

# NATIONAL NUTRITION WEEK 2015: “Healthy Eating in the Workplace”

September 2015

## 1. INTRODUCTION

This serves as a background document highlighting the key messages to be used throughout National Nutrition Week (NNW) 2015. It can be used in conjunction with the Questions and Answers document.

The objective of this document is to outline the key messages to be communicated and statistics to be used; in order to ensure consistency in communication by all involved with National Nutrition Week 2015.

## 2. GUIDELINES FOR USE OF NATIONAL NUTRITION WEEK 2015 MESSAGE

The target group for the **National Nutrition Week 2015: ‘Healthy Eating in the Workplace’** campaign is the workplace and service providers who provide food to workplaces, reached via interpersonal communication and media. In line with the NNW 2015 theme and messages, the Department of Health has compiled *The National Guide for Healthy Meal Provisioning in the Workplace*<sup>1</sup> which serves as a comprehensive guide.

NNW 2015 messages will be communicated via the Department of Health, other stakeholders and through targeted publications and websites.

The message and supporting information must remain consistent as per this document, associated Questions and Answers (Q&A) document and *The National Guide for Healthy Meal Provisioning in the Workplace*, in order to ensure consistency. They may be adapted to meet the needs of the target audience.

- The overall message should be used in the format stated, with the same wording to avoid mixed messages and confusion.
- The statistics given should be the statistics used in this document in order to avoid confusion or too many messages.
- Messages should only be used for generic health promotion and not to promote any specific brands.

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<sup>1</sup> National Department of Health (2015). National Guide for Healthy Meal Provisioning in the Workplace. Pretoria: National Department of Health.

### 3. FACTS

- Several risk factors affect presenteeism at work (i.e. 'being present at work, but limited in some aspects of job performance by a health problem'), such as being overweight, having a poor diet, smoking, a lack of physical exercise, high stress, poor relations with co-workers and management, and poor physical work environments<sup>2</sup>.
- People who are overweight or obese also have a higher risk for a range of occupational conditions, including asthma, musculoskeletal disorders, immune response to chemical exposures, neurotoxicity, stress, cardiovascular disease, cancer and injury<sup>3</sup>. A longitudinal study that was conducted from 1988 to 2000 in fact showed that obesity was associated with a 25% higher chance of workplace injury<sup>4</sup>.
- Obesity generates indirect costs for employers by increasing workers' compensation claims and related lost workdays, absenteeism (i.e. 'time away from work due to illness') and disability in people aged 50 - 69. Even without counting the cost of presenteeism and absenteeism, productivity costs attributable to obesity are significant. The indirect costs of obesity may be greater than the direct medical costs<sup>5</sup>.
- Disability, workers' compensation claims, and number of days missed owing to any cause increase with a body mass index (BMI) above 25, as do total employer costs. Short-term disability claims increases faster for employees with hypertension, hyperlipidemia, or diabetes. Normal weight employees cost on average \$3830 per year in covered medical, sick day, short-term disability, and workers' compensation claims combined; morbidly obese employees cost more than twice that amount, or \$8067, in 2011 dollars<sup>6</sup>.
- Employees with an unhealthy diet have been found to have a 66% increased risk of lower productivity than those who ate a healthy diet. Employees who exercised rarely had a 50% increased risk of lower productivity than those who exercised regularly. Employees who smoked had a 28% higher risk of lower productivity than non-smokers. Depression, carrying

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<sup>2</sup> Cancelliere C, Cassidy D, Ammendolia C, Côté P (2011). Are workplace health promotion programs effective at improving presenteeism in workers? A systematic review and best evidence synthesis of the literature. *BMC Public Health*; 11: 395.

<sup>3</sup> Schulte PA, Wagner GR, Ostry A, Blanciforti LA, Cutlip RG, Krajnak KM, Luster M, Munson AE, O'Callaghan JP, Parks CG, Simeonova PP, Miller DB (2007). *American Journal of Public Health*; 97 (3): 428 – 436.

<sup>4</sup> Lin TC<sup>1</sup>, Verma SK, Courtney TK (2013). Does obesity contribute to non-fatal occupational injury? Evidence from the National Longitudinal Survey of Youth. *Scandinavian Journal of Work, Environment and Health*; 39 (3): 268 – 275.

<sup>5</sup> Heinen I, Darling H (2009). Addressing obesity in the workplace: The role of employers. *The Milbank Quarterly* (2009); 87 (1): 101–122.

<sup>6</sup> Van Nuys K, Globe D, Ng-Mak D, Cheung H, Sullivan J, Goldman D (2014). The association between employee obesity and employer costs: evidence from a panel of U.S. employers. *Am J Health Promot*; May-Jun. 28(5): 277-285.

excess body weight, high blood pressure and high blood cholesterol levels also increase the risk of lost productivity. More women than men have been found to be susceptible to productivity loss. Those aged 30-49 years had the highest loss of productivity compared to those younger or older. When employers provide support for eating healthier, getting in more exercise and becoming emotionally healthy, employees respond positively with higher productivity<sup>7</sup>.

- Office workers from different organisations who have been surveyed cited that the most common nutrition barriers are “unhealthy food available in the office” (30.6%) and “lack of healthy options near office” (28.8%). The younger age group was more likely than the older age group to cite the barriers “unhealthy food vending machines” (18.6% vs. 3.8%) and “healthy food more expensive than unhealthy food” (32.2% vs. 15.4%). Approximately half of the respondents did not meet the recommended servings of fruit and vegetables per day.<sup>8</sup>
- Nutrition-related worksite health promotion programmes have the potential to reduce obesity by 5 – 10%, thereby increasing labour productivity by 1 – 2%. The potential for such productivity gains are expected to be more significant for larger companies<sup>9</sup>.
- A 2009 World Health Organization (WHO) review of interventions to improve diet and exercise found multi-component interventions were effective that<sup>10</sup>:
  - provide healthy food and beverages at the workplace
  - provide space for fitness or encourage stair use
  - involve the family
  - provide individual behaviour-change strategies
- It was found in four metropolitan worksites in the U.S. that only 15% of foods and 26% of beverages sold in the worksites’ vending machines were considered healthy;<sup>11</sup>
- Introduction of nutrition guidelines for healthier vending machines at two hospital sites in New Zealand resulted in a substantial reduction in the amount of energy (-24%), total fat (-32%),

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<sup>7</sup>Merrill R, Aldana S, Pope J, Anderson D, Coberley C, Whitmer W, HERO Research Subcommittee (2012). Presenteeism according to healthy behaviours, physical health and work environment. *Population Health Management*; (0): 1 – 9.

<sup>8</sup> Blackwood K, Jancey J, Howat P, Ledger M, Lee A (2012). Office-based physical activity and nutrition intervention: Barriers, enablers and preferred strategies for workplace obesity prevention, Perth Western Australia. *Prev Chronic Dis*; 2013; 10: 130029.

<sup>9</sup> Jensen JD, Can worksite nutritional interventions improve productivity and firm profitability? A literature review (2011). *Perspectives in Public Health*; 131 (4): 184 - 194

<sup>10</sup> WHO (2009). *Interventions on Diet and Physical Activity: What Works. Summary Report.* Geneva: World Health Organization.

<sup>11</sup> Shimotsu, S.T., French, S.T., Gerlach, A.F., & Hannan, P.J. (2007). Worksite environment physical activity and healthy food choices: Measurement of the worksite food and physical activity environment at four metropolitan bus garages. *International Journal of Behavioral Nutrition and Physical Activity*; (4): 17.

saturated fat (-41%), and total sugars (-30%) per 100g product sold. Sales volumes were not affected, and the proportion of staff satisfied with vending machine products increased<sup>12</sup>.

- Structured catering initiatives in the workplace have the potential to reduce dietary intakes of energy, salt, saturated fat and sugar among patients and employees<sup>13</sup>.
- A Danish study on worksite canteens highlighted that the chances of having a healthy meal were significantly higher for an employee at a worksite with a majority of female workers or for an employee at a bigger worksite. Also, there seems to be a relationship between the financial support of the company and the availability of healthy meal options at the canteen<sup>14</sup>.
- A canteen intervention found that five years after the start of an intervention to promote vegetable and fruit intake, participating canteens were able to sustain the increased consumption of fruit and vegetables. The intervention was based on a participatory and empowering approach, self-monitoring and networking among worksite canteens. Factors influencing the sustainability of the intervention include commitment of management, outsourcing of the canteen facility and supportive policies at the worksite<sup>15</sup>.
- Stipulating the maximum criteria for sugar, fat and salt and the minimum amount of dietary fibre and whole-grain can increase the availability and awareness of healthy meal choices, thereby potentially contribute to reduce overweight and obesity concomitantly. It can serve both as a guidance for customers in selecting a balanced diet and as a tool for food service operators to develop and promote new meal options with a healthier composition<sup>16</sup>.
- The provision of healthy ready-to-heat meals by the worksite to employees to bring to their families has been shown to have the potential to help employees and their families reduce and manage health risk factors such as obesity. The nutritional quality of the employees' evening meals as well as the overall quality of their diet was significantly enhanced on days receiving healthy take away meals compared to days not receiving the healthy take away meals<sup>17</sup>.

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<sup>12</sup> Gorton D, Carter J, Cvjetan B, Mhurchu C (2010). Healthier vending machines in workplaces: both possible and effective. *NZMJ*; (123): 1311.43 – 52.

<sup>13</sup> Geaney F, Harrington J, Fitzgerald A Perry I (2011). The impact of a workplace catering initiative on dietary intakes of salt and other nutrients: a pilot study. *Public Health Nutrition*; 14(8), 1345–1349

<sup>14</sup> Thorsen AV, Lassen AD, Andersen JS, Mikkelsen BE (2009). Workforce gender, company size and corporate financial support are predictors of availability of healthy meals in Danish worksite canteens. *Public Health Nutrition*; 12 (11): 2068–2073.

<sup>15</sup> Thorsen AV, Lassen AD, Tetens T, Hels O, Mikkelsen BE (2010). Long-term sustainability of a worksite canteen intervention of serving more fruit and vegetables. *Public Health Nutrition*. 13 (10): 1647 – 1652.

<sup>16</sup> Lassen AD, Beck A, Leedo E, Andersen EW, Christensen T, Mejborn H, Thorsen AV, Tetens I (2014). Effectiveness of offering healthy labelled meals in improving the nutritional quality of lunch meals eaten in a worksite canteen. *Appetite*; 75: 128 – 134.

<sup>17</sup> Lassen AD, Ernst L, Poulson S, Andersen KK, Hansen GL, Biloft-Jensen A, Tetens T (2011). Effectiveness of a Canteen Take Away concept in promoting healthy eating patterns among employees. *Public Health Nutrition*; 15(3): 452 - 458.

## 4. NNW 2015 THEME: HEALTHY EATING IN THE WORKPLACE

### 4.1 Rationale

- Healthy eating is a key component of a healthy lifestyle. A healthy eating plan has mixed meals, from a variety of foods with the right portion sizes (amounts) to meet a person's energy and nutrient needs. The *Guidelines for Healthy Eating* and the *Food Guide* can help people to achieve that.
- The food environment, defined as the physical, economic and socio-cultural surroundings, opportunities and conditions; influences people's food and beverage choices and can either support or hinder efforts to eat healthy thus impacting on their nutritional status. An unhealthy food environment, to which people are continuously exposed, influences widespread availability of cheap, energy-dense and nutrient-poor foods.
- Many employees obtain their food by either bringing meals from home, purchasing at work-site cafeterias/canteens, vending machines and off-site food vendors during their time at work. Furthermore food and beverages are often provided at meetings and other workplace-related events.
- Given the many opportunities for providing or selling food and beverages and the influence workplaces have on the employee's eating habits, they are thus an important setting for action to promote healthy eating by creating an environment where healthy food choices are readily accessible.

### 4.2 Providing healthy meals and in-between meals

- Meetings, conferences or events are held for the whole day or in some instances for half a day thus provision of meals can be based on the duration of the event.
- When ordering meals or refreshments, request the energy content per serving from the service provider. Alternatively, contact a registered dietitian who will be able to advise you on the energy content of meals and beverages.
- The recommendations for meals and in-between meals are applicable to all cafeterias, canteens and coffee shops.

#### **(a) Choosing food options for meals**

Healthy eating means making healthy food choices in line with the guidelines for healthy eating and by choosing portions with caution. Meals offered in the workplace should use the guidelines for healthy eating in the following manner:

- Ensure that there is variety available by ordering a variety of foods. For example a platter can have a mixture of fruits, vegetables, sandwiches, and meats in one platter rather than having meat only or bread only platters;
- Provide sandwiches made with an assortment of wholegrain breads (whole-wheat, seed, rye, brown) pita, buns/rolls or wraps;
- For cooked meals, offer samp & beans, maltabella, baked/boiled potato, sweet potato, rice, whole-wheat pasta, steamed bread;
- Limit adding fat/oil to starchy foods by limiting certain preparation methods, like deep fat frying. Avoid high fat starchy foods like vetkoek/fat cakes, croissants, garlic bread, fried potato chips, deep fat fried croutons, pastries and samoosas;
- Ask for local and seasonal vegetables and fruit;
- Choose a mix of the dark green and yellow/orange flesh vegetables;
- Provide vegetables and fruit prepared with little or no added fat, sugar or salt;
- Add little seasoning to vegetables and preferably use herbs, lemon and low salt spices;
- Choose lean meats for main meals, deli platters and sandwich fillings. “Choice” or “select” grades of beef are healthier choices than “prime”;
- Ensure alternatives are available for individuals with special dietary needs, such as vegetarian options and ensure the same guidelines apply to the vegetarian options;
- Limit the choice of available meats included in buffets or platters;
- Trim away visible fat and remove skin from chicken before cooking. It is healthier to prepare meat, chicken and fish without frying. Rather boil, stew, microwave, roast, grill or braai;
- Limit the use of processed meats like viennas or polony as they are high in fat and salt;
- The words “salt” or “sodium” on the ingredients lists of food items denotes salt in the food item. Foods with a sodium content of more than 600mg per 100g are considered to be high in salt and must be used sparingly, if at all.
- Ensure inclusion of beans and legumes in dishes or as salads.

***The guidelines for healthy eating***

- Enjoy a variety of foods
- Be active!
- Make starchy foods part of most meals
- Eat plenty of vegetables and fruit every day
- Eat dry beans, split peas, lentils and soya regularly
- Have milk, maas or yoghurt every day
- Fish, chicken, lean meat or eggs can be eaten daily
- Drink lots of clean, safe water
- Use fats sparingly. Choose vegetable oils, rather than hard fats
- Use sugar and foods and drinks high in sugar sparingly
- Use salt and food high in salt sparingly.

It is recommended that lunch meals should<sup>18</sup>:

- ✓ Have one meat dish option with one starch option, two vegetables options, one fruit option and water.

<sup>18</sup> For menu plans, examples of menu options and portion sizes for healthy meals and in-between meals as well as vending machine options:

See Tables 3 – 7 of the *National Guide of Healthy Meal Provisioning in the Workplace*.  
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- ✓ Those with special dietary requirements should be accommodated by selecting a vegetarian option. Ascertain the dietary requirement before a meeting. The vegetarian option can be accompanied with a salad but in cases where starch is not one of the main ingredients (ratatouilles, bean curries, vegetable stews), a starchy food can serve as an accompaniment.

**(b) Choose portions with caution<sup>18</sup>**

- Know the portion size for serving food as it will assist to determine sensible and healthy portion sizes and curb overeating and or food waste. Use smaller plates, bowls and serving utensils. Use smaller glasses for drinks.

**(c) Beverages at meetings, conferences or in cafeterias or canteens**

- Serve water in jugs or bottled still water as the main beverage.
- Offer tea or coffee, as well as herbal tea or decaffeinated coffee as an alternative.
- Provide low-fat or fat-free milk for tea or coffee but no coffee creamers or tea whiteners.
- Offer 100% fruit /vegetable juice, maximum portion size not exceeding 250ml.

#### **4.3 Providing snacks and beverages through vending machines and kiosks<sup>18</sup>**

The criteria below provide guidance in respect of snacks and beverages that are to be provided through vending machines and kiosks. Perishable foods that need daily preparation should be provided only by kiosks.

**(a) Beverages:**

It is suggested that any of the following beverages are provided or chosen:

- Water, still or sparkling/soda water;
- Tea or coffee -regular or decaffeinated (sugar and sugar substitutes may be provided and milk such as low-fat, 2%, 1% fat or fat-free milk only);
- Low-fat UHT milk (200 ml tetrapacks);
- 100% fruit juice with no added sugar (maximum serving size of 250ml);
- 100% vegetable juice with no added sugar and ≤ 200mg of sodium (maximum of 250ml per serving);
- Low-energy beverages i.e light/ zero/ diet (maximum of 200ml per serving).

**(b) Food:**

Provide an assortment of healthier food choices including fruits, vegetables, whole grains, and fat-free/low-fat dairy products, and lower amounts of saturated and trans fats, added sugars, and sodium.

*Examples:*

- Individually wrapped muffins-bran, plain scones or savoury scones small to medium i.e. 40 - 60g);
- Unflavoured and low-salt popcorn;
- Unsalted or low-salt pretzels;
- Low salt wholewheat crackers;
- Unsalted nut trail mix;
- Low salt or unsalted nuts;
- Baked corn crisps;
- Muesli or cereal bars;
- Fruit in tubs;
- Dried fruit, fruit rolls, fruit bars (no added sugar);
- Unflavoured, low-fat / fat-free yoghurt;
- Biltong (ostrich or game);
- Sugar-free chewing gum.

**(c) Point-of-purchase (POP) labelling**

- Each vending machine must clearly display the total energy content for each item near each individual item or its selection button and where it can be seen before the consumer selects items.

**4.4 Food safety and hygiene**

- Food premises and food handlers should adhere to food safety and hygiene regulations, requirements and practices concerning handling of food to guarantee safety and suitability of food. Food safety is the careful handling, storage, preparation and transport of foods to reduce the risk of food poisoning.

**5. NNW PARTNERS**

- National and provincial Departments of Health
- Department of Basic Education
- Department of Defence
- The Association for Dietetics in South Africa (ADSA)
- The Nutrition Society of Southern Africa (NSSA)
- The Heart and Stroke Foundation SA
- Consumer Goods Council SA
- Consumer Education Project Milk South Africa

**6. WEBSITES:**

- National Nutrition Week: [www.nutritionweek.co.za](http://www.nutritionweek.co.za);



- The Department of Health: [www.health.gov.za](http://www.health.gov.za);
- The Association for Dietetics in South Africa (ADSA): [www.adsa.org.za](http://www.adsa.org.za);
- The Heart and Stroke Foundation SA: [www.heartfoundation.co.za](http://www.heartfoundation.co.za);
- Consumer Education Project Milk South Africa: [www.rediscoverdairy.co.za](http://www.rediscoverdairy.co.za)

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