

# **Strategic Concept**

**for the next joint prevention campaign implemented by the  
DGUV and its members**

## **Authors:**

### **Representing the Conference of Prevention Managers (PLK):**

Helmut Ehnes, BG RCI; Andreas Hacker, UK RLP; Dr Jens Jühling, BG ETEM; Dr Torsten Kunz, UK Hessen; Bernd Niggemeyer, UVB; Christoph Preuße, BGHM

### **Representing the Communication Committee & Working Group (ASK):**

Beate Eggert, UK RLP; Ulrich Meesmann, BG RCI; Christiane Most-Pfannenbecker, BGHM; Christian Sprotte, BG ETEM; Kirsten Wasmuth, UK Berlin; Nil Yurdatap, UK NRW

**Head of the Expert Committee on Education:** Dr Heinz Hundeloh; UK NRW

**Head of the Subcommittee on Psychology and Health in the World of Work (part of the DGUV's Expert Committee on Health in the Workplace):** Roland Portuné, BG RCI

**Head of the Subcommittee on Changing Working Cultures (part of the DGUV's Expert Committee on Health in the Workplace):** H.-Martin Prüße, BGHM

### **Representing the German Social Accident Insurance (DGUV):**

Dr Ulrike Bollmann, Gregor Doepke, Anna-Maria Hessenmöller, Anna-Sophia Quast, Elke Rogosky, Sandra Schilling, Dr Annekatri Wetzstein

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## 1 Terminology

The following simple, consistent terms are used in order to enhance the readability of this strategic concept:

### **Companies and institutions**

are to be understood to include all private- and public-sector companies, administrative authorities and other institutions as well as all educational institutions such as schools and universities.

### **Employees**

are synonymous with all persons insured by German social accident insurance institutions, for example private-sector employees, public-sector employees, school pupils, students and volunteers.

### **Managers**

are all persons who perform a (human resource) management role. This includes both employers and superiors across all hierarchical levels, for example mayors, district administrators, heads of educational institutions and other people who hold similar management responsibility.

### **Safety and health**

Those who ensure and promote human safety automatically protect human health. Those who wish to safeguard human health must therefore also take the issue of safety into consideration. The terms “safety” and “health” are inseparably connected to one another and therefore to be understood, used and communicated as a pair of intrinsically linked terms within the context of the new prevention campaign.

## 2 Introduction

Prevention is one of the core tasks of the DGUV and its members alongside rehabilitation and compensation. It involves the implementation of a variety of measures aimed at preventing occupational accidents, occupational diseases and work-related health hazards in keeping with the statutory mandate to ensure prevention “using all appropriate means”. Measures range from advising and monitoring companies and institutions to qualification programs, projects and prevention campaigns. The long-term goal is Vision Zero – a world without serious or fatal accidents either in or on the way to and from the workplace or school.

Statistics show that there has been a significant decline in the number of occupational and commuting accidents over the last 100 years. Both the total number of occupational accidents and the number of fatal occupational accidents have fallen substantially. In addition to changes in the economic environment and advances in the fields of technology and medicine this is also attributable to enhanced accident prevention. Although statistics for occupational accidents in Germany confirm the number of accidents to have declined they nevertheless also show that decline to have slowed over the last few years when compared with the twentieth century. To give an example: The number of reportable occupational accidents per 1,000 full-time employees fell from 50.16 to 30.02 between 1993 and 2003. In the ten years to 2013 it nevertheless only fell to 22.5. Whereas there were 38,736 new benefit recipients as a result of occupational and commuting accidents in 1993, by 2003 that number had almost halved to just 21,734. In 2013 – i.e. another ten years later – that figure had only fallen to 14,990. The curve describing the number of new recipients of occupational accident benefits per 1,000 full-time employees over the last 100 years illustrates that despite prevention having achieved a great deal the pace of progress is now much slower (see Figure 1).



Figure 1: New recipients of occupational accident benefits per 1,000 full-time employees (serious cases in which benefits, compensation or funeral allowances were first paid during that financial year)

The trend shows that the approaches taken to prevention to date may not be sufficient for the achievement of effective further progress towards the goal of Vision Zero.

It is to be noted that the world of work continues to be characterized by significant changes which demand not only the implementation of technical and organizational measures within the context of workplace prevention activities but also an ever-increasing focus on the changing nature of occupational stress and the resultant work-related health hazards.

It is now almost twenty years since the term “culture of prevention” was first used within the context of occupational safety and health in Germany. It heralded a newly developed appreciation for the fact that safety awareness among managers and employees alike is of key importance to the success of workplace prevention activities.

The establishment of a workplace culture which factors in issues of safety and health on all decision-making and operational levels is now seen as a worthwhile endeavor (see the European “Community strategy on health and safety at work 2002–2006”). People and their social relationships are therefore at the heart of modern, holistic approaches to prevention.

The efforts made by the International Social Security Association (ISSA) to raise the standing of prevention within social security systems and ensure greater appreciation of prevention are also to be seen within this context. The same applies to the Seoul Declaration of 2008, which saw governments, trade unions and employers’ associations support both the elevation of prevention to the highest level of priority and a call for the establishment of a national culture of preventative protection of occupational safety and health.

A “culture of prevention” was more recently the buzzword at the XX World Congress on Safety and Health at Work 2014 in Frankfurt, where guests from around the globe encountered the term at almost every presentation and discussion. By selecting “Prevention Culture – Prevention Strategies – Vision Zero” as its headline topics the World Congress not only highlighted the importance of prevention, but also provided a foundation for the first international consensus on the attributes of a holistic approach to prevention: An integrated, fundamental understanding of prevention takes into account a variety of perspectives and stances and includes conventional risk prevention, workplace health promotion and reintegration. Prevention is therefore to be seen as a multidimensional term consisting of elements including tolerance of errors, pro-active behavior and the highlighting of the benefits of health and prevention.

Speaking in front of over 2,000 listeners at the XX World Congress on August 25<sup>th</sup> 2014, German Federal Minister of Labour and Social Affairs Andrea Nahles said “[...] Every workplace needs to be designed in a way which ensures that employees are protected not only while going about their normal work, but also in the event of human or technical error. We therefore need a worldwide culture of prevention, with issues of safety and health to be factored into all economic processes right from the outset. Only then can Vision Zero become a reality.”

Discussions have long since left the theoretical horizon and the practical implementation of a culture of prevention in its many forms is now on both the national and international agenda.

As a result of broad-based international debate in this field an interdisciplinary working group was commissioned to investigate whether or not a “culture of prevention” is a suitable topic for a joint national prevention campaign carried out by the DGUV and the German social accident insurance institutions. If the group found the topic to be suitable it was also to draw up a strategic concept for a corresponding campaign.

A parallel survey of 500 employers and 1,100 employees found there to be a need for action in Germany (see section 4).

The resultant strategic concept is presented in this document and recommends that a joint campaign on the topic of a culture of prevention is initiated by the DGUV and its members. The concept is in line with the task defined by the DGUV Governing Committee in its report submitted to the 2<sup>nd</sup> Members’ Meeting of 2014 in Munich. At that meeting a review of the XX World Congress determined that a global culture of prevention would support joint progress towards and the realization of Vision Zero.

The belief of all managers and employees in the development of a culture of prevention being worth their while is to be strengthened within the framework of a joint prevention campaign. A campaign consisting of a media-focused umbrella campaign and an “institutional” campaign focusing on companies and institutions represents a suitable means of initiating and supporting the integration of a culture of this type into working practices.

The DGUV and its members are the only organization with responsibility for prevention and insurance cover all the way from preschool childcare, school, further education and working life right through to nursing care. This puts them in a position to credibly communicate and emphasize the campaign message throughout all phases of human life.

### 3 Conceptual approach: Goal, fields of action and benefits

The prevention campaign presented in this strategic concept aims to drive home the value to each and every individual, company, institution and society as a whole if safety and health become a firmly established, natural part of their thoughts and actions. This **goal** has been used to define six **fields of action** with a decisive influence on the successful integration of safety and health into everyday activities. The campaign is to yield **benefits** for every individual, company, institution and society as a whole – because preventative action and behavior is worth everyone's while!

The campaign is therefore to convey the following core message (also see section 7 "Core message"):

**“Safety and health are values for every individual, organization and society as a whole. They are to become an integral part of all actions. Preventative action is worthwhile and meaningful.”**

#### Campaign goal

The goal of the campaign is to not only highlight safety and health as values for every individual, organization and society as a whole but also integrate them into all thoughts and actions. It is equally important that these values are anchored in the fields of education, work and the voluntary sector. The individual, organizational and societal levels are to be seen as being both influenced by and dependent on one another; it is not conceivable for one level to exist without another.

Behavioral patterns, values and attitudes developed during childhood and adolescence often define an individual's approach to risk, hazards and conflict for the rest of their life. The acquisition of an awareness of safety and health in combination with a corresponding set of skills therefore needs to involve sensitization and active learning at an early stage if the conscious implementation of the principles of prevention later on in life is to be ensured. Educational institutions therefore have a key role to play in terms of the teaching of safety and health.

If safety and health become firmly established as values in every school pupil, student, employee, employer and manager they can act as a benchmark for all their actions. Individuals would be empowered to more or less automatically make those values an important – if not the most important – factor in all their thoughts and actions. At that point safety and health could be seen to represent values that are both actively “lived” and perform a beacon function. This would represent the completion of a significant process of cultural change.

#### Fields of action

The establishment of safety and health as integral values requires far more than just the sporadic prioritization thereof within the framework of the implementation of statutory regulations (e.g. measures involving occupational safety and health and occupational medicine). It is instead a question of integrating prevention both systematically and



permanently into processes and structures. Rather than being restricted to technical and organizational aspects this new approach emphasizes all factors with an influence on human safety and health and takes interpersonal relationships into consideration.

The evolution of a culture in which safety and health are firmly established as integral, “lived” values requires companies and institutions to adopt a holistic approach spread across six fields of action. On the one hand these fields can be used to determine the extent to which safety and health have already become integral values. On the other they demonstrate specific opportunities for intervention targeting the integration of safety and health into structures and processes within companies and institutions. The six fields of action are “Leadership”, “Communication”, “Participation”, “Error Culture”, “Social Climate / Organizational Climate” and “Prevention as an Integral Part of all Tasks”. The latter field has a special role to play as it is ideally to have an effect on all other fields of action. Each individual field of action is described in detail in section 5.

## **Campaign benefits**

**Prevention pays!** First and foremost activities in the aforementioned fields of action will improve the safety and health of employees at organizations of all sizes. This requires both the identification of targeted ways of approaching them and consideration of their structural characteristics.

Companies and institutions will also enjoy a range of other positive effects. To give an example, health-conscious leadership or a good social climate increases employees’ identification with their company or institution. Identification creates an emotional bond and is therefore a vital factor in organizational success. It also leads to employees adopting organizational values, norms, stances and behavioral patterns into their own value systems both in and outside of the workplace. In other words: A positive effect on safety- and health-related behavior in other areas of life is also achieved.

Activities in all six fields of action are suitable as a means of enhancing employer branding and in turn both acquiring employees and maximizing their loyalty. Given the current shortage of skilled workers and the advent of Generation Y this represents an important factor in the success of a company or institution as it seeks to stay ahead of its competitors and ensure sustainable success on the market.

The implementation of measures in the six fields of action is also expected to yield positive effects on a range of business operations (e.g. quality assurance). The fact that prevention pays off in an economic sense is confirmed by a Return on Prevention (RoP) of 1.6 at German companies and institutions.

At this point the conceptual approach has come full circle – thus demonstrating that prevention pays off for individuals, companies, institutions and society as a whole!

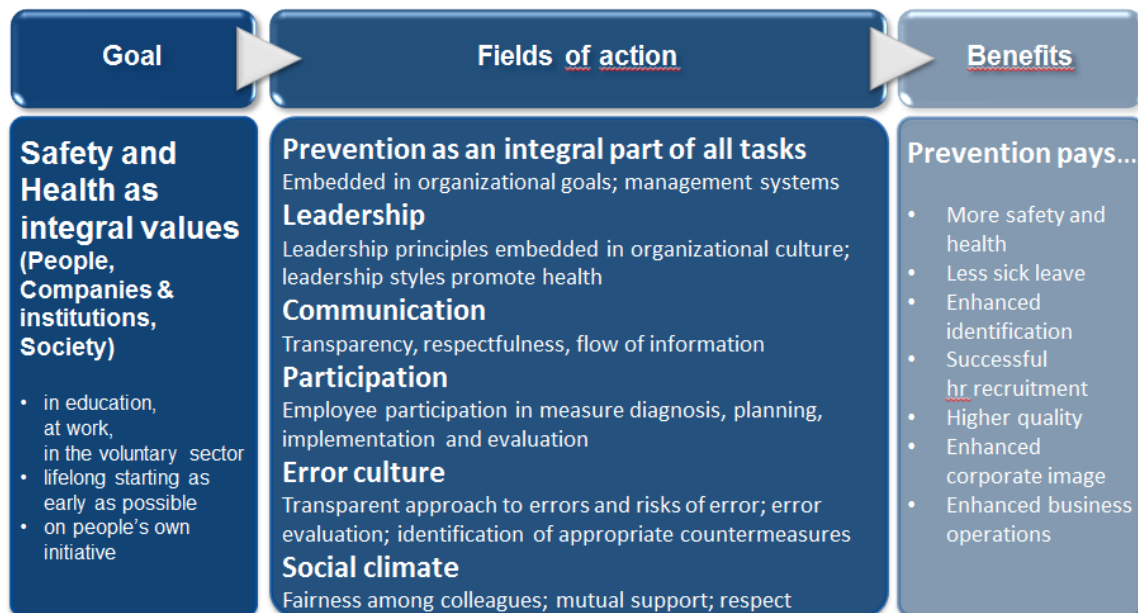


Figure 2: The conceptual approach drawn up for the prevention campaign

## 4 Survey results

The infas market and social research institute was commissioned to carry out a representative survey on the topic of safety and health as part of preliminary deliberations on the subject of a topic for a new prevention campaign. The aim of the survey was to determine the role and implementation of safety and health in companies and institutions as well as to identify potential areas of action and/or core issues.

500 employers and 1,100 employees were surveyed using a standardized telephone interview. Two focus groups were also held with teachers and school pupils in order to ascertain the situation in schools from different perspectives.

The survey found safety and health to enjoy a high level of importance at companies and institutions despite not being integral parts of their organizational structures and processes. Whereas 97 per cent of top-level managers and 92 per cent of employees stated that the topic is important to their company or institution, only around half of interviewees confirmed their company to have invested funds, human resources or time in safety and health. Half of top-level managers reported safety and health to form part of their organizational goals. Only four in ten companies and institutions stated that the topic had been incorporated into management guidelines. Special groups responsible for safety and health in the workplace were found to have been created at just one in ten companies.

At the majority of schools significant demand for systematic measures promoting the safety and health of pupils and teachers was again set against the fact that no such measures had actually been implemented. One insight gained from the focus groups was that safety and health have yet to become an integral part of lesson content. If activities take place at all they are sporadic, form part of extra-curricular projects and are highly dependent on the personal commitment and expertise of individual teachers. Schools rarely provide teachers with a holistic concept for the promotion of safety and health within the context of day-to-day school activities. Measures and opportunities in this area are dependent on the importance attached to the topic by a school's management.

The Institute for Work and Health (IAG) supplemented the results of the infas survey by searching previous representative employee surveys for insights into the extent to which safety and health have been implemented in the workplace. A total of three studies were analyzed: *The 2013 iga Barometer (1,972 employees)*, *the 2012 Employed Persons Survey carried out by the Federal Institute for Vocational Training and Education (BIBB) in cooperation with the Federal Institute for Occupational Safety and Health (BAuA, 15,000 employees)* and *the 1/2014 IAG Report on Back Health and a Culture of Prevention in the Workplace (1,628 employers, 2,596 employees)*.

None of the three studies were designed to analyze the extent to which safety and health are already a systematic part of day-to-day thoughts and actions at German companies and institutions. Their results nevertheless provide an initial empirical overview of how well safety and health are currently integrated into various organizational units and in turn the levels on which action is required.

Safety and health in the workplace is also defined by aspects such as social climate, organizational culture, safety culture, communication, error culture (including the way in which near-errors are dealt with), leadership and the incorporation of employees into

processes in the field of safety and health. The aforementioned studies yielded information on all of these aspects with the exception of error culture.

The 2013 iga Barometer and 2012 BIBB/BAuA Employed Persons Survey both looked into the issue of the *social climate* within companies. Responses painted a highly positive picture of mutual support and cooperation, with 97 per cent of respondents rating cooperation with their colleagues as good (BIBB/BAuA). Over 80 per cent reported that they receive help when they need it.

The results were less positive where *commitment* to the establishment of safety and health in the workplace was concerned. To give an example, the IAG Report found under half of companies to have included health-related objectives in their corporate philosophies. To date only a quarter of companies and institutions have introduced a management system which systematically integrates safety and health into organizational processes (*organizational culture, safety culture*).

Action was also found to be required in the case of *communication*. This important aspect of safety and health in the workplace was dealt with in the 2013 iga Barometer as well as the 2012 BIBB/BAuA Employed Persons Survey. Every other respondent (47 per cent) felt that notification of major decisions, changes or plans for the future was not given to them in good time, with 41 per cent stating that they often lack the information they require in order to carry out their duties (BIBB/BAuA). Almost half of all respondents (45 per cent) did not feel that they receive sufficient information about health promotion opportunities in the workplace (iga).

All three studies identified a need for action in terms of *management culture and leadership*. The 1/2014 IAG Report found only very few companies and institutions to have made safety and health a management responsibility. Only a quarter of the top-level managers surveyed felt that management personnel possess the necessary skills and leadership style to promote occupational health. Just one in four companies and institutions were found to factor the extent to which a manager's leadership style promotes occupational health into assessments of managerial performance. The BIBB/BAuA Employed Persons Survey also showed there to also be room for managers to improve the way in which they assign tasks and regulate workloads. 56 per cent of respondents felt themselves to often be under deadline pressure or pressure to perform, with 57 per cent stating they had already had to go to the limits of their capabilities or carry out tasks for which they were not qualified (38 per cent). An average of six in ten employees had received work-related support from their superior (2013 iga Barometer).

The research conducted by the IAG also found less than half of top-level managers to involve employees in the planning and implementation of health promotion measures. Only 39 per cent of the companies and institutions surveyed ensured employee participation in risk assessment activities (IAG Report).

On the whole the results of the various studies show that safety and health are not yet perceived as an integral part of all tasks at companies, institutions and schools. There are reasons and opportunities to enhance safety and health in many areas, with particular focus required where leadership is concerned.

## **5 Fields of action including subgoals, activities and indicators**

This section describes fields of action along with proposed activities and indicators. They are also to be seen to apply to children's daycare facilities, schools, other educational institutions and the respective protagonists and target groups even if they are not mentioned specifically. Children and adolescents are more likely to succeed in acquiring a fundamental awareness of prevention and fundamental skills in the fields of safety and health than adults and therefore represent an especially important target group.

The various fields of action intersect and supplement one another; they are often mutually dependent on one another and activities in one field may also have an influence on other fields. When change processes are initiated systemic effects are to be taken into consideration and exploited where suitable. As a rule the restriction of analysis and measures to individual fields of action will not provide a strong enough foundation for the establishment of safety and health as integral values at companies and institutions.

**Companies and institutions which successfully establish safety and health as integral values are also characterized by an inclusive working and learning culture as well as a conscious, constructive approach to diversity. This aspect needs to be given proper consideration and integrated into all fields of action.**

## **5.1 Field of action: Prevention as an integral part of all tasks**

The success of a company or institution is determined by the daily actions of those who work there. The values and rules that govern how decisions are taken have a defining influence on organizational culture, which in turn provides a point of reference for the actions of individuals. It is only if all of those responsible for making decisions of any size see safety and health as fundamental values which need to be factored into decision-making processes that they can apply that insight to all of their actions.

One way of ensuring that safety and health become integral values is to include them in corporate guidelines. If those guidelines state that issues of safety and health are to play a central role in all deliberations then that approach becomes a beacon for the actions of both the organization as a whole and every single member thereof. Thinking and acting in the interest of safety and health becomes natural and essentially automatic.

Management systems represent another suitable means of integrating safety and health into structures, workflows and interpersonal relationships. A well-designed safety and health management system should cover many if not all aspects of occupational safety and health – and with them all of the fields of action defined for the proposed prevention campaign. A management system should ideally integrate the promotion and preservation of occupational safety and health into the planning and implementation of all processes and actions. This transforms human safety and health into a strategic factor. Measures and activities are to be developed in accordance with a clear concept and systematically linked to one another. The application of the following four-phase method is key to the success of those activities and measures: Goal definition, analysis of the current situation, measure definition & implementation and evaluation of measure effectiveness. Measures and activities can target the shaping of the workplace environment and the fostering of particular behavioral patterns alike.

**Subgoal: Enhanced commitment to safety and health in the workplace at companies and institutions**

### **Examples of activities/indicators in the workplace:**

- Safety and health are (due to be) firmly established in corporate guidelines, philosophies, goals or similar.
- An agreement between managers and employees on safety and health exists or is being negotiated.
- Safety and health management systems have been introduced.
- The company invests in occupational safety and health.
- Employees regularly take part in courses of training and further education in the field of occupational safety and health.
- Forums for the discussion of values are held and/or a value compass has been set up.
- Safety and health are taken into account in staff development and the development of the organization as a whole.
- Employees with responsibility for safety and health are provided with support.
- Safety and health is part of the company's public image and used as an incentive within the framework of staff recruitment and loyalty activities.





## 5.2 Field of action: Leadership

The aim of leadership is to harmonize goals, intentions, people and resources with the business environment in a way which ensures organizational success. This places managers in a field of conflict between the interests of the organization and those of its employees, thus requiring them to both mediate and identify opportunities for compromise. It is not only the fulfilment of their duties in the field of occupational safety and health but also their personal leadership style that sees managers influence the safety and health of their employees.

Managers are only able to promote health through leadership if they are conscious of their responsibility for the safety and health of their employees, in a position to recognize the impact of their actions on safety and health and possess a set of skills which enable them to support their employees. A manager's leadership style has a significant effect on the safety and health of their employees. A number of studies have investigated and confirmed social support from superiors, opportunities for participation and co-determination, recognition and praise, fairness and opportunities for communication as potential resources. Management concepts which build on these drivers deliver the best results in terms of employee health. It has also been proven that a manager's leadership style can act as a stress factor – for example if they are unable to properly manage conflicts, quick to express impatience or act disrespectfully.

Leadership extends across a number of different levels. It is not restricted to direct contact between managers and employees (e.g. when working in teams or during appraisals) and can also be observed at organizational level. It is therefore important for the value of safety and health – as well as employee-oriented, participative leadership – to be a firmly established element of corporate policy (e.g. as part of a corporate philosophy). This is in turn to provide a basis for detailed leadership principles or guidelines which clearly define the expectations placed on managers. Rather than simply documenting good intentions it is essential that such guidelines provide a foundation for feedback and learning processes which provide managers with constructive support as they continue their own development.

Managers must also be given time to “lead” as well as sufficient opportunities to engage in further training. The more they are straightjacketed by increasingly demanding objectives, the less time they will have to continue their own development and perform a beacon role in the field of health promotion. Top-level and HR managers therefore need to create a set of circumstances which facilitate healthy leadership and actively support managers (e.g. in the form of additional qualifications). Continuous inward and outward reflection – and in particular analysis of both their own role (or their understanding of it) and that of top-level managers – is a prerequisite if managers are to adopt a leadership style which promotes employee health.

Responsibility for the leadership of employees stretches across all hierarchical levels and is not restricted to direct superiors. The way in which managers manage their own health (health-conscious self-management) acts as an inspirational, motivational beacon for their employees.

### **Subgoal: Intensification/promotion of safety- and health-conscious leadership**

#### **Examples of activities/indicators in the workplace:**

- Leadership principles/guidelines are defined in a corporate philosophy.



- Managers are encouraged to adopt a cooperative, employee-oriented, participative approach which promotes employee health.
- A leadership style which promotes safety and health is one of the criteria used to evaluate managerial performance.
- Managers engage in continuous personal development.
- Superiors provide social support and communicate recognition and praise.
- Managers are aware of their beacon role and behave accordingly.
- Systems for the management of values, change and diversity exist or are planned.
- An integration management system exists or is planned.
- Brainstorming sessions are held.
- A culture of health-conscious self-management is promoted.

### **5.3 Field of action: Communication**

For the purposes of this strategic concept communication is seen as the exchange of messages or information between managers and employees as well as among managers and employees. Intensive exchange and properly functioning communication paths are both important parts of good communication within companies and institutions. A smooth, effective flow of information enhances the working atmosphere within an organization, elicits interesting ideas and suggestions for improvement and helps avoid misunderstandings and conflicts. It also guarantees the availability of information relevant to issues of safety and health.

Intensive exchange is a prerequisite for mutual, shared values within companies and institutions and is itself dependent on openness, transparency and mutual appreciation. Internal communication is therefore also an issue of the relationships between protagonists as well as the values that characterize the interpersonal understanding between them. Communication only functions properly if dialogue occurs – it is not a one-way street and provides a basis for trusting cooperation. Mutual appreciation between communicators is the foundation for a constructive culture of communication.

Communication promotes employee identification with both the culture of their organization and the behavior expected of them in the field of safety and health.

Communication therefore has a multi-level effect on both safety and health and well-being in the workplace.

**Subgoal: Improvement and broadening of communication between managers and employees and among employees.**

#### **Examples of activities/indicators in the workplace:**

- Information is made available on a transparent basis; all employees have access to relevant information (direct flow of information).
- Mutually appreciative communication is promoted and actively engaged in.
- Employees receive feedback on their personal performance.
- The quality of communicative relationships is satisfactory (e.g. to the extent that communicators trust one another).
- Annual employee appraisals are set to be introduced or improved.
- There are regular team/departmental meetings or other regular opportunities for communication.
- Employees have the opportunity to engage in informal exchange.

#### **5.4 Field of action: Participation**

For the purposes of this strategic concept participation is seen to be the involvement of employees in organizational decision-making. They are to enjoy equal rights to participate in development processes aimed at ensuring that their company or institution is a healthy, safe place to work. The role of managers within this context is to not only motivate and empower employees to become actively involved but also give them the opportunity to do so. This field of action is therefore closely linked to that of leadership. Areas in which employee participation is both sensible and beneficial include decisions on and the implementation of measures in the field of safety and health. There are a number of reasons for this. Firstly, operational-level employees are the leading experts on the interrelationships between work, organizational structure and health. Companies and institutions can benefit from this expertise by using the skills and experience of their employees to optimize organizational strategies, structures and workflows. Secondly, employees appreciate being given the opportunity to influence their working environment. Recognition of and praise for an employee's expertise – especially in areas they are directly influenced by – have a positive influence on both their well-being and health. Recognition, praise and participation also enhance employee motivation and identification. Thirdly, employee participation in the planning and implementation of measures in the fields of safety and health increases both the acceptance and take-up of those measures. Employee representatives naturally represent important points of contact and have an important role to play as disseminators in this field of action.

**Subgoal: Active involvement of employees in processes involving safety and health in the workplace**

##### **Examples of activities/indicators in the workplace:**

- Employees are actively involved in the diagnosis, planning, execution and evaluation of measures in the field of safety and health.
- Employee surveys are carried out.
- Employees are regarded as experts on their workplace and involved in risk assessment processes.
- Employees enjoy opportunities for participation, e.g. within the framework of activities such as idea management, health circles, value dialogues, focus groups, future workshops and suggestion systems.

## **5.5 Field of action: Error culture**

Error culture describes the way in which a company or organization deals with errors, risks of error and the consequences of errors as well as the importance attached errors within the framework of working and learning processes. In the case of safety and health it is important for companies and institutions to establish an open error culture. This means that errors need to be transparent and not hidden. Everyone learns from errors – they provide a foundation for human development and represent important learning opportunities. Errors should therefore be dealt with constructively and used as a basis for appropriate countermeasures and improvements. As such it is vital that a working environment is created in which employees are not afraid to report and discuss errors and near-accidents and in turn to learn from them. Managers who openly acknowledge their own errors make a significant contribution towards the establishment of a transparent, anxiety-free working environment characterized by an open error culture. This field of action is therefore closely linked to that of leadership. An open error culture also fosters relationships between employees due to the fact that it enables them to work with less fear of stigma and more cooperatively. This in turn reduces psychological strain within the workforce. An open error culture promotes safety and health and is therefore to be made an integral part of any system used to manage safety and health in the workplace.

### **Subgoal: Intensification of a constructive error culture in the workplace**

#### **Examples of activities/indicators in the workplace:**

- A constructive error culture has been adopted into a corporate philosophy or similar.
- All employees are informed of errors and the rectification thereof.
- Errors and risks of error are communicated transparently, assessed and used as a basis for the definition of appropriate countermeasures.
- Near-accidents are recorded and assessed.
- Systems designed to ensure continuous improvement have been introduced and are used.
- Learning is promoted and includes the use of discussions and role plays.

## 5.6 Field of action: Social climate

The term “social climate” describes the qualities, characteristics and attributes of a company or institution. It is also referred to as the “personality” or “character” of a company or institution. Empirical studies show the social climate within an organization to have a defining influence on not only its own performance and health but also that of its employees. It is primarily shaped by the extent to which employees feel a sense of togetherness and social support, the extent to which employees trust one another and engage in amicable communication, the existence of shared values and norms (a common, living culture), the existence of a constructive conflict culture, the extent of recognition and trust on an individual level, the extent of fairness and justice and the quality of leadership within the organization.

A good social climate is therefore to be seen as being based on a culture in which employees experience learning and work in a way which both encourages and strengthens them. A good social climate is characterized by helpful, considerate, appreciative relationships both between managers and employees and among employees. It is therefore closely linked to communication within a company or institution due to the fact that both communication and social climate exert a decisive influence on whether or not employees identify with their company or institution and its values, norms, stances and behavioral patterns and adopt them into their own behavior both in and outside of the workplace.

The planning or implementation of activities aimed at shaping the social climate within companies and institutions should involve the active integration and participation of employee representatives.

**Subgoal: Establishment of a safe, healthy social climate characterized by helpfulness and consideration towards colleagues as well as mutual support**

### **Examples of activities/indicators in the workplace:**

- Mutual social support, helpfulness, consideration and appreciation among colleagues.
- The workplace is characterized by an atmosphere of positive, responsible coexistence.
- Rules governing cooperation have been defined and are kept to by all employees.
- Joint activities such as company parties, health awareness days and company sport schemes are supported and organized.
- Managers and employees alike are characterized by a conscious, constructive approach to diversity.
- Gender equality is ensured.

## 6 Target groups

This section describes the target groups selected for the joint prevention campaign.

In accordance with the DGUV action plan on the implementation of the UN Convention on the Rights of Persons with Disabilities all of the groups named are to be seen as inclusive.

### Direct target groups:

- Employers, and in particular those who run small and medium-sized businesses
- Mayors and district administrators
- Heads of key departments (e.g. HR, production, purchasing, quality assurance, controlling, accounts, communication)
- Heads of public institutions (including educational institutions)
- Managers
- Insured persons (e.g. employees, volunteers, school pupils and students)

### Disseminators:

- All persons with responsibility in the field of safety and health at companies and institutions (e.g. occupational physicians, OSH professionals, safety officers and occupational health management officers)
- Members of works/staff councils
- Teachers (and in particularly school principals) with responsibility for the safety and health of school pupils
- Kindergarten teachers with responsibility for the safety and health of children in preschool daycare
- Parents
- Decision-makers from the political sphere and lobbying groups (e.g. the Confederation of German Employers' Associations (BDA), the German Trade Union Federation (DGB) and employers' associations)
- Chairs of corporate governance/business administration

The general public will also be addressed and where applicable actively involved in the campaign within the framework of press/media activities and selected events.

One feature of this campaign is that employees at German social accident insurance institutions and the DGUV itself are to be seen as a special target group. Please refer to section 11 ("Internal preparations – internal campaign") for further information.

## 7 Core message

This strategic concept provides a basis for the creative implementation of a campaign communication concept (logo, slogan, creative ideas, media, etc.). It is therefore necessary to define the core message that is to be communicated by the campaign.

The core message represents a hub for all communication – it is not a campaign title, slogan or claim! It is derived directly from the goal, subgoals and target groups defined for the campaign and provides a concise description of *what* is to be communicated throughout the campaign. It does not, however, explain *how* that content is to be communicated.

The campaign is to communicate the following core message:

**“Safety and health are values for every individual, organization and society as a whole. They are to become an integral part of all actions. Preventative action is worthwhile and meaningful.”**

## 8 Measures

Joint prevention campaigns carried out by the DGUV and its members generally pursue the goal of shifting the attention of their target groups to a specific topic and highlighting the relevance of that topic to them. The initial aim is therefore to inform and sensitize. Over the long term campaigns are to sustainably change the attitudes and behavior of the target groups in the intended way. The concept for this new prevention campaign goes a step further, with safety and health to become firmly established values within both individuals and organizations. All measures which support the fulfilment of this task can either be implemented within the framework of the prevention campaign or reinforced and expanded upon if they have already been implemented independent of the prevention campaign. The following measures are conceivable on the basis of the fields of action defined in section 5 (non-exhaustive list):

- Tools for use by companies, institutions and specific target groups (see section 6) e.g. (self-)checks, handbooks, guidelines, dialogue templates
- Gathering and communication of examples of good practice
- Qualification programs for all target groups
- Stand-alone events
- Participation in trade fairs
- Press and media activities, and in particular PR, advertising and communication via social media channels
- Information and literature (e.g. printed materials, online content, apps)

Communication needs to be both specific and appropriate to the various target groups. Primary focus is to be placed on the transmission of emotional messages in order to facilitate the use of emotional responses to trigger discussion of the respective topics and in turn ensure the modification and/or adoption of attitudes, behavioral patterns and values.



## 9 Structure

The prevention campaign consists of a joint umbrella campaign involving all participating German social accident insurance institutions and where applicable the Social Insurance Institution for Agriculture, Forestry and Horticulture (SVLFG, see section 13 “Partners and cooperation”) as well as target group-specific “institutional” campaigns led by German social accident insurance institutions and where applicable the SVLFG.

Examples of potential institutional campaigns will be developed simultaneous to the development of the umbrella campaign.

### 9.1 Umbrella campaign

The umbrella campaign is primarily media-focused and used to raise awareness of the activities organized within the framework of institutional campaigns. The umbrella campaign provides a framework for the various prevention activities carried out by individual social accident insurance institutions.

Key elements of the umbrella campaign include:

- The development of a joint communication concept, and in particular a joint slogan (campaign title), a consistent set of visuals and a definitive design handbook.
- The provision of central, general media suitable for use in combination with all sectors and target groups and/or easily adaptable to institution-specific requirements.
- Qualification programs informing disseminators within social accident insurance institutions about the campaign’s fields of action.
- Targeted press and media activities as well as advertising designed to generate awareness of the campaign.
- Targeted integration of selected partners (corporate, media, etc.).

Press, media and advertising activities are to be implemented in waves over the course of the campaign and used to shift the focus of the campaign from one topic to the next (see section 10 “Campaign duration and dynamics”).

### 9.2 Institutional campaigns

German social accident insurance institutions will support the achievement of the campaign’s goals by implementing sector-specific, target group-oriented institutional campaigns.

Key elements of institutional campaigns include:

- Target group-specific operationalization of the strategic concept.
- Development of workplace initiatives and support during the implementation thereof.
- Training of members of prevention units at social accident insurance institutions on the implementation of the campaign in the workplace.
- Planning and implementation of measures such as events, qualification programs and competitions.
- Institutional-level media and press activities.
- Use and/or production and dissemination of campaign media.

- Initiation of research projects in topic areas touched upon by the campaign (where applicable).

Institutional campaigns are to consist of modular elements which cater to as broad a range of organizational requirements as possible. For further details please refer to section 10 “Campaign duration and dynamics”.

## **10 Campaign duration and dynamics**

Changes in values, value systems and cultures occur over long periods. When viewed in terms of the goals defined in this strategic concept it is also to be noted that German companies and institutions will be in different starting positions when the campaign begins. A long-term campaign lasting around ten years is therefore recommended in order to ensure not only that the campaign topic is communicated to all companies and institutions, but also that there is long-term momentum behind the value-changing process.

In the event of this strategic concept being adopted in its current form the institutional campaigns would involve the long-term implementation of sector- and target group-specific measures from the start of the umbrella campaign onwards. Those measures would be updated and supplemented as required throughout the campaign. Measures would need to be modular so that they can be tailored to the different requirements of the companies and organizations targeted.

The selection of a wave-like structure for the umbrella campaign is sensible from the perspective of both the dynamics and cost thereof. Variations in the intensity of the press and media activities used to raise awareness of the campaign and support the institutional campaigns create “crests” used to highlight specific themes (see figure 3). The proposed umbrella campaign starts with an intensive wave of press and media activity lasting around two years. There is then an interlude of around one year before the start of a second, in this case one-year wave. Continuous campaign evaluation facilitates the constant refinement of campaign activities and also provides a foundation for decisions on the extent to which it is sensible to add further waves to the umbrella campaign as well as the form taken by any additional waves. The DGUV’s committees reserve the right to authorize the initiation of additional waves. The infrastructure required by the institutional campaigns (e.g. a joint campaign homepage) will be provided as part of the umbrella campaign throughout the duration of the campaign.

Figure 3 illustrates the proposed campaign duration and dynamics.

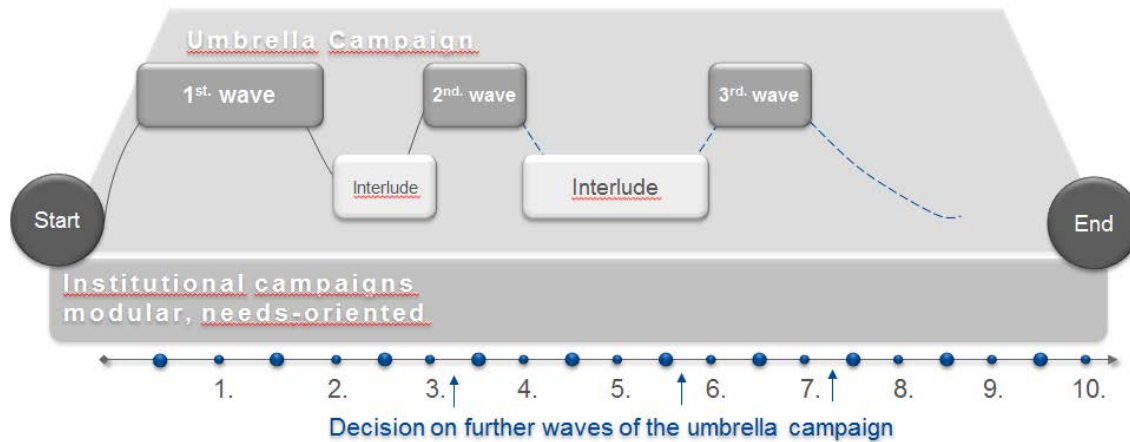


Figure 3: Duration and dynamics of the prevention campaign

## 11 Internal preparations – internal campaign

Intensive internal preparation throughout all German social accident insurance institutions is seen as an indispensable prerequisite for the rolling-out of the campaign at the target companies and institutions. In contrast with earlier campaigns this involves more than just training prevention officers to communicate specific messages. The first step is instead for every social accident insurance institution and the DGUV itself to establish a culture of prevention within their own organization: The members of the Strategic Concept Working Group are unanimous that outward credibility can only be ensured if a culture of prevention is actively pursued internally. Employees at the DGUV and its members therefore represent a particularly important target group requiring special attention within the framework of the campaign.

This is in turn dependent on the willingness of all managers to engage in systematic analysis of their own organization. Self-managed assessment of the current situation and the subsequent definition of areas where action is required represents a tried-and-trusted method in this regard. Useful tools can be made available by the DGUV's subcommittees on Psychology and Health in the World of Work and Changing Working Cultures.

Campaign implementation at companies and institutions may require the training of corresponding supervisors. In particular it is to be ensured that they are able to provide expert advice on both content and methods within the various fields of action. This might involve giving them training in different leadership styles or coaching techniques. It is desirable for supervisors to integrate their existing practical experience in the provision of local support to companies and institutions into the campaign development and design process. The networking of supervisors with one another and regular opportunities for them to share their experiences are also seen as essential.

## 12 Campaign architecture

The proposed campaign architecture shown in figure 4 and described in the following subsections is based on an evaluation of the processes involved in the current campaign.

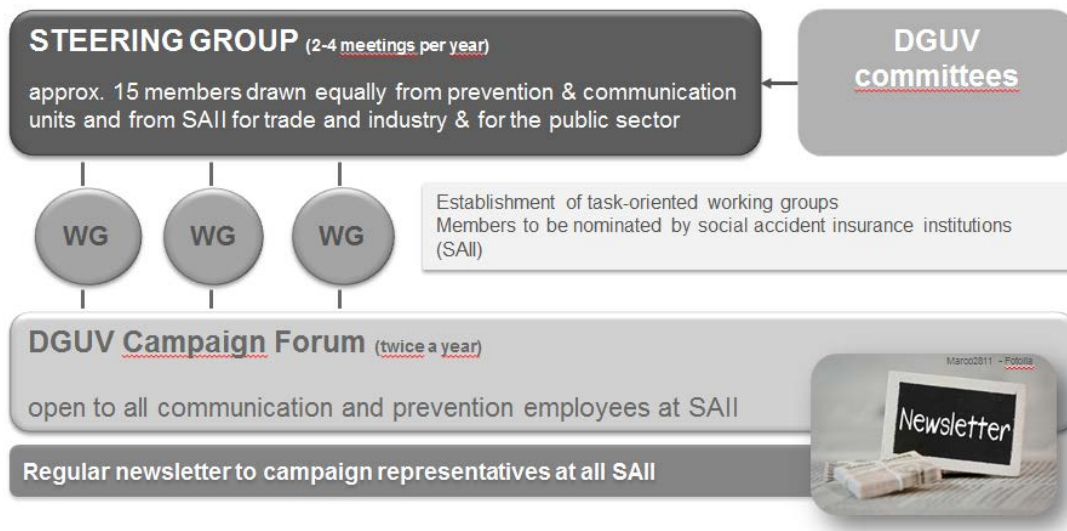


Figure 4: Proposed campaign architecture

### 12.1 Steering Group

The Steering Group is responsible for the political, editorial and financial steering of the prevention campaign. It selects agencies and presents its decisions to the DGUV's committees. It is also free to set up permanent or temporary working groups responsible for the fulfilment of specific tasks. The Steering Group is to comprise at least four representatives each from the Conference of Prevention Managers (PLK) and the Communication Committee & Working Group (ASK) as well as two representatives from the Conference of Director Generals. Only these representatives have the right to vote on decisions made by the Steering Group. Representatives from the Expert Committee on Education and the subcommittees on Psychology and Health in the World of Work and Changing Working Cultures (as specialist advisors) and an IAG employee (responsible for campaign evaluation) will also be appointed to the Steering Group. Responsibility for the organization of meetings will lie with the DGUV Campaign Team.

### 12.2 Working groups

Working groups will generally be set up on a temporary basis and for the fulfilment of specific tasks. They will receive their instructions from the Steering Group and either assess issues/situations in preparation for decisions by the Steering Group or receive a mandate from the Steering Group to make decisions of their own.

### 12.3 DGUV Campaign Forum

A forum for all members of social accident insurance institutions currently dealing with the campaign topics will be held around once every six months. There will be no restriction on the number of participants, who will be invited to attend regardless of their role within their own company and whether or not they have been given a mandate within the framework of the campaign. The aim of the Campaign Forum is to provide a platform for the sharing of information and experience, ensure the consistent implementation of the prevention campaign and network campaign participants. The generation of ideas which can be used as part of the effective implementation of the campaign or in other practical scenarios is another key objective.

## 13 Partners and cooperation

The topic of “safety and health as integral values” is to be reserved for exclusive use by the German social accident insurance institutions. By making this new, holistic approach to prevention the focus of a long-term campaign the social accident insurance institutions have the opportunity to create a USP which also has a positive effect on the familiarity and image of the DGUV and its members. The involvement of additional, fully paid-up partners in the prevention campaign is therefore not recommended. The more partners involved, the more different logos and labels used to communicate campaign messages and present the campaign to the outside world – thus hindering the creation of a USP. It is also to be noted that campaign delivery without the involvement of additional partners would allow design guidelines to be based much more closely on the DGUV’s own corporate design. This would again have a positive effect on the achievement of the aforementioned goals.

One exception comes in the form of the Social Insurance Institution for Agriculture, Forestry and Horticulture (SVLFG) – a fellow institution responsible for social accident insurance in Germany and a longstanding, trusted campaign partner. If the SVLFG voices an interest in participating in the campaign the DGUV would negotiate the services to be provided by the two partners before finalizing them in a corresponding contract.

Cooperation with institutions, companies, media outlets and other partners who pursue similar or identical goals and would be able to support the achievement of the campaign goals is desirable and will be targeted. The social accident insurance institutions and the DGUV itself are to ensure that neutrality between competitors is observed in this regard.

## 14 Evaluation

The prevention campaign is to be subjected to comprehensive evaluation. An evaluation concept is to be drawn up on the basis of this strategic concept and parallel to the definition of campaign measures. It is to be specific to the campaign, its subgoals, target groups and in particular its duration. The evaluation concept is to be continuously refined and/or expanded as the campaign progresses. Work in this area is to adhere to the “Joint principles for prevention campaigns carried out by the German social accident insurance institutions” (included in the appendix to this strategic concept, German language only).

Evaluation is to be based on the campaign evaluation model developed and refined within the framework of previous joint prevention campaigns. The model uses the goals of the respective campaign as a basis for the definition of criteria and indicators with which campaign effectiveness can be measured (also see IAG Report 1/2011: Evaluation von Präventionskampagnen – Die Teile analysieren, das Ganze besser sehen: Effekte von Kampagnen der Unfallversicherung messen; DGUV Forum, edition 1–2/2014, pages 44–47).

The campaign evaluation model comprises nine levels:

1. *Concept evaluation*: Assessment and acceptance of planned measures by target groups prior to broader roll-out (target group tests) as well as campaign perception, assessment and acceptance among internal campaign participants.
2. *Scope of activities and measures*: Documentation of all measures (activities, media, advertising, giveaways).
3. *Media response*: Documentation and assessment of editorial pieces (press, online, radio and TV) according to qualitative and quantitative criteria.
4. *Perception/acceptance/assessment*: Determination of how campaign is perceived by target groups (awareness, recollection, comprehensibility, association).
5. *Behavior/circumstances/change*: Measurement of actual changes within the target group (knowledge, attitudes, behavior, image).
6. *Effect on the wider company/educational institution*: Determination of the effect of the campaign on specific key values.
7. *Quality of campaign structure and processes*: Determination and assessment of organizational structure and workflows for the purpose of optimizing internal processes.
8. *Recommended courses of action, advice on the evaluation process*: Provision of support to the social accident insurance institutions during the evaluation process.
9. *Evaluation feedback*: Structured, continuous feedback of evaluation results.

Campaign evaluation is to provide information on the following elements over the course of the campaign:

- Expectations and needs expressed by target groups in connection with the campaign.
- The reach of the measures and activities picked up by the media.
- The way in which the campaign is perceived by target groups/the extent to which it attracts their attention.

- The effect the campaign has on circumstances within companies/institutions and the behavior of target groups.
- The extent to which employees at social accident insurance institutions have been informed about the campaign and feel motivated to both adopt its message and communicate it to the target groups.
- How internal stakeholders rate the organization and implementation of the campaign.
- Opportunities for improvement which can be exploited by future campaigns.

Evaluation results are to be used to adapt measures to specific target groups, monitor trends, devise new measures and improve existing measures. As such, evaluation delivers structured, prompt information on the state of the campaign and can be used as a basis for decisions on the continuation thereof.



## 15 Conclusions

The following factors support the use of the campaign topic:

The topic is so important and multi-layered that it is strong enough to support a long-term campaign. The survey results show that there is a need for action. The target groups see the DGUV and its members as an authoritative point of contact in the fields of action defined for the campaign.

The campaign would make the DGUV and its members a pioneer in the practical implementation of the topic in the eyes of both its target groups and the general public as a whole. As other social insurance providers and prevention institutions are unlikely to make the topic a focus of their public relations work in the foreseeable future it would give the DGUV a USP. The campaign would be of political importance both within and outside of the DGUV.

The topic has a societal, organizational and individual level and is therefore also structurally suitable for use within the framework of a joint prevention campaign (societal level = umbrella campaign, organizational and individual levels = institutional campaigns).

The campaign would be the first to go beyond the previous goals of bringing about changes in circumstances and behavior. In particular, it would pursue an additional societal-level goal which helps raise the topic of safety and health to a higher standing on all three levels (societal, organizational, individual). That long-term goal would be to integrate safety and health into the implicit basic assumptions of an increasing number of people, thus turning safety and health into “lived” values. The campaign would be in a position to make a contribution in this regard.

The topic covers all of the areas included in the DGUV’s mandate for prevention (occupational accidents, occupational diseases and work-related health hazards). All social accident insurance institutions would benefit from the topic in equal measure due to the fact that the prevention campaign does not single out individual accident- or disease-related issues.

Last but not least: The campaign does not draw a strict dividing line between safety and health in educational, occupational and voluntary contexts on the one hand and safety and health outside of professional life on the other. It instead sees people as the sum of all their parts. They are regarded as unique individuals created by a variety of biographical and social experiences, as social beings defined by their relationships. This is helpful within a campaign context. It is worth noting here that all previous campaigns have also dealt with private hazards, risks and opportunities for prevention (“Skin” – protection against sunburn; “Fight the risk!” – road safety (including uninsured journeys); “Think of me. Love, your back” – exercise as part of daily routines, recreational sport, etc.).



## Gemeinsame Grundsätze für Präventionskampagnen der gesetzlichen Unfallversicherung

### strategie

### planung

#### Kampagnen sind Teil der Präventionsstrategie der gesetzlichen Unfallversicherung

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

#### Die gemeinsamen Präventionskampagnen bedürfen einer detaillierten Planung

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



## struktur

## wirkung

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

Die Wirkung gemeinsamer Präventionskampagnen ist auf allen Ebenen zu evaluieren

Die Dachkampagne ist primär medial orientiert und schafft die kommunikative Basis. Die Trägerkampagnen sind zielgruppenspezifisch dialogorientiert.

Die gemeinsamen Konzepte sind als Konsens zu verstehen und erfordern das Einhalten gemeinsamer Beschlüsse.

Eine hohe Qualität kommunikativer Verzahnung zwischen Dachkampagne und Trägerkampagnen ist erforderlich, um den Erfolg der Kampagne zu sichern.

Öffentlichkeitsansprache (Dachkampagne) und Trägerkampagnen müssen prägnant auf die Zielgruppen abgestimmt sein (Marketingkonzept). Die konkrete Präventionsarbeit in den Trägerkampagnen bzw. Schwerpunktprogrammen ergänzt und erweitert die Öffentlichkeitsansprache der Dachkampagne.

Eine interne Kommunikation im Sinne einer „Kampagne vor und während der Kampagne“ ist zur Identifikation notwendig.

Eine schlankere Kampagnenorganisation ist Voraussetzung für ein optimales Zusammenwirken von Dachkampagne und Trägerkampagnen.

Die Kommunikation und Entscheidungsfindung in den Gremien der Dachkampagne und der Trägerkampagnen müssen zielorientiert sein. Redundanzen sind zu vermeiden.

Zur Messung der Wirkung einer Kampagne sind aus den jeweiligen konkreten Zielen geeignete Indikatoren abzuleiten.

Die Evaluation der Dachkampagne orientiert sich an Zielen der Dachkampagne, die Evaluation der Trägerkampagnen an den jeweiligen Zielen der Trägerkampagnen.

Die Evaluation muss vor Beginn der Dach- und Trägerkampagnen geplant werden und starten. Eine Nullmessung (Ist-Zustand) ist durchzuführen. Die Evaluation soll während und nach der Kampagne fortgeführt werden (Vorher-Nachher-Messung).

Unfall- und BK-Zahlen schwanken aufgrund verschiedener Ursachen von Jahr zu Jahr. Das Zusammenwirken dieser Einflussgrößen ist nur schwer identifizierbar, da sie nicht alle systematisch miterfasst werden können. Unfall- und BK-Statistiken erlauben nur eine Beschreibung des Status Quo. Es kann anhand von Unfall- und BK-Zahlen keine wissenschaftlich gesicherte Aussage über Erfolge oder Misserfolge von Kampagnen getroffen werden.

Die Wirkung von Kampagnen sollte entsprechend einer Wirkungskette auf den Ebenen „Aufmerksamkeit“, „Wahrnehmung“, „Akzeptanz“, „Wissen“, „Einstellung“, „Verhalten“ und „Verhältnisse“ – als wichtige Einflussfaktoren auf Unfälle, Berufskrankheiten und arbeitsbedingte Gesundheitsgefahren – gemessen werden. Dazu sind die direkten Zielgruppen zu befragen.

### Über die „Gemeinsamen Grundsätze für Präventionskampagnen“

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

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