



# ***Health Education Materials for the Workplace***

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**USER'S GUIDE FOR PARTNER ORGANIZATIONS**

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## ACKNOWLEDGEMENTS

This guide accompanies a suite of health education materials designed for workplaces in low and middle income countries. These health education materials were developed by Ulrich Madeja, MD of Bayer, with David Wofford and Carolyn Rodehau of the Evidence Project/Meridian Group International, Inc., with support from Luke Owsley, an independent consultant. Marat Yu, Lauren Shields, and Maria Pontes of Business for Social Responsibility also contributed to conceptualizing and reviewing these resources. Many thanks as well go to Kate Gilles of the Evidence Project for her edits, ideas, and communications expertise.

These materials were developed through an initial partnership formed between Bayer and the Evidence Project/RAISE Health to design family planning and reproductive health materials in collaboration with HERproject, the workplace health education initiative of Business for Social Responsibility. Collaboration with other health projects and GO/NGOs was a key feature in the development process, in order to expand the suite of materials to reflect a more comprehensive range of health topics. We identified and reviewed materials from a wide range of health GO/NGOs using the K4Health website and other health websites. Key messages are based on existing health information or educational materials and incorporate in-country and government messages produced by:

- *USAID*
- *UNICEF*
- *Business for Social Responsibility HERproject*
- *WaterAid*
- *Global Handwashing Day*
- *Alive and Thrive*
- *Nutrition Working Group of CORE Group*
- *MenEngage/Promundo*
- *Interagency Gender Working Group*

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We also want to thank participants of a roundtable convened on March 18, 2015 to solicit feedback on the work and the approach, and identify opportunities and to share materials more strategically:

- *Andrea Harris, USAID, Senior Technical Advisor, Private Partnerships*
- *Tim Harwood, MenEngage, Communications Director*
- *Leslie-Anne Long, mPowering Frontline Health Workers, Global Director*
- *Rachel Marcus, USAID, PMF/Public Health Advisor*
- *Ellen Weiss, The Evidence Project/PRB, Senior Communications Specialist*

The materials were designed by Atelier Hauer+Dörfler, Berlin, a German based design firm.

## FREQUENTLY ASKED QUESTIONS

### 1. WHY CREATE HEALTH EDUCATION MATERIALS FOR THE WORKPLACE?

Companies can derive many benefits from healthy workers – from higher productivity and morale to better worker-manager relations. But these benefits only occur at workplaces that make worker health and health promotion a priority.

Experience in workplaces has indicated a clear need for easy-to-access, on-demand health information materials. Ours make it easy for workplaces to access and print materials themselves onsite and on demand.

Workplaces often have difficulty getting hold of health information materials to give to workers:

- It is difficult to obtain materials from local public health departments or NGO partners, or to get more when supplies of printed hardcopies run out. Workplaces are often located in industrial areas far from organizations that tend to supply health information materials.
- Most health information materials are currently designed for professional color printing with high production values. Such materials often do not print out clearly on desktop printers and use lots of ink.



#### Contributing to the Global Goals

The health education materials contribute to a company's support of the Sustainable Development Goals (SDGs) as well as such commitments as the Women's Empowerment Principles (WEPs). Making health information easily accessible to workers within global supply chains is a concrete step multinational corporations can take to support the SDGs goals #3 (Health & Well-being) and #5 (Gender Equality).

Also increasing access to health information responds to the Principle #3 (Ensure the health, safety and well-being of all women and men workers) of the WEPs, which is a joint initiative of UNWomen and the UN Global Compact.

### 2. WHAT IS IN THE PACKAGE OF HEALTH EDUCATION MATERIALS?

These materials are based on existing health educational message that have been adapted and designed specifically for workplaces and their workers. As women increasingly comprise a large portion of the formal workforce, the education package focuses largely on women's health issues. But it also includes male engagement in family health, nutrition and handwashing.

The package contains three types of materials:

- **Mini-posters** meant to be posted in public areas and be easily readable from a short distance.
- **Handouts** that have a little more detailed information for workers to take home with them.
- **Supplemental materials** for some topics (for example, a quiz that can reinforce learning).

The workplace can determine how best to use these materials, whether as handouts or posters. The goal is to provide a resources that can be used by workplaces and their health staff in any way that helps promote good health practices and encourages workers to seek additional information and services.

### 3. WHAT MAKES THESE MATERIALS DIFFERENT AND UNIQUE?

What makes our materials *different* is the way of getting them to workplaces, health staff and workers:

#### BY USING EXISTING INTERNET CONNECTIONS AND DESKTOP PRINTERS AT THE WORKPLACE

As the materials are online, workplaces can easily download and print them on site. It is a short walk down the hall to the company business office to print them out – not a trip across town searching for available materials from the health department.

What makes our materials *unique* is the fact that they look good printed from a desktop printer:

#### BY DESIGNING INTENTIONALLY FOR BLACK AND WHITE PRINTING (AS WELL AS IN LIMITED COLORS IF WANTED)

Unlike most existing materials, ours have no photos or complicated color schemes that print poorly in black and white. For a print copy to look good in black and white, it must be designed for the desktop printers you will find at most workplaces. However, we have also provided versions in simple color so that a workplace can have a choice of color versions if they want them.

In this way, the copies of our materials from desktop printers will look sharp AND use less ink – whether in black and white or color.

#### 4. WHAT ARE THE BENEFITS OF THIS APPROACH?

This approach has many benefits:

- **Accessibility:** A nurse or workplace health team can get these materials anytime they need them. There will be no such thing as “running out” of materials or depending on external groups for this resource.
- **Cost Savings:** This approach is much cheaper than relying on large and expensive print runs that can still not fill the demand of most industries or the demand over time. The math indicates that there will never be enough public or private funds to print materials for the thousands of formal workers that need them. For instance, an industry with 250,000 workers means even a small package of four (4) one-page materials would require a million pages to be printed and then distributed to all the different sites. These are significant costs that no one organization can afford.

On a workplace-by-workplace basis, with materials printed onsite, the costs are limited and manageable and distributed across companies. The costs per workplace will reflect actual usage by the end users.

The design of the materials is also intended also to save money: the use of black and white design means that the materials will use less ink than those with photos and lots of color, thus minimizing a key onsite production cost. “On demand” printing rather than mass production quantities also saves money.

- **On Demand:** When there is a demand for the materials, they are printed out only in the numbers needed. This is an efficient use of resources. An infirmary can have a small number of copies available on site and print out more when they run out. Trainers or peer educators can print copies based on the number of participants expected to attend a training or other group activity. The “mini-posters” on walls and bulletin boards can also be easily replaced when they get old by printing new ones.
- **Quality:** Materials designed for black and white look sharp when printed out in black and white. But materials designed in color can be hard to read when printed in black and white. Thus, all materials from desktop printers will be of highest possible quality for the end-user.

If a workplace wants a material in color, managers can print that version using a color printer or run by a professional print shop. The color versions give workplaces flexibility and options. For instance, it may make sense to a company to print mini-posters in color so that they stand out more visibly when placed on walls and bulletin boards.

#### 5. WHO IS THE INTENDED AUDIENCE?

This resource is intended for anyone that works in or with workplaces in low and middle income countries. We would expect them to be used by workplace health providers, health and safety staff, human resources managers and other relevant people at a company.

**The primary audience and end user, of course, are women and men workers.** And thus the materials are meant to give basic information and messages that can be easy understood and recalled by people with low or moderate literacy levels.

The primary institutional audiences are:

- Multinational Brands, Buyers, and Retailers
- Workplaces/Supplier Companies
- Non-Governmental Organizations (NGO) who help implement workplace programs
- Government Agencies

These are the entities that can integrate the materials into their practices and make sure that their staff know where to access the materials online or put in place policies and practices to make them available, internally.

The materials also have relevance for other industry actors and groups that focus on corporate social responsibility, health and safety, and labor. They can also support workplace and industry use of health materials as part of health promotion and training. These include

- Industry Associations
- Labor Organizations

## **6. WHAT HEALTH TOPICS DOES THE PACKAGE COVER?**

These materials currently cover six different topic areas that are important to improving health outcomes for women – and men -- workers:

- Family Planning Methods
- Healthy Timing and Spacing of Pregnancies
- Nutrition
- Menstrual Hygiene
- Handwashing
- Engaged Fathers and Health

## **7. WHY THESE TOPICS?**

Each of these topics was selected for its relevance to workplaces and workers in low and middle income countries. There is a focus on women's health needs, since increasingly young (18-25 years old) and often unmarried women make up large portions of the formal industry and agribusiness workforce today.

Long hours and dual responsibilities at home contribute to the lack of access to health information and services faced by many of these women. This is particularly true for reproductive health and family planning. Furthermore, menstrual hygiene is a critical and too often overlooked issue for women workers that affects their well-being, health, and productivity.

Workplace health staff need to be able to address issues of specific importance to women and men, and this package recognizes that men have an important role in the health of their families and their own health.

Finally, handwashing is a fundamental practice for all workers that is essential to limiting or preventing the spread of infectious diseases.

## **8. WHAT LANGUAGES ARE THE MATERIALS AVAILABLE IN?**

These materials are available in English. Materials in the following languages are coming on line in 2017:

- Spanish
- Bengali
- Swahili (Kenya)

We anticipate offering the materials in several more languages through partner organizations.

## 9. HOW CAN YOU ACCESS THESE MATERIALS?

These materials are available online for download at:

- The Evidence Project:  
<http://evidenceproject.popcouncil.org/resource/health-education-materials-for-the-workplace/>
- Bayer: [www.your-life.com/workplace](http://www.your-life.com/workplace)

## 10. WHAT PAPER SIZES ARE THE MATERIALS AVAILABLE IN?

Since the materials are designed for desktop printing, all the materials are the same size. They are available in A4 and 8x11 printing formats.

## 11. WHO OWNS THESE MATERIALS? ARE THERE RESTRICTIONS ON ADAPTING THEM?

The materials are open-source and publically available. In printing or duplication of the materials, all the logos of the development partners (i.e. Bayer, USAID, and BSR HERproject) must be present or there must be recognition in writing, if there are reasons to avoid logos.

It is envisioned that companies and organizations that have a commitment or a plan to use and disseminate the materials in a significant way will contact the development partners to add their own logos on the materials.

## 12. HOW WERE THE MATERIALS TESTED?

These materials were reviewed and field-tested using three approaches:

- **Technical Expert Feedback:** Collaboration with other health projects and NGOs was a key feature in the development process in order to expand the suite of materials to reflect a more comprehensive range of health topics. As part of that engagement, a technical roundtable was convened to collect additional comments. The final design and messages were revised to reflect feedback.
- **Workplace Feedback:** Our partner, BSR HERproject, engaged their local implementing partners to collect feedback on the materials from workplace health providers, peer educators, and workers in Bangladesh and Kenya.
- **Comprehension Testing:** In partnership with Translators without Borders (TWB), a US-based charity that uses language to increase access to knowledge, we were able to test the level of comprehension of health-related information that these materials were designed to communicate.

Finally, these materials were based on existing health education materials from expert organizations to ensure that technical content and messages were aligned with local and international standards. The Bayer team also reviewed the materials for quality and accuracy.

## SUGGESTED USES

Health education materials have value if they are used actively. It is certainly worthwhile to post health information, as appropriate, on the walls of the workplace infirmary, in restrooms, and elsewhere throughout a workplace. However, that is only the first step.

To get the most out of this educational resource, companies and individual workplaces should focus on two areas:

- Integrating the materials into existing health functions, health promotion activities and trainings
- Integrating the usage of materials into management systems and oversight

These materials will have the greatest value if they are used to enhance worker education and training related to health and safety and general health promotion. They are a tool to reinforce learning and prompt workers to seek further information and services

### 1. INTEGRATION INTO EXISTING HEALTH FUNCTIONS AND TRAININGS

We recommend that companies integrate these materials into these types of health activities and practices:

#### → **Infirmary Staff Health Education or Counseling**

Doctors, nurses, and other health staff regularly see workers for all sorts of health issues, and these moments of contact are opportunities to promote good health practices. If the health team is seeing workers with stomach pains, that time is a chance to discuss handwashing and hygiene and provide them a handout. The same is true for menstrual pain and the other topics covered by these materials. In some workplaces, the health staff is trained to counsel women (and men) workers on sensitive issues, like family planning.

The infirmary health staff should be encouraged to use the materials as part of their clinic services. The materials should also be used whenever the infirmary health staff does general outreach to workers or organizes education sessions on health and safety.

#### → **Health Education Activities**

Many workplaces have health programs to address general or specific health needs as well as to ensure occupational safety and health. Some have implemented peer health educator models, such as BSR's HERproject, to promote health knowledge among workers. These activities may be led by health providers such as nurses or company health and safety officers or welfare officers. The health education materials can support and improve the following health activities:

- **Health promotion campaigns** (for example, monthly workplace education on a specific issue, health fairs, or health days onsite with external health providers.)
- **Health information sessions onsite** (for example, lunchtime or workday health information sessions, pregnancy or maternity groups.)
- **Worker trainings** (such as peer education programs, health and safety sessions, and professional advancement programs.)

#### → **Other Workplace Structures**

Companies can also integrate these materials into common business structures as a way to reach employees with health information and promote a concern for good health practices. These include:

- **Health and Safety Committees** (or worker-management committees). The role of worker representatives is to enhance communication between workers and management. They should be familiar with these materials so that they can ensure their peers have access to them.

- **New Employee Orientation:** Health and safety is typically a part of the orientation and, in the best cases, an infirmity nurse or health provider also is part of the orientation. Orientation is an important time to inform workers of available health services as well as health information.
- **Day Care Centers/Creches:** Women who have recently given birth are most in need of reproductive and maternal health information and services. Workplaces that have operational creches should ensure that new mothers receive information on family planning, nutrition, and hygiene.

## 2. INTEGRATION INTO MANAGEMENT SYSTEMS & PROCESSES

The health team will be able to integrate these education materials into their health activities if workplace management supports their use and enables access to a desk-top printer or copier. We recommend three management actions:

### → **Assign responsibility for the materials**

It is important that specific people are responsible for the availability of the materials. Ideally, responsibility would be assigned at two levels:

- **Human Resources/Business Offices** A person needs to be assigned oversight of the process for printing materials and any related activities. This person's role is to enable the availability of resources, provide management support for budgeting and planning, and, ideally, ensure that health providers are integrating the materials into their activities.
- **Health & Safety/Infirmity Function** A senior health provider in the workplace infirmity or a health and safety officer should be responsible for ensuring the use of these materials at the workplace. This includes determining the placement of the mini-posters and their replacements, when needed.

### → **Inform managers and the health team of the policy**

Clear communication and procedures should be put in place to ensure that there is no uncertainty about the availability or distribution of these materials. There will likely be times when the office printers are needed for other purposes and are not available; these instances need to be communicated and planned for. It should also be clear who is allowed to have access to business offices to make copies, and access should not be limited to only one person. Any constraints on access should be understood by all users, who can plan for these circumstances.

### → **Determine a budget for health materials**

Printing the materials will incur costs, and these cost should be determined and managed. The company business officer assigned to this activity should also be responsible for working with the health team to estimate the likely number of copies of mini-posters and handouts that will be needed each month or year. Senior management should incorporate these costs into its annual budgeting.

These three actions should fit into the existing responsibilities and roles of current employees on site and should not add significantly to anyone's work load.

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Bayer is a global enterprise with core competencies in the Life Science fields of health care and agriculture. Its products and services are designed to benefit people and improve their quality of life. At the same time, the Group aims to create value through innovation, growth and high earning power. Bayer is committed to the principles of sustainable development and to its social and ethical responsibilities as a corporate citizen.



The Evidence Project uses implementation science — the strategic generation, translation, and use of evidence — to strengthen and scale up family planning and reproductive health programs to reduce unintended pregnancies worldwide. The Evidence Project is led by the Population Council in partnership with INDEPTH Network, International Planned Parenthood Federation, PATH, Population Reference Bureau, and a University Research Network.



Meridian Group International, Inc. is a woman-owned, small business that works with the private and public sectors to create innovative programs and partnerships that benefit both business and society. RAISE Health is a major activity of the USAID-funded Evidence Project. Implemented by Meridian Group International, Inc., an Evidence Project partner, RAISE Health combines implementation science with its extensive experience implementing workplace health programs and promoting better policies and practices within the global framework of codes and compliance.

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