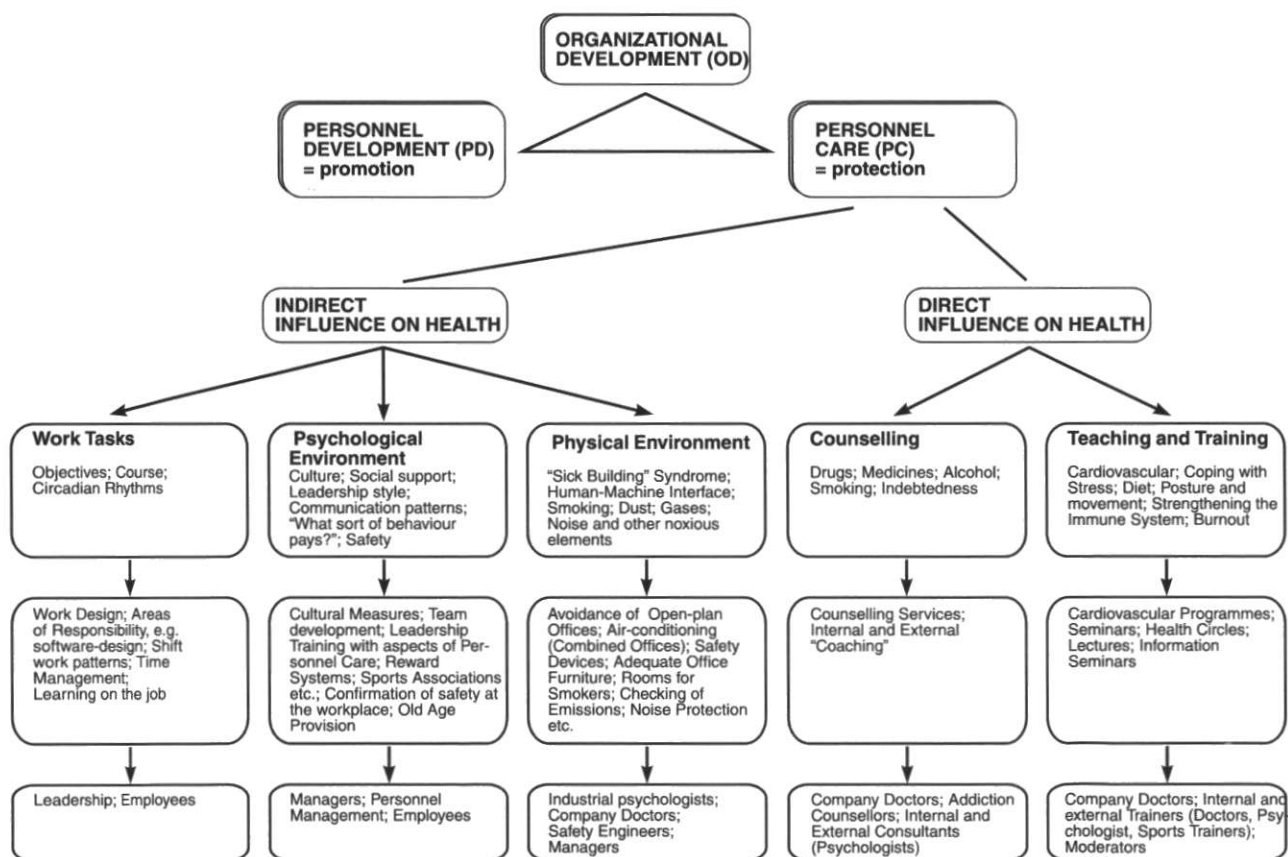
measures are meaningful investments in the future, and as such can also be measured in monetary terms.

- It is made clear that in view of increasing technological and social complexity, competition is based more on qualified personnel than on the project.

This was achieved at Wacker Chemicals Ltd. Here the implementation in a concrete, interconnected way of personnel care activities was undertaken about three years ago. As a consequence, a personnel care steering group was established, which had the following tasks and in some respects still has:

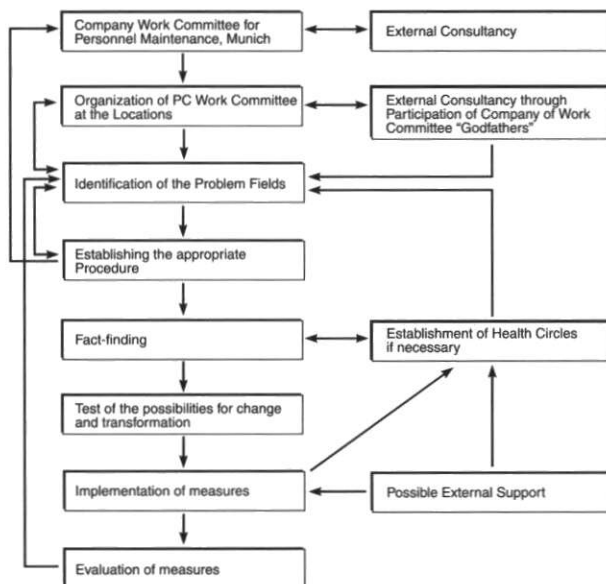
- Establishing the concept of personnel care
- Developing concrete measures of PC, from the standardisation of occupational health examinations, cardiovascular disease programmes, special diet provision to setting up of rooms for smoking.
- Assessment of such measures with regard to their organizational and cultural compatibility
- Co-ordination of the different persons concerned with personnel care, above all line management, personnel management, company doctors, safety engineers, employee representatives etc.
- Marketing based on personnel care measures

Diagram 2: Themes and Activities of Personnel Care



This steering group (company work committee) is composed of representatives from: the central administration (at the same time the co-ordinator of the steering group), the company medical services, the head of personnel, the works council, the foremen, the "Personnel Development" section and an external consultancy team. This membership enables the continuous support and advice for individual "Personnel Care" work committees in different locations. These include local employees from the personnel department, the works council, the foremen, safety at work experts and company doctors. The local work committees can establish health circles, use consultants take other locally appropriate measures.

Diagram 3: Cyclical procedures in application of Personnel Care measures at Wacker-Chemical



The "health circles at work", as compared to the "company personnel care committee", are characterised by a greater employee participation and organization. Monthly meetings of employees with comparable stress situations, (such as foremen, craftsmen and typists) are led by a moderator. Thus the problems and emergent demands and actions are debated and ideas and suggestions for improvements collected. The outcomes of the health circles can then be disseminated in practical terms through the "personnel care work committee" and concrete measures promoted in collaboration with those responsible (e.g. work-place-related measures, programmes, organizational improvements). If the results are recorded in such a way, as to allow a choice of health promotional measures, the work committee can directly draw on suggestions and ideas, and consult others, such as scientific consultants, can-

teen lease holders, supervisors, addiction consultants, agents of the sport association of Wacker Chemicals, and representatives of the seriously handicapped.

The conceptual procedure relates to the framework (see Fig. 1) proposed by Kastner (1990), in which the central field of study is the health-related behaviour of employees. This behaviour reveals a highly dynamic interactive process emerging from the interplay of person / situation / organization. Relatively stable features of the person (such as constitution and "entrenched" patterns of behaviour) interact with situational contexts (e.g. demands of work, office equipment, immediate job work-place) and with organizational features (culture, reward systems, rules and norms). The dynamic behaviour resulting from the interactions should constantly be monitored.

Severe failings should be dealt with as soon as possible (intervention). At the same time, from the prevention point of view, attempts should be made to protect the positive health behaviour of employees and the relevant organizational measures (organizational development).

A Pilot Study in Cardiovascular Prevention

The phase of transforming the theoretical bases established in the company work committee into action was introduced by a pilot study on cardiovascular prevention. The aim of this study was the investigation of the effectiveness of prevention of cardiovascular diseases in the enterprise. Building on the model of the aetiology of cardiovascular disturbances as a highly complex process, a behavioural-medical preventive programme was tested by one of the company personnel care groups. This preventive programme attempts to reduce the probability of becoming ill among the so-called people at risk such as people with raised blood cholesterol, high blood pressure, overweight and so on, by considering several elements simultaneously. In locations in Burg-hausen and Munich, courses on prevention were offered and briefings of work doctors carried out. The programme contents included relaxation, blood pressure self-measurement, information, nutrition advice, stress handling etc.

The pilot study was structured as a control group experiment (Brinkmann 1991). In addition to the cardiovascular prevention a stress handling program was offered. The participants in stress handling groups, as well as a "reserve group" whose members were of course examined without, however, being subject to an intervention, served as control groups.

All participants (experimental and control groups) in the study were subjected before and after the courses to a medical examination and a psychological test. Six months later a follow-up study was carried out.

Results of the Pilot Study

1. Medical Parameters

For the participants in the cardiovascular preventive programme, the systolic and diastolic blood pressure levels were significantly lowered. The same applies to total cholesterol levels. The triglyceride values of the participants in the cardiovascular programme showed a significant decrease compared to the starting values.

Since changes in isolated medical parameters are not strong indicators, these were aggregated to calculate the probability of heart attack (Heyden's method). From the summary of the data, a pattern emerged, which showed a clear reduction of the risk of heart attack for the participants in the cardiovascular preventive programme.

2. Cognitive and Psychological Consequences

The knowledge of the participants in the experimental group regarding cardiovascular illnesses increased significantly in comparison with both control groups. Positive changes emerged also in relation to the raised psychological risk factors in the cardiovascular prevention group. Thus, there was a notable increase in the general satisfaction at work and in daily life, the value put on health-related behaviour, the improved ability to deal with stress and the view that health is a process that needs constant attention. Reduced were the situational anxieties, which develop through confronting a raised cardiovascular risk as well as the levels of psychosomatic disturbances. An anonymous questionnaire survey also underlined the positive attitude of the participants towards the course.

The company health promotional measures targeted on employees, for example in the form of courses on prevention, produced demonstrable positive changes in important medical and psychological variables, which are considered responsible for causing cardiovascular illnesses.

Concrete Personnel Care Measures

By now, an abundance of ideas about interventions and prevention related to people have been translated into action through the work committees in different company locations, for instance back strain training, diet weeks, and individual home economics counselling. As purely preventive and tested measure one can see the "Trainee Indebtedness Prevention Programme". Existing measures for the prevention of the Sick Building Syndrome, for example in the offices of new headquarters administrative buildings, represent the organizational aspect (see. Fig. 1).

In parallel with the measures, information is being included in the enterprise's house magazine, in the attempt to create a shared, general vision of the personnel care concept. This supports the introduction of the personnel care concept throughout the whole firm, affecting the thoughts and actions of all employees and managers.

RESULT: This approach to holistic health prevention, incorporated in the personnel care concept, taking into account the psychosocial stress elements of the relevant life- and working conditions, can be implemented in an enterprise like the Wacker Chemicals because employees accept and want it, as well as because of the existing infrastructure.

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Protection of Health and Safety at Work within the Framework of Business Decisions

Protection of health and safety at work and preventive health care form an integral part of the enterprise. Basically, they not only condition business decision-making processes, but are sometimes even their object, since human factors increasingly determine whether new production techniques, in particular, can be mastered or not. Absenteeism through accidents and illness provides clear evidence of this.

Problem

The methodological and systematic integration of the protection of health and safety at work and preventive health care within the economy of the organization is, however, an unresolved problem. In decision-making, the protection of health and safety at work and preventive health care are difficult to grasp owing to unscientific "cost-effectiveness accounting". In so-called "accident accounting", an attempt is made to show that protection of health and safety at work and preventive health care "can make money" and, what is more, this is measurable in pounds and pence. This statement has been shown to be neither economically justified nor necessary as a basis for the relevant improvement of working conditions. Realistically, protection of health and safety at work and preventive health care cannot be expected to be justified by economic success measured in the monetary terms of profit and loss.

The inability to assess in economic terms the various cause-effect relationships between the firm's production and the protection of health and safety at work and preventive health care does not in any way imply that economic issues play no role - on the contrary. It is rather that the cost-benefit analysis of the protection of health and safety at work and preventive health measures are being judged in their entirety. The question raised concerns the contribution this subsystem, as a part of the company, makes to the achievement of company goals. In practical terms, use is often made in the enterprise of indicators, like, for example, morbidity data. Unfortunately, such simple data do not satisfy the requirements.

Suggested Solution: "Cost of Uninterrupted Man-hours"

The business performance of the health and safety at work and preventive health care system may be an important resource in the production process, as well as in regular ongoing organizational procedures. This can, for example, be quantified in terms of time through the number of uninterrupted working-hours, expressed as a difference between "bought-in" man-hours minus the hours lost.

A newly-developed indicator of efficiency combines outcome- and input-related results, using the yardstick of "uninterrupted man-hour costs" (a ratio of the cost of health and safety at work and the preventive health care system and the total cost of uninterrupted man-hours). Decreased time loss leads to an increase in uninterrupted man-hours and consequently to the lowering of the ratio of "prevention expenditure" to uninterrupted man-hours - an increased time loss produces a higher indicator. Provided the internal changes in input and output factors are also taken into consideration, the costs of uninterrupted working-hours can be built up into a system of control for health and safety at work and preventive health care.

The economic success of health and safety at work and preventive health care activities can be identified through the comparison of efficiency indicators as between organizations, company sites and systems of production, and of the average values for branches and professional associations, as well as through the construction of time series. It is furthermore possible to consider differential cost-effectiveness relationships within the enterprise.

Approaches to control are directed towards the eradication of existing faults after the event, although as early as possible. Still better, however, would be the avoidance in advance - in the planning stage of the system of work - of health threats and risk factors. This is a task for "broadened economic procedures" and the concept of total investment planning.

Broadened Economic Procedures

In addition to detailed conventional investment or cost accounting, broadened economic procedures provide a specially adjusted utility analysis where monetary appraisal criteria (work system value analysis) are difficult or impossible to use. The levels of goal achievement can be made comparable in terms of human and health-related solutions through weighted point values.

Broadened economic procedures assist planners in judging investment alternatives through the systematic disclosure of weak spots and the consideration of unquantifiable contributions to the goal. The greater transparency of planning resulting from open assessment processes and the subsequent possibility of controlling the predicted utility values (work system values) additionally provide those planning for decisions with greater competence in practice.

Comparisons between planning and achievement are made possible by retrospective assessment of planning outcomes, of course both in relation to economic indicators as well as work system values. Thus, more realistic judgements must already be made during the planning phase. This is in the interest of the decision-maker (although not him alone), who can build on more credible expectations of profit. In contrast to strictly traditional accounting, work and/or planning costs are however clearly higher (project management). All relevant sectors of the enterprise - hence also the health and safety at work and preventive health care activities - must be included. The increased planning expense of multidimensional appraisal processes ultimately must be weighed against the reduction of the remaining risk.

The decision-maker not only learns something about using health-directed organizational solutions and their respective costs; the various work system appraisals also give him information about professionals and their directly relevant, useful advice about the future economic success of investment alternatives.

The reduction of uncertainty and insecurity related to existing investment choices represents for the decision-maker not only a strategic benefit; with the help of the appraisal, he is in a position to weigh up the expected negative outcomes (e.g. sick leave rates) and the limited decline in profitability.

Both efficiency-oriented control processes, as well as holistic concepts of investment planning, serve to integrate the health and safety at work and preventive health care activities in the business functions of the enterprise. They improve the rationality of business decisions, in that they provide information about future costs and benefits. Thus, they make a contribution to the more efficient allocation of limited resources for health and safety at work and preventive health care activities.

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DETLEF HELLMERS,
BKK Carlswerk,
Head of Health Promotion

“Wellness - Enterprise Strategy for Health” Health Promotion at the Carlswerk BKK

The Carlswerk BKK is responsible for a company group of twelve firms, which emerged from the earlier Carlswerk enterprise. The size of organizations ranges from approximately 300 to 2000 staff members, that is, they are small and middle-sized companies. All organizations belong to the metal-working industry, with a correspondingly high proportion of blue-collar and also foreign workers.

From our point of view, we distinguish between health promotion activities and preventive measures. Following the WHO, we take health promotion to be more than disease prevention, and thus in our concept of health promotion, prevention within the enterprise is an element in a set of health promotional measures. Consequently, we chose as a point of entry for our health promotional activities a problem which can be largely prevented through behavioural changes, in order to win the trust and cooperation of the internal partners. For this reason, we participated in the pilot project concerning the prevention of cardiovascular diseases, “Have a heart for your heart”, which was designed by the IDIS Institute in Bielefeld, in cooperation with the regional association of the enterprise sickness funds of North Rhine-Westphalia.

The Pilot Project “Have a heart for your heart”

The motives for the implementation of a pilot project for the prevention of cardiovascular diseases in the enterprise are obvious. Cardiovascular diseases clearly emerge as the outstanding cause of death and are the most frequent grounds for retirement due to occupational illness and incapacity. Thus, important risk factors can effectively be prevented, and especially in enterprises, it is possible to direct preventive measures towards particularly important target groups, which the community-oriented measures do not always reach.

For the intervention a modular prevention programme was developed, which can be modified according to organization size and pattern of risk. The health behaviour of employees should be influenced by the following types of actions:

Screening Measures: (Blood pressure, cholesterol, overweight, fitness); Courses on Health Topics:

(Stopping smoking, nutrition counselling, weight reduction, bodily fitness, stress management); Healthy Working Environment: (no smoking at the workplace, healthy menus in the canteen, rest breaks).

The Approach

The main approach to the introduction of behavioural changes is based on the concept of the so-called “Channelling Model” (Murza, G., 1990, page 40). It postulates that health promotional behavioural influences can come about through linking different forms of communication (e.g. Cholesterol measurement + nutrition courses + special canteen offers). Thus, screening measures serve not only for diagnosis and feedback concerning acute health conditions, but also are used as vehicles for direct counselling to motivate participation in further measures. In carrying out this project, communal structures were also integrated into the health promotion concept. This channelling should be successful in motivating employees to undertake personal health promotional activities (at the workplace / during leisure time) as well as to participate in on-going activities in the community (e.g. sports club) or in the organization (e.g. company sports association).

In addition, the following aspects should increase the motivation of the participants:

- Paid time off for screening during the working hours.
- Courses start at the end of working hours.
- Issuing a personal “Check Card”, with a number that is recorded at every attendance, and which is also used for the yearly lottery.
- Intensive, continuous public relations through personal communications, leaflets, articles in the BKK journal and posters.
- The setting up of a “Participation Offer”, in which the positive effects of health promotional behaviour are personally experienced.

Internal and external cooperation

A most important committee for implementing company health promotion concepts has proved to be the "work committee for health". This committee consists of representatives of employers and employees of the firms involved, the company sickness funds, and the company doctor. According to agenda of the meeting, additional specialist subject teachers can be brought in (for example, nutrition counsellors, the canteen manager, or representative of the company sports association).

In addition to planning and decisions about which services will be offered, the works health circle has the main task of internal co-ordination, so that upcoming duties can be distributed, for example, the integration of activities into the work process, the organization of courses, the distribution of media, etc.

Furthermore, an attempt was made to create a link between enterprise and community health promotion. As was already mentioned, external co-operating partners such as sports clubs and other community centres were approached and a collaboration established in the areas of information and counselling about existing services, joint courses, common health activities (e.g. sports meetings, running) and the use of spatial resources.

In addition, there is a possibility of using the services of the Association of Company Sickness Funds, which in a subsidiary way provide support, especially for the smaller company sickness funds to carry out health promotional programmes jointly with other partners.

Results

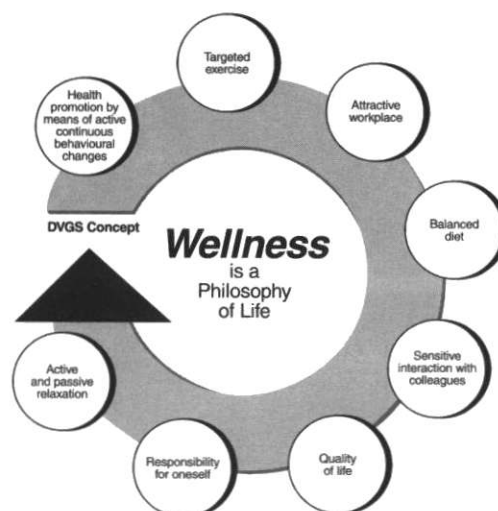
During the two-year project period, the proportion of employees with high blood pressure fell from 30% (initial measurement) to 15.5% (final measurement). In particular, the group of participants identified using the check card numbers, showed a significant reduction of high blood pressure (from 29% to 17%). Also, with respect to the risk factor of raised cholesterol, the proportion of employees with a high level (over 250mg /dl) declined from 25% (initial measurement) to 18% (final measurement). These results, which rest on valid data, show that the project to make a positive change in the risk status of employees has proven to be successful. In addition, the outcome of the final survey allows us to conclude that many participants have changed their health behaviour. Thus, for example, 31.5% of respondents (n = 673) said that they have a healthier diet

and 18.4% of respondents indicated that they have increased their exercise. Here it is also important to note that a special data analysis showed a highly significant association between positive changes in blood pressure and cholesterol values and changes in health behaviour.

In the course of the project, it was possible clearly to see from the morbidity statistics that the incidence of cardiovascular diseases resulting in an inability to work was reduced by 6.4% and the number of days lost through absenteeism by 39.7%. Even if at present no causal connection can be established between the project and morbidity statistics, this however can be taken as an indicator of a successful project outcome.

Wellness - a Philosophy of Life

After the conclusion of the pilot phase, the health promotional programme was expanded further, by including the German Association for Sports Health and Sports Therapy (DVGS) as external co-operating partner. The DVGS has developed the DVGS concept for organizations and authorities. This inclusive "Wellness concept" is composed of a combination of modules, which fit together as a package. This also takes into account, in the formation of the programmes, company needs (the working environment) as well as the individual situation of people (behaviour). It aims to make stepwise changes in wrong behavioural patterns, to integrate learned changes in health behaviour and continuously to provide repetitions and reminders. As they say: "It is a long way from good intentions to established habits."



It was also noticed that only those suggestions for everyday behaviour which are associated with attitude changes are acknowledged by participants as

helpful and wanted. Therefore, the emphasis of advice about appropriate behavioural patterns is on pleasure and positive experience since "The goal is not asceticism, but happiness and the enjoyment of life."

On this basis, a project for machine workers, "Take care of your back", is planned; it takes into account existing work loads. The project, which has already been tested, in cooperation with the IDIS Institute, in road-building as well as in the social services, includes the following phases:

1. First contact phase
(introductory meeting, health day)
2. Screening phase (job analysis, health check)
3. Implementation phase (back care training, improvement of working conditions)

Through this combination of prevention projects concerning behaviour and the working environment, preconditions have been created for "Wellness" to become the focus of health promotion in the enterprise.

Summary

The development of a comprehensive enterprise health promotion programme has been presented, which combines behavioural and environmental approaches and which addresses the person as a whole. It was shown how regional and community health promotional structures have been used and integrated into this concept. This is the only way to reinforce the competence of employees in health promotional matters, and to bring about healthier living and working conditions.

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The Health Advice Centre (GBZ) of the BKK, Bayer Leverkusen

In the year 1986 - long before the GRG (the health reform law) took effect - the Health Advice Centre (GBZ) as subsidiary of the BKK, Bayer Leverkusen was founded. The occasion was the centenary of Company Sickness Funds (BKK).

Tasks

The tasks of the GBZ consist of the planning, organization and implementation of:

- Preventive measures against risk factors related to cardiovascular disease (high blood pressure, lack of exercise, high cholesterol values, smoking, stress and overweight)
- Preventive measures against illnesses related to movement and posture (e.g. back exercises and hydro gymnastics)
- Current health projects on the company level, like, for example, Aids.

Over the years, further courses and events also appeared, aimed at the health maintenance of those insured. Our major campaigns (hiking and cycling days) fulfill the important task of enabling those insured to join in the GBZ preventive programme.

The motto of our courses is "help for self-help"; that is, we try to provide the basis that our course participants need to apply what they have learned to everyday living.

Staffing

The Health Advice Centre (GBZ) employs twelve full-time staff, who are divided into two specialities. Two education specialists and four sports teachers are active in the field of "movement and posture". A medical consultant in nutrition, two dieticians and a graduate dietician are active in the field of "nutrition". In addition, there are two administrative staff.

Between 15 and 20 external contributors have been

appointed to carry out the course work according to the number of courses.

Target Groups

The work of the Health Advice Centre concentrates primarily on four target groups:

- Children of nursery and primary school age, where the potential is the most promising
- Youths and apprentices, a group that presents a great educational challenge
- BKK insured, including family members. This covers the largest group of insured (employees, shift workers, as well as employees with sedentary jobs)
- Pensioners, because we feel especially concerned about senior members for social reasons

Key Areas

1. Courses

Courses have dealt with lack of exercise, overweight, giving up smoking, relaxation, parent-child courses, cookery classes, preventing back damage, hydro gymnastics, yoga and memory training courses.

2. Cooperation

This includes both cooperation with internal partners (work safety, medical section, nurseries, professional training schools, works fire department, foremen, company administration) and external partners (primary schools, company sickness funds, commercial providers, sports clubs, associations and the city).

3. Projects

To this area belong the topics: Aids, "The Healthy School Bag", promotion of leisure activities and a wide range of sports opportunities, the Bayer "FIT Action", the Kindergarten Project and the summer programme.

4. Campaigns

These include bicycle excursion days, hiking days, dance and compensatory gymnastics for senior citizens, the health sports days and expert meetings.

5. Training of Facilitators

(Specialist from enterprises, educators of nursery school teachers and teachers in primary schools and schools for trainees)

6. Individual Counselling

(Nutrition and sports counselling)

The Main Ideas for the Future Work of the GBZ are:

1. Flexibility

Flexibility in courses on offer and projects helps us to be able to react to the changing demands of our membership market.

2. Openness to criticism

We submit ourselves to the criticism of the course participants, since this is for us an important means of improving our work.

3. Scientific Input

In the analysis of our work, we make use of scientific methods (Evaluation, monitoring studies, prognoses etc.)

4. Modification

We strive to evaluate our work in the short-term, to recognise possible sources of error quickly and to be able directly to correct them.

5. Expansion

In the medium term, the goal of the GBZ activities is the development and the quality assurance of the prevention programmes at the external BKK locations.

Result

The Health Advice Centre as a preventive institution is for us an investment in health. The goal of our present work-focus is the maintenance of the health of our insured members. The money that we spend today we shall save tomorrow on expenditure for the costs of illness.

Issues for Health Promotion in the Enterprise

Poor health behaviour of insured members is to a large extent the cause of cardiovascular and mobility diseases.

- Curiosity and awareness of relevant problems can be aroused by means of public relations activities such as exhibitions, hiking and cycling days, nutrition weeks in company restaurants, and press articles in newspapers and magazines.
- Behavioural changes can be brought about and/or supported through focused and scientifically tested programmes related to nutrition and exercise.
- Prevention programmes are only successful if their effectiveness is regularly evaluated and they are adjusted if necessary.
- In addition, there are only limited resources available for health promotion. They must therefore be utilised as effectively as possible.
- Health insurers must invest more effort in this task and also, for this purpose, make use of any offers available on the "health promotion market".
- Prevention is an investment in the future.

The "Health Awareness Programme"- Health Promotion at Boehringer, Mannheim

The "Health Awareness Programme" is a cooperation model* of the Institute for Medical Psychology of the University of Marburg, the Department for Medical Psychology and Sociology of the Medical University, Hanover, the Company Sickness Funds, Boehringer Mannheim, as well as the AOK Starnberg and AOK Garmisch - Partenkirchen.

What do we understand by Health Promotion and Prevention?

Health promotion refers to all activities that contribute to the maintenance and/or improvement of health and personal welfare. The "drive belt" of health promotion is the joy of living.

Prevention refers to all measures that contribute to the prevention of illness and the avoidance of pain.

Why do we deal with this issue?

Health promotion and prevention are aimed primarily at three important stages of life: the ages of kindergarten and school, working life and the entry into active retirement.

This provides three starting points, on which we have based a health promotion and prevention programme:

- the enterprise culture aspect,
- the economic point of view,
- the legal framework.

*The members of the core study group are:
Professor Dr. Dr. H.-D. Basler, Marburg
B. Beisenherz, Marburg
Dr. U. Brinkmeier, Hannover
G. Büchner, Boehringer Mannheim
Dr. K. Buser, Hannover
A. Frank, Marburg
K. Huth, Boehringer Mannheim
Dr. G. Kaluza, Marburg
Prof. Dr. U. Tewes, Hannover

The enterprise culture aspect becomes increasingly more meaningful with the change in the ranking order of individual values in professional and private lives. Harmony, that is to say, a balance between professional working style and private lifestyle, is effectively determined by the health status of individuals. Only when these activities in both life areas are complementary do they lead to a more fulfilled life.

The day-to-day philosophy of the enterprise, which relates to professional activities, plays a decisive role in the search for success and peak performance. A health promotion and prevention programme at Boehringer Mannheim contributes through personal experience to the advancement of the understanding of why the constitution of our enterprise states "At Boehringer Mannheim, we work for health".

The economic aspects, which are relevant to a health promotion and prevention programme in enterprises and also at Boehringer Mannheim, are on the one hand the avoidance of illness-related costs of repayment of loans, cost of loss of earnings, costs of relocation, and loss of "know how". On the other hand, there is also a need for the healthiest possible, mentally flexible, well-qualified employees to master new technologies and new forms of organization in a changing market. Health has not only a supreme value for each individual, as surveys repeatedly show, but also gives a competitive edge to enterprises in rapid technological change. A health promotion and prevention programme thus demands from us a humanitarian commitment and the establishing of preconditions for meeting economic needs as well as the prerequisites for cross-professional training (Human Resources Development).

The third starting point, concerning the reason why Boehringer Mannheim has undertaken a health promotion and prevention programme lies in the changed legal framework, arising from the health reform law (§20).

What are we doing?

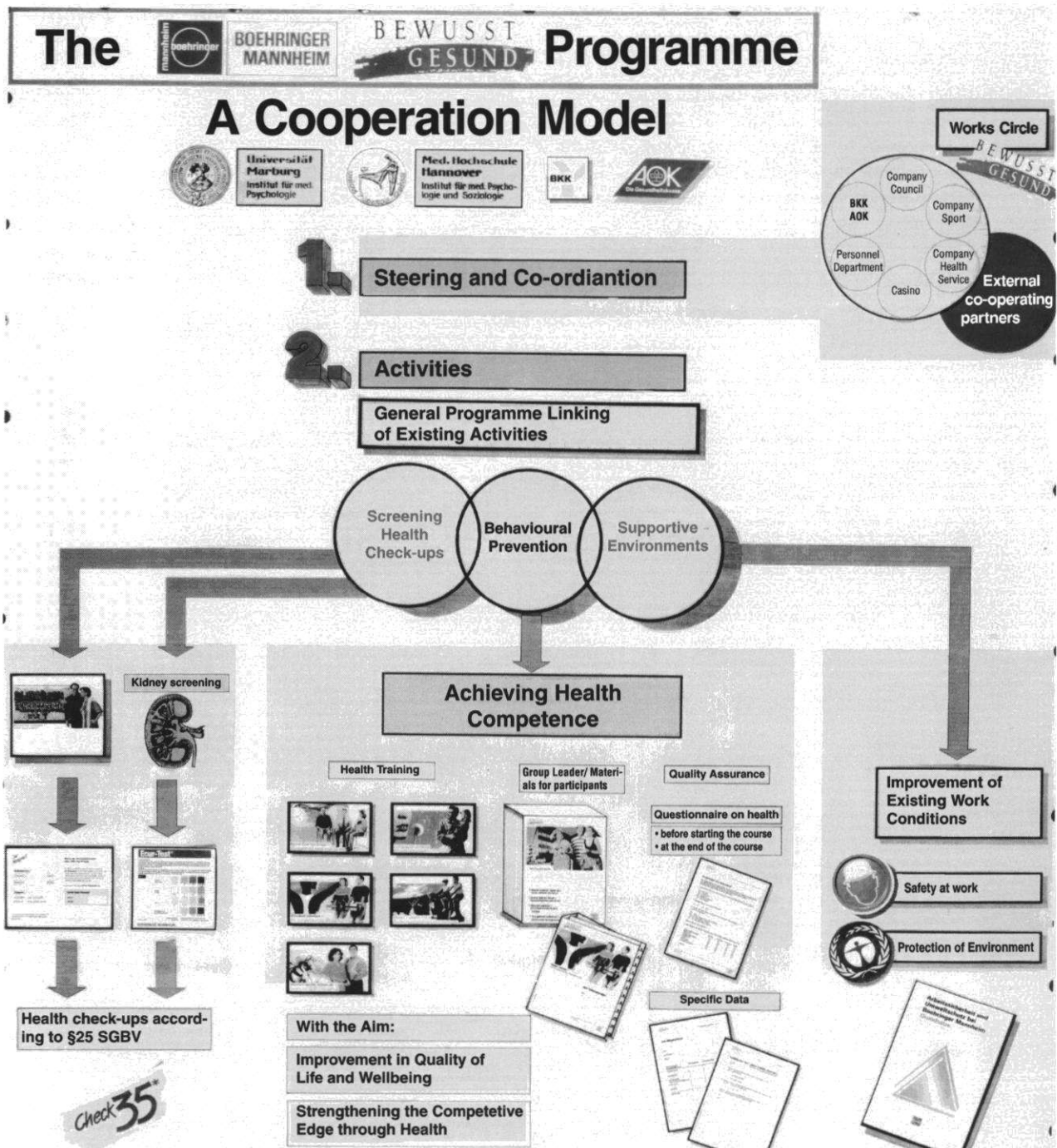
Our general approach consists of linking new and existing activities (See Fig. Page 47). Thus, we bring

together screening examinations as initiatives for health promotional measures and the health check-up in accordance with §25 of the Social Law Volume V, with preventive activities concerning behaviour and the work environment.

Emphasis in prevention concerning the working environment are safety at work and environmental protection activities. Environmental protection is the key issue at Boehringer Mannheim. The enterprise has committed itself to this through the "Tutzing declaration". The contents of the commitment - to protect the importance of ecology and creating humane work-places - became an integral part of the

company's general investment programme. We at Boehringer Mannheim take a certain pride in the fact that we were awarded the prize of the Federal Association of German Industry (BDI) for environment-oriented enterprise leadership for our concept of "Integrated Environmental Protection".

Emphasis in behavioural prevention are based on activities related to the advancement of health competence of employees, and of course concentrate on the sectors of exercise, relaxation, nutrition and dealing with drugs. The aim is to raise wellbeing and the quality of life, because the "drive belt" of health promotion is not asceticism, but the joy of living.



Under the logo "Health Awareness" the following programs have been developed:

- "No time for stress - relaxation can be learned"
- "Strengthening the back - muscular training to reduce tension"
- "Take it easy, lose weight - eating with fun and enjoyment"
- "Give up with pleasure - non-smoking made easy"
- "Be fit, join in - a tailor-made training programme"

The methods used in all the programmes are based on the following principles: combine successful, evaluated methods; individualised programmes (choice from a selection); a comprehensive approach (holistic programme); build up a modular programme and stabilise newly-acquired behaviour.

In addition to health training for all the employees, the next steps include the integration of those contents into our programmes for further education as well as in our management programmes.

An important aspect of the health promotion and prevention activities is quality assurance by means of scientific research to establish which effects have been achieved and reached by the creation of supportive environments.

Outcomes and Results

The first results of the scientific research into the "health awareness programme" show a high level of satisfaction as well as a "good" to "very good" assessment of the media and a good implementation in daily life. From the programme-specific data it is possible to see that stress management had clearly

improved, that the consequences of stress had been reduced and that abilities to relax were increasing. Following the nutrition and weight-reduction programmes, there was an average reduction in weight of 5 kg., a reduction of blood level cholesterol, and eating and nutritional habits had been changed in the desired direction, accompanied by a general improvement of well-being. This positive development is shown also by the "back strengthening" programme.

We are interested to know what findings will be produced by the project "Acceptability and Effectiveness of Health Promotional Programmes in Enterprises", financed by the National Federation of Company Health Insurance Funds (BKK BV) and the Federal Ministry of Health.

In conclusion, the following statement can be made:

(1) Creation of supportive environments for health has today and will also have in the future a very high value. Nevertheless, measures related to behavioural prevention, with the aim of learning and applying competence in health are also of great importance in an ageing society. All of us, sooner or later, hope our old age will, in the words of Boris Luban Plozza, not be the end but the harvest of our working life.

(2) Health promotion and prevention are included both on the credit and debit sides in the accounts of every enterprise. Cohen's words "Good health is good for business" are increasingly true. They are also applicable to the activities of Sickness Funds in the area of health promotion and prevention.

CHRISTIAN VETTER
AOK Warendorf District

Company Environment-oriented Health Promotion with the Participation of the AOK Health Fund

Prevention and Health Promotion through the AOK, a local health insurance fund

Changes in the range of diseases and in the demographic structure had already in the seventies led the AOK to include preventive action as part of their service. The activities offered in the area of health prevention have been constantly expanded and developed since that time. Commitment to the area of prevention and health promotion ultimately became in the eighties a principal item of AOK philosophy, expressed in the new Name "AOK - The Health Fund" and in the establishment of the AOK-Health Centres.

Health reform law (§20 SGB V)

With the health reform law (§ 20 SGB V) the Sickness Funds were for the first time also obliged by the legislator to include health promotion and disease prevention measures in their services offered. The AOK welcomes the legal basis for the prevention services of Sickness Funds and at the same time sees in it a confirmation of the management policy practised by it over many years.

Under the health reform law, the Sickness Funds were also required to pursue "the causes of health threats and ill health and to work towards their abolition". At the same time, they were permitted to cooperate in the prevention of work-related health risks. For this purpose, information should also be collected about the connection between illness and working conditions.

With the health reform law, the legal basis was thus created for the engagement of Sickness Funds also in the area of environment-oriented prevention, that is to create health supportive physical, mental and social environments. As part of pilot projects, Sickness Funds can now test new actions, measures and processes in the area of prevention (§63, 67 SGB V); this also includes activities in the area of enterprise prevention and health promotion.

Active use is made of this possibility by the AOK system. Meanwhile, a multitude of activities and projects have started in cooperation with numerous business organizations in the area of prevention and health promotion in enterprises.

Pilot Project

The AOK for Warendorf District in Westfalen has, for about a year, been conducting such a pilot project jointly with the meat factory Stockmeyer Ltd. & Co. KG., which belongs to one of the largest meat processing enterprises in Europe. This recently much expanded business was also earlier active in the health area. The firm has more than 1000 staff members, of whom approximately 90% are insured by the AOK.

Works Committee "Health in the Enterprise"

After preliminary discussion between the AOK, the company management and the works council, the works committee "Health in the Enterprise" was jointly founded. This work committee forms the organizational basis for the prevention and health promotion in the enterprise. The work of this committee is organized and co-ordinated by the AOK. All sections and/or people responsible in the organization for safety at work and health protection participate in this committee:

- the company management, represented by the personnel manager
- the works council
- the company doctor
- the safety engineer
- the foremen as well as the AOK with their senior insurance representatives, prevention experts and the project leader.

Their task, in addition to general health education, is the development and implementation of prevention and health promotion programmes tailored to

the specific situation of the organization. This task can only be fulfilled on the basis of as much detailed analysis as possible of the company health situation.

Company Health Report

The AOK can provide an effective contribution to this analysis. Based on their legal obligations, it has routine data from which, by means of appropriate evaluation, important information about the health situation of employees can be derived. The AOK has developed evaluation processes - naturally within the limits of data protection - which allow the use of this information for company prevention and health promotion. As part of the project, which the AOK for the Warendorf District has been carrying out jointly with the Stockmeyer Ltd. & Co. KG since the end of 1990, have so far only been examined employee work disability data. In addition, the evaluation of further data is under consideration, such as the data about hospital treatment as well as performance data for outpatient clinics and in-patient treatment. Employee disability data for Stockmeyer Ltd. & Co. KG were evaluated retrospectively for the years 1987 to 1990.

Using company records of the departmental distribution of workers, the data could also be analysed according to sections. Thus, internal comparisons between different sections as well as comparisons between individual sections and the total organization were possible. In addition, the disability data of the organization were rated using comparative regional and federal data.

The results of these evaluations were put together as a company health report and presented to the "Health in the Enterprise" work committee. Issues, such as, for instance, disproportionally high illness levels in a section in certain disease groups, or an above average incidence of illness in a certain age group were discussed, and possible connections with stress at work explored.

Work-place Analysis

A company study by experts of the Federal Institute for Safety at Work provided further information on major health burdens at the work-place and at the same time, offered suggestions for the reduction of avoidable health threats through job design measures.

Questionnaire "Work And Health"

As a further important instrument in the analysis of

the company health situation, a questionnaire on the theme "work and health" was developed jointly with the "Health in the Enterprise" work committee. The goal of the survey of employees was not only to improve the database for the planning of the company prevention and health promotion measures, but also in addition, through the participation of employees already to include them actively in the planning process from the beginning. Through the survey, information should be obtained about the relationship between stress and complaints, from the point of view of employees. Further themes of the questionnaire were the current health awareness and behaviour of employees, their wishes with regard to behavioural preventive services, accident prevention, the readiness for job rotation, as well as the interest in company health circles. In the run up to the survey, employees were informed as part of the "health days" in the company about the pilot project and the questionnaire. In addition, screening was offered, for blood pressure measurement and lung function.

It is also planned to inform employees about the results of the survey. Company department heads were similarly informed about the project, that is, the work of the "Health in the Enterprise" work committee, as well as about the results of the health report, the company study and the survey.

Results

As result of the work of the "Health in the Enterprise" work committee, a range of health-related measures at the workplace could be agreed.

From the company health report, it was also clear that former measures related to the organization of the workplace taken by Stockmeyer Ltd. & Co. KG had been successful in the reduction of illness rates. For instance, measures to avoid draughts resulting from refrigeration for the low room temperature prescribed in the area of meat processing have reduced sickness rates from respiratory illnesses.

Outlook

The company health report should in future routinely be produced annually, so that the success of company prevention and health promotion measures can be examined. In addition, health circles are planned for each individual section, to continue the work of the "Health in the Enterprise" work committee through the participation of employees. Complementary to the work to create a health supportive company environment, the AOK will in future also offer employees of the Stockmeyer Ltd. & Co. KG services for the prevention of behavioural problems.

HEINZ BUCHMANN

Swiss Centre for Alcohol Problems, Lausanne

Company Health Promotion Programmes - Developing Trends in Switzerland

Health - An Individual Problem?

In a surprisingly short time, the idea of health promotion in health policy has also taken root in discussion and practice in Switzerland. Without doubt, a vital precondition for the success of this new approach has been the situation in health care, characterised by the development of increasingly expensive medical intervention technology, together with an ever-growing demand for therapeutic interventions with corresponding cost consequences. The suggestion that the approach should be reversed, in order to concentrate on health questions and interest in well-being, instead - negatively - of preventing and eliminating disease symptoms, was an inspired discovery. The high acceptability of this approach should ultimately depend both on giving individuals more responsibility for their own health and making them accountable for their harmful behaviour and illness.

Thus, company health promotion can to a large extent be understood and practised with the focus on the individual. The selling point for relevant programmes is that measures to influence individual health-related behaviour will provide the company with a reduced absenteeism rate, and an increased enthusiasm for work, productivity, safety and lower sickness costs; in short, a positive cost-benefit outcome.

Health Promotion In The Enterprise: a Cost-Benefit Problem?

Recently, however, doubts have been expressed about the economic utility of such programmes; in particular questions have been raised about the efficacy of measures that are solely directed at changing individual behaviour.

Various evaluation studies show that the modification of individual modes of reaction in certain work situations is only effective if there are supportive measures in the form of organization of work and other structural changes in the work environment. In other words, health promotion must be more and go further than just striving for a better adjustment of the workforce to the environment made difficult by the nature and character of the situation at work. In this context, economic arguments are of course

not invalidated, but are of secondary importance: health promotion programmes should naturally be examined for their cost effectiveness, but the criterion by which their success is to be measured should be health and not financial savings. This also leads to the task of defining this criterion. If health is for the individual more than the absence of disease, so it should also be demonstrated for the organization that health promotion brings more than the reduction of illness-related productivity losses and costs.

Cost reduction through individual behavioural change: a somewhat one-sided view

The definition of the aims of many company health promotional programmes could be described as the reinforcement of individual responsibility with regard to personal health and the reduction of costs related to illness or accidents.

The direction of measures based on this statement is clear. Programmes aim to change individual behaviour, not working conditions. This is valid even if the expenditure on relevant information, together with the corresponding training of personnel and line managers, is considerable.

Newer trends of development in Switzerland

In Switzerland, over recent years, a change in the definition of the aim of company health promotion programmes is evident, in two directions:

1. The aim no longer refers to "health promotion" in general, but is limited to the specific aspect of the prevention of addiction. Thus, certain working conditions are at least considered as risk factors for the emergence of addictive behaviour. In the scale of problems, there is no doubt that alcohol and medicine abuse take first place, and primary and secondary prevention related to this have, especially in larger enterprises, reached a considerable level of sophistication.

A novel aspect is the inclusion of illegal drugs in company prevention programmes: trafficking and use have not stopped either in the surroundings of large cities or in enterprises. The fact, that both

trafficking and consumption of illegal drugs is punishable according to the law dealing with narcotics often presents personnel managers, in particular, with difficult legal problems.

2. Although the aim is still called health promotion, it is not reduced to an approach based on behavioural psychology, which gives individuals ultimate responsibility for their health. Health promotion is understood as part of the enterprise culture, as expressed in the following guidelines of the Migros organization, the largest employer in the Switzerland:

"The aims of the Migros personnel policy are:

- To provide and maintain motivated and productive employees for the Migros organization.
- To provide for the safety and security of employees in their working environment and to pay attention to and protect their personal interests.

- Work places and work processes are to be designed to ensure the safety and total health of the staff."

In the implementation of both types of programme the principles of organizational development are increasingly applied, which undoubtedly leads to greater acceptance within the company. As a result, it is practically impossible to disregard structural risk factors. Furthermore, it is also evident that prevention and health promotion programmes must be integral parts of company policy.

Thus, the probability is that the aspects of health promotion will be accorded a relatively greater significance, particularly in enterprises that also take seriously other areas of personal development and advancement of their employees.

WOLFGANG KAMMERER

National Federation of Company Health Insurance Funds (BKK-BV)

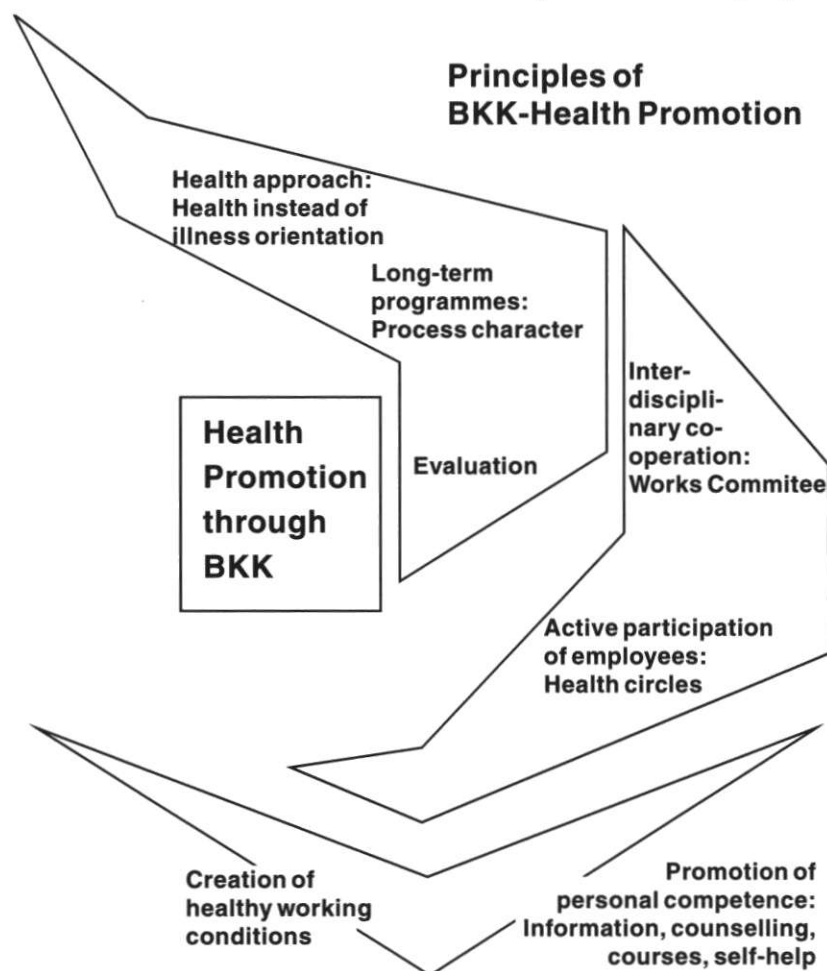
Principles and Infrastructures of BKK Health Promotion

Company Health Insurance Funds (BKK) so far have had 10 to 15 years' experience in workplace health promotion. Long before the §20 SGB V (Health Law), the Company Health Insurance Funds were jointly involved with innovative companies in numerous activities related to appropriate health care and promotion concepts in trying to maintain and especially to improve the health of insured employees.

Early activities in organizations and enterprises concentrated mainly on addiction problems or on cardiovascular risk factors. Through the intensive involvement with health questions in the organization, the substantive interventions indeed became in-

creasingly specific and the intervention methods little by little more sensitive. To this extent, "traditional" health promotion policy in enterprises might be considered to paint a true picture of discussion about the health sciences in the last two decades.

In contrast to other organizations the Company Health Insurance Funds and their associates attempted to evaluate their experience in a constructive and critical way and to complement current efforts with new initiatives in the field of health policy. Deliberately following the Ottawa Charter of WHO, the BKK has developed principles for timely and professional company health promotion:

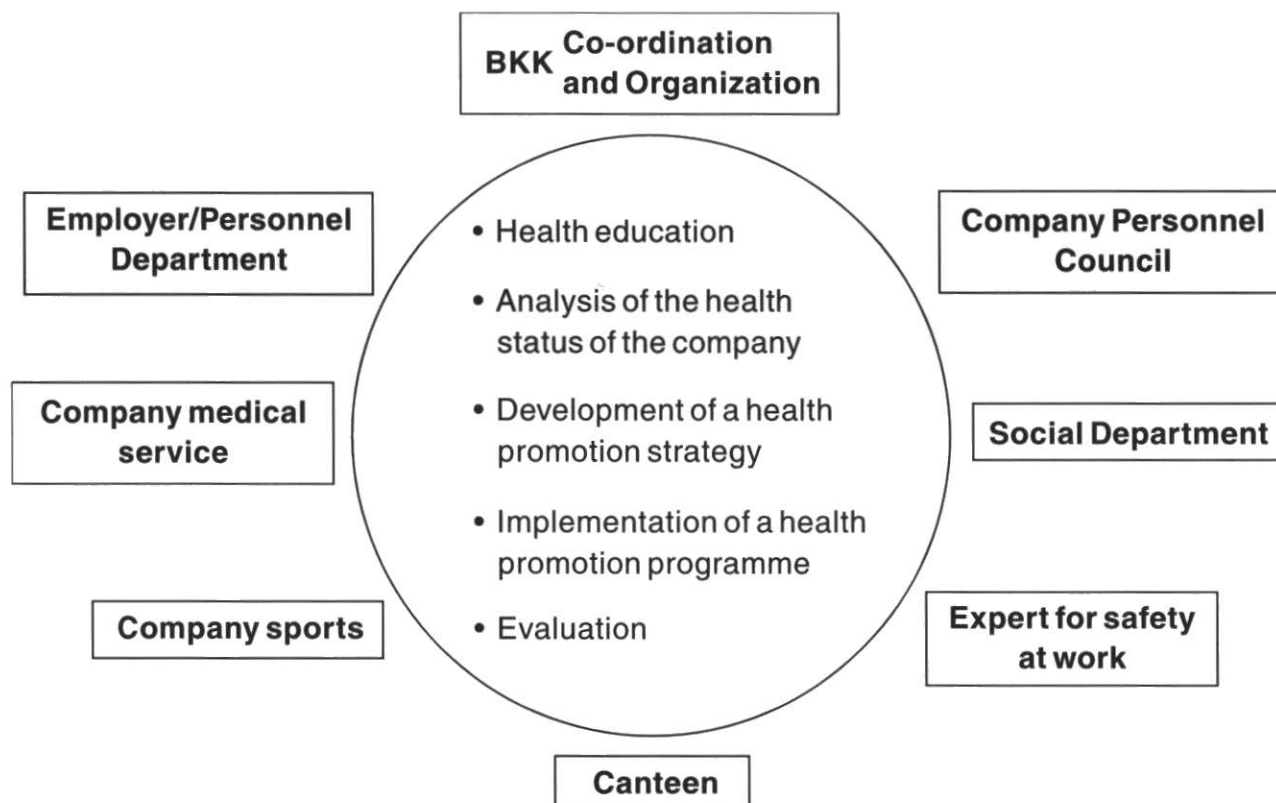


BKK-Health Promotion follows the principles of the Ottawa Charter of WHO

Infrastructure for health promotion in companies

Although there is obviously no general blueprint for company health promotion, it is possible to outline a certain basic infrastructure based on the BKK experience, which is applicable throughout all the enterprise activities:

- Company health reporting
- Company health circles
- **Company Health Committee**
(structure and members, see diagram)



As a result of paying regard to these content and organization indicators of quality, there has been a multidimensional and fundamental change in enter-

prises and organizations from "social care in the enterprise" to "timely health promotion policy in the enterprise".

SYBILLE BRÜCKEL

Health Promotion / National Federation of Local Health Insurance Funds (AOK)

Approaches to and Experience of Company Health Promotion through the AOK

Introduction

As was mentioned earlier, smaller and middle-sized enterprises are not very active in company health promotion. These smaller and middle-sized enterprises are the primary target of the AOK in company health promotion. How did the AOK choose this topic? What kind of interpretation of health promotion is this based on?

The AOK follows the concept of health promotion as it was defined in the "Ottawa Charter for Health Promotion" by the WHO. This includes the creation of a framework, naturally in various policy areas, such that individuals can develop their health potential to its fullest extent.

What triggered this off? Two years ago, the AOK, in cooperation with the WHO, organised a congress under the title "The Challenge of Health". Within the AOK system, the results of this congress served as the occasion to formulate new positions on health promotion in the AOK. Consequently, the AOK, which up till now saw the possibilities for action as existing primarily in the area of prevention, wishes, together in cooperation with their partners, to bring a greater influence to bear on the creation of health promoting living conditions, for example, in the world of work and in the field of "Health and Environment".

As you know, this was formally legitimised by the health reform law in §20, art. 2, SGB V. This regulation makes provision for the participation of Sickness Funds in the prevention of work-related health threats. Here, the AOK sees the possibility of taking various directions. One route is indicated in §20, art. 2: cooperation with statutory accident insurers. In the meantime, an area for action has been created by the general agreement by the managements of Sickness Funds and accident insurers. The AOK consequently sees opportunities from the implementation of statutory requirements in this general agreement, primarily in the provision of services for companies.

AOK goals and experience related to health promotion in companies

It is true for health promotion in companies, as it is

for health promotion in general, that, considering morbidity rates and changing demographic trends, the preventive applications of company health care must supplement curative measures, in view of the fact that the latter alone have not demonstrated their adequacy. The introduction of health promotion measures in industry is supported by the fact that employees in enterprises are ageing, and becoming ill more frequently, and there are additional problems in enterprises, which are associated with mental and psycho-social stress that the current safety at work system does not sufficiently take into account. Health promotion in companies should make it possible to attract target groups for health action, which up until now could not otherwise be reached.

The AOK expects those measures to improve the effectiveness of company health promotion, as well as the existing system of health care and health promotion. To achieve this, it will be necessary to emphasise changes in behaviour amongst employees; but, in addition, if the concept of health promotion as defined by the Ottawa Charter is accepted, there must also be company investment in health. Thus, the success of measures in company health promotion will become established at a new level.

What is the present situation of company health promotion in the AOK area and what are our first experiences?

At present, many pilot projects have started and their results are awaited. So far, there is not yet an "AOK concept", but only hypotheses about the approaches, which are currently being tested.

We are adopting the following hypotheses:

- The AOK provision of company health promotion is a selection of building blocks, which can be used by the organization according to its concerns, and which include, on the AOK side, services for health promotion in the behavioural and in the supportive environment areas.
- The targets for the AOK are predominantly small and middle-sized enterprises (mostly in the industrial field), which have many employees insured with the AOK.
- The interests of the enterprises and employees

in the field of company health promotion are different. Overlaps exist, however; for instance, questions already raised about the "reduction in sickness rates", where, for the enterprises, reduced compensation payments, reduced wages, increased reliability, etc. play a role; whereas, for employees, additional factors like well-being at work, productivity bonuses or ensuring a perspective for the future are important. The same applies to the area of "work satisfaction". This plays an important part in enterprises from the point of view of increases in productivity, raising quality, improvement of corporate image etc., while for the employee it implies valuing their own work, broadening qualifications or safety at work.

The AOK understands its role here to be a moderator in the definition of common goals between company management and employees, and its approach as providing what is needed for the achievement of these important common goals in enterprises. The main problem here is primarily to reach agreement with those affected within the enterprise, and, if necessary, also with the committee for safety at work.

- The starting point for the AOK is, that it has extensive experience in the area of measures concerning behavioural prevention. Thus, it has very good preconditions, since it has in many places its own experts in the fields of exercise, social work counselling and rehabilitation. These experts also work outside the sphere of the enterprise, on the community level. It is consequently possible to link company health promotion with external provision (key-word: community networks). Until now, there have been limited opportunities for the AOK in the areas of EDV, concerning enterprise-related data analysis. Now a new set of instruments exists, at present being applied for the first time. The opportunities for the AOK also to give assistance in the creation of a supportive working environment are limited. Here, the AOK is more dependent on external partners and takes on a mediating role.

Current procedures in most AOKs

Primarily, the AOK attempts to gain entry into company health promotion through the top management or the personal department, by offering programmes to change lifestyles, which frequently follows requests by the enterprise. In this way, it should be possible to achieve greater sensitivity of the employees towards their health problems, which can be extended beyond behavioural questions to cover issues of safety at work.

The AOK has abundant possibilities in the area of behavioural prevention:

- Nutritional counselling, advice for canteens, courses for healthy diet or slimming
- Exercise programmes, for instance, sports counselling, support for sport in organizations, courses for back exercise, gymnastic programmes;
- Non-smoking training (here, however, experience within companies has not been so good)
- Programmes for the management of stress (relaxation seminars, including for management; this has proven helpful also as an point of entry)
- Social counselling (also in the area of addiction), "Addiction" works committees;
- Rehabilitation counselling
- Seminars on the preparation for retirement
- Health seminars for apprentices.

In addition, health weeks also often serve as entry points, offering, for example, different tests and health checks.

The intention of the AOK is to involve the representatives of company employees in planning as early as possible, in order to have a sound basis for projects. The AOK can assist, jointly with the works council/staff council, company doctor and safety personnel, in comprehensively defining the aims and contents of company health promotion.

Frequently, at this stage the desire is already expressed for a company-related evaluation of disability data. Given that the technical possibilities exist, the enterprise-related data will be compared with the sick leave data from the region, standardised where possible for age. The data related to those insured with the AOK will be evaluated individually according to diagnosis, frequency of illness and its duration. The patterns yielded are then discussed internally and linked to data and experience related to the work place, and possibly the outcomes will be included in a "health report".

Health circles play in this an ever increasing role. Evidently, many AOKs will be asked to moderate. This puts heavy demands on the activity of moderating, and may also include, for example, the provision of professional training.

On the basis of knowledge gained, measures related to behavioural as well as environmental problems have been included in the pilot projects of which we are aware. In part, these have gone hand in hand. Thus, in one instance, ergonomic changes undertaken in relation to seating at work were linked to an offer to employees to participate in counselling related to gymnastics for health and to back exercise.

Emerging problems

Existing experience has up to now provided little justification for making generalisations. Emerging problems are therefore very varied:

- Explaining the positive cost-benefits of company health promotion investments within the context of the "profit centred" approach of enterprises, in view of the multi-factorial causes of illness;
- Inadequate scientific knowledge about the nature of work on a regional level (up till now mainly concentrated at BAU);
- In smaller companies or those with fewer employees, there is a limited opportunity for data analysis because of data protection restrictions;
- Anxiety of employees that company health promotion could lead to discrimination against employees whose health is at risk;
- The question of calculating the time spent during work for health promotional activities frequently causes conflict;
- The fundamental receptiveness of many enterprises versus the limited ability to implement aims within the framework of managerial and enterprise procedures such as personnel (employment) policy, budgets, training and further education, human resource development and accounting.

Paths to Health Promotion by means of Common Agreements between Employers and Employees

First of all, I should like to give you some information about our institution, the Commission for the Rationalisation of the German Economy (RKW).

The RKW is an institution with three functions; it has the task of collecting information about ways and means of improving productivity from specific and general economic perspectives, analysing it and transmitting it to company management, works councils, trade unions or staff associations. The primary target of these activities are small and middle-sized enterprises.

An especially important function of the RKW is to serve unions and management as a forum for discussions of perspectives on socio-economic development, and problems arising from work and the economy and offer possible solutions.

The RKW is divided into the RKW headquarters in Eschborn (financed by the Federal Ministry for the Economy) and 16 RKW regional groups (Diagram 1). The regional groups work on a local level and provide advice on aspects of productivity, in-house and external continuing education, symposia on professional topics and congresses.

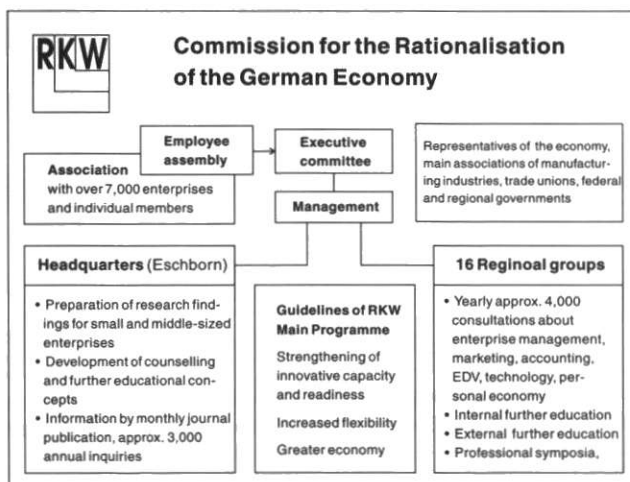
The department of safety at work and health protection is part of the section dealing with work and so-

cial economy. The central aim of this section is to examine human aspects of the economy as part of the economic system and to weight it according to its significance for individual and general productivity.

A priority for getting across the topic "health promotion in the enterprise" is therefore to work out the implications that company health promotion can have for the productivity of the organization. The examination of the complex of illness rates and productivity losses in the enterprise is currently very important from the aspect of the promotion of productivity. The illness rates thus serve as an entry point into the field of company health promotion. While large companies have systematically and strategically formulated innovative concepts in the area of human resource and organizational development as well as health policy, small and middle-sized enterprises have tended towards reactive and short-term decisions, including those in the personnel sector. The introduction of the topic of health promotion must therefore be linked to the problems that these enterprises at present experience and would like in the future to address.

The problem of the ageing workforce forms an additional starting point, which can contribute to the argument in favour of the concepts and procedures of health promotion. Diagram 2 shows clearly that in coming decades there will be a marked rise in the average age of the workforce. The maintenance of the health of these employees can give an important competitive edge to the enterprise.

Such economics-based arguments for company health promotion can contribute to the recognition of the health of employees as an element in productivity. In the planning of concepts and actual measures, however, it is necessary to determine the meeting points between economics and the individual interests of employees in the area of health. On the one hand, individual health measures cannot be prescribed from above; on the other hand, changes in technical and organizational aspects of work can only be achieved if technical and economic points of view



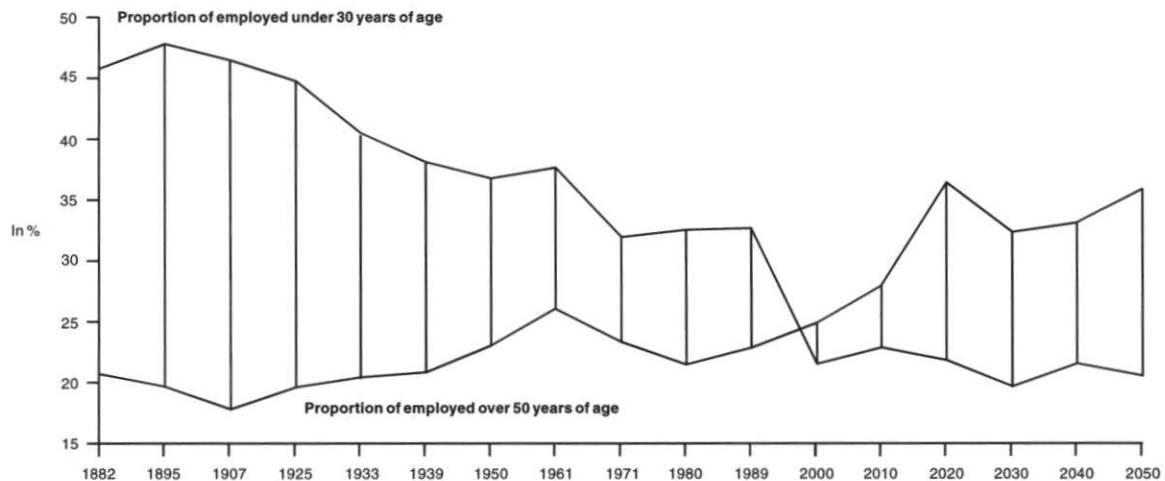
are considered in conjunction with organizational and personnel aspects.

The field of "company health promotion" is a genuine area of activity for enterprise work and wage policy, since it is only partially regulated through state legislation. Initial starting points are, for instance, to be found in the collective agreement of the printing industry. Works councils are important focal points in company health policy, owing both to their functions as defined by company law and their position in the implementation of wage-related agreements affecting working and living conditions. A series of agreements within the enterprise, e.g. work with visual display units or smoking at work, shows that

in this way consensus can be achieved and maintained. The structure of communication networks in which employers and employees, along with health experts, jointly define common goals, but can also discuss conflicting interests, can speed up this development.

The RKW, as an institution that functions as a forum for wage discussions, has also successfully acted as a forum in the area of health promotion. Such action is especially necessary in the field of health promotion, so that this important innovative aim of enterprises will not exhaust itself in public campaigns, but will also tackle questions of work design, labour organization and qualifications.

Will your enterprise soon consists of employees who are predominantly over 50 years old?



Past development: convergence of proportions

Future development: more older compared to younger employed

Proportion of employees under 30 and over 50 years old between 1882-2050
(from 2000 AD., gainfully employed; potential from 2000 AD., assuming a constant proportion employed)

Source: StaBa, AGR of the JAB, e.

GUN STIGELIUS

City of Göteborg, Local Authority, Lundby

Social Work in Unions and their Cooperation with Community Services

Background

At the end of the 70s, two of the largest unions in Sweden decided to examine interpersonal help and support, not only as a question of the individual solidarity, but as an important trade union issue.

In a rapidly changing society, colleagues at work are increasingly important. Shop stewards often take on the functions of a social worker, especially in cases of divorce, financial problems, loneliness, drug and alcohol problems etc. There is a clear need for organized social services at the workplace.

In the last ten years, the Swedish League of Trade Unions (LO) and the Central Organization of White Collar Workers and Civil Servants (TCO), with altogether about three millions members, have expanded their socio-political programmes. The new work protection law of 1978 determined that those charged with safety at work are also responsible for mental health. This made it possible to obtain state money for preventive measures, projects and activities in different individual unions and groups of enterprises.

The social involvement of the unions

Advanced training and continuous education of key persons in the groups of enterprises were given priority. Examples of topics, which repeatedly arise in training, are the solution of problems at the workplace, analysis of personal crises, basic psychological knowledge, and provision of community social services.

Changes in community social services

In a benchmark survey in 1987, it was shown that 109 communities and their social services had gained experience in cooperating with unions and enterprises. In addition to individual help, placement of the unemployed, care for refugees, and relocation from treatment institutions back into enterprises, local authorities also have contacts with the unions in the sphere of education.

The new Swedish social legislation has made this development possible, among other means through the support of preventive work, like for example the collaboration throughout the year with organizations

outside the local authority administration. The image of the social services has itself in this way also clearly improved.

The example of Göteborg

Since 1987, Göteborg has had a working group for social development with representatives of all trade unions, the employers' association and the social services of the city of Göteborg. About ten social services employ social workers with the special task of servicing nearby enterprises.

The resources from a "World of Work Fund" made possible a joint three-year project of the city of Göteborg and the Volvo truck factory. The supervision and education of staff, from foremen to the occupational health service, are important elements of this project. The truck factory has also set up links within the social network of the city of Göteborg. Employers and enterprise groups are jointly responsible for this project. Two community service social workers are "on loan" for the practical setting of the objectives for the project.

Many of the groups in enterprises have given helpful support during the paid working hours, made house visits to colleagues with long-term illnesses, supported leisure activities and the induction of new employees.

In 1991, the Göteborg League of Trade Unions, with approximately 130,000 members, carried out a stock-taking of trade union social work. Here are some of the results:

- Twenty of the 23 sections of individual unions pursue different forms of social activities. Some have also elected union representatives for social questions.
- Twenty-one of the 23 sections had contacts with social service. Their experiences were very varied.
- The continuity of personnel among the authorised social workers was considered very important for the development of trust.
- Information about local authority resources, such as, for example, the availability of advanced training and continuous education, were among the requests made by many sections of individual trade unions.
- Preventive measures should be a priority for politicians.

HANS-MARTIN SCHIAN

Ertomis Assessment Method (EAM), Charitable Association for Professional Rehabilitation Ltd.

Investment in Health - Health as an Enterprise Goal

It is well known that employers, in addition to discussing the forthcoming "Care Insurance Law", are currently looking at absenteeism in enterprises due to illness. Within the medical profession, the issue of the health-related behaviour of their mature patients is repeatedly raised, and both groups are proposing completely different measures. Enterprises are giving a high priority to a constructive discussion of measures such as:

- Contacts with ill staff members
- Improvement of work and the organization of safety at work
- Leadership and training of management
- Involvement of company doctors

There is, however, also a series of restrictive measures, all focused on absenteeism, which should also be taken into account in the area of total expenditure for social insurance (approximately 600 billion DM), with approximately 50 billion DM annually expended in the continued payment of wages alone (1989 figures; later figures considerably higher).

In my opinion, these discussions have been too cursory. This conference is an example of another approach.

Occupational medicine is not alone in thinking that the movement through the conditions of health, illness, limited impairment, severe chronic impairment, disability ranging from slight to severe and the need for care, form a process, which begins at the latest with the onset of an illness and continues as outlined if no cure can be achieved. It is also not a linear process and each stage can have completely different consequences for those affected. The extent to which damage to health and functional limitations cause impairment depends thus on the affected individual as well as his or her environment, which is related to the enterprise, state of health and conditions of work and/or the work-place. The connection between state of health and work conditions varies in extent and will often be differently assessed by those concerned and those affected. Also, even when it is difficult to identify the influences, it is assumed that an interrelationship exists on the strength of the type of illness and the unfavourable working conditions. Only when there is a tangible connection can we speak of occupational illnesses. The links

between the state of health and working conditions have been explored by us for years, through a common approach standardised in occupational medicine, ergonomics and safety at work.

Development of a "Healthy Company" policy

A company's health promotion policy cannot address itself only to a segment of the health events, but must direct attention to the entire process, which does not begin with the first day of the illness. According to the law of safety at work, the preventive emphasis lies in the early detection of risk factors for the prevention of the possible onset of illness (not only in relation to work), which can lead from initial signs to early invalidity. There should be more intensive exploration of the onset of absenteeism and that of early invalidity, since an entire health promotion policy in enterprises can be derived from this knowledge. Ultimately, it is obvious that the event does not start with early invalidity; the process certainly begins earlier and manifests itself through various difficulties within the enterprise (possibly already before the onset of the illness has been officially established).

Thus, health promotion, creation of ergonomic work conditions - the creation of the basis for appropriate healthy and ergonomic location in the right workplace - are important building blocks for enterprise health policy. Here, it is possible to draw on the established, formalised and standardised knowledge derived from sciences related to work and rehabilitation.

It is now a stated goal to implement occupational health care for all employees by the year 1993. Thus modern approaches to company safety at work and health protection, in line with the law of safety at work, will be included into the discussions of principles that at present is taking place under the chairmanship of the Federal Ministry of Labour. This focuses on the improvement of the quality of occupational health care as such and particularly on the organizational forms of care in smaller enterprises, so that this care can in the future be offered at the same level of quantity and quality. If this is carried out, the area of occupational medicine can make a considerable contribution to enterprise health policy, pro-

vided that it broadens its framework sufficiently and co-operates with other professional disciplines. To achieve this, it must be embedded in a general health promoting policy in the enterprises, which includes both health promotion and rehabilitation.

Those in charge must be given the means to carry out the task and their responsibilities in the internal infrastructure must be clarified. In any case, it is evident that the enterprise as a closed system offers the advantage, within the framework of cooperation between key persons and other professional groups, of getting in contact with all those participating in the problems of health promotion, such as employees at work, over and above the responsibilities of those with management and executive roles.

Cooperation instead of demarcation

According to the law of safety at work, occupational health services for employees, including counselling and examinations, together with organizational interventions, job analysis and management advice, are equally important elements of company doctors' activities. In order to integrate the relevant structures

in the enterprise and employees in the processes, it is necessary to have the specific resources to make this activity understandable. Various groups have been dealing with this problem and found different solutions according to their professional orientation, but in my opinion these differences are only superficial. Nevertheless, demarcations have emerged. If one wants to achieve the goal of health promotion and a solution to the problems that arise from this total process, it will be necessary not to have demarcation but to achieve cooperation.

Enterprises and administrations are locations where health problems in all their aspects become visible, and therefore enterprises provide the best opportunity to influence matters. The necessary legal framework is already in place, which divides the monitoring function into parallel work and health protection systems. In fact, it is only a question of fully exploiting this framework and applying it.

Application implies practical action with appropriate practical resources. Relevant instances are the "building blocks" that have already been developed by accident insurance, enterprise Sickness Funds, and by our own research community, as well as by those of other regions.

Health Circles and other Participatory Procedures of Company Health Promotion

Introduction and Summary of Results

Reinhold Sochert and Wolfgang Slesina

Introduction

Participatory procedures in company health promotion have recently developed and become known through ideas like health circles, safety circles, work protection circles, ergonomic circles and similar activities.

The fundamental idea behind the work of a circle is that discussion groups should bring together the knowledge about illness and health of all relevant groups and persons in the enterprise. In particular, local employees active in health promotion in the enterprise should be included and involved in exposing the working conditions harmful to health, as well as in preventing them. Because of their long-term experience of the conditions of their job and of possibilities for change, members of the circles become to some extent experts in their own field. In brief: Health promotion with the employed instead of health promotion for the employed.

On the one hand, such discussion circles create a new element in the area of protection at work and health protection, since there are no legal instruments or other normative regulations exist to define how the circles should be organized and how they should work. They are not specifically mentioned in the rules and regulations concerning safety at work or accident prevention, nor explicitly mentioned in the relevant regulations of the health reform law. On the other hand, they do include and bring together well-known ideas and objectives. For the basic concept of the circles does indeed build on the main objectives and regulations of safety at work and health protection. The causes of work-related health threats and their negative outcomes should be analyzed using these procedures and should provide a contribution to prevention. They thus fulfil existing safety at work and health protection goals and make them concrete.

On this theme, a total of 13 contributions by enterprise practitioners and experts are presented in the following section. It clearly emerges that the time of

tentative trials and one-off pilot projects, such as those with health circles, belong to the past. Group methods like the health circles, as instruments of company health promotion, have passed the test.

The range of organizations in which work with circles is practised crosses all branches of industry, as is documented in the following contributions. Health circles are found in enterprises in the aviation, steel, engineering, automobile, mining or food industries; similar developments also exist in the USA and the Netherlands. Two examples for this are presented here.

The individual contributions and discussions can be summed up under following headings:

- emphasis on the content of the procedures
- the composition of the circles or project groups
- procedure and range
- criteria for the successful work of the circle
- results and effectiveness

1. Emphasis on the content of the procedures

Some procedures aim at the reduction of the number of accidents in enterprises through strengthened inclusion of employees in the analysis of accident risks and/or consideration of means of removing risks (e.g. safety circles or the BZ-procedures of the Saar mines). Ergonomic circles place the emphasis on the influence of muscular and interface work stress, as well as the chemical/physical environmental factors.

Circles concerned with company culture dedicate themselves primarily to aspects of interpersonal relationships and conflicts in the organization, particularly the boss/employee relationship. Stress-oriented health circles (like for example at VW) put the accent on the manner of perception and handling of psychosocial stress elements by employees. In terms of focus, behaviour-related health promotion measures are in the foreground, not changes in the

working environment aimed at the removal of objective stress conditions. In other types of circles, the emphasis is reversed.

Working environment-oriented health circles (for example TEW, Hoesch, Frankfurt Airport) have set themselves the goal, of including and examining all work pressures that are experienced by employees as being demanding and causing problems. This includes environmental influences such as noise and heat, physical and psychosocial stress (for example, organization of work and the work climate), as well as safety aspects.

It is clear, however, that establishing a focus for criteria does not as a rule exclude other forms of stress in the enterprise.

2. Composition of the circles

Some procedures relate to the work situation of a certain occupational group (for example, of skilled craftsmen), others integrate employees from two or three occupational groups in daily cooperative interaction (for example, crane drivers - workers on the shopfloor, construction personnel - maintenance engineers). In addition, further operational sections and levels are included in line with procedural approaches. The procedures reported here concentrate predominantly on the works council, the management and the company safety at work, but nevertheless demonstrate in this regard considerable range. Thus the impression could emerge that the methods for the implementation of health promotion circles are arbitrary, which, however, is not the case. The principle of involving in its procedures all the groups directly affected by the work of the circle, is a basic requirement for success. Successful variants, are, however, possible depending on particular organizational requirements.

3. Procedure and range

The range of the participation models presented encompass anonymous and targeted employee inquiries into over-demanding work aspects and improvement possibilities, with subsequent discussion of results, up to elaborated and comprehensive group work models on all hierarchical levels of the enterprise (organizational development). The projects presented lay emphasis on the discussion circles, which meet regularly, but infrequently (as a rule 6 to 8 times), with a few weeks to several months in between and with a duration of one to four hours. They are basically limited to certain areas of an organization and are not comprehensive.

4. Criteria for successful work of the circle

The papers as well as the subsequent discussions pointed to methodological components, without which promising work by the circle cannot be guaranteed. These include:

- Consensus in the enterprises and reaching decisions about the implementation of circles. A crucial factor is good preparation of the work of circles. Comprehensive discussions should be held in advance with all those in responsible and affected positions, that is to say, with the top management, the works council, the employees, the safety at work section as well as those concerned with the company suggestion system and also the Sickness Fund.
- Establishment of the authority of the health circle. The health circle has the right to give advice and suggestions, no decision-making competence. The terms of, procedure for adopting and implementing the results of the work of the circle must, however, be agreed upon. When the readiness of the enterprise to examine proposed improvements and accordingly to carry them out is lacking or delayed, this leads rapidly to demotivation and endangers the success of further work.
- Information and trust of the employees: In the work areas where circles and/or other participatory procedures are established, employees must be thoroughly informed about goals, background and procedures. Their trust is essential for the outcome of the work of the circle. It has been shown to be advantageous to carry out a free election of the members of the circle from among the employees and in agreement with the works council. This is because the employees participating in the work of the circle need the acceptance and the trust of the colleagues in their working group.
- Meetings of the circles: The meetings should occur as far as possible during working hours. If this is not possible, the time spent on the work of the circle should be paid as overtime. It has shown itself to be desirable to hold regular meetings (every two to three weeks).
- Information about the results of the work of the circle and measures that should be or have been carried out should be transmitted to the members of the circle and eventually if possible to all the other employees in the work area (section) concerned. Such feedback serves to strengthen motivation.

5. Results and effectiveness

All the examples presented point to a multitude of successful problem solutions. Through incorporating the experience and knowledge of change of employees within the work of the circle, weak points in the area of traditional safety at work and work organization are uncovered and suggestions for improvements are developed e.g. concerning problems of safety at work, muscular strain or unfavorable environmental influences.

On the other hand, themes were examined and partial solutions presented, which up till now were hardly or not at all considered in enterprise safety at work and for which still no modes of operation of the procedures existed. This refers to raising issues and bringing about change in inadequate organization of the enterprise and work, inadequate lines of communication, problems of interpersonal relationships, problems related to qualifications, etc. This also represents a bridge to approaches to organizational and personnel development.

Some contributions indicate a link between a reduction of accident rates as well as the general illness rates in relation to work of the circle during the relevant period. As interesting as such results are, there is, however, no solid evidence for the general expectation that the work of circles actually produces such effects. A thorough evaluation, particularly of the longer-term health effects of the circle procedures/participation procedures in question, is yet to be provided.

The common experience of the models presented can be summarised as follows: Improvement of objective working conditions, improvements on a behavioural level (for example improvement in communication and cooperation), increased employee satisfaction, improved organization climate and, last but not least, as some projects showed, high work motivation, with quantitatively or qualitatively improved output. The speakers from the individual industrial organizations therefore agree that experience with the work of the circles and other participatory procedures encourage the integration of these activities firmly into the everyday procedures of organizations.

Health Promotion through Health Circles: Concept and Experience at Volkswagen plc

The company health service of Volkswagen plc had already in 1986 begun to develop the concept of "company health circles", in cooperation with the Technical University, Berlin, as part of an HdA project. The basic idea of the quality circle - the active inclusion and participation of the employees - has been transferred to health-related questions through the concept of company health circles.

Involving employees in the goal of "Stress analysis and stress reduction" presupposes, however, that they perceive the burdens of their work in a completely precise and realistic way and that they can also appropriately raise the issues and articulate them. Anxiety about failure, guilt feelings, self-deception and defence mechanisms nevertheless frequently prevent an accurate and realistic perception of stresses. Many things are accepted as normal and not able to be changed. First, such attitudes of resignation and defence mechanisms must therefore be gradually dismantled through the active involvement of the staff members affected. On the one hand, the basis for a more health-focused form of coping behaviour is thus created; on the other hand, it will be possible through company discussion of the sources of stress to enable employees to introduce procedures that lead and/or contribute to an effective removal of objective stress conditions.

Aims and aspects of the concept

Company health circles should enable employees to perceive their mental stresses realistically, to articulate them, to cope with them in a manner adequate for health and actively to cooperate in their

reduction. In concrete terms, health circles address four complementary aims.

Different positive results are to be expected from company health circles for employees who participate in the health circle and for the enterprise.

The health circle concept is composed of altogether eleven cumulative elements.

Information events serve on the one hand to provide comprehensive information for the potential circle participants (target group). On the other hand,

Expected outcomes from company health circles

For the members of the circle

- Greater readiness to listen to others
- Improved self-confidence
- Improved trust in others
- Improved readiness for cooperation with others and greater creativity; ability to awaken such abilities among others
- Ability to concentrate on the task even under pressure, and to remain relaxed
- Greater enjoyment of work
- Increased ability to "switch off" after work
- Improved health wellness; physical and mental fitness
- Expansion of competence in social interactions

For the company

- Reduction in lost votes
- Improvement in personnel leadership
- Reduction of time pressure (deadlines)
- Improvement in communications
- Increase in cooperation and mutual support
- Better use of valuable company resources (ideas, involvement)
- Improvement of social works climate
- Reduction in absenteeism/fluctuation
- Improvement in the quality of work
- Increased identification with the company

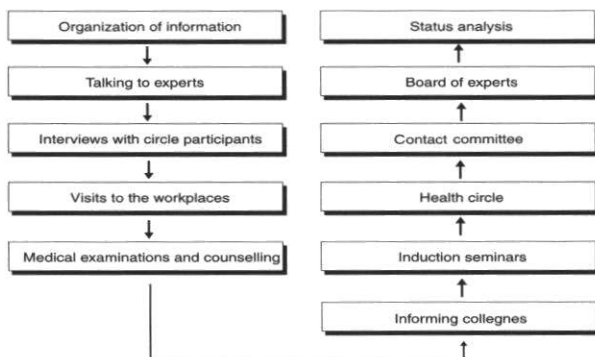
Aims of company health circles

- Expansion of knowledge and understanding about causes of stress
 - Improved health-directed personal management of stress
 - Creation of a health promoting climate at work
 - Recognition and change of objective company conditions leading to stress
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such events will inform all managers about the concept of health circles with the aim of attracting their support.

In the *professional discussions* which the circle mod-

Company health circles



erators carry out with managers, representatives of personnel departments, representatives of the works council, company doctors etc., the aim is to enable the members of the circle to learn about the assessments of those experts in relation to the general work situation.

The *individual interviews* with the circle participants aim to obtain a picture of the work situation from the subjective point of view of the circle participants.

Work place observations by the circle moderators should give them an insight into the local work situation.

A supporting measure is the *medical examination* of the circle participants carried out by the company doctor. One of its aims is to identify the possible risk factors present and it is complemented by comprehensive counselling during the entire duration of the circle.

Regular information on the company environment in relation to developments in and the situation of the work of the circles should meet internal information needs and achieve a wider effect (multiplier effect) in enterprises.

At the *induction seminars*, two forms and target groups are to be distinguished:

The *two-day induction seminar for the participants in the circles* should enable them to become aware of the suppressed areas of their physical, mental and social resources for coping. In addition to factual information on the subject of stress, they can learn relaxation techniques, exchange information about stress and question established ideas and patterns of behaviour.

In the *one-day induction seminar* for the members of the *contact committee*, the contact committee members are prepared for their function in this important committee.

The work in the *health circles* is composed of two phases: The orientation phase is primarily concerned with gradually developing and testing a basically new form of coping behaviour related to health. In the

project phase, the undertaking of small individual projects of the members of the health circle and their associated experiences predominate. Thus, a catalogue of company working conditions, which in the opinion of circle participants repeatedly lead to stress, gradually emerges.

The function of the *contact committee* is mainly publicly to raise company problems mentioned by the participants in the circle, as well as to be involved in a supportive and promoting way in their solution. The contact committee brings together representatives of the circle participants, their direct superior, representatives of the personnel department and the works council, a company doctor and the circle moderators.

The function of *expert committees* is to examine problems and ideas about solutions offered by the circle participants, which are outside the professional competence of the contact committee or which need further expert clarification, in order to process them and to feed them back subsequently to the contact committee.

The *situational analysis* comes at the end of the sequence of phases of the project, mentioned earlier. It should clarify the extent to which the circle has reached its goals. This also determines the answer to the question of whether the circle should be continued.

The pilot project

Target group, process, results and experience

The health circle concept was tested in the form of a pilot project in two works of the Volkswagen plc. Thirty foremen from different organizational areas participated in the project on a voluntary basis.

Following a two-day induction seminar, the health circles were active for the next six months. The two-hour meetings were held first weekly, then fortnightly. Before the beginning of the project and after its conclusion, the participants were given a medical examination. The entire pilot project was monitored scientifically. The results of the project and the experience gathered during its implementation can be summed up as follows:

1. Personal management of stress

Personal coping behaviour of most of the circle participants has clearly improved. Entrenched and largely unconscious reactions and behaviour patterns damaging to health could be changed. Physical relaxation techniques received a very positive response.

2. Personal initiatives and projects

During the running of the project, the circle participants successfully started various initiatives and smaller projects. The aim here was to create a climate for work which would make it easier to behave in a way appropriate for health (example: improvement of the exchange of information and increased communication).

3. Objective company structures

The circle participants listed in a "problem catalogue" the objective enterprise conditions, which from their point of view repeatedly lead to stress. Some of the problems identified could be solved in the short term, while for others middle to long term solutions are to be expected. Various problems do not, however, appear to be soluble. This fact, in particular, has somewhat disappointed some circle participants.

4. State of health

The methodology introduced as part of the scientific monitoring of the project showed a trend for improved state of health among many participants over the period of the project.

5. Work of the contact committee

The work of the contact committee can be assessed as predominantly positive. In part, the contact committee has in fact seen itself as a "complaints committee". It has proven to be extremely important that the contact committee should be comprehensively prepared for their role.

6. Information within the company environment

The value of regular internal company information about the circle itself and its work should not be underestimated for its success. It makes an essential contribution to the reduction of misunderstanding and mistrust, not to mention resistance facing the health circle.

7. Composition of the group of participants

There is no universally valid answer to whether a health circle should be composed of homogeneous or heterogeneous members. Where there are extremely disparate activities, a heterogeneous composition might raise considerable problems. On the other hand, it can make sense where there are potentially stressful interface activities.

8. Dual analyses of activity

Since objective working conditions and their subjective perception can be widely separated and do not reflect the reality of working conditions, it appears reasonable to carry out a "dual" analysis of activities. That is, as a complement to a subjective analysis, an "objective" analysis should be carried out, the results of which are then fed into the circle meetings and discussed.

9. Expert committees

The necessity for expert committees is justified by the fact that circle participants repeatedly raised issues concerning the need for change and made proposals, which could not be adequately assessed by the contact committee for factual/professional reasons.

10. The place of application

Company health services are an appropriate vehicle for health circles. On the one hand, the protection and the promotion of the health are among its genuine tasks; on the other hand, for work in the health circles a particular relationship of trust is necessary. It is conceivable, however, especially in small and middle-sized enterprises, that the implementation should be taken over by the Sickness Fund. As far as the moderation of health circles is concerned, it makes sense to include an external and internal moderator in the moderator team.

11. Status analysis

The status analysis should be undertaken jointly by health circles, the contact committee and moderators. It should take place after nine months, or at the latest after one year of work by the circle.

Result

Health circles as described here are in principle in a position to shake stressed employees out of their complacency and resignation, damaging to health, and to improve their personal coping behaviour, as well as to enable employees to cooperate actively in the creation of working conditions appropriate for health.

Health circles not only represent a means of health promotion in the organization, but also make a contribution to the participation and qualifications of employees.

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"Health Circle" Pilot Study at Hoesch Rothe Erde

We are a manufacturing company with four plants and approximately 2,500 employees, therefore not a large company, but a middle-sized or even a small enterprise. Since we have different types of products, the pilot study was not only suitable for us but also transferable to other middle-sized and small enterprises. The duration of the pilot study was from April 1987 to March 1990.

The starting point was, amongst other things, the fact that no systematic information base existed about incidence of illness in the company. The necessity for company health protection is today generally acknowledged. Approaches and instruments for further development exist on different levels. This includes the safety at work law §3 (duties of company doctors), the health policy principles of the Federal Ministry from the year 1985, the resolution "Health Education in the World of Work" of the Federal Association for Health Education of October 1986, as well as the annual report for 1987 of the Expert Council for Concerted Action in Public Health.

Aims of the pilot study

- Improvement of the effectiveness of the enterprise Sickness Funds in prevention, early detection and rehabilitation in the organization and in the enterprise environment.
- Improvement of the organizational and communication relationships in the sense of a comprehensive responsibility for cooperation where there is overlap between the cases of safety at work in the enterprise and the Company Sickness Funds.
- Improvement of the information base within the enterprises of instances of prevention of work-related illnesses.
- Improvement of the effectiveness of safety at work within the enterprise.
- Comparative assessment of the usefulness of the instruments developed for health protection in the organization.
- Contributions to the development of scientific hypotheses about nature and extent of the connections between illnesses of the employed and the strains of work.

Procedure

As part of a two-year period of enquiry the following procedures, among others, were planned:

- Gathering and processing of the social and medical data of the Company Sickness Fund.
- Gathering and processing of the social and medical information of preventive occupational health examinations.
- Gathering and processing the information about workplace-related stress factors.
- Integration of the data, evaluation of the data and producing a company health report.
- Procedures for continuous interaction among those involved in company health protection. Testing and further development of improved forms of cooperation in company health protection with the participation of the Company Sickness Fund.

The results of the health report have shown that different kinds of illness occurred in the individual sections. No practical recommendations for measures can, however, be derived directly from such organizational findings. The translation of the results of the health report into prevention in the workplace would need specific steps and modification of organizational structures. This is because of the following reasons:

- a) The results of the health report can not claim to explain the causes of the occurrence of cases of disease in the organization. Nevertheless, they give tested recommendations on the outstanding areas of health threats that should be addressed.
- b) The results of the health report are still at a relatively high level of abstraction and are too general for practical application. Significant stressors need to be specified for the individual work places. In addition, in many cases, particularly chronic illnesses, several stressors and/or complex stress patterns are relevant. Also, these combined relationships need to be better established for individual work places.

The application of the results of the company health report by means of the introduction of a health circle was central to our suggestions to the company steering group. The company steering group was composed as follows: two employees of the Federal Association of the BKK (Company Sickness Fund), an employee of the Society for Safety at Work and Hu-

man Factors Research, an employee of BKK and a company doctor of occupational medicine. The personnel manager, the works council representative and the specialist for safety at work participated from the company.

Organization and work of the "health circle"

Before the establishing of the health circle, the enterprise works committee proposed to present a complete health report at the employee meeting and to follow this up by indicating the intention to create a health circle in the "Kernmacherei" department. This was followed by departmental meetings in which the special problems of the "Kernmacherei" were discussed. The employees were invited to nominate three male or female colleagues from among their members to take part in the health circle.

Several members of an occupational group or a work area (e.g. Kern makers and Kern sorters) belonged to a health circle. The supervisor was also a member. He carries responsibility for production, the observance of safety at work regulations, and the responsibility for personnel matters. His field is directly affected by any changes, and for this reason had to be involved in the work. The possibility for participation at any time was open to the enterprise management, the works council and the experts for safety at work (company doctor, safety specialist/ergonomics expert). Their participation in the processes was important in order to utilise the competence of these groups in providing information and in practical problem solving.

Furthermore, there was a need for preparatory work and follow-up, as well as moderation of circle meetings. The moderator role required a strict neutrality with respect to all groups represented in the circles. The moderator saw himself as a mediator between different interpretations and had the function of making authoritative statements about stress and the possibilities for improvement. Thus his position within the circle was not related to content, but only to procedures.

Each health circle brought together different perspectives and experience concerning stress at work, health consequences and possibilities for change. Group discussion was the method of clarifying the questions raised. The mixed composition of the circle - those affected, their bosses and the experts - allowed for mutual checking and examination of the statements of the participants.

The health circle followed an established programme:

a) On the first level, aspects of work which were experienced by employees as demanding were col-

lected. These included all the situations and processes of work, i.e. physical strain, environmental influences and psychosocial factors. The interest here was not limited to individual stresses, but collective work situations that were identified by a number of employees as being demanding.

- b) On the second level, health complaints were identified, which employees perceived as being directly related to certain work situations. To gain a broader information base and/or a picture of the relationship between stress and complaints among all employees, an additional investigation of all those employed in a specific area of work was undertaken.
- c) The search for possible preventive changes within the framework of the organization of work appropriate for health followed. This had to be preceded by a clarification of how the findings of this process, i.e. suggestions for change, should be used. For example, a possibility was to include them within the company suggestion scheme. Measures of limited scope could thus be directly implemented by superiors.

Results of the work of the health circle

Most of the proposals are directed at improvements of general conditions experienced by employees as creating avoidable difficulties. For example:

- Improved seating arrangements for a sedentary job
- Installation of anti-dazzle equipment
- Improvement of lighting conditions
- Protection against draughts
- Minor technical changes
- Auxiliary arrangements to provide relief for physically heavy work or poor posture

The suggestions were predominantly modest and were within the limits of what was financially and organizationally feasible. They focused on an area between the inadequacies that frequently make work routines annoying, on the one hand, and preventive ergonomics on the other.

In addition, an advantage of the work of the circle consisted in the strengthening of the communication between groups within the company. Despite the daily encounters between managers and employees, and despite frequent contacts with the safety at work experts, there remain many suggestions in the work routine that are unnoticed or are not mentioned. In this sense, the work of the circle offered a good organizational precondition for articulating and attracting attention to many problems of daily work.

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Testing of Health Circles at the Frankfurt/Main Airport plc

Starting Point and Preparation

Since 1990, Frankfurt/Main airport has been testing the health circle method. This was initiated by the chief medical officer of the company. There were several significant requirements:

- Increasing the sensitivity and motivation of employees concerning the importance of safety at work and health protection;
- Gaining insight into hitherto, unknown or little known health problems in the workplace;
- Collecting ideas about the health-directed organization of work from the point of view of those affected; and
- Providing more opportunities for employees to participate in shaping their working environment.

This implies that, in line with systematic procedures in health circles, the existing enterprise safety at work should be complemented by the views of employees about problems and solutions. The introduction of the scheme for the project into the enterprise and the preparation for the project included several stages:

1. Presentation of the concept of a health circle, by an external consultant, to a mass meeting of interested employees of the enterprise working in the areas of safety at work, personnel department, management and works council.
2. Agreement in principle by the decision makers (executive committee, works council) for testing the processes of a health circle in certain enterprise areas.
3. Discussion of the circle project with those concerned, for example with the organizational units involved; clarification of doubtful matters and specific departmental needs.
4. Transfer of the management of the project to the company health service.
5. Establishment of a co-ordinating group, to provide a broader basis for the preparation of the project and for meeting obligatory requirements, as well as to give additional support to the work of the circle in dealing with emerging problems

and meeting decision-making needs. The coordinating group included the following representatives: the director, the works council, and the project-coordinator (occupational medicine), the sections for ergonomics, safety at work and the suggestion box system, the personnel department and the department responsible for evaluating the circle, as well as the external consultant.

The choice of areas for intervention was primarily based on the following criteria:

- To begin with blue-collar workers, since this is where the introduction of health circles has at present been successfully tested and then to transfer the procedure into the area of white-collar workers;
- To begin with a middle-sized department which is not a part of the mainstream company activities, so that initial common experience could be collected in a relatively protected situation, and develop confidence in the procedure within the company;
- To begin in a department without obvious specific conflict situations.

A two-stage process was chosen. During the first stage, a health circle was established in the motor vehicle service section, i.e. a technical service department in the company, and the preparatory work section and the spare parts warehouses were also included. The second stage included the creation of two circles in the area of air passenger control, i.e. in a non-technical service area.

Implementation and Results Using the Example of the Motor Vehicle Service Department

The composition and implementation of the work of the circle was based on the health circle concept initially developed and tested at the Thyssen Stainless Steel Company (Slesina 1990; Slesina et al.

1991). A circle of this type forms a project group, limited timewise, and composed of three to four employees, safety-at-work experts, foremen and the works council. The work of the circle is focused on the experience of employees related to aspects of the work in question and to possibilities for their improvement.

The circle in the motor vehicle section included two motor mechanics, a worker from the preparation section, the responsible foreman of the motor vehicle service department, the company doctor, an employee of the safety-at-work department, a member of the works council and the external moderator (see diagram 1). The inclusion of the spare parts warehouse and preparatory work departments made possible a joint examination and discussion of the possible organizational and personnel problems arising

at the interface of these three areas.

The participants in the health circle were chosen by the employees. For this purpose, a company meeting was convened, where the external consultant explained the project and asked them to nominate colleagues for the work of the circle. The circle held ten one-hourly meetings. The procedure of the work of the circle corresponded to the previously tested pattern (see diagram 2).

The circle raised and discussed in depth a total of thirty six controversial aspects of work. The range of topics included muscular strain, environmental influence, safety risks and especially psychosocial stress. A questionnaire based survey of employees (stage 2) clarified those aspects of work which often led to health complaints among employees of the motor vehicle service department (see diagram 3). There were altogether 49 proposals for change. Of these, two thirds have been carried out.

The work of the circle opened up a new perspective on situations and process of work for safety-at-work experts and management. Due to specific situational conditions, the safety-at-work experts were not aware of a whole range of safety problems and demanding aspects of work. The basic knowledge of employees about the existing local conditions of their workplace provided new information for the participant groups in the circle. Other situations and stresses, such as, for example, the conflict points within the organization were, on the other hand, known in principle. Thus, discussion in the circle offered a new perspective on these issues, such as the health consequences of these situations for employees. This confirmed the experience gained from the earlier work of the circle: organizational, communications and technical problems result in the loss of efficiency

Diagram 1

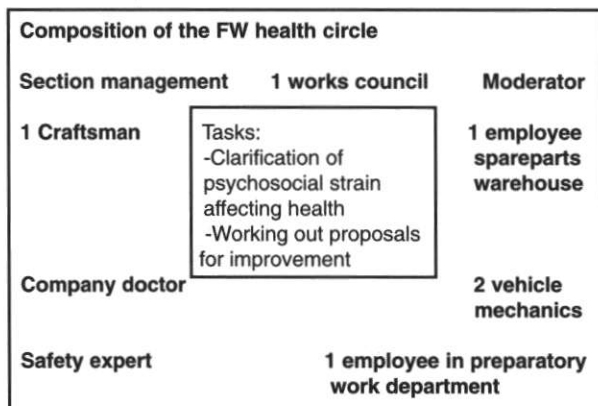
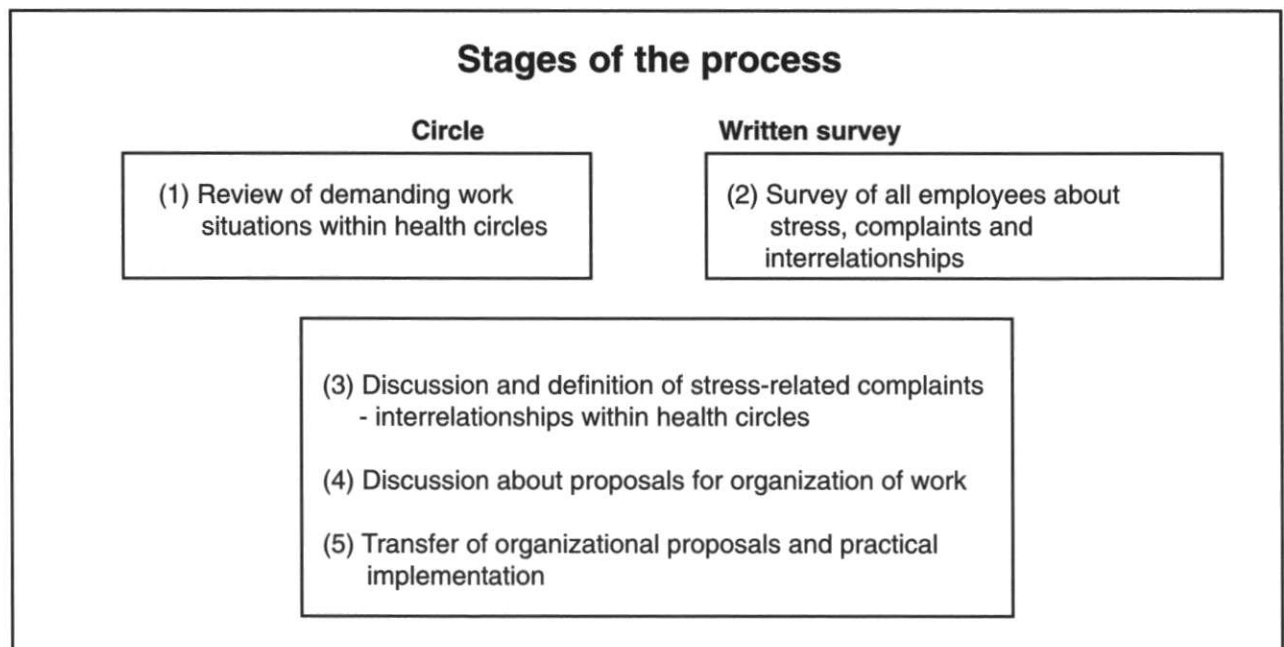


Diagram 2



Information about complaints and stress among vehicle mechanics (n=19; issues≥40%)

Neck and shoulder pain	- heavy manual work , bad posture, standing/running, draught/cold, time pressure, concentrated attention
Back and lower back pain	- heavy manual work, bad posture, standing/running, draught/cold, time pressure
Stomach ache, feeling of pressure	- conflict with colleagues/superiors, deadlines, dampness/odours
Headache	- dampness/odours, noise, deadlines
Tension and nervousness	- failure at work, deadlines, conflict with colleagues/superiors, noise, dampness/odours, bad posture
Tiredness, exhaustion	- heavy manual work, standing/running, bad posture, deadlines, concentrated attention, dampness/odours, heat, noise

for the enterprise, and represent for employees a source of considerable annoyance and the feeling that they could be prevented. The repeated experience of immutability in such situations led to feelings of powerlessness, aggression and indifference. By raising such problems, the health circles can create conditions for changing these situations.

Outlook

The work of the circle in the area of passenger control has also provided numerous suggestions about preventable and/or reducible stresses and pressures, as well as a number of recommendations for change and organizational activities. This seems to have ensured the transferability of the process to the level of staff, or at least onto the level of operations. It will be necessary to wait for the outcome to be able to see whether it is also applicable on the higher management level.

The strength of the process lies in highlighting the aspects of organization and work which are associated with risk, are demanding in terms of health, or are inefficient. The creation of such an insight can, however, lead among middle management to insecurity and negative attitudes. This is something that one has to watch for and react to during the process of implementation.

A further strength lies in the examination of proposals for change which are relevant to the problems,

are practical and represent the actual situation. Difficulties can arise in the implementation of proposals in part owing to the altering of the problems and intentions in the suggestions provided by the circle, leading to possible misunderstandings, wrong interpretation or translation into incomplete and meaningless solutions. In addition, where highly complex information is involved in the solution of problems, the work of the circle becomes partly dependent on the external support of employees from other professional departments in the company.

The intention is that the moderator should be internal rather than external.

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Health Circles for the Promotion of Health - Company Experience at Mannesmann plc

The aim of the organization of work at Mannesmann is to maintain and promote health, productivity and satisfaction of employees. With this aim, we have recently placed the emphasis on a comprehensive health promotion, given greater consideration to subjective factors and started to set up ergonomic circles or health circles. The model and the basis for this were the existing quality circles and the experience of W. Slesina as well as L. von Ferber, who since the eighties have been working intensively on the topic of health circles.

Since 1988, we have prepared for or implemented circles in seven enterprises, with the aim of improving working conditions through participation of employees. The reason for the establishment of circles was the relatively high migration, high incidence of illness or expression of dissatisfaction of staff in various branches of the company. We have basically restricted the work of circles to individual occupations or cost centres and did not organize them indiscriminately in all branches, owing to our limited capacity and to avoid possible additional positive consequences from the "Hawthorne" effect, as well as multiplier effects.

In the preparation, organization and implementation of the work of circles in individual organizations, we have collected different, but mainly positive, experiences, depending on the existing problem situation and the attitude of management, workers, the works council and the professions consulted. This experience led to an awareness and a philosophy at Mannesmann of accepting as many variations of circles as possible, based on the strict observance of the necessary pre-conditions (consensus of opinions about the work of the circle, observation of individual rights, confidentiality about personal information, observation of data protection laws and especially the participation of the works council).

The work of the circle should, however, take into consideration the relationships within the company and the specific personnel, as well as material requirements. This applies to designating the nature

of the circle, from the aspects of: occupational psychology, regulation for the kind of introduction and preparation, the number of meetings and the participation of professions (occupational health service, safety department, departments of ergonomics and in-service training, external professional consultant, etc.).

The role and qualifications of the moderator are of the greatest importance, as is the atmosphere for discussion, which he/she can considerably influence. From our experience and judgement, the personality of the moderator is more important for this, than, for example, the specialist subject of his/her education.

Good preparation for the work of the circle is also essential. Comprehensive and informative discussions need to be held in advance with all those responsible (management, foremen, the works council). Simultaneously a questionnaire-type survey should be carried out about the shortcomings and deficits, preceded by extensive clarification and, if possible, it should be anonymous in order to avoid undesirable transfer-effects. During the first discussions with the participants who were elected by employees for group work, a consensus about the aims should be reached. Appropriate rooms need to be allocated for the work of the circle and furnished accordingly. The positive effects of an agreeable working environment are often underestimated.

The works council support for actions is also of vital importance, without which, in our view, the work of the circle is ineffective. We have, therefore, been engaged in creating such a positive atmosphere in all the branches and now experience positive cooperation, without any problems. Then we offer, amongst other things, feed-back about the results of the circle. This has especially improved the level of satisfaction and the atmosphere in the company. In one of the branches, where ergonomic circles, each with about eighty members, were established in three departments, there was a reduction in morbidity from 12.8% to 9.6% within two years. This is a

reduction of 3.2% as compared to the reduction of morbidity of only 0.8% (from 12.6% to 11.8%) for the company as a whole, to which the three departments belong.

There are some problems in measuring the success of the work of a circle by variations in morbidity even when the statistical analysis shows a significant change. The number of uncontrolled variables is too great and a reduction in morbidity is only *one possible indicator* of the improvement achieved. One should primarily strive for:

- Improvement of working conditions, as well as of the physical, mental and psychosocial stress situation;
- Maintenance and promotion of health;
- Increased work satisfaction;
- Improved work climate;

with the following consequences:

- Increased achievement motivation;
- Improved quality and quantity of products;
- Reduced turnover; and finally
- Reduced sick leave.

From our observations, efforts regularly produce noticeable improvements when the indispensable pre-conditions for the work of a circle are fulfilled, and when the management, the works council, as well as those directly affected, identify with the work of the circle.

The experience with the work of the circles at Mannesmann is encouraging and we will continue with this work. We will promote it and possibly intensify it, but nowhere will we apply it in an indiscriminate way.

Safety at Work Circles at German Lufthansa

The concept "safety at work circle" has been developed, tested and implemented in practice in German Lufthansa by the Institute for Social Research and Social Economy (ISO) within the framework of a project in the area of "Physical Management of Cargo", aimed at "Humanising Working Life". As a specific area of a comprehensive preventive programme of work and health protection, it aims to give those who are supposed to be "protected" an active role in the enterprise safety at work practice and thus to make better use of their experience and knowledge about change. Since the area of "Physical Management of Cargo" is associated with a workplace especially prone to accidents, the focus of group work is on the topic of "safety at work".

Experience about the technical organisation of work and behaviour-related risks in the workplace was exchanged and relevant proposals for change were developed at regular meetings, which took place every two months and lasted between three and four hours. These meetings followed a strict agenda. After the collection of information about risks in the enterprise, one work-related risk is chosen, its outcome and causes are examined, and available solutions discussed. The results of the work of the group are minuted and recorded in a special "outcome folder".

Between eight and ten cargo handlers are full-time participants. This implies that in this implementation phase the safety at work circle is established on the practical application level. Because of the frequently sensitive issues related to safety at work, a "protected area" is provided to ensure an atmosphere of open conversation. The moderation of the work of the circle is the duty of safety at work personnel, who have been gradually prepared in advance for this role. Their task is also to transmit the outcome to the other cargo handlers who are not directly involved, as well as to accept from them suggestions for the future work of the circle.

The organizational integration of the safety at work circle into the existing company and safety organization is an essential part of this concept. The central function of a "co-ordinator", as an interface between the safety at work circle and management, is taken on by a line manager, who also represents the personnel management. The co-ordinator accepts the group proposals, passes them on to the relevant enterprise decision makers and feeds back the outcome to the group for implementation. The "success" of the safety at work circle mostly depends on the readiness of management to examine carefully the proposals worked out by the circle and to

be in continuous contact with the group, informing them about their decisions: the necessary steps in case of acceptance, or reasons for refusal.

Implementation

A great number of proposals for change have been developed and implemented with the help of safety at work circles, which have been in existence since summer 1989. These have been concerned with the following:

- technical changes, for example, a modified clutch arrangement on vehicles to avoid the danger from crushing and blows;
- changes in the organization of work, for example, a systematic rota arrangement of workers for cleaning the workshop;
- behavioural changes, for example, an improved company certification aimed at increasing employees' competence in handling fork-lift trucks.

Furthermore the following positive effects could be established:

- Promotion of cooperation and communication relationships between cargo handlers and management, as well as raising awareness about problems ("establishing new channels of communication");
- Strengthening the commitment for the implementation of measures concerned with the reduction of risks;
- Re-evaluation of the function of the safety at work personnel and, in this way, increasing their motivation since their job definition is often considered to be a "thankless task".

Future outlook: further prevention research

The ISO-Institute is at present preparing a research proposal concerning the "The Development of a Comprehensive Company Certification Strategy for the Implementation of Preventively Oriented Safety at Work and Health Protection".

The research will examine the contents, forms and measures, which could be effective in promoting positive attitudes and behaviour on all the company levels, based on the company case studies and paradigms related to the topic "complaints and work-related illnesses of the musculo-skeletal system". The aim is to develop a certification programme which is practice-oriented and concerned with the application and management issues.

RALF QUASTEN

Thyssen Stainless Steel Works plc (TEW)
Department of Industrial Psychology

Employee Discussions and their Consequences for Safety at Work

"BASIS - Discussion Circles" and Accident Detection in Forge Finishing Works 2, an Enterprise of Thyssen Stainless Steel Works plc

What are the "BASIS - Discussion Circles"?

- A form of employee participation in groups
- eight to ten participants
- six to eight meetings
- In terms of content, work is divided into the following phases:
 - introduction
 - causal analysis
 - development of methods
 - coordination
 - decision
 - testing the implementation
- Special training of moderators
- Introduction into all the places where people work together
- Thyssen - company culture.

Starting Point, Process, Participants

At the beginning of 1989, the Forge Finishing Works 2 (SAD 2) came to notice because over a period of time it showed the highest accident rates and, simultaneously, the highest sick leave rates in the company. Since this development occurred in spite of regular safety at work measures, it was necessary to introduce some other means for lowering of the high accident rates.

As "local experts", the staff members of this department should identify which safety at work or ergonomic problems have so far not been recognised or not been examined. The "morbidity" problem was not raised but had to be kept in mind in the analysis of outcomes of the discussion. The participants of such a BASIS-discussion circle, who should not be more than twelve in number, included:

- The managing director
- The line manager
- The foreman
- A number of employees
- A representative of the works council
- The responsible safety at work expert, as well as
- The moderator of the discussion circle.

Forge Finishing Works (SAD 2)

In SAD 2 steel rods are produced, scaled, examined by ultra sound device to detect surface faults, faults hidden in the material or invisible faults, and finally cut up according to the customer's wishes into required lengths after which they are delivered.

In addition to this manufactured material, they also produce so-called "thorn rods" which are used, for example, for the production of seamless tubes. These can be up to 27 metres long and are, therefore, difficult to handle, especially in transport. The organization of SAD 2 is divided into two areas: the "steel rod line" and the "scaling works". Between January 1988 and January 1991, the "steel rod line" works employed on average 54 persons. During the same period the "scaling works" employed on average 18 people. Altogether, during this period the average number of people employed in SAD 2 numbered 72 persons. In the "steel rod line" works two groups were established: group one with 16 people, which met six times, group two with 12 people, which met seven times, and the participants in these groups attended on average four meetings. Through these two groups, from the average 72 members of SAD 2 employees, 28 people were reached directly, which represented a participation rate of 39%.

Problems Under Discussion in the SAD 2

1. Climatic conditions:
 - temperature
 - ventilation
2. Transport gantry crane:
 - construction
 - peiner-crane
 - 35-t-crane
 - incoming material
 - loading techniques training
 - dirty crane surface
3. Obsolete machinery:
 - saw-3 : task, rolling movement, waste

saw-4 : task
directional press: task, flying debris
saw-7 : flying filings
main rolling transport : distribution of rolling parts

4. "Thorn rods":
breakage under pressure
unreliable transport
poor separation
poor storage

5. Multifactorial strain

Decision-Making Phase

- Video-supported presentation about the problems under examination and the development of relevant measures, given by a four specially prepared members of the groups to a high-powered "decision-making group".
- Discussion and decision about each separate measure, as well as establishing of responsibilities and closing dates.

Testing of Implementation.

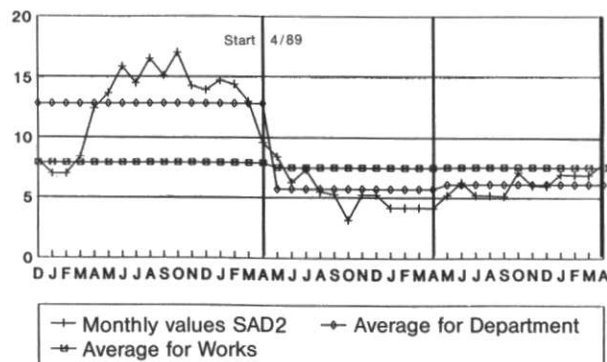
- Examination after one year of the implementation rates concerning the accepted measures.
- The organization of information about the state of implementation of measures for participants in both groups.

The following diagrams show the changes in the proportions per 1000 persons, sick leave and sickness rates for SAD 2 works.



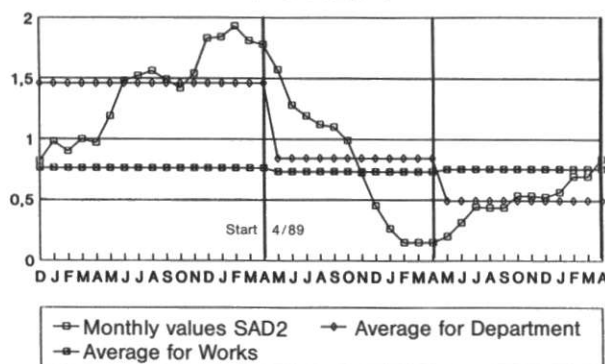
SAD2 12/87-4/91

Man-hour rates



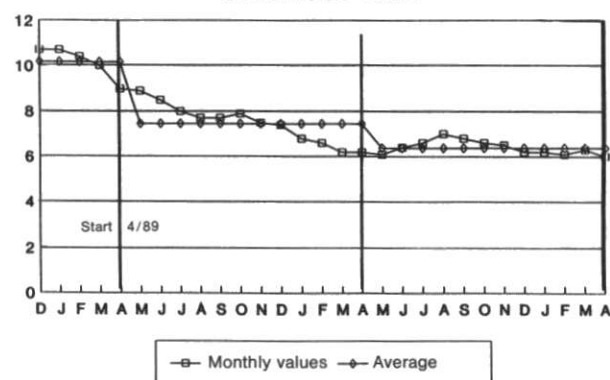
SAD2 12/87-4/91

Sick leave



SAD2 12/88-4/91

Sickness rate



BERNHARD LOHRUM

Safety at Work Service, Organizational Development, Krupp Steel plc, Siegen

Optimisation of Safety and Organization of Work through the Involvement of Those Affected

The Pilot Project

Within the framework of the first community programme of the European Community for Coal and Steel concerning safety at work in the iron and steel industry, a special research contribution entitled "Technical Procedures and Human Behaviour in Critical Situations and their Implications for Safety", based on an example of a high quality steel billet extrusion plant, still under development was tested. Based on a comprehensive analysis of risks and on a survey of employees' subjective assessment of risks and of general working conditions (for the first time in the area of safety at work) and using "organizational development" method, solutions in the areas of plant technology, organization of work, technology and work procedures were identified and implemented. Through detailed analysis and processing of work-related data carried out jointly with employees, it should be easier to recognise critical situations and to seek and implement measures for their elimination.

In addition to safety officers and foreman, all the employees affected and the works council together with were included as "practical experts" in the practical organizational development work. This ensured that the specific interests of the participating groups would be considered.

a) *Safety - not just a technical problem*

An effective safety-at-work programme depends on a holistic consideration of the Human-Machine-Environment system, including social and psychological problems.

It is not possible to carry out a comprehensive analysis and especially the necessary changes directly related to the social and psychological problems, without the participation of/or even against the interest of those involved; particularly since many of the problems do not rest on objective facts, but on the subjective perceptions of those affected. It is, therefore, necessary that those concerned - management and all employees - are accepted as "practical experts" and integrated into the work.

b) *Problem solving workshops*

The examination of the problems took place within the framework of dynamic group work. Clear cut problems in the organization (objective, as well as subjective) formed the starting point. The first step in the diagnosis was the recording of the situation (problem inventory).

Problem solving groups used focused, as well as free discussions, to carry out the work.

c) *Implementation of organizational development measures*

A particular shift which continuously participated in the group process served as the core group. The group also included the safety-at-work experts, other professional experts and management and depending on the questions and topics raised, the relevant employees from the maintenance department. Thus the group included approximately 20 members. The works council obviously participated in all the meetings and was able to clearly represent its position. The group work commenced with a "problem inventory" produced by employees, which gave a cross-section of questions and interests, clarified by the attending experts, from which it was possible to develop key issues. In this way, a type of curriculum framework was developed for the overall work of the group, such that all shifts were able to present their specific requests without the danger of losing sight of the common, overall professional aspects, i.e. safety at work.

Organizational Development (OD) A Method of Direct Risk Analysis

a) *Assessment of risk*

When the frequency of demanding work processes, and/or those considered to be dangerous is compared with the actual frequency of accidents, it is evident that the cases of disruption were subjectively mentioned more often than one would expect from the accident rates.

The respondents included as high risk activities,

which were not completely safe in terms of accidents but because of the awareness of danger and the consequent care taken at work these would not have been emphasised by the indirect risk analysis, whereas, by the subjective assessments were found to be related to the possible consequences of making mistakes.

b) Information about aims and measures of protection

A kind of "risk register" was jointly produced and protection aims and measures set up. In addition to the collectively selected crucial risk issues, a catalogue of preventable risk in critical situations was developed together with the relevant safety measures, which were introduced and implemented. Rapid feed-back of experience was also essential.

The members of the group participated in the analysis, selection of measures, decisions and implementation of measures for improving the plant, the organization of work and the work procedures, the establishment of behavioural measures related to safety at work for overcoming the remaining risks, as well as in training for action/reactions in critical situations.

Analysis of the Procedure

a) Effects on the work climate and team building

Within the framework of the pilot project, one of the difficulties noted during the initial application was the accurate understanding of the organizational development process, in other words, the "ideological superstructure" of the topic.

In methodological terms, there was also an initial need to develop a "group culture", by practising interpersonal interaction, which would facilitate productive cooperation. Organizational development measures demand a preparatory phase with a definite time-span and contents, during which employees, as well as bosses, become acquainted with the aims and methods of such measures.

b) Preconditions for effective programmes in organizational development (OD)

OD programmes are only effective if:

- the aims, contents and methods of such programmes are defined by the participants, or at least can be influenced by them;
- the appropriate authorities, which have an influence on the implementation of the solutions to problems and if they are included in the motivational process;

- the OD programme can be seen as a part of a larger whole;
- the aims of the OD programme are in agreement with the generally recognised aims of the organization or if they at least represent steps in the right direction;
- the OD programme fits the time horizon of the participants; is specific and feasible; and if
- the recommendations drawn up are in fact tackled as a part company routine.

Summary Assessment

Organizational development (OD) and especially the method of group work have been shown to be a reasonable instrument for the discovery of the company's black spots and have led to an innovative approach by participants in dealing with questions of safety at work. Those involved have not only discovered the weak points, they have also produced ideas about their elimination in a variety of ways.

The process of organizational development has proven to be an appropriate method for carrying out a comprehensive direct risk analysis. The climate of work relationships can be changed for the better, through OD methods based on empirical research. This is especially true in the case of relationship between employees and superiors, but also applies in the area of information and verbal exchange where clear improvements have emerged.

In addition to the integration of all involved, OD methods offer a possibility of exploring and shaping existing working conditions. It offers to those involved a real possibility of contributing and participating in its organizational aspects. The members of the group gain a well founded insight into existing company conditions and relationships. So far as pressures are concerned, which after general debate cannot be disregarded, a high level of acceptance tends to emerge as a result of joint work.

Consequences

From the outcome and experience based on our research project we consider that it has been established that organizational development represents a promising variant as a method of training for safety at work and for preventive protection.

Similar positive outcomes have been achieved within the framework of a pilot study "Internal Company Training for Employees without Education (Action Learning)" in collaboration with the Federal Institute for Professional Training. Consequently it was decided that from 1991 all employees would be integrated "wholesale" into the Siegen/Hagen group, part of Krupp Steel.

Based on the positive experience with problem solving groups, using either topic-oriented or free discussion method, it was decided to introduce employee participation as a basic method for the improvement of safety at work, the working environment, quality assurance, training and general safety.

Action 1991: Improving the Working Environment

Bearing in mind the above requirements and the wish to achieve rapid initial results, it was decided that the first steps within the existing organization would be to begin with monthly Company Safety Committees (BSA) and to set a relatively simple goal for changing the working environment "Cleanliness + Tidiness = Safety" (SOS), which has a very slight risk of failures. This topic was expected to succeed in mobilising the growing awareness about the environment, including the company working environment.

The motivation of the enterprises was the setting of goals for a common participative venture on safety. It was essential for the Company Safety Committee (BSA) meetings to be moderated in a cooperative style. At the beginning of our undertaking it was, therefore, decided:

1. To carry out training in techniques of moderation for leaders of BSA meetings and their representatives.
2. In the introductory phase to provide support by qualified co-moderators recruited from among trainee managers.

This procedure should ensure a lively discussion and inclusion of all the participants in brain-storming. The main aim of "Action 1991: Procedures for improving of the Working Environment" based on group work was a joint venture in preventing accidents and harm to health at work, as well as in creating a positive working environment.

What Can Be Achieved With Such Methods?

- Inclusion of employees' expert knowledge in the analysis of black spots and the development of solutions;
- Proposals for solutions which are accepted by everyone and which can be implemented;
- Readiness of those involved to participate in their implementation;
- Maintaining and further developing the improvements achieved, based on personal identification with measures arrived at by common efforts.

This can hardly be achieved by measures which have been "externally" set from above. Therefore, it was the aim of "Action 1991" to promote individual initiatives, that is, readiness of employees (in collaboration with those on the company level) to take into their own hands the shaping of the working environment.

In the first phase (May-July) monthly meetings of BSA were carried out in all the branches. During these meetings ideas were collected, examined and assessed, or passed on for implementation in an atmosphere of general agreement.

Not all employees, however, are represented at such BSA meetings. To give everybody a chance of contributing their ideas and in order to achieve a general acceptance for the proposals developed by the group, they were made public in each organization in the period between meetings. Attention was also given to suggestions from outside the group. All the suggestions which could make work safer and pleasanter were considered.

In the thirty organizations involved, 1,018 suggestions for improvement were compiled in 91 meetings, attended by 540 participants. Out of the measures proposed, the groups considered themselves to be in a position to implement suggestions through their own initiative in 48% of cases. A further 34% appeared feasible with the support of other company departments. Such involvement could certainly not be achieved by conventional working methods.

At the beginning of September, each organization was offered the opportunity to present their achievements to the leaders of working groups who had monitored the undertaking since its first introduction to the works safety committee. We saw this as a kind of market for ideas, a place for the presentation and discussion of ideas on a workplace level, where various proposals for solutions could perhaps be improved or tested for transferability to other areas of work.

Further, Possibly Even More Important Outcomes

As part of this programme both management and employees have experienced and become aware of the dynamics and advantages of problem solving groups. From this, new initiatives have developed for a more cooperative partnership. The basis for further steps has thus been established. On this basis, within the framework of the annual safety at work programme for 1992, a follow up programme should be developed.

Safety at Work Action at the Warndt Mine in the Open Cast Mining Sector (1988) and Pit Mining Sector (1990)

The 1988 Safety at Work Action in the Open Cast Mining Section

The reason for taking this action on safety was the disproportionately high accident rate in the open cast mining section of the Warndt Mine compared to other mines within Saar Mining plc. During the second half of 1987, an accident black spot analysis was carried out to get a comprehensive overview of accidents.

The safety at work department, together with the headquarters for safety and work protection, developed a questionnaire based on the outcomes of the accident black spot analysis, which included thirty questions concerning safety at work of employees from the open cast mining sector. The foremen distributed a questionnaire together with an information leaflet to employees of the open cast mining section (see appendix). Employees were asked to assess their workplace from the point of view of safety: the tools and machinery used, work processes, the existing space conditions at the workplace, environmental factors such as lighting, noise, heat and the available personal means of protection. Employees could in addition give suggestions and proposals for the improvement of safety at work.

Approximately 200 employees participated in the survey. In addition to safety aspects, they also mentioned numerous other work-related problems and stresses and gave proposals related to muscular, psychosocial and chemo-physical stress. All the answers, suggestions and proposals were analysed according to departments and handed over to management for consideration. From this a catalogue was composed including employees' statements and the opinions of managers. A works committee was formed for the purpose of evaluating the collected data and to give advice about the proposed measures. The committee was composed of representatives from management, the works council, headquarters for safety and work protection, management of the open cast section and the safety at work department, under the leadership of the company director. The outcome of discussions and decisions

was included in the protocol. The safety measures required were immediately implemented.

Some of the suggestions derived from the survey, as well as decisions of the works committee can be summarised in the following examples:

- The need for more work space, mentioned in almost all areas of work, will be considered within the reorganization of workplaces.
- New cranes have been acquired to deal with the consistently heavier shielding of extensions in the area of the casting works. The spraying and cleaning trenches have been improved.
- The much criticised bad lighting of the open cast mine was improved. New lighting was ordered for the area of the mining railway.
- The E-welders were asked to shield welding arcs in such a way that it would not damage the eyes of workers not directly involved.
- The "obsolete machinery" at the outside facilities, which was repeatedly criticised, is being gradually replaced.
- Ladders and ladder platforms, as well as railings, which due to corrosion are no longer safe, have repeatedly been criticised. The improvement, i.e. renewal, was immediately taken in hand and is a permanent part of maintenance.
- The slow training programme for operators of the works machinery has been a point of criticism in many discussions. The training department has promised a speedy training programme.
- There were repeated objections to the anhydrite dispersal facility. There was no hesitation in starting the repair work, which is being constantly maintained.

The investment has, in the meantime, been completed with a total expenditure of 4.1 million DM. The currently stable accident rate in the open cast section has during this action clearly been reduced and could continue to fall over a number of years.

Safety Action In The Pit Mining Section

The action in the pit mining section of the Warndt Mine is treated as a research project under the title "Development and Testing of a Model for System-

atic Safety at Work with the Participation of all Employees of the Underground Mining Section" (promoted by the sponsor AUT).

The need for such a venture stems from the nature of changes in accident rates in the underground mining section of Saar Mining Co. Ltd. In the years between 1980 and 1986, a reduction in accidents of 68% was recorded, whereas, in the years 1987 and 1988 there was no change. The records for 1989 even showed a tendency to increase. It is especially worrying that within the recorded improvement in accident rates, 72% related to minor accidents, 20% to moderate accidents and, in fact, only 7% to serious and fatal accidents.

In December 1989, the Saar Mining board sent a circular letter to all employees in the enterprise reminding them of the Principles for Safety at Work:

1. *Safety at work is a company goal of equal importance with productivity and efficiency.*
2. *In case of doubt, safety at work always has priority.*
3. *Safe work is professionally skilled work.*
4. *All workers are responsible for safety at work.*

Within the existing method of approach to the prevention of accidents, an attempt was made to discover accident black spots (as described in the previous example) and to deal with them by appropriate measures. The concentration of measures for accident prevention on accident black spots was, however, not sufficient, since the majority of accident events were widely spread across the whole range of causes and places of accidents. Those events which had taken place within existing risk situations and which, however, due to lucky circumstances did not lead to any personal damage, i.e. to an "accident" in insurance terms, were completely disregarded. It is necessary for the improvement of the general situation to include all events which have, or could have, led to an accident, and thus to include all employees. For this purpose, a procedural model consisting of several stages was developed, with the focus on the integration of employees in the analysis of problems and the development of solutions, which included:

1. Establishing a project team consisting of two safety experts, two to three foremen and a member of the works council.
2. Examination of local underground mines by the project team. The various working areas of pits are successively visited with two aims in mind: to register and give written documentation of the

recognisable safety deficiencies and to inform the local employees about the project (see appended information leaflet).

3. A questionnaire survey of miners divided into various areas of work and shifts. The distribution of questionnaires was carried out by the project team at the time of the examination of local pits. They were asked to return the completed questionnaires within a week.
4. Interviews with miners, stratified according to various areas of work and shifts. Following the questionnaire survey - for every area of work and for every shift - an indepth interview was carried out concerning safety deficiencies and other problems of work. The size of groups involved in these interviews varied from five to thirty people. The interviews served as additional information with indepth coverage.
5. Analysis of written as well as verbal data for an area of work by a member of the safety at work service, passing it to the immediate supervisor so that he/she could form an opinion.
6. The outcomes of the survey and the opinions of the supervisors were presented to an evaluation committee composed of the company director, the survey team (safety officers, foremen, works council) and district supervisors, for evaluation and decisions about measures for change.
7. Following the completion of the action: independent continuation of the procedural model by the foremen represented in the survey team. This should lead to a widespread diffusion of the process, as well as turning it into a routine, i.e. the continuous integration of experience acquired by workers into company safety at work.

Results

At present, it is possible to say that, through integration of local employees, there has been an increase in the amount of information about the safety-relevant aspects of workplaces and company routines. In addition, it has been possible to include information about near accidents, small and large risks and difficulties within the scope of the safety-at-work service.

Problems and weaknesses related to safety at work could only be recognised and removed when they occurred. This was based on hundreds of suggestions arising from the written and verbal enquiry among employees, which also produced a variety

of measures which were not only specifically related to safety at work but also to the improvement of general working conditions of those employed.

Appendix

The Project Information Leaflet for Employees

Dear employees, dear colleagues,

A safety at work programme will be carried out to improve safety at work in underground mines. The aim of this safety programme is "prevention of accidents". To move towards this goal, taking into consideration the measures already existing, a model of systematic safety at work will be set up, which will involve all employees in their working areas.

The inclusion of members, from the mining director to the face worker, in this safety model should:

- exploit the knowledge and experience of local employees;*
- allocate the responsibility for the removal of recognised shortcomings;*

- present the prevention of accidents as an important company goal;*
- promote safety directed behaviour, and*
- increase safety awareness.*

The company management and the works council have approved this model and given it their full support.

Together with this information you will receive a questionnaire. In addition to answering the questions, you can give your own proposals and suggestions for the improvement of safety at work. This gives you an opportunity to assess and make a judgement about your workplace from the point of view of safety. A critical consideration should be given to work processes, investment in equipment and machinery, the existing space conditions, environmental factors such as lighting, noise, heating, dust, water, as well as the protective equipment available. The wider environment should also be considered.

It will depend on you, through your participation in this safety programme, to reveal possible causes of accidents, so far unidentified, put an end to existing shortcomings and to offer positive suggestions for the improvement of safety at work.

SOFIA VAAS

TNO - Institute For Preventive Health Care, Netherlands

The Promotion of Mental Health and Mental Wellbeing

There is at least a part relationship between mental health and wellbeing and the division of labour (the organisation of production, technology and organisation of work). Discussion groups for employees who are expected to assess and restructure their own working situation need a dependable method to be able to evaluate the risks related to mental health. We in Holland, together with others, have developed such a method; it is called WEBA (Wellbeing at Work). This method should open a way for the practical implementation of regulations in the Dutch safety at work law which refer to "wellbeing at work".

WEBA does not concern itself with personal wellbeing, but with its preconditions, insofar as they are related to the contents and organization of work. Wellbeing means: on the one hand, the absence of stress risks, and on the other the possibility for learning and personal development.

The WEBA Method

The theoretical background of this method is as follows: stress risks originate from a structural discrepancy between task demands (action demands) and problem solving possibilities. The task demands include, for example, meeting the production norms and avoiding of disruptions in production. Problem-solving possibilities exist when autonomy, social support and support by colleagues, as well as the opportunity for counselling are available. Since, after completing of one task, another always follows, the structural solution to the problem of stress lies only in the improvement of the capacity to solve problems.

Individual learning opportunities can include professional, organizational and social aspects. Professional qualifications will best be developed by the employee if the work is comprehensive, includes more than simple elements, and when there is a certain choice of action in carrying out the work. Organizational qualifications can be developed when the work includes planning and problem solving tasks. Communication possibilities, as well as possibilities for mutual support promote the development of social qualifications.

The WEBA method includes the following assessment categories:

- Work should be comprehensive, that is in addition to production tasks, it should also include preparation (planning) and follow-up tasks (quality control, maintenance);
- The activity should also include organizational tasks;
- Work should not consist predominantly of short-term tasks/performances;
- The work should entail a measure of autonomy;
- Activity should predominantly but not exclusively include complex cognitive tasks;
- Required information should be available;
- Work should include possibilities for communication.

The assessment of an activity with the help of this method produces suggestions for change and restructuring of workplaces. The method serves for assessment and organization of work situations. It is not meant to be an instrument for experts only. Experts will, however, be used for the implementation of the method and for sketching out organizational possibilities. For special forms of work (VDU work), the WEBA method has been developed in such a way that employees themselves can make an assessment of their workplace. The check list also includes criteria concerning the ergonomic working conditions.

Results of Practical Applications

The procedure could, hitherto, only be tested in practice in isolated cases. There are, however, suggestions that the resulting new structuring of workplaces, including greater choice of action and more comprehensive work content has been accompanied by improvements in organizational flexibility, quality of products and the innovative capacity of the enterprise, since employees are given the opportunity

and are stimulated to join in thinking about quality in the organization.

So far the available examples are positive. It is more difficult, however, to convince employers. Trade unions are similarly sceptical since they fear - having experienced this in some experiments - that restructuring would entail more intensive work, loss of opportunities for promotion and loss of jobs. Favourable conditions for a successful application of the method are a modern management and a good participative climate.

Three examples:

1. A Harbour Enterprise in Amsterdam:

In Amsterdam harbour, the management and the works council are discussing new forms of organization of work. Both groups are of the opinion that the traditional forms of work are not compatible with the demands of enterprise modernisation and with the criteria for humane organization of work. The WEBA analysis has been carried out and discussed in groups with employees. So far, no agreement has been reached between the management and the works council concerning reorganisation. The works council is in agreement with the idea of comprehensive activities and decentralisation of management tasks but is afraid of an increased intensity of work and loss of opportunities for promotion.

2. Paint Factory Sigma Coatings:

The factory was showing a high level of morbidity, as well as considerable problems with the quality of products. Following the analysis of the most important activities, a new structure was introduced: a change from process oriented to product-oriented work groups. Each group carries out its own planning tasks, organizes its work and carries out quality control. It was also possible to find a solution for the problem of reduced opportunities for promotion. Since then, sick leave rates have dropped from 20% to 12% and the productivity has doubled.

3. A Public Sector Office (Ministry for Social Affairs):

Here also the aim of the project was to avoid or reduce illnesses linked to work and especially to stress. The existing work groups discussed the WEBA analysis and restructuring possibilities. In addition, an attempt was made within work groups to organize support for sick colleagues and to redistribute their work load equally. There are no final results from this project yet.

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Reduction of Stress at the Workplace: a Participatory Action Research Approach

Background to the Project

According to the latest estimates, the consequences of stress at work in the form of loss in productivity, absenteeism and stress-related diseases, cost the American economy approximately US\$150 billion a year. It is assumed that between 60% and 90% of visits to doctors are due to stress-related health problems of a physical and mental nature. What is the result? Stress at work and its consequences have become a flourishing business in the United States of America. Hundreds of counselling institutions promise, in expensive glossy brochures, all kinds of cures for the promotion of wellness of employees: stress management, weight reduction, fitness and courses to help stop smoking are only some of the services which the American firms increasingly offer free of charge to their employees at the workplace.

Conceptual Framework

Our approach is based on a model which considers stress at work as a process in which the individual and environmental causes of stress (for example work overload, insufficient monitoring of product quality, health damaging chemicals and ergonomic problems, etc.) result in a great number of negative physical (e.g. raised blood pressure, heart complaints), psychological (e.g. sleeplessness, anxiety, depression) and behavioural consequences (e.g. absenteeism, alcohol and drug misuse). These short and long-term reactions to stress are eased by such factors as support and good social relationships at work, possibilities of influencing decisions in the immediate work surroundings, and personal factors such as biological and genetic preconditions. Our approach also includes the principles of systems theory and ecology, and takes account of different analytical and intervention levels such as the individual, the working group, the organization and the wider environment.

Aims

Our project is primarily oriented towards prevention and has the following aims:

- Identification of causes of stress which have a negative influence on efficiency and satisfaction at work, and have consequences which are damaging for health;
- Development of action strategies for the reduction of these problems and for strengthening the positive factors that inhibit stressful consequences;
- The development of recommendations concerning measures for management and trade union representatives;
- Evaluation of measures and summary of the learning experience.

The Method: Participative Action Research

By participative action research, we understand an approach in which the scientists and members of the organization work together for the achievement of research as well as intervention goals. The method is based on a cyclical problem-solving process which includes the following phases: diagnosis or identification of the problem, planning of the intervention, implementation of the intervention, evaluation and summary of the learning experience. This process is based on the following principles:

- Participation of employees in data collection and analysis, as well as in the action area. Consequently, relevant problems will be chosen by employees and not by scientists;
- A shared learning process, in which all those participating contribute on an equal basis, their special capabilities and knowledge, and accordingly set up interventions which are based on the "local theory" of those involved, and thus directed towards the special needs of the organization and its members;
- Systems development, i.e. the participation of members of the organization in the action research process is directed towards their own integration into the cyclical process of problem analysis, planning and execution of the intervention in the organization;
- Enabling of the participants: an additional aim of participation in this process is to further the influence and control of those participating over their work situation.

Overview of the Project

a) The location of the project

The project commenced in 1985 in a factory in Michigan, which produced spare parts for engines and clutch assemblies, a production branch of one of the three largest American car producers. From approximately 1,100 employees of this enterprise, 90% are production workers who belong to one of the largest American trade unions. The average age of the workforce, 44 years, is relatively high, and most of the workers have worked for the firm for at least 20 years. In 1987, the factory was put under two different production departments of the company, which resulted in the project group having to deal with two management groups with different company philosophies.

b) The project group

Following the approval of trade unions and management to support the project, both parties selected a representative to help in the recruitment of the members of the project group (from the outset the project was carried out as a joint venture of the university, trade unions and the company). The following criteria, proposed by employees, were used for the selection of project group members:

All groups within the enterprise should be represented, men and women, minorities, production and skilled workers from different departments, day and night shifts, foremen, representatives of trade unions and of the management.

The personal criteria included: respect and trust from colleagues at work and leadership qualities. A working group of 26 members was created, which called itself the "Stress and Wellness Committee" (known as SWC), and was officially approved by trade unions and the management.

c) Problem analysis/data collection

In cooperation with the university team, the SWC group started by carrying out a series of interviews with 42 key persons in the enterprise. These included the members of the project group, as well as representatives of trade unions and the management. The aim of this survey was to find out about the organization, history, decision-making and communication structures of the enterprise, as well as to gain a preliminary insight into the sources of stress and problems in the enterprise.

Subsequently, a questionnaire was developed for all members of the organization. The questionnaire included the following topics: stress at work, social support by superiors and colleagues, participation and decision-making influences at work, work

satisfaction and state of health. The aim of the survey was to get a broader understanding of the needs; the development of a data-base for the purpose of identifying relevant problems and to be able to evaluate strategies for action, as well as to acquire a basis for scientific purposes. The first survey was carried out in April 1986: 66% of employees completed the questionnaire. The second survey, based on a similar questionnaire, was carried out two years later (40% response rate) and a third and final survey in May 1991 (62% response rate). The aim of this multiphase survey was to evaluate the changes in the organization and wellness of members, and if possible the effects of the project.

On the basis of the first survey analysis the SWC decided to concentrate on the following problems which have been established as of central importance:

- Lack of information, communication and feedback;
- Problems with superiors (mostly problems of foremen with middle and top management);
- A conflict between the quality and quantity of products;
- A lack of opportunities for participation and exerting influence on making decisions which directly affect the employees.

Results

We see as one of the main successes of the project the fact that after five years the project group still exists and the quality of its work is improving; and all this in an enterprise culture in which projects come and go and rarely survive more than a year. The key to this "survival success" is the representation of various enterprise groups in the SWC and development of a successful group process in which the members of the group are increasingly taking over the responsibility for different aspects of project implementation. The official participation of the university team will end in the course of the next few months and efforts have been made to integrate the project methodology fully into the enterprise.

In particular, the following have been achieved:

- Publication of a weekly information bulletin about the events in the enterprise;
- Setting up of ten information centres (exhibition displays) in the production workshop;
- Introduction of a so called "hot-bed of rumour", which is at the disposal of the representatives of management and trade unions once a week for one hour to answer employees' questions;
- The implementation of a pilot project in one of the departments of the enterprise in which a prob-

lem-solving team composed of various members of the department will concern itself over a two year period with the problems of product quality. The experience of this team will be summarised by the SWC in a catalogue of recommendations which will serve as a basis for the introduction of further problem-solving groups in ten other departments;

- The implementation of a health educational programme with the following components: blood pressure and cholesterol tests with individual feed-back to the participants; repeat tests after six months; distribution of a monthly circular health letter to the home address of all employees;
- Improvement of the menu of the company canteen;
- Financial support for an additional three years for the project from a joint safety at work and health fund managed by the company and trade unions;
- Integration of the company director and the responsible trade union representatives into the SWC group during the transitional phase (during the last six months) with the aim of institutionalising the SWC approach within the company.

- SWC realised that we did not have any "ready-made programme" for sale, that we as a group initially did not know exactly how the project would develop, and that the project, therefore, represented a continuous learning process which repeatedly required corrections in its course;
- The division of the company into two different production sections, each with its own management and a different management philosophy resulted in delays and difficulties, especially because one of the management groups was less interested in our participative approach;
- Probably the most important learning experience was the unexpectedly large difficulty in integrating the experience and findings of the SWC group into the company. The SWC was increasingly faced with the realisation that it cannot transfer its own learning processes in the form of a catalogue of recommendations, but that this kind of participation represents a learning process in itself, and as such has to become an integral part of the company. This is not an easy undertaking within an organizational culture which operates on the basis of a "quick-fix" problem solving model.

Obstacles and Learning Experience

The success mentioned has been achieved in the face of a list of difficulties and obstacles, against which the SWC had to struggle. The following learning experience has been considered by the members of the SWC as of central importance:

- The trust between workers and members of management (foremen, middle management) within the SWC was initially limited. It was, therefore, very important for the SWC to agree on the ground rules which would enable the development of constructive cooperation. The most important rules were: equality in participation of all group members (all the ideas are important and valuable); a decision process based on consensus; confidentiality of the topics discussed at the SWC meetings, which should not be publicised outside the group;
- Contrary to the "official" support for the project by the management and trade unions, many of the recommendations developed by the SWC were not translated into action. The main problem here was that during the five years of the project's duration, the management changed four times, i.e. the SWC was repeatedly faced with the task of winning over the "new management". The participation of decision makers in the company is of exceptional importance;
- SWC learned that progress can only be made by persistence and doggedness;

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"The Climate Project": Improvement of the Work Climate and Work Satisfaction at J.M. Voith Ltd

The Initial Situation

The following factors describe our initial position:

1. The hypothesis that people work together not only in a goal-rational but also in a socio-emotional way;
2. "The most important duty is to nourish the humane in human" (ref.Goethe);
3. The experience collected in the project "Health at the Workplace" (1982-1989) shows that approximately 80% of problems in a group are not related to objects but to relationships;
4. The special responsibility of the superiors for providing leadership and for the motivation of employees, which was clearly shown in the opinion poll (November, 1989). The atmosphere of understanding and cooperation is set authoritatively by the direction given by "the boss";
5. The positive feed-back from in-house seminars in the area of psychology of communication;
6. Our competitiveness is not only based on the reduction of the technical manufacturing processing time (irA) but also on the reduction of the "mental processing time". This also includes the way employees interact on all levels and minimise losses through conflict.

Our experience from all this is that the quality of inter-human relations in the workplace can inspire or inhibit the employees (and the boss) and that it has to be consciously managed. This includes the personal exchanges between employees and their superiors, as well as the group discussions within the "Work Climate Project", which is here described .

"Climate Project":

Aims, Issues, Participants.

An application of the results presented is the "Work Climate Project". The project is, at the same time, a form of implementation of our company's manage-

ment concept of the postulated need for human communication (Voith, Management).

It is concerned with a form of small group work, team development. Employees and their superiors are offered a possibility, under the leadership of a moderator from outside the department, of discussing the issues of daily cooperation and to exchange views on things that are regularly experienced in daily work or that should be changed. This includes dealing with practical issues of cooperative work, and especially about inter-relationships. Practical issues often lead to discussion about the "how" of day-to-day cooperative work. Where raising concrete problems causes fundamental disturbances in relationships, it will be difficult for the moderator to introduce discussion about interactions and to link them to inter-personal relationships.

Participants of these small groups are employees and managers belonging to one organizational unit "(family group)" or employees and managers from organizational units that are different, but work together. There are between seven and eight participants (meetings are held four to six times and last on average 2 hours, or are in one or more blocks; agreed change is possible).

Group Experience and Effects

The group experience should be related to what hinders productive cooperation, how the interrelationship can be improved, the fact that individual feelings represent a subjective reality and that change is possible.

Each of the participants should know how others perceive their behaviour, the influence he/she has on colleagues, the boss and other co-workers, what expectations he/she is facing, what anxieties others have about him/her, what benefit can he/she provide or obtain, and that the work climate can only be as good as his/her contribution to it.

The outcome of group discussions includes the joint examination of topics, the reduction of the gap between superiors and employees, the experience of a healthy natural closeness between superiors and employees, the experience of being able to attract

the attention of others or to be able to change a situation which one feels is negative, the strengthening of identification with Voith, the increase of readiness to learn about communication, the improvement of internal company communications, not necessarily to look for changes in others, but changes in mutual relations and awareness, as well as strengthening in the sphere of aspects such as enthusiasm, excellence and efficiency, which represent the values of our company.

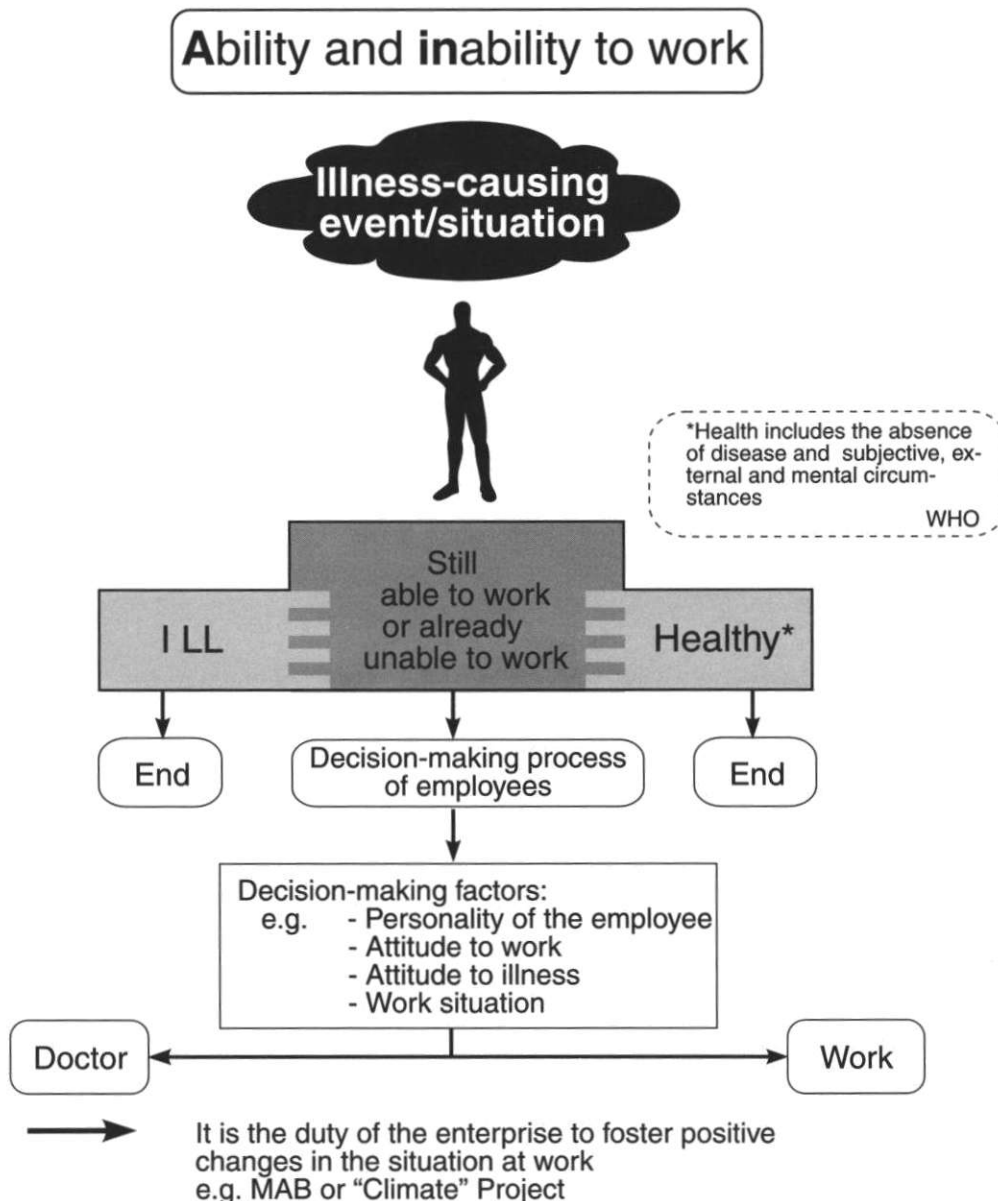
Initiating and Supporting Group Work

Opinion polls, change of leadership, emerging problems, or wishes of the initiators can suggest topics for the work in groups. These can also include the policy guidelines of the company, bosses in expert

areas (with special responsibilities), co-workers, the personnel department, management etc.

The committee of a works circle discussing the work climate includes personnel management (chair), in-service training (management), further education, participation of employees, the works council and external moderators who coordinate the activities.

The promotion of the idea takes place through management, company meetings, meetings of leading employees, through the main employee information system such as the Voith report and company news, the educational programme, the social worker, information on the company level, etc. A series of centrally produced publications about company policy (for example VOITH, Management, or Business Report 1989/90) include reference to the "Work Climate Project".



The Concept of Hygiene at Work

Foreword

Hygiene at work is becoming increasingly important because of the industrial production of food. On the one hand, there exists a consumer trend towards food that is as natural as possible and less towards preserved food. This need can only be satisfied with an optimal level of hygiene at work. On the other hand, public opinion about scandals in the food industry (i.e. the dry ice scandal in the Birkel factory and the glycol scandal) has reacted very sensitively, however justified it may be in individual cases.

While hygiene at work is increasingly significant for the success of the company, it is becoming even more difficult to enforce high hygienic demands in the production process. This is partly due to a changed structure of the workforce. In some areas of the food industry, it is difficult to attract qualified workers. It is necessary to depend increasingly on auxiliary workers, who often know very little about hygiene at work. Thus enterprises must take increasing care in the future about the enforcement of hygiene at work and utilize suitable approaches.

The following conditions are important for a successful approach:

1. Employees should from the beginning participate in measures for the development and implementation of hygiene at work, since success to a large extent depends on the motivation of the employees;
2. Regulations and prohibitions should be avoided as much as possible, which will minimise the need for control;
3. Hygiene at work cannot be used as the theme of a one-off action. The approach should ensure that all employees treat hygiene at work as a continuous task.

A New Concept for Hygiene at Work

The company works together with the company doctor and a food laboratory in the implementation of this new approach. From 1st January 1992, occupational medical care is mandatory for all the food manufacturing companies. The project begins with an introductory lecture, given to all employees by

the company doctor. This includes presentation of the importance of personal and production hygiene, as well as clarification of the concept "hygiene at work". This lecture lasts approximately 20 minutes. As the second step, it is envisaged to establish a working group "hygiene at work". Participants include members of management, supervisors and employees. The company doctor acts as a neutral moderator. Based on the experience with "quality circles", the preferred size of the group is seven members. The group meets fortnightly for one hour during working time. The task of this working group is to carry out an analysis of existing hygiene at work, to recognise weak spots and to produce recommendations for a new hygiene plan.

For this purpose, a questionnaire was used which was completed anonymously by all employees. On the basis of this questionnaire it became clear which problem areas employees are aware of in terms of hygiene at work and how they envisage an improvement. Based on the questionnaire and the work of the project group, a profile of existing hygiene at work emerged. From this the future tasks could be derived. After approximately two months Part A of the new hygiene plan could be produced.

Simultaneously, a food laboratory is being asked to carry out an analysis of the situation in the production area from a micro-biological point of view. This includes examination of the situation in the place of production, method of production and the production premises for possible sources of risk. This is being followed by development of an inspection plan for the corresponding micro-biological examination, such as testing sheets and "dip slides". From the findings of this micro-biological situational analysis, Part B of the new hygiene plan is being developed. This hygiene plan includes a cleaning and disinfection plan, in addition to recommendations for changes in production. Adherence to the hygiene plan is being supervised by the food laboratory and the working group "hygiene at work". This working group meets quarterly. The hygiene plan also includes topics for hygiene education, which will be carried out by the company doctor. Some of the topics of the educational programme are:

- Personal hygiene
- Production hygiene

- Hygiene during breaks
- Information about hygiene products
- Information about prescribed medical examinations

Individual topics will be presented to employees in the form of a short course. The teaching follows directly after the breaks and does not last more than ten to fifteen minutes. In an attempt to shorten the learning time, new media such as videos are being introduced. A considerable part of the training cost is determined by the loss in production.

Hygiene at work is a continuous task in an enterprise. A sensible concept should, therefore, ensure continuous work on the achievement of this task. For this purpose, the company doctor presents an annual situational report to employees. Based on the annual report, the working group "hygiene at work" and the food laboratory examine the proposals for improving the existing hygiene plan. Accordingly, training programmes with new contents are offered. The annual cycle ensures that hygiene at work is not seen as a one-off action, but as a continuous task.

New Contents of Training Programmes

There are many training programmes in hygiene which are primarily concerned with bacteria and micro-organisms. Hygienic measures are conceived as a "war strategy" in the fight against this "invisible" enemy. We are of the opinion that micro-biological topics such as rapid spread, natural occurrence, pathological or non-pathological germs, are only under certain conditions appropriate for training programmes in enterprise hygiene. Since micro-organisms exist everywhere and reproduce extremely quickly, it is possible to create a feeling of helplessness. The danger exists that the problems of hygiene at work will be suppressed.

The emphasis of our training proposal is, therefore, on such concepts as **cleanliness** and the **responsibility** of every employee for the product. Cleanliness and responsibility are concepts which can be better comprehended emotionally than bacteria and micro-organisms. Cleanliness in an enterprise implies cleaning and disinfection. The aim of any hy-

giene at work is to create a "poverty of germs" in the company. This means that all avoidable sources of germs must be eradicated.

Further contents of the training programme are clarification about the prescribed medical examinations. Here, the understanding of such annual examinations should be increased. In this context, employees need to get to know those illnesses for which they need to consult the company doctor.

Summary

The "hygiene at work" approach includes two new elements:

- a) the inclusion of employees in the development of a hygiene plan in line with the experience of personnel management (quality circles and survey of employees);
- b) the concept is presented in such a way that hygiene at work is seen as a continuous task for the management.

The approach is composed of the following parts:

- Introductory lecture: presentation of problems of hygiene at work and the new concepts to the workforce;
- Working group: evaluation of a questionnaire, development of Part A of the hygiene plan;
- The food laboratory develops Part B of the hygiene plan;
- Parts A and B are brought together into a general plan. This hygiene plan takes into consideration the interests of the company (production), needs of employees etc. (and the micro-biological aspects);
- The training measures are a part of the hygiene plan. They are based on the idea of cleanliness and responsibility for the product;
- The hygiene plan will be examined and implemented yearly. The working group "hygiene at work" and the food laboratory participate in this;
- The company collaborates on the issue of hygiene at work with the company doctor and the food laboratory.

Group Related Approaches to the Reorganization of Production Structures

This is a report about experience gained through the reorganization process in engineering. Although health promotion is not explicitly in the forefront of these comments, one should, however, treat it as an integral part of the idea which follows. Approaches to the reorganization of production structures require, among other things, changes in the administrative area. The concept is applicable to reorganization measures for the whole company.

Preconditions for Successful Participatory Organizational Development

The appropriate participation of employees and management, based on group-related models is an important aspect of the success of reorganization measures in production. For this it is necessary to create relevant organizational preconditions. One possibility, tested successfully in practice, includes the setting up of a counselling committee in which management, the works council and external scientific consultants deal with all the questions relevant to the organizational development process.

The decision to create a project team can have a considerable internal effect. It receives advice from the counselling committee. The project teams report to the counselling committee. In addition to the function of analysis and examination of proposals for chosen problem areas, the project team also has the task of ensuring the participation of those directly or indirectly concerned. It is not easy to be successful in establishing a project team in organizations with rigid hierarchical structures. This is especially because the shared responsibility for outcomes is very often in conflict with the practice of the demarcation of competence and responsibility. The members of the project team must, first of all, learn how to work as a team, how to hold relevant discussions, how to capture the outcomes of such discussions, as well as how to jointly agree about division of labour and cooperation. This can create considerable initial difficulties and friction in the project team. The role of the moderator has been shown to be an important aid in the solution of such problems.

The organizational development, furthermore, presupposes that all participants will increase their work

load and also possibly accept criticism of their work. Organizational development is supported by an analysis of important company weaknesses and must, therefore, proceed with a high degree of sensitivity.

Organizational development is an attempt - through one's own efforts - to create a new internal structure. Thus, existing structures, positions and rights are changed or challenged. Organizational development is a process and not a single act.

Successful organizational development requires widespread participation, openness towards new solutions and a broad acceptance of common indicators for success.

Results of a Company Example

In a family engineering enterprise with approximately 100 employees, a procedure was carried out to reorganize production and production-related management. Towards the end of the eighties, the company, as a mining supplier, was in the situation where share income constantly decreased and turnover volume was drastically reduced. The machine workshop was, however, to a large extent equipped with modern CNC machines, whereas the organization of the company and its work, as well as the performance and remuneration systems, were not adjusted to this level of development. Both the management and the works council saw the need for adaptation and for increasing efficiency in production.

The outcomes of the reorganization process can in general be considered as successful. Production was restructured into eight process-oriented production groups. Changes in the form of management and communication, as well as in organizational structures led to flatter hierarchies, smaller units of control, i.e. shortened lines of information. The introduction of a productivity-related remuneration system has been shown to be justified.

The production groups devote one hour a week during work time to group meetings. Groups have selected a speaker, a representative and a rapporteur among their own members. The topics are chosen

by the group themselves or introduced by the management. The group tasks include among others: establishing the priority for orders and work distribution, setting up machinery, including optimising of the CNC programme, the servicing, repair and disposal of machine waste, elimination of disruptions and the carrying out of small repairs, cooperation with other groups and areas, and organization of shifts and holidays. In addition to these topics group meetings included discussions about questions related to the improvement of environmental influences such as dust, lighting and heat, as well as health-damaging consequences from lubrication materials and ongoing questions concerning the care and protection of the environment. A topic of discussion was also the reduction of strain from the lifting and carrying of heavy loads, as well as the improvement of tools, materials and other equipment.

Since each group has a right to invite guests to their meetings, a number of company guests, from buyers to employees in the preparation works were invited. This process has also contributed to the speedier solving of problems, since those responsible had to justify their activity or inactivity to the whole group.

The introduction of a counselling committee and a project team, as well as the development of solutions for specific problem areas has been extended to include planning and cooperation. Project teams have been organized around the following topics: work norms and construction regulations, quality of semi-finished products, disposal, remuneration and productivity, qualifications.

Regular group discussions have been shown to be an important opportunity to exchange information and resolve conflicts. Numerous organizational and technical changes have been undertaken. For example, shelving that includes mechanical lifting devices is available for the storage of spare parts, and technical measures have been undertaken to prevent the production of dust from grinding machines. The working groups are responsible for certain aspects of planning, such as, for example: a weekly order reserve.

The question of the relationship between remuneration and productivity plays a very central role in the development of favourable working conditions. A necessary precondition for this is the existence of clear and uncontroversial regulations, based on relevant and agreed-upon productivity norms. Group work has contributed to the introduction of remuneration groups differentiated according to their qualifications. The introduction of group-based remuneration standards can represent an important contribution to guaranteeing the agreed production system performance and, when appropriately implemented can be an important contribution to health promotion in the enterprise.

The over- and under-utilisation of human resources which can result from reorganization must be dealt with by means of appropriate actions and eliminated by measures such as re-qualification. Specific qualification concepts, which utilise internal as well as external opportunities, need to be examined through the work of the group, with respect to their professional, organizational and social aspects.

In general, the reorganization processes outlined have been positively assessed. Not all the company problems have been solved, but neither was this to be expected. A model was, however, introduced, which can more flexibly adjust to changing internal and external circumstances. It also contributes to the continuous improvement of conditions in the company. In this context, it should be mentioned that per-capita performance resulted in an increase of over 20% in productivity within one year.

References

Further information about the above mentioned example from an enterprise can be found in: Pöhler W.; Skrotzki R. (1991): Organisations- und Personalentwicklung, Die wichtigsten Faktoren für die Produktivitätssteigerung, RKW-Schrift, Eschborn.

Overview of the Range of other Health Promotion Programmes in the Work Setting

Introduction and Summary of Results

Rupert Ahrens and Harald Lehmann

The aim of this working group was to get an overview of the existing market of providers and provision of health promotion programmes in work settings.

Since it is well known that most enterprise health promotion programmes are concerned individually or in combination with such topics as nutrition, exercise, alcohol, stress and safety at work, this working group was more concerned with the general structural and organizational factors of such programmes (for example, internal or external providers, target groups, partners in cooperation, the spread and effectiveness of programmes including methods for practical implementation of principles of health promotion such as participation, a holistic concept of health, equity and multiprofessional co-operation).

The main concern, however, was how far can the wide variety of health promotion programmes, mostly developed by large enterprises be transferred to middle-sized and small enterprises, and what are the necessary forms of cooperation with the communal sector for the establishment and continuity of health promotional provisions in middle-sized and small enterprises.

The main emphasis of the discussion was on the ordering of the contributions by themes, which can be listed under the following heads:

- Location of intervention:
 - Large, middle-sized and small enterprises;
 - The service industry and production-oriented businesses;
 - Public and private institutions.
- Internal and external programme providers;
- Programmes related to behaviour or the work environment;
- Structures for cooperation.

1. Location of interventions

The papers show that a crucial organizational parameter for enterprise health promotion is the personnel and economic strength of an enterprise. Large enterprises can employ their own groups and experts for the implementation of adequate pro-

grammes. Examples from large enterprises with many employees show, that it is possible to establish that there is a favourable in-put/out-put ratio for the relevant investment. In addition, positive side-effects such as public relations and corporate image can be derived from the implementation of programmes which have been internally designed.

Examples from craft businesses show that small enterprises are usually overburdened by their own programmes in terms of personnel and finances, but it is possible for them to carry out appropriate programmes in cooperation with other enterprises through guilds, sickness funds and communal services.

Programmes in middle-sized enterprises combine conceptual elements from large and small enterprises. Here, while it is preferable that the whole or part of the cost should be borne by external interested parties, generally a Sickness Fund, the organizational conditions are not greatly different from those in large enterprises.

Health promotion programmes concerning the creation of a supportive working environment in the service area can obviously be clearly differentiated from those in the area of production. Whereas, in the latter case, the object of intervention is the "hardware", primarily tools, machinery and facilities, in the former case (with the exception of computer workplaces and seating arrangements) it is a question of psycho-mental and psycho-social stress, i.e. the "software" has priority. In the field of the prevention of stress, there is a great need for intervention both in the production and service industry.

A systematic distinction between public and privately-owned enterprises is essential in relation to the application of the principles of health promotion.

2. Programme providers

Two types of providers were identified, structured as follows:

Internal providers: large and middle-sized enterprises
External providers: Sickness Funds, private firms/institutes, public sector.

A number of large enterprises have developed programmes for their employees which were then sold cheaply or distributed free of charge to others, ei-

ther directly or indirectly through a third party (booklets/reports of experience).

Sickness Funds implement their various activities in the field of health promotion with different purposes in mind. In addition to meeting the legal requirements (§20 SGB), emphasis is given to aims related to acquisition and marketing. The guild Sickness Funds offer partnerships to craft firms. Large enterprises for the most part cooperate with their enterprise Sickness Funds.

Public providers offer the necessary "know how" to those interested. They are the first port of call for providers and purchasers of programmes and mediate in terms of contacts and expertise. In addition, they usually provide, mostly free of charge, information material on different topics of health promotion, as does, for example, the Federal Centre for Health Education (FCHE).

As far as the private providers of enterprise health promotion programmes are concerned, the general opinion expressed in discussion was that the variety of private providers, their flexibility, the high standard of quality due to competitiveness and their generally good understanding of the economic interests of customers/enterprises, represent an advantage which is not sufficiently utilised by the customers. This was blamed on the characteristic "German" reluctance to take advantage of profit-oriented initiatives and to give preference to the overvalued property - "health".

3. Programmes directed towards behaviour or the work environment

Programmes concerning promotion of health-related behaviour were discussed primarily in the area of preventing addiction. It was shown that the intervention area addiction/addictive behaviour/secondary addictive behaviour tends to belong to secondary

prevention. Enterprise health promotion, as an area of primary prevention should also be concerned with the creation of health supportive environments as another strategy to prevent addiction, even when in such an approach the issue of addiction is not specifically mentioned.

In health promotion programmes focusing on supportive work environments, a distinction was drawn between "hardware" investments - ergonomic seating, healthier computer workplaces, user-friendly tools - and the "software" investments: improvement in organizational structure, time management of supervisors and the flow of enterprise communication.

4. Structures for cooperation

The networking of internal and external partners for cooperation within the field of workplace health promotion offers many advantages:

- Distribution of cost over several internal/external backers;
- "Know how" of various internal/external experts as an advantage for an interdisciplinary organized health promotion programme;
- Inclusion of heterogeneous interests in supporting the drive for action in the implementation phase;
- A broad commitment, as insurance against temporary or permanent drop-out of backers.

In large and middle-sized companies a need was established for close cooperation between those responsible for safety and those responsible for health at work. In addition to Sickness Funds, public and private providers, there is a growing tendency for communal institutions and initiatives to offer their services as external collaborative partners for workplace health promotion.

PETER HALLER

Head of Catering Service, Mercedes-Benz plc, Bremen Works

Company Catering at Mercedes-Benz in Bremen

The Initial Position

The Bremen works of Mercedes-Benz has altogether 16,850 employees. Of these, 10,600 are engaged in production and the rest are office staff. There are approximately 12,500 employees present in the works on any given day. Of these, 30% utilise the enterprise catering facilities. This means that there is a daily production of 3,750 meals.

These are prepared in the main kitchen adjacent to a dining room, which has 470 places, a relay kitchen with two dining rooms each with 150 places, and two cafeterias each with 120 places. In addition, there are 12 self-service shops and 100 dispensers for drinks and snacks. On daily offer are two to three main courses (fish two to three times per week), two filling side dishes, two vegetable dishes, two soups of-the-day, one complete balanced meal, a salad bar, a dessert bar, and a fruit and muesli bar. The catering service has 118 employees (of these 53 are part-time), as well as 16 staff and a supervisor.

The catering service was opened in 1984. In the beginning we offered only a small selection but soon established that with the existing technical equipment, service arrangement and skilled personnel, we could in fact offer much more.

The customers showed great interest in our initial activities. They voiced a loud demand for vegetarian food. This developed into a trend: a balanced and healthy diet. We have established that our customers have a highly developed sensitivity towards nature and that they demand health-sustaining forms of diet.

We in the West find ourselves in a contradictory position as far as nutrition is concerned. On the one hand, there are advances in medicine, an abundance of food stuffs, variety in production, over-supply of information, and health awareness, and on the other hand, we have illnesses related to nutrition, under-nourishment, unbalanced diet, lack of knowledge about healthy nutrition and damaging habits. Because of this, we in the Mercedes-Benz company wish to offer a healthy diet with the support of the management, company doctors, the company Sickness Fund and those responsible for the catering service, together with the employee representatives.

How Do We Go Ahead?

1. Training and persuasion of employees by means of seminars, courses, attendance at events, by example and imitation, by trying things out, trials and, most important, by persistence. The greatest obstacle, however, is not the lack of trust of the customers but the lack of knowledge and will among staff.
2. Carrying out an analysis of customers according to type of work, age, sex, occupation, education, apprenticeship and casual clientele.
3. Informing diners through notices on the menu or in the works newspaper, leaflets, information display stands with booklets, menus and recipes, as well as press cuttings.
4. Display of goods, i.e. exhibitions of products and prepared dishes. Samples and tasting (small portions - low price).
5. Evaluation of experience, testing of recipes and if necessary changing them; carry out pricing; publish statistics; inform participants, examine incoming comments and sometimes carry out surveys among employees, for example, asking them questions about their usual diet, or about their readiness to pay more for organically grown food.

It is important for us to advance with the help of management, the company doctor, the company Sickness Fund and the Bremen Institute for Preventive Research and Social Medicine (BIPS), as well as linking with the ongoing "Spring Cure" taking place in the entire town, linking with the regular Company Health Weeks, and with initiatives organised by company Sickness Funds, safety at work, sports organizations, the occupational health service, social counselling, further and continued education and protection of the environment.

Complications arise in our work to produce a healthy diet in the company above all through the cost situation, the price of alternative foodstuffs, the indifference of employees and some of our consumers, as well as to personnel bottle-necks. In spite of this, we are proceeding in our chosen direction and the success justifies us in this, since a "healthy diet is today more important than a low calorie diet".

The AOK Cologne Action "Canteen Advice at Lufthansa"

The action is based on the philosophy of the AOK Health Fund which takes the form of a holistic approach to health promotion, within the framework of social and nutritional advice, exercise and rehabilitation. The supporting features such as: a personal diet programme, muesli bar, non-alcoholic drinks and a slimming programme lasting three weeks, were examined in detailed preparatory discussions with canteen managers. The AOK also provided recipes for a balanced diet, as well as an accompanying booklet prepared by the nutrition consultant. The Lufthansa cooks tried out the recipes and chose the menu plan, taking into consideration seasonal and costing aspects.

The general topic was healthy nutrition in the canteen (with reduced calories). A balanced diet of approximately 500 calories was available every day, as well as an additional muesli bar on Mondays and Fridays (with measured-out examples, for instance, measurement of fruit, oatmeal etc.). A nutrition consultant supervised the daily implementation and a number of booklets on relevant topics were distributed.

Over a period of three weeks, approximately 900

employees were served in the canteen. This is a relatively high proportion in relation to the 1,300 employees, who have a high level of mobility due to business trips, and speaks for the quality of the canteen.

The response was very good in comparison with other canteens. The agreed future intention was to offer a balanced menu once or twice a week. This should be followed by a half-yearly survey of the acceptance of a balanced diet at Lufthansa, so that information on the level of success can be included in the training of our disseminators.

A number of general problems have also been tackled, such as, for example, the fact that many employees have too short a time for their meals, as well as the difficulty of giving lectures to employees during working time. Contrary to the experience of enterprise Sickness Funds, the AOK identified a preference for individual follow-up counselling to be carried out in the AOK building, within the framework of nutritional counselling, instead of at the workplace. Career aspects, privacy, data-protection, and other similar factors play a part in this.

MICHAEL KENTNER

Chief Medical Officer, Robert Bosch Ltd, and
ANGELIKA WIEGE

Introduction of a Fitness Break at the Workplace in the Hildesheim Works of Blaupunkt Ltd

Introduction

In spite of greatly improved ergonomics, awkward manipulations in conveyer-belt work can produce a partial, one-sided strain on the skeleto-muscular system. According to the statistics of the company Sickness Fund, illnesses related to bodily structure and movement represent 20% of all cases, and are, therefore, one of the main illness groups. Since such cases, on average lasting 30 days, cause an above-average rate of absence through illness, measures for preventing these illnesses are of central importance to company management, company doctors and employee representatives.

Most frequently, neck and shoulder strain, as well as back muscles, HWS-syndrome and cervico-brachial damage are concerned. In addition, other conditions evident were tennis-elbow, inflammation of the ligaments in the forearms and reduced blood supply in the legs. These complaints are caused by unbalanced exertion, as well as lack of exercise and poor posture, so constant efforts are being made to find ways to reduce chronic health consequences and the interference with work in this area.

Definition

The Fitness Break is based on an exercise programme, tailored to the needs of employees, which can be carried out close to the workplace and does not take more than five minutes.

Its aim is to provide employees with an opportunity to compensate for poor posture and movement, to improve their physical wellbeing, as well as their physical and mental relaxation. In addition, the Fitness Break can serve as an introduction into more specific exercise and sports activities during leisure time.

Preparation

Lectures and practical demonstrations by the occupational health service were able to raise awareness of the problem on the part of management, departmental heads, supervisors and the works council. The register of employees' complaints, kept by the

occupational health service, with a description of causal black spots in the production area, was useful. Our ideas and results were also presented during the discussions of a project group for the promotion of the state of health of employees.

On the basis of this preparatory work, the following goals could be formulated:

1. Maintenance of the physical production capacity of employees;
2. Prevention of early retirement from work due to illness;
3. Increase in motivation and job satisfaction, as well as quality of work and product quality;
4. Enhancing the attractiveness of the company;
5. Lowering of absenteeism rates by reducing skeleto-muscular illnesses.

These ideas finally resulted in the management decision to introduce the Fitness Break. This was especially favourable for the implementation of our ideas related to introducing exercise at the workplace.

Preconditions

Personnel:

- Employment of a physical training instructor;
- Training of exercise leaders;
This included the training of 30 to 40 employees as exercise leaders, in an introductory training programme of four 1½ hour lessons. A further educational programme of 12 hours per annum is planned, including new exercise units. These training programmes take place during paid working hours.

Resources:

- Sound equipment (cassette recorders, amplifiers, various loud speakers) for the area designated for exercise;
- Mobile stages for exercise leaders.

Organization:

- Freedom of choice;
- Only during official breaks;
- Full involvement of workshop managers (supervisors, assistant supervisors, foremen).

Publicity:

- Informing employees by means of posters and circular letters;
- Introduction by a theme tune, of musical arrangements changed daily and new exercises every week.

Development and Methods

This approach focuses on the motivation of employees in production. The Fitness Break during the work break competes with such activities as smoking, drinking coffee and entertainment, so it must be especially attractive. Furthermore, it is essential to reduce the initial inhibitions of employees and to include exercise as an integral part of productive work. This involves:

- Production of a varied exercise programme appropriate to the needs of employees, which can be constantly changed ;
- Training of exercise leaders from among employees, since a personal example and approach can reduce inhibitions and anxieties; and
- Availability of tapes with popular music.

The following aspects were taken into consideration in the selection of exercises:

- Compensatory effects for the complaints listed in the introduction;
- Able to wear work or normal clothing;
- Avoiding excessive perspiration;
- A level of difficulty adjusted to the capacity of participants, thus providing a feeling of success.

Time and place:

- Between 10 and 11.30 and 14.30 to 15.30 hours, taking into consideration the daily rhythm represented by the biological production curve;
- To save time, exercises should be carried out in the public spaces near the workplace;
- Five minutes of exercises, within a 13 minutes unpaid work break.

The exercise is carried out according to the following programme: the theme tune is followed by fast tempo music lasting four minutes to increase circulation, stretching and suppleness, as well as exercises for coordination and strength. This is followed by a slow tempo music for one minute with stretch and relaxation exercises.

Results

A pilot phase was introduced between April 1990 and April 1991, when 220 employees were approached in two workshops. The participation rate was between 60% and 80%.

A survey of employees produced the following important results: older employees in particular and those with no training accepted the offer to compensate for their lack of exercise. Already after half a year most of the participants reported positive results in their physical and mental state. As a result of their participation, they felt more relaxed and in a better mood, muscular tensions had been reduced and flexibility was increased. Altogether, a clear improvement in the work climate was evident.

The project started in September 1991, based on this entirely positive experience. Thus, it was possible to attract a total of about 1,800 employees in nine workshops, working in two shifts.

Preliminary evaluation showed that in all approximately 30% of those approached, participated in exercises. The striking discrepancy, when compared with the participation rate in the pilot phase, can primarily be linked to the following issues.

In the workshops of about 10,000 sq.m. there is a greater feeling of anonymity. The average age of employees approached is clearly lower. Somewhat distinctive group dynamic effects exist, mostly dependent on the acceptance of the exercise leader by employees.

Based on the existing information we still think that a participation rate of approximately one-third of the total number of employees is satisfactory, even if one cannot say that it is good. Numerous similar projects, carried out under partly more favourable conditions with a lower participation rate, have been judged as satisfactory.

Cost

Non-recurrent introduction costs (thousands)	TDM
• Sound equipment for the exercise area (total of 10,000 sq.m. workshop area)	12.5
• Fourteen platforms	6.0
• Basic training of exercise leaders (40 employees, 6 hours a 40 DM per hour)	9.6
• Information material	<u>1.0</u>
	29.1
Recurrent cost per annum	
• Employment of PT instructor	80.0
• Further training of exercise leaders (40 employees, 12 hours)	19.2
• Music cassettes	0.5
• Copyright costs	0.5
• Information material	<u>0.5</u>
	100.7

Economic Considerations

The above expenditure of approximately 100,000 DM can be justified, in a simplified way, by the following benefits for the company:

A cautious estimate shows that one day of inability to work costs approximately 300 DM per worker, which implies that absenteeism at work needs to be reduced through Fitness Breaks by approximately 300 days. For the age group 25-60, the average duration of inability to work, due to back strain, is between 10 and 25 days. This means that the cost benefit of the Fitness Break is achieved if one avoids 12 - 30 cases of such illness.

In addition to this financial benefit other non-material advantages should be mentioned. These include,

improved motivation and job satisfaction, improved "corporate fitness", with a general improvement of the state of health and wellbeing of employees, as well as finally, an improved corporate image.

Outcome

Our generally good results should not disguise the fact that such outcomes can only be achieved with a considerable investment in time and personal commitment. Of special importance here is the integration of leaders and opinion makers, as well as the ongoing motivation and psycho-social counselling of the exercise leaders.

Prevention of Stress in the Enterprise: Stress Management Seminars at Bayer plc

Introduction

The theme of the prevention of stress represents an important area for action in large enterprises, which, as part of their social responsibility, provide a more general preventive programme for employees in addition to occupational health care.

As a result of discussion in the literature and experience from in-house psychological counselling of employees, the topic of "stress" was recognised by Bayer plc to be a goal of preventive measures as long ago as 1981. A programme for a three-day stress management seminar was introduced by the department of social counselling, jointly with the department of occupational health. This paper is a report of experience so far.

Aims and Contents

The three-day seminar attempts to provide the participants with a medical as well as psychological insight into problems of stress. The whole complex is examined through a mixture of lectures, practical exercises, sports activities, personal value assessment and group work, supported by the appropriate media (video tapes, cassettes, material produced by participants).

The aim of the seminar is:

- To transmit the basic medical and psychological knowledge about stress and stress reactions (information);
- To enable participants to become aware of their own stressors and symptoms of stress (diagnosis);
- To provide a theoretical grasp of the means of preventing, coping with and reducing stress (management) and demonstrate them through practical exercises.

The contents of the seminar are divided into ten units:

- Units 1 to 3 transmit to the participants the necessary theory, for example, the basis for the stress model used, the physiological course of a stress reaction, "type A" behaviour, psychosomatic side-effects, etc;

- Unit 4 is concerned with the analysis of individual stressors;
- Units 5 to 10 cover the measures for dealing with stress, such as, sports and exercise programmes, relaxation and meditation exercises, cognitive restructuring and problem solving, reduction of stress by satisfying personal needs, as well as concrete anti-stress strategies, individually targeted and presented in a written form, so that the participants can take them home as "good resolutions". The participants also receive two audio cassettes as support (relaxation training, meditation exercise, intensive sports gymnastics and verbal meditation exercise).

The seminars are led jointly by a psychologist and a doctor. All the participants have a medical examination prior to the seminars, which includes testing of respiratory function, the cardiovascular function and other laboratory-tested risk factors.

The target group for the seminars up until now was the leading staff members of top and middle management. There were 41 seminars between 1982 and 1991, with a total of 657 participants.

Some Basic Consideration Concerning the Topic of "Stress"

Discussion about stress has also meanwhile figured in publications aimed at management and personnel. In Japan, institutes for stress management are springing up all over the place. In the United States, discussion about the liability of the company concerning health problems caused by stress at the workplace is flourishing. For example, in California, a patient with a heart infarction caused by stress at the workplace as an occupational hazard has been awarded compensation.

Even if we cannot or do not want to return to our stone-age origins as hunters and gatherers, we should ask ourselves whether the individual is so irrevocably and helplessly exposed to this situation. Because we cannot fully avoid stress, we must rethink and learn rather to evade it successfully, and

to manage it, before it overwhelms us and makes us ill. Stress can cause illness: a survey carried out by the Institute for Demographic Studies in Allensbach has shown that nearly one-third of all the leading employees and staff in the Federal Republic complain about cardio-vascular and circulatory problems, a fifth about stomach and colon problems, and one in six has a "heart" problem.

The word "stress" is derived from English and means tension or strain. The term is very widely used. Hans Selye, the father of stress research, differentiates between the positive stress, stimulation and demands necessary for life (the so called "eu-stress") and the negative, overburdening demands for people ("dys-stress"). Colloquially, stress refers only to the aspect of strains and demands. According to Lazarus, a leading American stress researcher, stress represents an awareness of a threat caused by so-called stressors. The awareness of these stress stimuli is subjective, which implies that the assessment of the stress situation, as well as the reaction to it, is different in every individual. The young consider a visit to a noisy disco to be eu-stress, whereas for the elderly it is undoubtedly a dys-stress. The assessment of a situation depends on the current mental and physical condition of a person and his/her personal experience and resistance to strain. Triggered by stressors, the body reacts in a stress situation through its autonomic nervous systems: stress hormones prime and activate the reserves of energy for mastering the situation. The whole of human bio-mechanics and physiology is built on movement. In earlier times, a person reacted to a threatening situation by movement, i.e. by fight or flight. Among today's stressors, which put a strain on us, one can mention primarily such things as time pressure, aggravation, noise, frustration and anxieties related to survival and failure.

What can we modern, sedentary people, suffering from a lack of movement, do in current stress situations to cope with the energy activated within the body? We can at least express our opinions in an argument by shouting or clenching a fist in a pocket; we cannot, either privately, let alone at the workplace, afford a physical confrontation. Thus, physical reactions set off by the stress hormone, such as mobilisation of reserves of energy, raising of blood pressure, increased rate of breathing, cannot be a replacement for the adequate bodily movement. Under lasting stress this leads to constant overtaxing and overburdening of organs, which can lead to slight autonomic dysfunction, stomach complaints and heart infarction. The mental tensions caused by this express themselves in such symptoms as nervousness, irritation, insomnia, or even states of depression. Inappropriate anti-stress strategies, such as

increased intake of alcohol, sedatives, overeating or a calming cigarette, bring only short-term relief, but increase the risk of illness in the long run.

The first steps in adequate stress management must start with the analysis of individual stress factors:

A person who exactly knows his/her stressors can defuse them. The following questions can be useful: Can't I defuse some of my stressors? Can't I refuse some demanding duties or avoid the stressor of time pressure? Separating the important from unimportant, and setting up priorities can help in avoiding the accumulation of stressors. Many people find it difficult to refuse demands; they take on an even greater burden. Here it is necessary to develop systematically the ability to say no when the strain is too great, following the slogan: "less is more". Some stressors are also self-induced and can be analysed and identified as bearable or at least modifiable, for example, the acceptance of numerous honorary positions or over high productivity aims or too high expectations from oneself. Very often, we are surprised that the practical scopes for decisions and actions is actually much greater than we had assumed, if only we had the courage to approach it.

The second step in adequate management of stress must start with individual reactions to stress factors. The questions raised encourage self-analysis: Why do I get so worked up about this or some other situation? Is my behaviour really appropriate? Certain methods such as training for breathing and relaxation can help to develop calmness and tranquillity. Positive affirmations such as "I can do it" produce confidence. Internal and external avoidance of stressors helps to speed up the achievement of internal balance. Becoming "bogged down" in a problem is discouraging and obscures reasonable solutions. A chat with a spouse or a good friend can help, to put things in perspective again.

The third step in the management of stress should include methods which will help to avoid the harmful consequences of the effects of excessive stress. These primarily include moderate, not achievement-oriented, training in exercise and perseverance. A leisurely long run at the end of a stressful day will use up accumulated energy, reduce tension and provide distraction from the events of the day. Following medical advice, the emphasis can be on other forms of stamina-building exercises, such as, swimming, cycling, dancing and rowing.

Having a satisfying hobby as a part of "eu-stress" is an effective counter measure for negative stress. Harmonious, interpersonal relationships shield us and produce the necessary internal mental balance. A sound relationship with a partner serves to dis-

perse various external stresses and provides a retreat into which we can withdraw in safety and to store up new strengths for the working day to come. A number of small, three to six minute breaks, distributed throughout a working day have a greater recovery effect than one long break. Physical exercises at the workplace, such as bending knees, breathing exercises, step climbing, etc. help during the day to reduce accumulated stress energy. Taking deep breaths with slow exhalation produces

calmness and promotes the ability to concentrate. Within a holistic concept of health, there is increased realisation that physical, mental and social factors play a decisive role in overcoming stress, that is, the maintenance of health and wellbeing. In the great majority of cases each of us can successfully handle stressful events. Where there is extensive impairment of physical wellbeing or mental balance, however, it is recommended to seek the advice and help of a doctor or a psychologist.

MATTHIAS MEINERT

motio Ltd, Cologne, Institute for Holistic Exercise and Health Programmes

Exercise and Relaxation at the Workplace - The WAGUS® Workplace Programme

Introduction of SBK-WAGUS® Health Promotion Measures

The motio Ltd Institute for Holistic Exercise and Health Programmes has, since 1990, been conducting a WAGUS health promotion programme for the Siemens Company Sickness Fund (SBK). Through the WAGUS® programmes, the SBK insured and the employees of the parent company have been offered a wide spectrum of health promotion measures. WAGUS® offers include continuous courses, seminars, lectures, presentations and/or information events, as well as the preparation of information material.

The WAGUS® programmes are intended to be comprehensive, i.e. to integrate physical, psychosomatic and mental components. The basic elements of all the WAGUS® offers are: a positive motivation, group experience, energising and relaxation, as well as transferring of information for health education with the aim of direct application in daily life and at the workplace.

The WAGUS® Workplace Programme (APP)

1. Principles

- The APP is a learning programme, which means that the participants consciously learn healthy behaviour in the workplace through repetition and self-responsibility;
- The workplace programme is limited in time and is carried out by a WAGUS® prevention facilitator. During the last part of the programme he/she withdraws and the participants carry out the exercises by themselves;
- It takes into consideration the individual circumstances of the participants and the workplace;
- It is possible to carry it out in group workplaces as well as in individual workplaces;
- It can also be applied to workers with predominantly sedentary or standing work, as well as to those whose occupation produces one-sided strain.

2. Objectives

The workplace programme aims:

- To interrupt the monotony of the work process and

unbalanced strain at the workplace and to achieve a regenerative effect;

To satisfy the need for short active exercise breaks;

- To educate the participants about the health risk from poor posture at the workplace and to show them alternatives (contents: sitting, standing, lifting of loads);
- To show the participants exercises for strengthening muscles, necessary for a healthy posture at the workplace and in this way to prevent or alleviate bad posture and tensions;
- To counteract the physical complaints which are caused by strain at the workplace before they become permanent and lead to illness. In this way, it is possible to improve the identification of workers with the company, promote social contacts and provide a contribution for a positive works atmosphere.

3. Development and Contents of the Workplace Programmes

(see diagram on the following page)

Example of a WAGUS® Workplace Programme

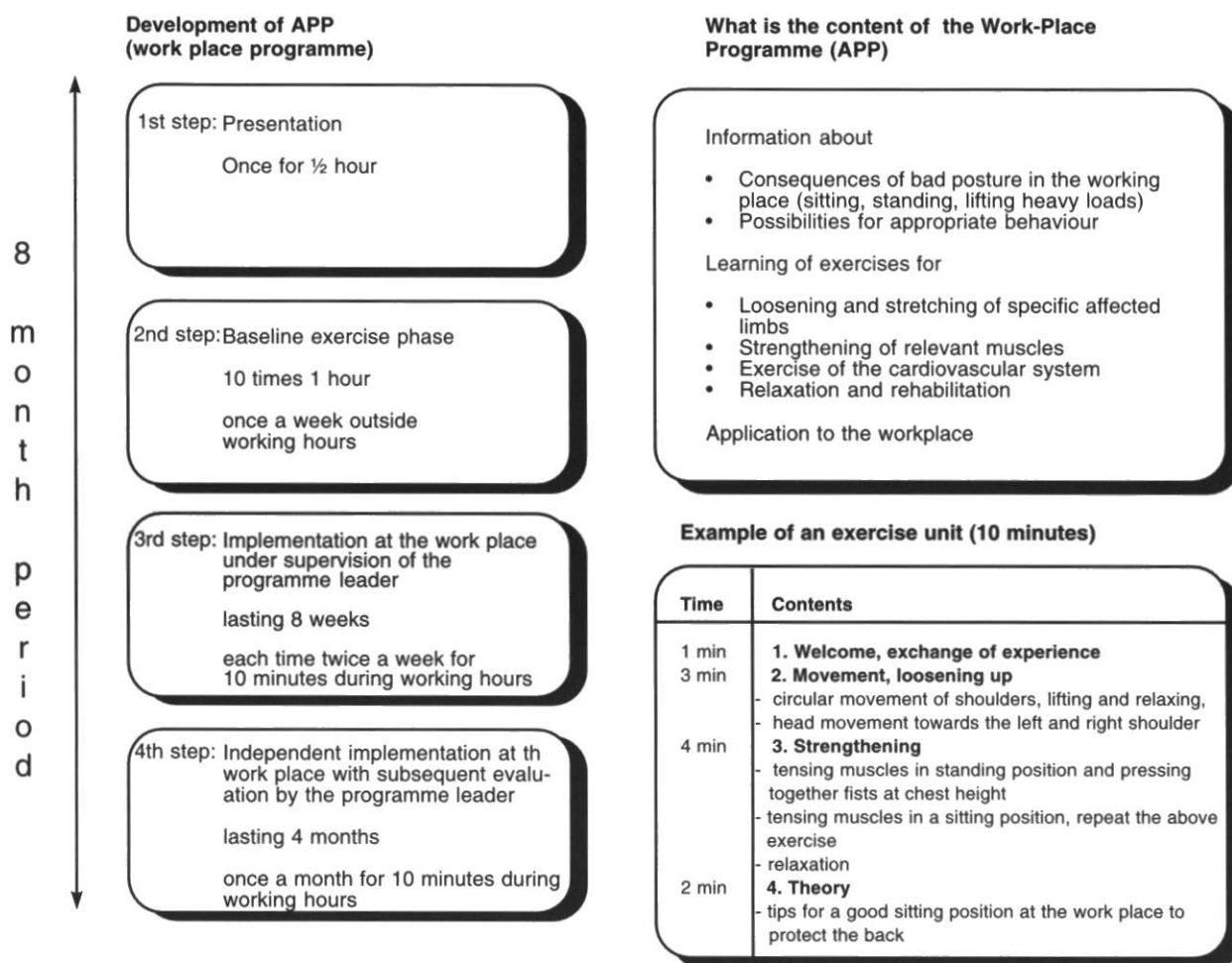
motio Ltd, Cologne, has been conducting the WAGUS® Workplace Programme of health promotion measures within the framework of SBK-WAGUS® since 1991, in the company Radium Lamp Works Ltd, Wipperfurth, one of the members of the SBK parent company, with approximately 800 employees. The first programme (pilot phase) was concluded in November 1991.

Target Group: 27 shift workers (predominantly semi-skilled)

Duration of APP: May to November 1991

Activities of the TN: Installation of parts in the production of quartz lamps, predominantly sedentary piecework.

List of Complaints: Tension in the area of neck and shoulders, problems in the area of the spine.



The Course of the Programme

1. The **presentation** of the programme followed a visit by the WAGUS® prevention expert to the workplace (including individual talks). The whole department declared itself ready to participate in the health promotion programme.
2. The **basic-exercise phase** (ten weeks of 60 minutes each as an add-on to the shift) was carried out in two groups in an exercise room, 150 sq.m. in size, specially provided by the Radium company. The emphasis was on the theoretical and practical examination of back-damaging posture, primarily for the purpose of "dynamic sitting". In addition to this, simple relaxation techniques were practised, as well as transmitting basic anatomical and ergonomic knowledge.
3. The **implementation of exercise breaks** in the workplace lasted eight weeks, for ten minutes twice weekly, in small groups during working time. Specially targeted functional gymnastic exercises were carried out for stretching parts of muscles under strain, as well as breathing exercises for relaxation. The exercises were carried out in a room next to the workshop.
4. After eight weeks the participants were only occasionally led by the WAGUS® PT instructor (**for low-up care/supervision**).

Assessment of the Project:

The WAGUS® Workplace Programme has been assessed as a success by all the participants (participating employees, WAGUS® PT instructor, management, Siemens Company Sickness Fund). At the end of the programme, out of 27 participants, 14 were exercising regularly, 2 occasionally and 6 had given up. During the programme 5 participants were transferred to other departments.

After completion, half of the participants of the Workplace Programme registered for other SBK WAGUS® health promotion courses (cardio-vascular prevention, back exercise, relaxation training). This should be considered a success since all those participants in previous years never participated in any other clubs' sports and exercise courses. In December 1991, a new Workplace Programme was set up in another department.

DETLEF SCHWARZE

Preussag plc, Safety at Work and Health Protection

Risks of Addiction - Principles and Practical Examples

Principles

1. The operation of a company is based on humanitarian, social, legal, safety, (for example, endangering employees through not observing no-smoking rules in a container depot), and economic factors (for example, accident on the tanker Exxon Valdez - total damage approximated 60 billion DM);
2. To transform the company, health promotion needs to be accepted by the company from "inside". A good platform for this is the safety-at-work committee;
3. The topic "addiction risk", in all its phases, such as prevention and offers of help, touches on the areas of "safety at work" and "health promotion";
4. The approach for companies includes: issues within the framework of quality management: quality, time, cost; safety-at-work issues, protection of health and the environment, including health promotion;
5. Establishing company objectives: protection and promotion of health of its employees; ensuring the safety of the company, its products and services; protection of the environment and profitability;
6. Implementation: analysis of regulations, accidents and working conditions in the company; counselling at all levels in the company and in the company safety at work committee, advocating the inclusion of "safety at work and "addiction risk" as focal points in the annual plan for safety at work; companies will thus be obliged to implement the topic in a "made to measure" way. After a year the outcome should be included in the annual report.

"Risk of Addiction" action at Headquarters:

The Health Week in Howaldt Works - German Shipyard plc

There has been a drastic increase in the misuse of addictive substances such as alcohol and medicines, especially the so called psychotropic drugs. The outlook for the use of drugs is even more alarming because there appears to be no possibility of stopping it. Considering that today there are already attempts to make school children drug-dependent and thus

turn them into criminals, it becomes clear what sort of challenge is facing our society. We must all be determined to use every opportunity to clarify, through education, the causes and consequences of different addiction risks and to offer possibilities for prevention. For a company, this obviously implies that help should be provided for those employees who are dependent on alcohol, medicines or drugs.

Setting Aims for the Company

- Information and education about causes, effects and preventive possibilities related to drug addiction;
- Provision of practical help for drug addicts or those at risk.

Implementation

Following from these aims, it was decided in the safety-at-work committee of the company to choose the topic "alcohol" as a focal point of action. The practical running of the programme was taken over by the works committee for Addiction Risks, together with the management, works council, experts in safety at work, company doctor and personnel department. The members worked together to clarify, in an open atmosphere of trust the scope of measures, including personal help, and decided **who** should do **what** in the implementation.

In-house Measures

- Inclusion of the topic within consultations carried out by the company doctor;
- Distribution of booklets to all employees during a two-week information project;
- Information included in the company news and works journal;
- Confidential interviews with those at risk, specifically offering help within or outside the company;
- Examination and development of guidelines for supervisors concerning the background of addiction risks and behavioural patterns. Following these guidelines management training programmes are taking place;
- Poster exhibition

The idea was to present to employees posters from various firms and associations in the form of an exhibition in the entrance hall of the company and in this way, visually to attract their attention. This idea was successful and was followed-up by inviting employees to choose the best poster;

- Alcohol and Health

It is known that alcohol, according to type, duration and amount, damages the health of consumers. In addition alcohol affects our behaviour and especially our reaction reflexes. This can be very impressively demonstrated by using a driving simulator.

Thus, with the kind support of the BG Mining Company, employees were invited during one week to use a driving simulator and test their road driving habits. These "excursions" in a cockpit with a screen, involving crashing and knocking down trees, have certainly changed the attitudes of many drivers.

The works committee naturally also discussed whether preventive aspects could be included by shifting drinking habits so that alcohol-free drinks were enjoyed. The AOK provided very effective support for this. For one week, it organized a health bar. During the lunch hour the AOK counsellors served free-of-charge non-alcoholic cocktails and also provided expert advice on the topic of nutrition. The positive response to this action has led to the introduction of an internal nutrition advice service, starting in the autumn and organized jointly with AOK. In the introduction, the risk of addiction was discussed as a social challenge: all managers in our administration have identified with a programme which includes new elements of information and motivation, and which has so far been responded to positively by employees.

Under the slogan "Healthy Towards the Future" Howaldts Works - German Shipyard Plc, jointly with AOK, Kiel, started a pilot project for about 5,000 employees of the Shipyard. The HDW-AOK action was a first, at least in Northern Germany.

It was the first time that an industrial enterprise and a carrier of statutory health insurance with a broad health and preventive programme, jointly approached employees and their dependants. Thus, employees of HDW and their relatives, had for one week, a chance of obtaining extensive information about health topics.

The HDW personnel manager, Karl Gabler, explained to the "Preussag Journal" the practical reasons for the health week: "We know that in Germany medical care is technically extremely advanced. In spite of this, however, there is no reduction in mor-

bidity rates. Therefore, we must start with prevention. This is in any case preferable to treatment. Thus, together with AOK, we have offered our employees a possibility of learning about and using the comprehensive AOK preventive programme".

A six-day programme offered a wide range of different activities. In the health marquee in front of the main building visitors could try out their strength, test their eyes and find out about the damaging substances that smokers inhale when smoking. A variety of booklets provided further information about all aspects of prevention. In addition, the company doctor offered daily examinations of blood pressure, blood sugar and cholesterol. Approximately 10% of the workforce made use of this.

The canteen also participated: a healthy, balanced diet was on the daily menu. Recipes for preparing at home were also available. Healthy foods can also taste good.

In addition to these offers, there was an opportunity of participating in a variety of "taster" courses. There were also activities related to non-smoking, anti-stress and spinal exercises. There was also an opportunity for those interested to listen to a lecture about specific health problems every afternoon after work. The high point of the programme of lectures was a panel discussion about problems of addiction, and contributors included personnel managers, company managers, Schleswig-Holstein Regional Government officials dealing with addiction and other well known experts.

"Say it with conviction" is an old advertising dictum. The HDW did not rely on the method of "pointing the finger" but used entertaining information. At the opening under a fine summer sky, the "Dixieland Old Stars" puffed out their cheeks and played full blast. The visitors' cheeks were also full since the income from sales of the pea soup from the goulash pot, was going to the "Association for Health Promotion for Child Cancer Patients". With approximately 1,200 DM in the kitty it was one of the winners at the event. Also a winner, in the health quiz, was the HDW employee Klaus Peters. He gave his first prize, a ladies' bicycle, to his wife.

The outcome for the organisers who invested enormous efforts in the preparation of the Health Week: participation could have been better, especially at lectures. The activity was still worthwhile. The HDW has broken new ground with this undertaking, and the experience has been encouraging. The work will bear fruit.

HANS GÜNTER ABT
AOK Regional Association, Hessen

Programme for Posture and Movement Exercises in a Middle-sized Company

Aims

A pilot project in enterprise health promotion was carried out in a middle-sized metal industry company, jointly with the local AOK and the AOK Regional Association in Hessen. Currently, the emphasis is on a preventive programme which looks at the health aspect of the musculo-skeletal system. This decision was made by an internal planning group on the basis of an evaluation of disability data collected by AOK, and on a company inspection through a staff member of the Federal Institute for Safety at Work. The programme was started in a section employing many women, on piece rates.

The way people move and their posture at work are, as a rule, strongly dependent on the demands of the job, but can to a considerable extent also be influenced by workers themselves. Therefore, the issue to be considered was whether and how it could be possible, in a short space of time, to reduce strain and extend the scope of movement through changes in the workplace, and measures were examined through which employees could be approached.

Organization

A dual approach was chosen. In all the sections with predominantly sedentary work, the inflexible stools were replaced by adjustable production seats. The recommendations for this were developed by a quality circle. In this way constrained postures were reduced. In parallel, employees in the section were offered a training programme run by an experienced physiotherapist and organized jointly by the company and the AOK. This covered, in particular, training in body perception, physical exercise to compensate for unbalanced strain and to strengthen the back muscles, as well as arrangement of the

workplace. Only two foreign employees refused to participate. The organizational tasks in the company were dealt with by a member of the personnel department. The AOK obtained the services of a freelance practising physiotherapist with considerable experience in implementing such training. Her fee as well as the cost of course materials were paid for by the AOK. Owing to the two-shift working, the course was organized in the early afternoon, partly during and partly outside working hours. The time spent by employees on the course was thus counted as working time and paid by the company on hourly rates. This made it possible to maintain a high level of motivation for participation.

Results

The experience from this action is promising in two respects. In the first place, the women participating in training reported that as a result of the recommended exercises many of the existing complaints had disappeared or at least been reduced. In the second place, women dealt more competently with the spatial arrangement of their workplace and were more willing to comment on persisting defects related to the inappropriate construction of machines.

Men working in the manufacturing area had more doubts about the programme. Their detachment was made clear through frequent frivolous comments. It was, therefore, necessary to improve the image of the programme among men. For this purpose a group has been assembled from various departments and its work will begin shortly. Attention was paid to the need to involve previous participants. With the help of feed-back from this group, persuasion will continue among the workforce so that this programme becomes an established aspect of health promotion in the company.

An External Model of the Centre for Addiction Problems (bbz) for Small and Middle-sized Companies

Large enterprises are increasingly establishing programmes within their companies to provide help for cases of addiction. This is based on the view, that prophylactic and preventive measures are in fact considerably cheaper than late, often far too late, interventions.

Reducing the sick leave rate by 1% a year in a company with 1,000 employees means reducing company costs by approximately 500,000 DM. With 5% to 7% of addicts in a company who need treatment, where each on average is contributing only 75% of his/her productivity, most large companies can see quite clearly the economic necessity for such addiction programmes.

Middle-sized and small companies face the need to concern themselves with the problem of addiction in the workplace to a much greater extent. Nevertheless, for many reasons, and in spite of all the economic arguments, the problem here is still a taboo topic.

In the first place, for economic reasons, such small companies cannot afford their own in-house addiction programme. Furthermore, in many of these companies, the topic is not only taboo but is among the best protected company secrets. This frequently depends on the management's personal attitudes to alcohol - the owner is often also the manager - as well as on a misjudged concern for the image of that company. For example, take a bank which believes that the customers would change banks if it should become known that it employs alcoholics to manage their money. It is already possible to draw such conclusions just from the introduction of an addiction programme.

In 1984, the Centre for Addiction Problems (bbz) was established on a private basis in the Koblenz area, with the aim of stripping the taboo from the topic "alcohol at the workplace" in these companies. The basic idea was to produce a complete and professionally run intervention programme and thus, create a pool from which the various companies can draw to provide individual units to make a comprehensive intervention complex, like taking blocks from a building set.

The solution of the problem lies in its close involvement with company values. Thus, the highest level of confidentiality is guaranteed and this is absolutely essential for early interventions. The company as such need not concern itself with the "treatment" but can hand the case over to the external partner (e.g. bbz) as soon as a problem is discovered.

Employees and company management receive the required knowledge about early detection and outpatient rehabilitation through training programmes. These intensive training measures enable the affected to be reached at a very early stage of the illness, and because of the guarantee of confidentiality, they are very often willing to accept help at this stage. Outpatient rehabilitation permits those affected to remain in their social environment and at their workplace. This also considerably contributes to early intervention and to overcoming inhibitions, which is very necessary.

The argument that an addict must be "down and out" before he or she is ready for treatment is not true and is being refuted by the actual work of the bbz. A company in the Koblenz area, with approximately 1,000 employees has only had to dismiss one employee during the last seven years of the cooperation with bbz, because of alcohol abuse, whereas before this, on average three employees had to be dismissed every year. In addition, the sick leave rate in this company could be reduced by 1.5%. The possibility cannot be excluded that this reduction is essentially due to the intensive addiction preventive measures in the company and the fact that those affected could confidently accept outpatient rehabilitation because of complete anonymity.

Companies delegate problems which they cannot solve. At the same time, they undertake all possible steps to contribute to the solution of the problem. According to their size and the number of employees, they provide financial resources which ultimately always figure on the credit side. Much more important, however, is the fact that they offer help to their employees, without which these employees would be condemned to inevitable health and social deterioration.

OLAF TRAPPHAGEN

Federal Association of Guild Sickness Funds (IKK)

Cooperation Partners for Health Promotion in Small and Middle-sized Companies

As this conference is not alone in showing, the company is becoming increasingly important as a site for preventive and health promotional measures. Health promotion must be effective in all sectors and areas of our society if the WHO goal "Health For All By the Year 2000" is to be achieved. The individual targets supporting the European Regional Strategy for "Health 2000" also include the work setting, and require, by 1995, long-term protection against occupational health hazards for the people in the region. In the view of the Regional Office for Europe, this goal can be achieved if it is ensured that the occupational health services take into account the needs of all employees. The occupational health service should affect all workplaces.

Health Promotion in Craft Works

From the point of view of craft works, there are considerable shortfalls in this area. In the older regions of the Federal German Republic, there were according to the statistics of the Federal Office, approximately 2.6 million enterprises (as at 25.5.1987), employing approximately 27 million workers. Nearly 15.5 million employees, that is more than half, were employed by approximately 2.5 million enterprises, each employing up to 99 employees. This trend is probably surpassed in the new regions of Germany.

Considering this large employee potential, it becomes clear that health is not only a significant economic factor for large companies but also for craft works. This is especially so in small and middle-sized companies, where an increased health potential exists, which has to be preserved through enterprise health promotion following the motto "Healthy Employees - Successful Companies".

The accident prevention regulations, carried out by safety officers and other experts for safety at work who implement the safety-at-work law, provide only for companies with at least 30 to 50 employees to be included into the occupational health service. In the Federal German Republic the approximate average size of a crafts works is at present about 8 employees.

The outcome of this is that as far as the Federal

Republic is concerned less than 5% of all companies, with approximately 55% of all the employees, are included within the safety-at-work service. This development, the logical consequence of arguments related to effectiveness and efficiency in large organizational units (large companies), also applies to the field of health promotion in small and middle-sized companies. That is, the craft works companies have so far been left out of health promotion.

Initiatives and Cooperative Partners

With the implementation of §20 SGB V within the Health Reform Law, there has been legal authorisation for Sickness Funds to carry out prevention and health promotion, and the first approaches prescribing cooperation in the field of health promotion have also been set out. This relates in particular to the cooperation between Sickness Funds and the statutory accident insurers. In the implementation of measures for health promotion and the prevention of illness, the sickness funds should cooperate also with:

- The Association of doctors contracting with Sickness Funds (Kassenärztliche Vereinigungen);
- Experienced doctors working in this field;
- The relevant institutions, especially the health authority, as well as the Federal Centre for Health Education (FCHE).

This only represents a legally-defined frame of action, which should support and complement the existing participation of Sickness Funds in health promotion, which already takes place in a variety of forms.

The diversity of causal factors which can contribute to risks and harm to health, such as living and environmental conditions, the world of work, the sphere of leisure and personal lifestyle, make it quite clear that prevention is the responsibility of society as a whole and that it has to be carried out through the cooperation of all involved. There is no recipe for the choice of cooperation partners to be involved in the implementation of health promotion. It is, however, important to make it possible for all those involved to be included and actively to participate.

The Federal Association of Guild Sickness Funds (IKK) has developed principles for health maintenance and for health promotion relevant to structuring and goal definition for health promotion in craft works. These principles include also measures for creating a health supporting working environment in addition to opportunities for the intervention of the IKK in the area of behavioural preventive measures, both along the lines defined by the new Health Reform Law (GRG). Emphasis is also given to highlighting the opportunities for joint work and cooperation in the practical implementation of IKK preventive measures.

This framework needs to be taken into consideration in the implementation of health promotion measures. The Guild Sickness Funds, as carriers of craft works sickness insurance, make use of their closeness to the insured and crafts works companies as a basis for targeted measures of health promotion. The implementation of such measures, like for example, the pilot project of the Regional Association North Rhein and Rheinland-Pfalz "Health Promotion for Craft Works" or the project "Health in the Plastering Craft Works" of the IKK Heilbronn*, take a wide multisectoral cooperative approach to health promotion, and utilise all available knowledge and experience in the area of environmental and behavioural prevention. The broad interdisciplinary cooperation should in any case ensure the success of those measures.

Using the example of the pilot project "Health Promotion for Craft Works - Development of a Practical Model", it becomes clear how complex the range of cooperative partners in health promotion can be. These include, in addition to the IKK Düsseldorf and Neuss, the IKK Regional Association North Rhein and Rheinland-Pfalz, the IKK Federal Association, the Federal Institute for Safety at Work, the FCHE, as well as Guild Associations and such partners as the Central Association of Automobile Craft Works, the Association of Truck Production Crafts NRW e.V., the Automobile Guild (represented by the executive committee and craftsmen committee), as well as the trade unions, to bring about wide acceptance, and thus to ensure the success of the project. In addition, it is naturally necessary to cooperate with other institutions and organizations, such as doctors (company doctors) and research institutions. This is even more important if one accepts a holistic view of health promotion, which is not limited to the behavioural preventive approach. Only by including all those involved, and with the help of cooperative interaction, it is possible to initiate and carry out behavioural and environmental prevention in small and middle-sized companies.

If enterprise health promotion is considered to be a driving force for health, which can function only through an interaction of all its parts, it becomes clear that where there is one missing part the whole success or functioning will be threatened. I find that this example illustrates in a very realistic way why cooperation in the implementation of health promotion measures must play such an important part.

It is also vital that each partner should be accorded the same importance, since the success, or failure, of a project will be decisively influenced by the readiness for cooperation of the partners involved. This, furthermore, requires an early exchange of information of all those involved and an orientation towards shared needs.

Results

Health promotion is a task for the whole of society. It can be successfully implemented only with the cooperation of all those involved; this applies to the small and middle-sized companies, as well as to large companies. It has been established that health promotion in craft works is a great challenge, especially because of their human resource potential. The two IKK pilot projects presented in this conference: "Health Promotion in Craft Works : Development of a Practical Model" and "Health in a Plastering Craft Works" - have demonstrated that enterprise health promotion in small and middle-sized companies is possible, and that an opportunity for target group specific and craft-related programmes exists, especially for the Guild Sickness Funds.

The Guild Sickness Funds are prepared as initiators to contribute to health promotion, within the framework of their competence and capabilities, according to their slogan "Health should not be left to chance", and likewise to cooperate with all those institutions and organizations active in health promotion in the Region.

*Both of the projects are included in this publication (editorial comment)

RAINER SEEGER

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Health Promotion in an Automobile Craft Works - Development of a Practical Model for Crafts-Related Health Promotion by the Guild Sickness Funds (IKK)

Introduction

The 1986 Ottawa Charter states: "health promotion is the process of enabling people to increase control over and to improve their health". This declaration of WHO, which promotes the development of competence of those concerned, is the basis for health promotion and for the formation of preventive concepts and programmes for the Guild Sickness Funds (IKK).

As a statutory Sickness Fund for craft works, the IKK uses a craft work-specific approach to health promotion. The pilot project entitled "Craft Works-Related Health Promotion - Development of a Practical Model", of three years duration beginning on 1st April 1990 represents a continuation of the IKK crafts work-oriented prevention, which started in the eighties. The IKK Regional Association North Rhein and Rheinland-Pfalz is carrying out this pilot project in the name of the IKK association, together with the Federal Institute for Safety at Work and the IKK Dusseldorf and Neuss. The project is financed by the IKK Federal Association and thus by the whole IKK system. The Automobile Guild, Dusseldorf, participates as a pilot Guild.

The aim is to develop, by means of an example from the automobile craft works, a practical craft-specific health promotion model and to test it in practice, so that in principle it can be transferred to other craft works and IKK membership sectors. The emphasis of the project is on the prevention of work-related illnesses through the process of cooperative shared activity carried out by those involved and the experts.

IKK and Craft Works

Craft works, with approximately 720,000 enterprises and approximately 4.6 million employees, are Germany's second largest economic sector. This includes more than a hundred craft trades and more than fifty craft works sectors (Guilds). The IKK is the statutory health insurer for craft works. Within the

Federal Republic there are 175 IKKs with approximately 2.3 million insured.

The Model Guild

For various reasons the automobile craft works offered to be the sector taken for a model, with over 420,000 insured employees. The metal industry represents the largest proportion of members on the federal level, among all the IKK insured. Of these, more than 100,000 of the insured work in automobile craft works.

The Legal Basis and Goals of Craft Works-Related Health Promotion

Legislation, the Health Reform Law, gave statutory health insurance the task of establishing the causes of illnesses and working on their treatment. Thus, they can also become active in the area of enterprise health promotion, in cooperation with safety-at-work institutions.

The following goals have been set for the craft works-related health promotion:

- The long-term maintenance of the health of employees in craft works, with an accompany increase in their quality of life;
- Craft works companies should ensure healthy and productive employees and thus strengthen their competitiveness;
- Creating health promoting conditions at work and thus increase the attractiveness of jobs in craft works;
- To link the health needs of employees with the economic interests of the owners of enterprises.

Company Pre-conditions for Health Promotion in Craft Works

Craft works companies can be either relatively small or very small, with an average size of 8 employees.

Therefore, they represent a different framework for health promotion when compared with large companies.

Most craft works companies do not have an established work and health protection system. This is associated with the fact that the accident prevention regulations of the union of professional/trade associations require safety at work advice and occupational health services only for companies with 30 to 50 employees. The exception is the building and wood working guilds. In those two craft sectors, firms with even one employee will have an occupational health service provided by the relevant professional/trade union. A further obstacle for the development of work and health protection in crafts work companies lies in the limited financial and personnel resources in small companies.

Cooperation

The IKK project is based on wide cooperation. The aim is to use the considerable expert knowledge and practical experience in health promotion in craft works, and to involve those affected. The success of the pilot project is crucially dependent on the active support of the partners involved (guilds, membership committee, trade unions, district crafts works and the craft works chamber).

The IKK is noted for its close relationship with guilds and craft works companies. It sees its role as a mediator and initiator in addressing the socio-political aspects of craft works health promotion in the area of work and health protection, and to offer to craft works their expertise concerning health questions.

Enterprise health promotion lies primarily, however, in the area of activities of the institutions concerned with work and health protection. This was the reason for the early involvement of the Federal Institute for Work Protection. One of the aims of the project is to test the possibilities for cooperation with professional/trade unions in the enforcement of health and safety laws in line with §20, part 2, SGB V.

In addition, a high degree of flexibility in the organization of the project is provided by multisectoral cooperative relationships, since authority is divided among a number of decision-makers. An essential component is the "Health Promotion in the Automobile Crafts Works" working group.

The guild taken as a model includes 162 automobile craft works companies with approximately 1,900 IKK insured employees. The majority of employees

(approximately 1,600) work in repair workshops. The size of the workshop and composition of employees reflect a structure which is characteristic for this type of craft works: 76% of workshops have between 1 and 9 employees, 47% of employees are under 24 years of age, and among these are many apprentices. The level of skilled workers is relatively high: approximately 48 skilled workers.

The Guild-Specific Health Report

The guild-specific health report forms the basis for future health promotion programmes. It is produced by the Institute for Health and Social Research (IGES) as a part of a one-year project in the form of a model for the relevant automobile guild. At the same time, an approach that is in principle transferable has been developed for the production of such health reports within the total IKK system.

For this purpose, two complementary sources of information have been used:

1. The routine data from the IKK model, evaluated according to types of illness, sick leave duration, age and occupational status;
2. A standardised survey (questionnaire) of employees and company owners within the model guild to obtain information about working conditions, subjective stresses, lifestyles and health interests. The purpose of the health report is to describe the factors which influence the sick leave rate in the guild during the time covered by the report, to highlight health problems of employees and to give suggestions about ways of dealing with the problem. The health report does not provide any clear statements about causes concerning the work-related illnesses.

The outcomes of data evaluation need further interpretation. They were discussed and assessed together with the craft works owners, as well as with the employees. The main intermediary for that purpose was the work group already mentioned, "Health Promotion in Automobile Craft Works".

Areas of Activity of Health Promotion in Automobile Craft Works

Based on the results of the evaluation of data and on numerous interviews with experts and practitioners, the following areas of action for health promotion within the model guild were chosen:

1. "The workplace" action area;
2. "Individual health interests" action area;
3. "Social policy" action area.

In the "workplace" action area the aim is to:

- Reduce accidents at work, since young employees are especially threatened by injuries;
- Measures for improving the working environment (lighting, air, ergonomic workplaces);
- Improvement of the organization of work, which in certain cases can act as a cause of stress;
- Seminars for the further training of management (owners and master craftsmen) in topics such as personnel management, organization of workshops etc.

Among various resources on offer, younger employees showed special interest in sports activities and training in traffic safety. Planned are also training programmes for employees to strengthen their skeletal-muscular system.

These organizational tasks, carried out within or outside enterprises, as well as preventive measures concerning behaviour, need to be complemented by social and health policy-related activities. This implies, for instance, abolishing the existing requirement to present a sickness note for the first two days of illness, as a means of reducing short-term inability to work.

Summary and Prospects

Health promotion requires coordinated cooperation among all those participating in the social process. The long-term task includes the creation and support of health-promoting conditions in all areas of life, so that everyone can achieve a higher level of self-determination about his/her own health and thus reinforce it.

An important field of action for health promotion is the work setting, which is a central area of life. With the development of the model of craft works-related health promotion, the IKKs have set themselves the task of contributing, within the framework of their possibilities, to health-related organization of workplaces in craft works and of increasing the quality of life of their insured members, on the basis of a holistic approach to health as physical, social and mental wellbeing.

Its implementation will finally succeed or fail, depending on the active participation of individual local employers and employees. Therefore, the participation of representatives of employers and employees is a principal part of the project; it is essential to turn those affected into participants. Because of the experience from the current project, the idea of craft works-related health promotion can be said to have been assessed as positive in its effects by many cooperative partners, from a variety of areas.

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Health in Plastering Craft Works

The IKK Sickness Fund for the Plasterers' Guild presented to their board a programme under the title "Health in Plastering Craft Works" and received broad acceptance. Following a very convincing presentation of the model, which included theoretical, as well as practical aspects, it was possible to enlist the participation of companies at a specially convened meeting of members. The company owners recognised that a successful way to reduce illness and incapacity for work could be the provision of information, accompanied by appropriate exercises, in the areas of nutrition, exercise and chemicals.

On this basis, companies agreed to include the time necessary for this intervention within working hours. The fact that IKK and its Association have taken over a considerable part of costs has been a positive incentive.

The Starting Point

The starting point for this project was the data collected from the pilot project "Productivity and Assessment of Cost in Statutory Health Insurance", organized in the Heilbronn Region by the Ministry of Social Affairs, Baden-Württemberg. Within the framework of a part of the research entitled "Work and Health", the Institute for Health and Social Research Ltd (IGES) in Berlin produced a health report for the insured craft employees of the Plasterers Guild, Heilbronn. This report confirmed the assumption that there are specific health issues for each profession. For example, 80% of incapacity for work in the plastering craft works is due to four types of illnesses. Illnesses related to the skeleto-muscular system (27%) occupy the first place, followed by illnesses of the respiratory tract (25%), injuries and poisoning (20%), and illnesses of the digestive tract (8%). Following the decision to prevent the work-related illnesses before they develop by means of education, the IKK, Heilbronn, together with the IKK Regional Association Baden-Württemberg, developed a health promotional project for plasterers, with supervision on the scientific side by the Heidelberg Institute for Prevention and Health Research (IPG). The specifications were oriented towards topics which were mentioned in the health report. Follow-

ing the assessment of these illnesses, a programme was developed with the emphasis on three aspects, exercise, nutrition and handling of hazardous materials at work.

The Heidelberg Institute for Prevention and Health Research dealt together with the Institute for Sport and Sports Sciences of Heidelberg University with the topic of exercise. Nutrition counsellors from IKK, Heilbronn and from IKK Regional Association developed the aspects of the programme on nutrition. The Württemberg Building and Professional Trade Union in Böblingen was willing to cooperate on the topic of hazardous materials at work and undertook the work in this area.

Practical Implementation

A special aspect of this programme was that all those affected participated from the start of the project in its development (turning the affected into partners!). The members of the project committee included the supervisor and his assistant as representatives of the Plasterers' Guild, a representative of the employees, as well as representatives of all the others participating in the project (IKK Regional Association, IPG Württemberg, Building Trade Union, Institute for Sport and Sports Sciences at Heidelberg University and the IKK Heilbronn). The representatives of the Guild and those of employees were especially valuable to the project committee, since they could provide important initiatives based on their practical experience.

The setting up of the project committee was a very important precondition for practical implementation, since every company dealt differently with issues such as working hours and breaks, as well as the problems of transportation to and from work, in employees' own vehicles or in a company vehicle, finishing time on the construction site or after the return trip to the stockroom, and showers at the workplace or at home. It was necessary to discuss many of these issues in detail. Since the most sensitive aspect concerned the employees, attention was paid to the specific circumstances in companies so as not to endanger the project.

The project committee soon agreed that the pres-

entation of the project to employees should not be made by the company owners but by "neutral" project leaders from IKK. As a result, there was a high participation rate of employees from all companies at the initial evening information meetings.

Plasterers do not have a fixed workplace. Working at constantly changing building sites and widely scattered in different work groups, represented a considerable organizational challenge to be able to carry out the project with a high number of participants. We have, therefore, divided the catchment area into three regions and staggered the beginning of each local programme.

In all, 42 activities took place between 18th February and 8th July 1991. The period of preparation took nearly one year. Eighty eight employees participated from eleven plastering companies, corresponding to a participation rate of over 80% for individual companies. A positive aspect was the readiness of a large number of companies to contribute to the time that their workers spent on the project by continuing to pay their wages.

Emphasis on Nutrition

An initial activity was a meeting of employees and their spouses at which information was provided on the topic of a balanced and healthy diet, which included the following points:

- Importance of nutrition and food;
- Calculating the daily energy requirements;
- Poor nutrition;
- Illnesses of civilization;
- Putting together a balanced healthy diet.

The discussion was followed by providing samples of healthy dishes and the opportunity to have health checks (blood pressure and cholesterol measurement).

In two seminars led by the nutrition counsellor from IKK, examples of good menus were prepared, based on maintaining the nutritional values of foods (unfortunately without the participation of wives of foreign employees). The nutrition programme was rounded off by a visit of the nutritional counsellor to the building site during which a healthy lunch was served. During the discussion the popular "Lkw" (liver paté sandwich) was revealed to be an unhealthy lunch.

Emphasis on Exercise

The second topic, exercise, was affected by the prejudice employees had about it, believing that they had sufficient exercise during their work. During the introductory seminar a PT instructor from the University of Heidelberg used a model of the spinal col-

umn to explain convincingly to employees the causes of back and shoulder problems, how muscles can be relaxed through simple exercise and how typical bad posture during the work on the building site can be avoided.

The following topics were addressed:

- Development, function and work-related strain on the spinal column;
- Backache and its cause;
- The role of the muscular system in back complaints;
- The importance of stretching for the prevention of backache;
- Muscular relaxation as a preventive measure; and
- Recommendations for the organization of the workplace.

The high proportion of practical exercises made the theoretical explanations understandable, so the whole programme was well accepted. Existing doubts of some employees changed, owing to perceptible improvement following the stretching exercises, and were transformed into a high level of readiness to participate fully in the six teaching units. The employees very conscientiously completed the questionnaire about their state of health and sports activities, as well as about their expectation of the health model. Because of the fact that the training units were spread over six weeks, there was a continuous discussion within the company of topics related to the implementation of the issues learned or of improvement through help at work.

Interest in personal health was aroused without affecting productivity in the company. The best proof of success is the fact that even today, after the end of the programme, in one of the companies exercises in alternating series from the programme are still being performed on a voluntary basis early on Monday and Thursday mornings, 15 minutes before the beginning of work. A supervisor has taken over as leader and all employees including the owner are taking part.

During interviews we learned that these exercises are also carried out within the families. One of the employees is the leader of a youth group, and has set up the exercises here. In sports clubs, the exercise programme has been modified so that in every exercise the back is held straight. The changes in the family and in sports clubs could be achieved because a leaflet with descriptions and diagrams of exercises was distributed during each exercise evening.

Emphasis on handling hazardous materials

This was the third topic emphasised which was covered by the building profession trade unions. This

topic, which covers a large number of mineral products and chemicals, in my opinion, is not as important as nutrition and exercise. Safety shoes, gloves, face masks and protective creams are today readily used and applied. The information about chemicals at work which could damage health is, however, essential.

The topics emphasised were:

- Which materials could create what kind of damage to health;
- What the dangers are in cleaning out old buildings;
- How work processes can be improved in relation to health protection.

These were discussed extensively. A study in depth, supported with scientific findings, of such materials as asbestos, concrete and fibre glass, would be necessary.

An important precondition for the success of the activity was the interest of companies and their readiness to participate. Because of this, special attention was given to providing information for the companies at a joint information evening, as well as providing additional personal information for employees and owners in the local organizations.

The practical implementation of the project has shown that such actions should be completed by April. The working time of plasterers is seasonal, i.e. during fine weather overtime is worked and participation in health promoting activities is possible only in a limited way. The project was publicised through advertisements and radio spots. In addition, various printed media were used, ranging from a leaflet and a poster to a special booklet.

Results at present and Assessment

Although the project aimed at introducing long-term behavioural changes, it is already possible to identify some immediate successes:

- In one company, since the start of the project, ten minutes of gymnastics are held twice weekly before work;
- The workers at the building site are drawing one another's attention to poor posture at work (there has also been a change in awareness);
- For the project area concerned with exercise, arrangements have been made for quarterly meetings to revise the exercises that have been learned;
- After a discussion with the leading companies in the building industry (for example, Schwenk, Knauf, Heidelberger Zement), a reduction was made as soon as possible in line with our goals, in the weight of sacks from 40 and 50 kilos to a maximum of 30 kilos., and the weight of paint and cleaning buckets was reduced from 25 to a

maximum of 20 kilos. This reduction which has for years been recommended by the Plasterers Union, received the support necessary from the pilot project and the preceding research. Some of the producers are already offering 25 and 30 kilo sacks and they are obviously preferred;

- Because of the positive outcome and publicity, the project "Health in the Plastering Craft Works" was presented and explained to the delegates at a conference of the Regional Guild Association for Plastering Craft Works in Baden-Württemberg.

Today, it is already possible to say that the action was successful, although the final evaluation is still to come. The positive response of participants, employees, and employers alike, has supported the concept. The model for a new kind of health promotion with planned procedures and scientific monitoring has been justified.

In the long-term it will also be possible to achieve a reduction in morbidity. In addition, with this model one can also expect to establish an improvement of the public image of plaster craft works. The work climate in the company can also be greatly improved through these measures. Health prevention is becoming increasingly the task of progressive personnel managers and, therefore, "Health in the Plastering Craft Works" should serve as a model to be implemented in all the craft works.

Scientific Support

Because the presented project can serve as a model, there is a special interest in the assessment of success/evaluation. The project was therefore accompanied by scientific research, where the main focus was on the question of whether, by these means a lasting improvement in targeted behavioural patterns can be achieved. Specific evaluation issues were:

1. Relevant behaviour
 - reasons for participation
 - main interests
 - continuity in participation/drop-out rate
 - reasons for dropping out/severing the relationship
2. Survey of the state of health
 - health awareness and knowledge
 - health status
 - pressure at work
 - eating habits
 - exposure to/knowledge of hazardous materials
3. Behavioural changes
 - changes in the indicators mentioned under 2) as a result of the contents of the programme
 - stability of the changes
 - integration into daily routine (diet, posture/physical movement at work, handling of hazardous materials).

Evaluation Measures

- data base with company information
- introductory survey of the participating plasterers and their spouses, and non-participating plasterers
- records of participation (lists of participants at all the events)
- interviews with company owners
- interviews with facilitators/course leaders
- final survey of participating plasterers (and spouses)

The scientific evaluation of the project has not yet been completed. A part of the exploratory work will be carried out in the coming months. There are, however, some interesting data from the introductory survey of plasterers (see diagrams).

Health in the Plaster Workshop

A Community Project for the Promotion of Health by IKK Heilbronn, IKK District Association, Bad.-Württ. Plasterers Guild, Heilbronn and IPG Heidelberg

Contents: Various activities (lectures, courses, practical exercises and presentations) in three profession-specific health areas (these areas produce most of the cases of incapacity at work):

- Improvement in diet
- Adjustment of posture at work, i.e. reduction of back-related complaints
- reduction of health threats through work materials

Participants: 88 Plasterers (= participation rate of 76.5%) from 11 works in Heilbronn area and 34 spouses/partners

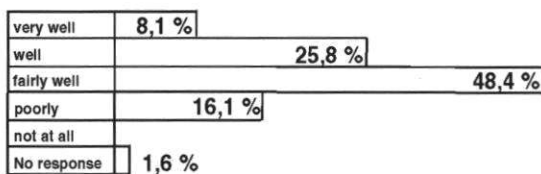
Evaluation: Assessment of success used a number of different approaches:

- Pre/post survey of a) participating plasterers, b) their partners, c) non-participants
- A document folder for the recording of structural features of participating works
- Interviews with works owners
- Interviews with course leaders and lecturers

Outcomes:
The project has not yet been concluded. Selected outcomes from the introductory survey of the participating plasterers (all values are expressed in "%"- form) are presented below

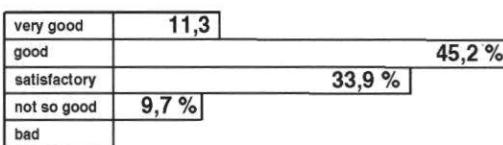
Health Awareness

Question: How well do you look after your health in general ?



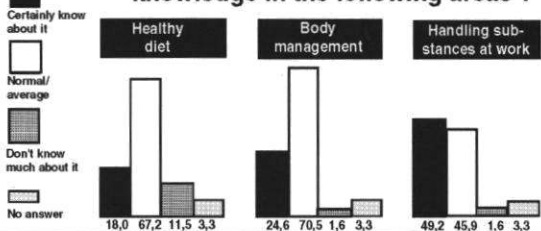
Subjective State of Health

Question: How would you describe your present state of health ?



Health Knowledge

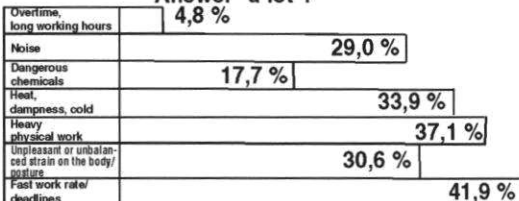
Question: How would you assess your personal knowledge in the following areas ?



Work Stress

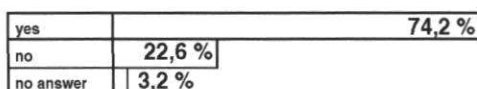
Question: Which of the following conditions at work cause you stress ?

Answer "a lot":



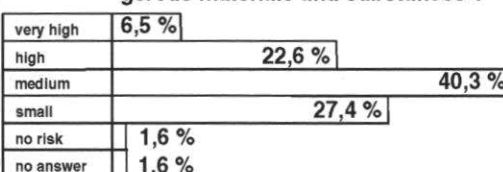
Back Complaints

Question: Have you suffered from backache in the last six months ?



Risk from chemicals at work

Question: How high do you rate the risk of damaging your health during daily work, due to dangerous materials and substances ?



Training of Employee Representatives in the Policy Area "Work and Health in the Enterprise" - the AGiB Seminar Concept

The Institute for Social Research and Social Economy e.V (ISO), Saarbrücken, in cooperation with the Trade Union for the Metal Industry and the Chamber of Labour for Saarland, has developed and tested a further education approach entitled "Work and Health in the Enterprise" (abbreviated to AGiB), which targeted company and personnel councils, as well as the representatives of severely disabled employees in the enterprise. In view of its emphasis, the seminar should form part of the Trade Union's educational work.*

The Starting Point

The project was intended to lead to an improvement in the training of representatives of the severely disabled, in terms of content and the teaching methods. In the event, it ended with a completely new concept of this approach to further education. The emphasis on work and health policy, which was involved, emerges from the following description of the problem:

- Severe disability is not a marginal phenomenon in our society, but a mass occurrence. More than a quarter of our population and a third of males are severely disabled at the normal ending of his/her productive life;
- There has been a change in the nature of heavy disability. Illness causes 80% of recognised handicaps. At the top of the list are cardiovascu-

lar diseases and damage to the skeleto-muscular system;

- Risk instead of fate.

A characteristic of these "modern" disabilities is the long lead time during which people are affected by damaging conditions. The work-related risk of chronic-degenerative complaints is high;

- The disabled form only the tip of the iceberg. The chronic severely disabled people, defined as such by the character of their chronic and degenerative illness, represent only one aspect of a company's day-to-day health problems;
- The dilemma of personnel policy.

Modernisation and rationalisation of work makes the problem more acute. A policy aimed at a high level of productivity in the company results in an early awareness of health problems. At the same time, the workplaces which, suitably adjusted, permitted the employment of patients with chronic-degenerative illnesses are increasingly disappearing.

The consequence of this view is that, since disablement is an increasingly damaging outcome of chronic illnesses, it will be necessary, in addition to the traditional aims of INTEGRATION and REHABILITATION, to include a further goal of PREVENTION. This task is over and above the accepted frame of action of the representatives of the severely disabled in the enterprise. It is, therefore, necessary that the implementation of these three aims should be considered a responsibility of all employee representatives.

The Plan of the Seminar

The plan of the AGiB seminar has two focal points, both of which are derived from the general aims of prevention and the reduction of social risks for employees.

The first focus is on those employed in the enterprise who are already suffering damage to their health. The risk, needing to be avoided here, is that associated with possible negative consequences which could harm employees whose health is already

* The project was financed from resources for the programme "Work and Technology" of the Federal Ministry for Technology.

Peter Ochs, Winfried Wotschack, Achim Huber, Werner Feldes, Heinz Bethmann, George Schmidt, Arbeit und Gesundheit im Betrieb. Schwerbehinderte, gesundheitlich Beeinträchtigte und Gesundheitsrisiken in der Arbeitswelt - Handbuch zum Arbeitsmittelsystem, AGiB, Saarbrücken 1991. Diss., Arbeit und Gesundheit im Betrieb. Arbeitsmaterialien für die Weiterbildung der Betriebsräte, Personalräte und Vertreter der Schwerbehinderten, 3 Bände (Band 1: Einführung in das Aufgabenfeld; Band 2: Integration Behinderter und gesundheitlich Beeinträchtigter; Band 3: Vorbeugender Gesundheitsschutz im Betrieb), Saarbrücken 1991.

affected: first, it puts at risk their work relationships, with further consequences concerning their position and professional development. This also includes the problem of integration into the enterprise in terms of inclusion of appropriate workplaces with special working conditions. This approach, in addition to integration, also includes issues of secondary prevention: to discover specific and non-specific health-damaging effects in the inter-relationships among stress - pressure - coping, and to prevent the worsening of already existing health damage with appropriately modified organizational and intervention measures.

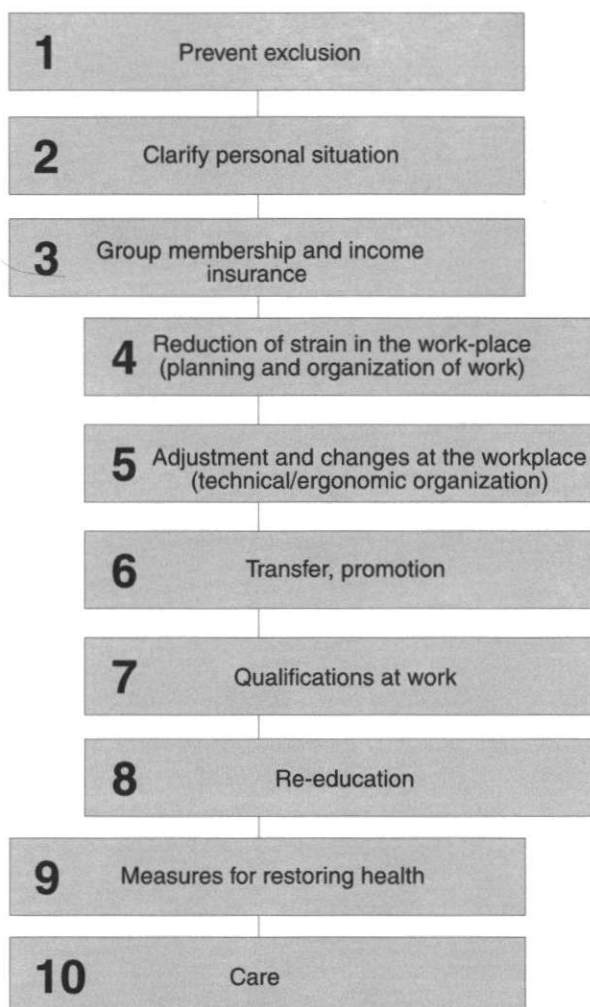
The second focus is on work-related illness, and the existing risk aspects of working conditions and the workplace in the enterprise. The risk which needs to be avoided is provoking chronic-degenerative illnesses through harmful working conditions. This, therefore, involves a primary prevention approach.

An implementation of the seminar plan which is content-oriented and policy-related, as well as concerned with practical coping, was chosen because the target group for the seminar is neither the management with its hierarchical and decision-making structure, nor the experts (concerning safety at work) with their professional knowledge. The target group are the representatives of employees - representing their interests - whose frame of action is legally established and formalised by the existing power structure and nature of employer-employee relationship. Protection against risk is thus interpreted as an intervention defined by policy interests, the implementation of which will be derived from political possibilities and the scope for action of individual enterprise councils. In view of these requirements, there are two topic areas:

1. Topic Area INTEGRATION

- *Orientation to the problem of a "modern" approach to disability:* illness instead of "traditional" handicap; risk instead of fate; a mass occurrence instead of a marginal event; work as related to causes of illnesses;
- *Slowing down the process of exclusion:* secondary prevention must not be seen as exclusion from the enterprise due to social and policy interests, but as dealing with conditions at work which cause illness;
- *Integrating the disabled workforce:* seeking appropriate employment and workplace, reduction of pressure at the workplace; this implies that the ongoing task of policy should create and maintain workplaces which have reduced pressures and stress in the enterprise.

Measures for the integration of handicapped and health-impaired employees



2. Topic Area: PREVENTION

- *Clarify the situation in the company:* interpreting preventive health protection as a policy aim and clarifying the opportunities for its implementation; educating opinion and encouraging self-organization of the representatives of various interests;
- *Overcoming inhibitions in communication:* discussion of pressures and health problems with the workforce; breaking taboos;
- *Highlighting workplaces with a high risk:* collection of information on different levels concerning stress and health problems, as well as collection of information among those who represent various interests; visiting workshops and interviews at the workplace; interviews with experts (company doctor); examination of written data and materials of the enterprise;
- *Carrying out a survey of employees (if necessary and possible):* this should utilize the expert knowledge of employees; increased involvement and inclusion of employees; stimulating thinking about

Measures for preventive health protection in the enterprise



and discussion of stress; mobilising the support of employees for the removal of pressure;

- *Establishing health circles (if necessary and possible):* these should help in overcoming isolation and represent health problems as a part of the social reality of the enterprise; highlight work processes and working situations and explore complex relationships with stress; discuss and formulate recommendations for improvement;

- *Exploration of workplaces associated with risk:* a closer analysis of demands, strains and health complaints in "noticeable" workplaces through the systematic observation of relevant work processes and situations; indepth interviews with those working there; indepth case studies carried out jointly with experts;
- *Implementation of demands and proposals:* briefing on argumentative discussions; clarification of basic methods and action policy; clarification with whom and on which level the desired measures could be implemented; clarification of the favourable point in time for intervention within the framework of enterprise planning and restructuring.

The whole seminar consists of three activities each lasting a week in which the members are prepared progressively for work in the policy area "Work and Health". Week A - "Introduction to the Area of Action" - deals with interdependence of problems and provides competence in cooperating with company experts and external contributors when working in organizations. Week B - "Integration of the Disabled and Health Impaired" - transmits basic knowledge about damage to health, including the action aspects of organization and employment in work situations, as well as the principles and measures involved in work with the disabled. Week C - "Preventive Health Protection in the Company" - qualifies participants for implementing health protection activities in the company. Each individual educational aspect of the seminar is accompanied by detailed teaching and practical material. A plan for measures to provide professional training for speakers, from within companies is in preparation.

MARTIN KÜNG

Office for Addiction Prevention, City of Zürich

Prevention of Addiction at the Workplace - An Example of a One-day Course for Apprentices and Instructors in a Service Enterprise in Zürich

Scope and Purpose

The Office for Addiction Prevention is a part of the social and educational authority of the city of Zürich. Its task is to prevent addiction in all areas of life. In practice this means that, out of thirteen part-time employees, some work in the school area, which includes further education for teachers and courses for pupils, whereas others are mostly engaged in prevention of addiction in the family. Another important element of the work on the prevention of addiction is the work in special sections and areas of the city. Furthermore, this work has been accompanied during the last three years by a media campaign on the topic "Addiction Has Many Causes". The areas of business and work are also important targets for the prevention of addiction.

When people knock on the door of a professional institution dealing with prevention of addiction, they would justifiably like to know, with whom they are dealing. What aims does such an office have? What are their strategies for prevention of addiction? Fruitful cooperation requires a clear understanding of the expectations of both partners. The Office for Addiction Prevention works on the following assumptions:

1. The problem is not the drugs, but our handling of them.

In principle there are no substances used for recreation or medication which cannot be misused. It is our responsibility to learn how to use them properly, instead of misusing the substances which are at our disposal.

2. Drugs can't be made to disappear from our society, they are here to stay, either legally or illegally.

It is, therefore, necessary to have information about the drugs and their effects which is factual and not prejudiced. Pessimism and simple information which does not include the concern about the causes of addictive behaviour, should be avoided, since this - especially for youth which rebels against the norms and values of adults - increases instead of reduces the attractiveness of drugs.

3. There is sense in restricting access to drugs, although this will only be effective in the long-term if, at the same time, the causes of addiction are addressed.

The causes of addiction can be found by looking at the interaction of the following influences and factors:

- all the environmental influences;
- the personality structure;
- the actual situation;
- the availability of drugs.

There are a number of other institutions which are involved in the efforts to make the trading of drugs impossible and frighten people away from the use of drugs. The institutions for the prevention of addiction must concentrate on dealing with the causes.

4. Addiction as a failure of self-medication.

Underlying an addiction there is often the inability to deal constructively with problems and conflicts. An attempt at self-help leads people to take refuge in behaviour which ultimately causes more damage than relief. Those who are able to deal with conflicts run a reduced risk from finding themselves in such a vicious circle. It is necessary to provide education for healthy means of dealing with conflict and problem solving behaviour without causing damage to oneself and others.

5. One cannot solve the lack of enjoyment, pleasure and the sense of life by promoting abstinence.

This lack is very often the cause of an overwhelming need for consumer goods and pleasure giving substances. A person who does not experience real satisfaction, needs and looks for substitute satisfaction. Abstinence can only be afforded by those who know that they could satisfy their needs.

6. Prevention of addiction is a special aspect of health education and health policy.

The Area of Prevention of Addiction at the Workplace

The prevention of addiction in the area of the family and among young people in the school is understood by people in general and is socially acceptable. The fact that prevention of addiction at the workplace is also of great importance has not, so far, been so widely accepted.

There is a similarity between the meaning of school hours for pupils and work hours for the employed. That is to say, we spend a large part of our life at

work. Professional success, personal satisfaction and recognition are as vital for employees as they are for employers. Our personal equilibrium depends very much on our situation at work. The working environment, whether pleasant, demanding, indifferent or stressful, can have an effect on an individual which either promotes or prevents addiction.

Our provision includes the training of managers in how they can, within their area of responsibility, provide their co-workers with conditions which can prevent addiction, as well as counselling in case of acute problems. After offering these courses for the last six years, the emphasis is on young employees who join in the training programmes, together with the instructors and educators who are responsible for them.

Example of a Course for Apprentices and their Instructors in a Service Enterprise

How did it come about?

Some companies established contact with us as a result of intensive public relations work, accidental meetings and personal relationships. Previously, it was mainly the instructors who recognised or suspected the existence of certain drug problems among their apprentices. They approached us, as a professional organisation, seeking advice on how to cope with such young people.

In addition to practical advice, which we were able to give them in specific contexts, we recommended that they should not only concern themselves with individual apprentices in terms of symptomatic treatment, but that they should look upon it as a problem which affects all or at least some young people. We used the solution of acute problems, in the sense of a secondary prevention, as an opportunity to explain to those responsible in a company, the significance of activities within primary prevention. It is much more important to act than to react, since today many young people find themselves or their friends confronted with problems of addiction and drugs. At the same time, considering the difficulty, if not the impossibility, of curing an addict, it can easily be seen that preventive involvement is a responsibility of the company.

If they wanted to achieve long-term success, we advised them to do something for **all** the apprentices and not only to select individual problem cases. This was generally accepted by instructors who wanted additional, more detailed, discussions to learn more about the problem. The first pilot courses for apprentices developed from discussions, presentations and the expectations of instructors and their companies, as well as from defining our own aims.

How did it develop?

Most of these pilot courses were successful, that is, apprentices appreciated the partnership type of discussion about problems of addiction compared to their previous experience in school where, to protect them from drugs, they received only one-sided information about dangers. Based on this experience and increasing demands associated with a feeling of helplessness in dealing with the drug problem "correctly", instructors approached us with the wish to examine this problem in depth. At the same time, apprentices who attended the courses, made such comments as: "this topic does not concern us alone, it also concerns our instructors". This was a sufficient reason for us to rethink the courses so that they would meet these newly stated needs. In joint discussions with apprentices and instructors the current courses were developed, based on one day of practical work for apprentices and instructors. The importance of approaching the problem **jointly** was strongly felt, but so was the uncertainty about this experiment which involved dealing with apprentices and instructors on the same level.

What is the present situation?

The company invites a group of apprentices and instructors to attend a Prevention of Drug Addiction Day. Prior to this the participants receive a questionnaire in which they are asked to state their special interests in relation to the topic of "addiction", what they expect from this training day and what they are personally prepared to contribute to make it a success. The feed-back from this questionnaire serves as a basis for our preparation. By these means we can adjust the factual information to the existing interests: whether it is primarily drug policy, the effects of crack, currently popular, etc. The question of what they are willing to contribute to such a drug addiction prevention day makes it clear to the participants that during the day the work will take the form of a dialogue. This is a contrast to the visual style of being lectured at, and they can see that here they are being consulted about their opinions. The regular pattern is for two of us to work with groups of 20 to 30 participants.

The Course Programme:

- Extending the understanding of addiction;
- From pleasure to addiction: how does addiction originate?
- Information about wanted drugs;
- Causes of addictive behaviour (importance of psychosocial balance);
- Prevention Part 1: how do I differ from an addict?
- Prevention Part 2: what resources can I, as an individual, utilize in coping with my daily problems?

- In which situations, from my present point of view, will my resources not be sufficient?
- Presentation of individual possibilities for solution.

Many of the course members have already had experience with addicts in their family, and among their relatives and acquaintances. Thus, they know about addictive behaviour either from their environment or from their own experience. The extension of the understanding about addiction, therefore, serves, in the first place, to let them organise their personal experience and to sensitise them to their own possible problems. The origin of addiction is made explicit by the concepts Pleasure - Misuse- Dependency - Addiction, supported by understandable examples. Objective and factual information about the sought after drugs that were mentioned in the questionnaire serves to clarify and check what is already known which is often variable. Clarification of the causes of addictive behaviour, the influences and crucial factors are illustrated by emphasising the meaning of psychosocial balance in different developmental phases, from infancy to adulthood.

As an introduction to the topic "prevention" the course leaders ask the following question: If I think about a dependent addicted person how does he/she differ from me, why is he/she addicted and I am not?

This question provokes a whole range of reactions and answers, such as:

- because I have good friends with whom I can talk;
- because I can discuss my problems with my parents;
- because I have a job that I like;
- because, if I need to, I can withdraw into my own room;
- because, if I feel really lousy, I can play my guitar or blow my trumpet and unwind.

In this part of the course the participants became aware what resources are at their disposal, and opportunities exist for them to cope with internal and external conflicts. They learn to differentiate between constructive control and avoidance in addictive behaviour or in dealing with addictive substances.

The aim of this training day, in addition to transmitting factual and important information about addictive substances and addictive behaviour, is also to improve communication and conflict management at the workplace. As teachers we also try to strengthen the awareness of the participating instructors and apprentices, about their own possibilities and powers in dealing with difficult life situations. Mostly, it is a completely new experience for apprentices, as well as instructors, to learn about the possibilities of mutual support in mastering day-to-day problems of living. Apprentices in this way learn what they can

gain for themselves in open discussions among themselves and with their instructors. For instructors it is often impressive and also a relief to feel that the apprentices do not expect from them any "advanced knowledge" about the topic, and instead that they expect a discussion on the level of partnership with the shared aim of finding preventive solutions.

Where does it go from here?

In the beginning we had to advertise for "clients" for this kind of service, whereas now we are already glad if new firms do not call us. This means, after being successful in alerting many companies to this kind of work, now our task is to find ways in which the work can be carried out. We, as a communal institution of the City of Zürich, are naturally not in a position to satisfy all these needs in the long-term. It also does not seem reasonable to continue with this work free-of-charge (financed by the tax payer) for customers who have no financial problems and are in a position to pay for this kind of work.

Our position is, therefore, developing in two directions: on the one hand, we want as a middle-term programme to create facilitators, who can run such courses on a free-lance basis. We will, therefore, produce a relevant training programme for facilitators in companies and industries. On the other hand, we would like, after six years of experience in this kind of training, to look back and possibly carry out a more differentiated and efficient evaluation. We would like to organize the best possible assessment of these courses, together with the relevant experts. Because, if lean times come, the companies will have to consider their budgets and will quickly raise the question: "What is the benefit of such courses?" When that time comes we would like to already have a good answer prepared.

Our long-term task as a communal institution seems not to lie in the implementation of all the courses that are being requested, but to carry out further innovative work on new complementary projects in the area of "Preventing Addiction at the Workplace". This innovative work seems to be best suited for a communal institution to tackle because it is not under pressure for financial justification. Therefore, I think it is possible to establish good cooperation between free-lance experts and communal institutions. This division of labour must be very carefully implemented, as discussions with company managements show, since the trust developed between those responsible in our office and those responsible in companies represents a solid basis for this type of work in preventing addiction.

Prevention of Early Disability among Drivers in a Public Transport Company

The early retirement of employees due to "driving disability" is a central problem not only for the Public Transport Company in Nürnberg, but also for all the Public Transport Companies in the Federal Republic. Only a very small percentage of drivers reach the retirement age of 63 years (in Nürnberg 3%). This number increases to 15% if one includes male and female employees, who are recognised as disabled and have the possibility of working in alternative jobs before retirement. The majority of drivers retire early for different reasons:

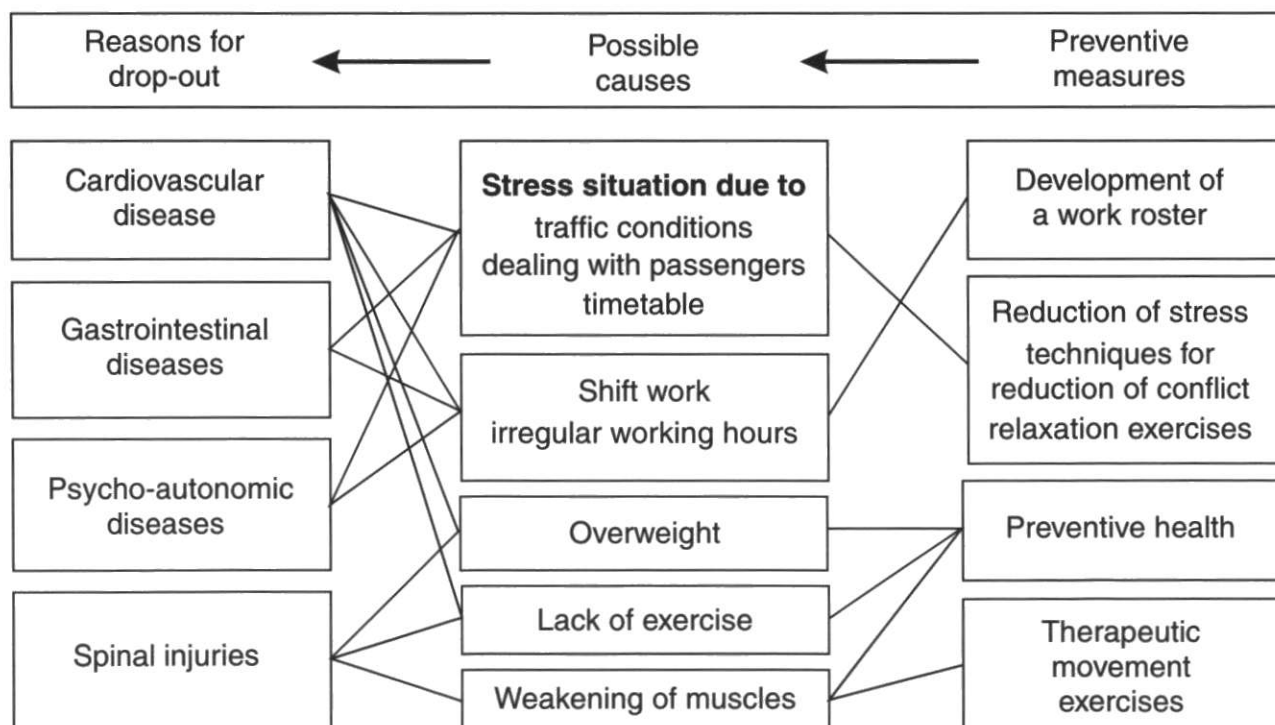
- 21.5% because of occupational, i.e. employment disability;
- 13.8% are retired by the company;
- 44.6% are transferred within the company, more than half of whom have a medical certificate.

In the medical certification of driving disability, it is important to consider not only general transport and

medical reasons but also issues from occupational medicine, which take account of the working conditions in short distance public transport. Another aspect taken into consideration in driving disability is prevention for health, through which it is possible to avoid the worsening of existing health problems and premature invalidity through early withdrawal from driving duties.

Diagnoses causing premature exclusion from the job of driving in 1986 show diseases of the skeletal-muscular and spinal systems are in first place with 58% of the whole. In second place (34%) are cardio-vascular diseases. Diseases of the autonomous nervous system (12%), as well as diseases of the gastrointestinal system (5%) play only a marginal role. The diagram shows possible causal relations between the existing situation of drivers in the company and the diagnosed illnesses. It also shows the way in which the company is planning to intervene within the framework of the research programme. The hy-

Project: "Humanisation of the work of drivers" HDA problem matrix



pothesis that drivers' disabilities are a burden on the transport service is based on these inter-relationships.

After implementing ergonomic changes and modifying the drivers' workplaces, the following measures were chosen:

1. Training of employees with the aim of supporting them in reducing individual risk factors. In addition to individual health risks such as overweight, smoking, lack of exercise and poor diet, the counselling related to living conditions and the place of residence were also taken into consideration.
2. In addition to this general training within the framework of the driving school programmes, a seminar programme was offered to a specially chosen group of 60 employees. The emphasis of this programme was on lectures about a balanced diet, practical physiotherapy based exercises with parts of the course teaching active relaxation following the Jakobsen method and role play.

A survey of a control group carried out after one year by the scientific consultants from the Sociological Institute did not show any noticeable improvements due to these measures in terms of absenteeism and premature disability. There was also no significant reduction of complaints in any group.

Accordingly, a second hypothesis was developed in relation to the stress-pressure idea:

"Illnesses presented by drivers are an expression of the normal ageing process. Linked to the high health-related demands in the driving job, they become disabled for driving before they reach the retirement age".

Experiments were carried out to test this hypothesis to reduce the pressure to which the elder male and female drivers are exposed. Since this was not possible in a qualitative way, the quantity of pressure was taken into consideration, i.e. reduction of the working time for this group of employees. For employees over 57 years of age a special timetable was arranged which included a reduction in the working week of five hours. Furthermore, the opportunity was created for employees with health problems to continue working in normal shifts but half of the working hours.

This drastic reduction of working time for the elderly and health-impaired workers produced a demonstrable success. Disease-related absenteeism has been considerably reduced. The number of necessary internal replacements due to certified driving disability was also reduced. The increase in cost due to additional personnel was justified for the company in economic terms. On the one hand, sick leave was reduced and on the other hand, unplanned employment of workers could be avoided.

In the first phase of the programme, it was the group of tram drivers who profited most from this special timetable; meanwhile owing to the public recognition of success, a similar timetable was being offered to drivers of buses and drivers on the underground railway.

Although, as mentioned above, lectures about health issues and the physiotherapeutic exercises did not produce any demonstrable success so far, they are still retained in a modified form, as a part of the driver education and training.

Company Health Promotion Policy of the Future : Internal and External Health Promotion

In recent years, there has been increased interest in the topic of health, prompted by the discussion of human resources (under the slogan: How do I attract and keep competent workers?), consideration of how to motivate workers (under the slogan "Internal withdrawal") and the growing interest of workers in having a healthy and environmentally friendly work situation (under the slogan "Sick Building-Syndrome"). Consequently, this is an attempt to provide a limited strategic glimpse into the future of enterprise health promotion policy. The author is aware that the existing situation in most areas will give the impression that this is on the far horizon. Nevertheless, it is necessary even today to point to possible long-term interactions. This knowledge will allow a well-timed introduction of health promotion programmes into total company policy.

1. From Enterprise Health Promotion via Enterprise Health Policy to Influencing the Urban Environment.

Health promotion activities, such as, for example, a back exercise programme, the opportunity to join stress prevention courses, or an addiction prevention programme, are always subject to dilemmas concerning their appropriateness and the fit between the topics in the programmes for employees and the general corporate climate and the corporate identity of a company, from an internal as well as an external aspect. In the end, it is possible that employees will be sceptical and even resentful towards a caring attitude of the company if, at the same time, on a different level, the management of the company is not seen as caring. Another reason for scepticism towards well-intentioned offers which are not integrated into company culture is the very poor cost-benefit performance of many of these measures, which share the problems attached to many medical measures, their short-term effects and the cost of labour in achieving a result.

This was the reason for a number of health promotional activities in the United States to move towards a conceptual development of an integrated health policy for the entire enterprise.

This implies highlighting the areas concerning employees, safety at work, internal management, company reaction to alcohol etc., and also checking the health and ecological quality of working, office, and building material used, and examining company products for their health-related qualities and to optimise those within a process of targeted organizational development. Only when employees become aware of the importance attributed to health by the management (which should be reflected in the amount of investment) will there be a corresponding change in their own lifestyle and the motivation needed for this.

Enterprise health policy

investigates

- the enterprise as a whole in terms of its health promotion, but especially
- the organization of safety at work
- internal leadership style
- the reactions to alcohol within the enterprise etc.
- the causes of absenteeism

examines

- the health and environmental quality of work, office and building materials used

checks and changes

- the variety of products in terms of their health-related quality

develops

- a strategic vision and a practical plan of application for realistic redirection

2. Arguments for a Company Health Policy

Next I would like to give a summary of some key ideas concerning the central arguments in favour of a company health policy, based on the existing experience from company practice:

- **Absenteeism:** If the sickleave rate of 11.5% could be reduced by 1%, an automobile manufacturer in an average North German location with 2,000

employees, could save one million DM. For the AOK Hamburg and the company Beiersdorf, with associated marketing interests a 1% reduction in absenteeism is worth over eighteen million DM investment over five years. Here a 1% reduction of the rate means a saving of over three million DM per annum;

- **Turnover in Personnel:** When the worries and health burdens of employees are taken seriously and there is a visible commitment of the whole company, this improves the climate at work and leads to increased enthusiasm for work and productivity, reduced turnover in personnel and correspondingly lower cost of induction and training of workers. A North German transport company which introduced this kind of general programme over five years, reports a 5% (!) reduction in absenteeism combined with a reduction of over a half in turnover;

- **Attractiveness of the Enterprise:** Where there is a declining labour market for qualified employees, it becomes increasingly important for a company to raise its attractiveness by means of additional activities. Even today, 72% of the population identify health as their greatest concern. Craft works and information technology companies show early evidence of this tendency, which, according to statistical indicators, will become increasingly important in the future in other sectors. From our consultancy work, we know that it is not by chance that these industries, together with the media industry are among those most interested in health promotion.

- **Internal Company Communication:** Internal communication with the works council can be positively influenced; early cooperation with the works council and representatives of others concerned with the development of health promotion programmes has been largely accepted as a de facto standard. There are reports of anxiety in some companies, because works councils cannot keep up with these often strenuously fought-for changes and some feel that their position as representatives of certain interests is threatened since current negotiation rituals have been revealed to be superfluous. There is a need for a lot of care and sensitivity in the introduction and running of relevant programmes;

- **A Positive External Image for the Company:** Certain branches of industry have clearly perceived the marketing problems that have been created recently through increased awareness of health and environmental issues. There are many signs which indicate that the currently popular "environmental wave" will, in the near future, be overtaken by a "health wave", which is more deeply felt and even closer to people. Enterprise health promotion, linked to an inclusive "health policy" within the whole en-

terprise, is a crucial positive factor in the interaction with the public. Incidentally, this image not only has an effect on the external world but also internally affects employees and influences their willingness to take a creative part in the success of the company;

- **Separate Financing:** Numerous Sickness Funds finance and support health promotion measures in companies not only because they are compelled to do it by the new Health Reform Law but because they have also learned that this investment pays off.

Stages in an integrated enterprise health commitment

- Establishment of the present situation in the enterprise concerning absenteeism, work satisfaction, health strain, internal services, image perception
- Definition of aims and establishment of consensus on the management level, including employee representatives
- Development of an integrated concept by means of an employee and population survey
- Discussion of the concept within the enterprise, and (if necessary) changes
- Implementation of the concept with accompanying documentation, including internal and external communications/press publicity
- Evaluation of outcomes and reassessment of aims, and (if necessary) adjustment of aims and methods.

3. Further Thoughts about Enterprise Health Policy

A further stage, which has an additional synergistic effect, emerges when the enterprise takes responsibility for health and a healthy environment not only internally but also externally. Before further consideration is given to this issue, the author would like permission for a small digression which provides an example of such an involvement.

Digression: "Healthy Cities" - a WHO Project

A World Health Organization (WHO) project, under the title "Healthy Cities", has stimulated cooperation among more than 500 cities worldwide. The increased importance given to health has resulted in the readiness of these cities to join in the "Healthy City" network. This is also a response to a further insight, that the traditional treatment of illness by curative medicine alone no longer suffices to solve

the problem. The "repair work" in individual cases is becoming too expensive and too wasteful and, therefore, the search is on for prevention. Therefore, it is the aim of the network of WHO cities to improve living conditions and life chances for their citizens through health promotion as much as possible. This includes measures on different levels.

- a) For special target groups, such as for example, healthy meals during breaks for pupils, the development of leisure and exercise opportunities for the inhabitants of large cities who are under stress, or projects concerned with the best possible maintenance of independence for the elderly;
- b) Targeted programmes for health problem areas, like for example, the reduction of traffic noise levels, coronary heart disease or environmental threats for children;
- c) Institutional changes within organisations and offices (introduction of project management, matrix organization, flattening of hierarchies);
- d) Introduction of pilot projects delivered by others, as for example, "Healthy Companies", schools, hospitals, etc.

The central aspect of the WHO project is the idea of self-reliance. This applies to the acceptance of cities into the project, as well as for the implementation of projects in cities and the participation of citizens and institutions in the city.

"A Healthier Future for Hamburg" - An Example of a Local Implementation

In Hamburg, the author participated, for the city of Hamburg and as a part of an innovative agency "Health Workshop", in a local application of the general idea with the title of "**Healthier Future for Hamburg**". Currently this has taken the form of establishing a regular body "Health Promotion for a Healthier Future for Hamburg". In addition to the participation of traditional institutions from the health care system and representatives of commerce and crafts, and in the spirit of self-reliance, there are numerous instances on community action on health and social issues. Relevant practical approaches and activities are being developed in working groups, permitting the exchange of ideas and the development of future programmes. The topics range from "Self-reliant Old Age", and "Nutrition and Environment" to "Right of way for People: Health and Road Traffic".

Opportunities for the Active Involvement of Commercial Organizations

Of special interest for companies is the fact that there are no government regulations related to health pro-

motion and that it is left to the company management freely to organize something new, without any given limitations.

The first initiatives and ideas from other cities with similar projects are already available, and so the following examples are described in relation to local enterprises (the same applies to about 30 other German cities, which also have developed "Healthy City" projects).

- In **Milan**, a campaign within the existing Health City project "città sane" has been initiated jointly with local manufacturer of babies' and children's products, to prevent accidents to small children at home and in kindergartens. It has been possible to carry out individual projects as a part of such a campaign through a public - private partnership. A great number of opportunities for sponsoring, as well as for silent partnership and participation through counselling actions, resources, and technical services exist;

- In **Philadelphia**, there is an organization "Business Volunteers for the Arts", in which managers acting as honorary experts, provide business knowledge, as well as support cultural and arts initiatives. The same, could apply to the social and health areas. Here, there is always a lack of good management knowledge. For "Healthier Future" it would be possible to organize an expert knowledge exchange and since reciprocal exchange has many advantages, perhaps "social knowledge" could be counted on their credit side in the Social Departments of companies;

- From **Liverpool** a short report is available about a supermarket chain which, as a result of their involvement in the Healthy City project, as part of its marketing strategy, changed its selection of goods and included organically grown healthy and fresh food. In Hamburg, a similar shift could be made and to give such products the label "Healthier Future", similar to the, in Germany already existing label of the "Environmentally Friendly Angel";

- The firm "Fruit of the Loom" in **Ireland**, in addition to their own health promotional programme for the improvement of wellbeing and fitness at the workplace, has started a health education programme within the community and provides considerable support for the local swimming pool. German companies, together with Sickness Funds, other organizations or health authorities, could envisage similar joint health promotional programmes. In particular, since many employees prefer to seek help outside the company, for example, in self-help groups, especially in relation to addiction problems and stress at work,

From **Barcelona**, there is a report about a competition on the topic "Work and Health", in which workers as well as companies or specialists have provided examples of activities that have been implemented. Annually, a jury, together with the mayor of the town, distributes awards. WHO is currently engaged in the preparation of a "Healthy Company Programme";

- In the city of **Horsens** in Denmark and also in **Munich**, they are at present considering the setting up of a "Healthy City Forum for Companies" so that firms can make well-informed decisions. Utilisation of the know how collected over the last three years has resulted in the establishment of a limited company set up by the city of Horsens and three local enterprises, with the support of local industry and the Chamber of Commerce. A similar development, is in principle, possible in other cities, although, different levels of development of the Healthy City project should certainly be taken into account.

4. Arguments Presented by Enterprises for an "External Health Policy"

In discussions, especially with the Hamburg companies, the following arguments are among the most important and in the opinion of the management and the board favour the involvement of the company - in this case, for the support of the local project "Healthier Future for Hamburg":

- **Absenteeism due to the demands of the family:** It is known that for women, but also increasingly for men, a large part of their absence from work is due to illness of their children. A 10% reduction of bronchitis in children, through the improvement in air and the environment, as well as availability of care, is reflected in the corresponding reduction of absenteeism in the company;

- **Public relation work:**

Raised health-awareness among the population will give a company policy leading to involvement with the "Healthier Future for Hamburg" a very high value. In the opinion of some of the more progressive members of top management, it appears that public discussion about the "environment" will be followed by a discussion about "health issues".

- **Synergistic effect:**

An internal health promotion programme in a company offers an excellent opportunity for cooperation locally or with the city. The company could so improve its profile and credibility, and the employees have a choice of whether to participate in the courses offered by the place in which they live or in which

Possibilities for active commitment of businesses

- Enterprise-specific health promotion programmes
- Support for other health promotion programmes/ public-private partnership
- Changes of goods on offer/ Award of a seal of quality
- Sponsorship of projects, campaigns
- Marketing for the support of the Healthy City Projects
- Making management expertise available/ exchange of knowledge "Healthier Future"
- Business discussion circles for "Healthier Future for City X"
- Competition under the title "Work and Health"
- Participation in the WHO programme "Healthy Companies"

they work. A positive identification with the company promotes employees' productivity, as well as consumers purchasing choices;

- **Taking on social and political responsibility:**

In the most recent past, the critical attitude of the public towards employers has partly been due to the unwillingness of the latter to take on social responsibilities. The public-private partnership in the area of health provides an excellent opportunity for targeted interventions. The special expertise of the companies, concerning management, public relations, or production technology can be selectively included and often complemented through the feed-back of other expertise;

- **Shared local interests:**

Local conditions must be made attractive in order to attract, qualified employees into a city and keep them there. Of decisive importance for younger families in particular are the "green" issues in a city, leisure facilities, health conditions, and the incidence of children's diseases. An above average number of health conscious industries and services is advantageous for a city, and represents an important selling point for the city as a whole, as well as for skills transfer in individual enterprises.

5. Working Group on Health-oriented Enterprises

In discussion with individual companies, the author noticed an interest in setting up an enterprises study group, which would see itself in the vanguard in health matters, as well as in the exchange of experience, and which would draw attention to its innovative role by means of targeted campaigns and

marketing. This could be linked with a similar initiative in the area of environment, i.e. the Federal Working Group of Environmentally Friendly Management (BAUM). Establishing such a working group would certainly be an interesting challenge for which a lengthy preparation process would be unavoidable. In conclusion it should be emphasised that maybe some of the suggestions and considerations pre-

sented in this paper are relatively new and possibly unusual in a discussion about health, whereas they represent a more or less standard approach in management discussion. This provides an opportunity for management circles interested in health topics to promote health and social issues in the company and to make health a top level issue within the company strategy.

SUMMARY AND CONCLUSIONS

Günter Conrad

The conference clearly demonstrated that recently, in the German speaking area, there has been a considerable increase of interest in the topic of health promotion at the workplace. Large enterprises have extended their health promotion activities, primarily in the area of counselling and in courses to improve the health behaviour of their employees.

The Sickness Funds have also strengthened their involvement in company health promotion, not least because of the statutory requirement of § 20 SGB and new protagonists from the general health promotion movement add to the growing number of preventive activities of traditional safety-at-work and health protection systems, and give them further momentum. Health promotion measures also increasingly gain importance in small and middle-sized companies.

These on the whole positive developments have certainly also been influenced by the changes in the broader social and economic system. Of primary importance here is the increasing social awareness concerning questions of ecology, environment and health, as well as the pressures on companies as a result of the increased ageing workforce, the constantly declining supply of qualified skilled workers and management, as well as the costs from illness and absenteeism, which are estimated to lie between 60 and 80 billion DM per annum for the Federal Republic.

Such changes in the overall economic and social conditions have without doubt been conducive to the extension of health promotion in enterprises. This was made clear in the introductory papers given by the representatives of the Association of Employers and of the German Association of Trade Unions. Thus, the employers indicated that in addition to reducing costs, there was also a need to improve the environmental and health image of many companies. As the representatives of the German Association of Trade Unions, mentioned in their presen-

tation, the "Wage Reform 2000" which put into the focus of trade union activities the support for "Company Health Policy/Health Promotion within the framework of a policy aimed at creating a new 'works culture'. Such a policy corresponds to the new attitudes of employers concerning the quality of work and life: sensitivity for questions of ecology, health awareness, greater demands on the organization of work, work contents and the working environment."

The conference also showed that the principles and aims of the European WHO regional strategy "Health For All", as well as the "Ottawa Charter for Health Promotion", are also taking effect in the area of the work setting. Health and wellbeing, not only absence of illness, are becoming the focus of attention. Self-determination, participation and multisectoral thinking in the organization of health are also being applied in enterprise health promotion. The increase in the number of established "health circles" and "work committees for health" in many companies and enterprises is one visible proof of this.

In spite of all these positive signs, the required progress towards an overall healthy company policy is, however, only moving slowly. Enterprises still see health as a cost factor, at best a "social activity" and not an investment in the improvement of wellbeing, work satisfaction, quality of work and productivity. Approaches presented at this conference have at best dealt with wider company areas such as the personnel department, or with the readiness of some Sickness Funds to use a certain - although small - percentage of their total budget for investment in company health promotion.

In this context, all the participants at the conference shared the experience that the implementation of an effective and lasting enterprise health promotion depends on the political will and the full support of Top Management. Health must become an integral aim of the overall company policy and enterprise health promotion must be turned into a managerial issue.

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The Federal Centre for Health Education (FCHE)

- Aims, Topics, Organizational Structure and Structures for Cooperation

1. Scope and Purpose

The Federal Centre for Health Education (FCHE) in Cologne is a Federal Authority within the portfolio of the Federal Ministry of Health. It was established with the purpose of maintaining and promoting people's health. The following tasks were relevant to achieving these aims:

- The development of principles and guidelines concerning the contents and methods of practical health education;
- Training and further education of persons active in the field of health education and promotion;
- Coordination and strengthening of health education and promotion within the Federal Republic;
- Cooperation with other countries.

2. Organizational Structure

The Federal Centre is currently divided into an administrative and a professional section, the latter divided into topic specific, medically-related and cross sectional activities. At present the Centre has approximately 120 employees.

3. National Cooperation

In recent years cooperation on a national level, that is, coordination of health promotion measures based on the division of labour and cooperation between the Federal, Regional Institutions and private initiatives, has increased in importance for the FCHE. This applies above all to the cooperation with the Federal Association for Health Education and their regional centres.

With the re-unification of Germany, the FCHE acquired the task of cooperating with all the new Federal Regions in the area of health education and health promotion. The FCHE has extended all its main educational measures and actions, especially

the campaigns targeted on the new regions, as well as developing specific media. Great importance is given to supporting the institutions, associations and private initiatives which are active in prevention and health promotion in the new regions.

This includes mainly seminars and workshops for experts in the area of social and youth issues, dealing with current health-related topics.

4. Guidelines

The FCHE activities are intended to help the public become responsible for their own health and for their environment and to use the health care system appropriately. The general principle of all health educational activities is to offer the public help for self-help.

To empower citizens to be responsible for their own health behaviour, it is important to provide factual information about health threats and impairment, to reveal the causes and motivations leading to hazardous health behaviour, to pass on knowledge about the effects of stressful and supportive factors in various areas of life, as well as to provide training for specific behavioural patterns/coping strategies.

Since people in different life situations also have different health behaviour, the Federal Centre attempts to include the development of a specific approach for each of these target groups and institutions in the immediate social environment of the family, workplace, school, community, etc.

5. Methods

In methodological terms, the activities of the FCHE can roughly be divided into mass media and personal communication measures, which are supported by a broad range of work by disseminators ("Multipliers").

Mass Communication

The range of mass media (for example advertisements, posters, booklets, TV, cinema and radio commercials, films, videos) serve primarily to transmit information and create awareness about a topic. They are, however, together with other media, such as exhibitions, plays, documentaries and accompanying material, important instruments in personal communication methodology - especially in combination with media, such as media packs for disseminators ("Multipliers"). Different kinds of media for users serve as complementary materials, which both support the work of "Multipliers" with target groups, and on the other hand serve for special training of facilitators.

Personal Communication

Personal communication methods such as discussions (for example, discussions concerning AIDS), the AIDS telephone helpline, courses and training activities are primarily directed towards an indepth examination of health relevant topics and the acquisition/promotion of readiness and competence for health promotion. The focus here is on interaction and the (social) learning process.

Work with Disseminators and Facilitators ("Multipliers")

The measures of personal communication cannot be implemented without the support of many co-workers in the society. The Federal Centre, therefore, seeks the help of doctors, priests, teachers, psychologists, social workers, kindergarten teachers, workers in family advice bureaux, the mental health care helpline, drugs-related counselling, women's institutes and youth hostels, lay helpers and members of self-help groups etc. in reaching users through a range of media. The work with "Multipliers" includes mutual exchange of experience, feed-back on local needs and a joint development of appropriate materials and programmes. The Federal Centre offers further education training programmes for selected professional groups, with the aim of training the "Multipliers" and developing health promotional curricula for training, and further and continuous education.

6. Current Focus and Areas of Activity

Focused Campaigns

Since 1986, AIDS education has been a focus of FCHE preventive work. The campaign covering the

whole of the Federal Republic combines elements of mass media and personal communication. Concentrated mass media activities - especially TV commercials, advertising, cinema commercials, posters and booklets - create a positive atmosphere for education and provide the relevant target groups with basic information. The mass media campaign is complemented by additional information and referral to a range of assistance and support activities on a regional and local level, by means of telephone helplines. An indepth debate is achieved by the "Discussion Project AIDS" - a personal communication activity. Since 1990, AIDS education days, taking the form of action and discussion events are being organised in different areas, in cooperation with local partners. These measures are directed towards the general population, as well as specific groups, with the aim of raising responsibility and reducing the hysteria associated with the topic of AIDS, in all its multifaceted aspects. Numerous scientific evaluation studies concerning this approach have confirmed that this aim can be achieved with such a concept of education.

Another focus of FCHE prevention work is the promotion of non-smoking. The target group of young people is at the centre of this multimedia campaign. The prevention of starting to smoke among young people should be achieved by an experiential instead of a didactic strategy.

The evaluation which was carried out shows that this can be successfully achieved in the fourteen to seventeen age group. Further topics in this campaign are the promotion of stopping smoking among smokers who want to quit and advertising for the protection of non-smokers.

The campaign on addiction and drug prevention represents a new priority focus of FCHE work for the future. This area of prevention will be approached more vigorously with a comprehensive multimedia campaign, emphasising addiction problems in the context of daily life. The main target groups are the young, as well as parents and teachers. This campaign, which, like that of AIDS education, covers the whole Federal Republic, will be carried out as a measure based on the cooperation of many partners in associations, institutions and initiatives on regional and community levels.

Since 1993, sex education and family planning have become new topics for the FCHE. Special emphasis has been given to the development and promotion of different kinds of media, giving basic information about sexuality and contraceptive methods. A nationwide campaign will help young people develop attitudes towards responsible and enjoyable sex and thus will promote the prevention of unwanted preg-

nancies. In addition, sex education training programmes for professional and non-professional "Multipliers" are planned.

Health Promotion

Health promotion activities are adjusted to various stages of life. They include, in addition to family planning, health education in pregnancy, delivery, babies and small children, as well as health education in pre-school and school age groups and young people. The main target group is the family and its immediate social environment.

Help in Changing Hazardous Health Behaviour

In this field of activity the FCHE is concerned with the behaviour patterns that are related to the most important diseases of civilisation. Based on the findings from behaviour therapy and learning theory, and with the aim of helping people to develop alternative behaviour patterns, the FCHE has developed a programme for giving up smoking, "A non-smoker in ten weeks" and a programme for weight reduction

"Reducing - but sensibly", which are provided through health authorities, associations, Sickness Funds and institutions for adult education.

Disease-Related Measures

Disease-related measures should provide help in preventing specific illnesses or aspects of them. In this context, the FCHE concentrates on the most common and most important illnesses. Consequently, these activities are currently concerned with the topics of cancer and cardio-vascular diseases.

Help in Coping with Illness

Measures in this area aim to ensure a better quality of life for the chronically ill and the disabled. In addition to the task of providing information about available help and removing barriers for its utilisation, the emphasis of measures is concerned with supporting the development of self-confidence, which will help them to lead a socially integrated life. This also includes measures which are concerned with developing an understanding for those affected and which promote self-help and neighbourhood help.