



Health mapping at the workplace: an issue for the European Works Council

The identification of health strains, risk assessment and the development of solutions at the workplace

I. Project goals

- Identification of workers' health problems
- Identification and assessment of health strains and hazards from the employees' point of view in order to reduce workplace hazards
- Development of proposals, preventive measures and action steps for plant-based health promotion
- Involvement of employees in analysis, planning and implementation

II. Description of measures

Background

At an international level, health mapping has for years been a tool to gather data, identify and assess hazards, develop protective measures and mobilise employees for health issues. Compared with a purely expert-based approach, health mapping is different in various ways. International experience (see references) confirms that the involvement of employees in the analysis and development of preventive measures is decisive for the success or failure of preventive health measures.

- Employees know their workplace best. The mapping process involves them directly and uses their knowledge at all stages.
- Risk assessment and the development of preventive measures are part of one and the same process.
- The use of visual images helps to identify links between health problems and health risks at the workplace.
- The involvement of employees helps greatly with getting their support in implementing the measures developed.
- Mapping supports the process of understanding the importance of workplace hazards and helps to support change actively.

Procedure

Health mapping normally requires working in small groups of 8-12 employees (ideally from the same working area) with two meetings of 3-4 hours each. The small groups may either be pilot groups from certain work areas (departments, groups etc.) whose results will be transferred to the whole work area or may represent the whole group, which would mean an increase in the number of meetings (example: A cost centre with 48 employees requires 2 x 4 meetings with 12 employees each). For better coherence and a higher chance of success, the latter option should be preferred.

The two meetings consist of several elements.

Meeting 1:

- Body mapping exercise to identify and present the status quo of health problems
- Body mapping exercise to identify and present the status quo of health hazards at the workplace
- „Your World“ mapping in which employees document and reflect on the effects of their work and the related problems on their lives.

Meeting 2:

- Suggesting measures and planning implementation: Prioritisation of health hazards found and development of an action plan.

Result

- Visualisation of health problems, of the assessment of workplace hazards from the employees' point of view as well as a proposal for preventive measures and implementation planning
- An expert report (format *depends on contract*) about health problems, workplace hazards and measures developed
- Presentation and discussion of results with management and works council by external expert (*depends on contract*)
- If necessary, support from employers and employees in a contractual implementation of change

Implementation, responsibility, services by external consultant

In order to protect the employees, the data gathered in the analysis and evaluation of health problems and hazards will be anonymised (visualisation and report). Usually, the small group meetings are chaired by people who are trusted by the employees (e.g. works council). For this purpose, they are trained by external consultants, who also participate in the meetings in a supporting capacity and who document and evaluate them.

References

At an international level, health mapping has for many years been a tool to gather data, identify and assess hazards, develop protective measures and mobilise employees for health issues. The method was developed in Canada and the US with the help of ideas from Italian occupational medicine and methods of *popular education* and is practised widely by unions and health consultants in Anglo-Saxon countries (US, Canada, UK). Because of the special and unique way of involving the employees (more than just filling in questionnaires), the method is now recommended mainly for hazard identification by the ILO and in the context of the European campaign to combat musculoskeletal disorders at the workplace developed at the end of the 90s by the European trade unions (see below, O'Neill and ILO publication).

Further reading

Brophy, James; Keith, Margarete, 2001: Identifying and Prioritizing Gaming Workers' Health and Safety Concerns Using Mapping for Data Collection. In: *American Journal of Industrial Medicine* 39, 42-52

Brophy, James; Keith, Margarete; Kirby, Peter; Roskam, Ellen, 2002: Barefoot research. ILO InFocus Programme on Socio-Economic Security

Keith, Margarete, 2003: Workplace Health and Safety Mapping: The why and how of body mapping. In: *Occupational Health Review*, 102(March /April): 31-33.

O'Neill, Rory, 1999: Europe under Strain. A report on trade union initiatives to combat workplace musculoskeletal disorders. TUTB (The European Trade Union Technical Bureau for Health and Safety) Publication.