Guide to Nutrition Promotion in the Workplace

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Stroke Prevention Strategy

Stroke is the second leading cause of death in Ontario.[1] Stroke costs the Ontario economy almost a billion dollars a year and is a leading cause of adult neurological disability.[2] At least 90,000 Ontarians are living with the effects of stroke, such as motor, sensory, cognitive or communication deficits.[3] Stroke is also believed to be one of the primary causes of transfer of the elderly to long-term care. The primary prevention of stroke seeks to prevent the onset of the illness, using strategies to reduce specific risk factors.

In June 2000, the Minister of Health released and endorsed the report 'Towards an Integrated Stroke Strategy for Ontario' and re-iterated the Government's commitment to stroke care. The Ontario Stroke Strategy is based on a comprehensive, integrated, evidence-based plan for organizing stroke services in Ontario across the continuum of care. It stresses integration across sectors and builds upon existing capacity.

As part of the Ontario Stroke Strategy, six projects, including this **Guide to Nutrition Promotion in the Workplace**, have been funded to address health promotion and the primary prevention of stroke. The overall goal of these projects is "To support communities to integrate effective stroke prevention activities into their practices by providing relevant training, consultation, resource dissemination and networking". Specifically, these projects address risk factors that are linked to stroke as well as the capacity of health intermediaries and communities to support stroke prevention. The five other projects include:

- Blood Pressure Initiative (Heart and Stroke Foundation of Ontario);
- Supporting Comprehensive Workplace Health Promotion (The Health Communication Unit);
- Stroke Resources Database (Heart Health Resource Centre);
- Building Community Capacity for Stroke Prevention (Ontario Prevention Clearinghouse); and
- Priority-setting on Nutrition Intervention Development and Nutrition Monitoring and Surveillance (Cancer Care Ontario).

Table of Contents

Acknowledgements iii

Stroke Prevention Strategy v

Section 1 – About this Guide 1
- Purpose 3
- Public Health Mandate 3
- Who Should Use this Guide? 3
- What is a Healthy Corporate Philosophy? 4

Section 2 - Nutrition Information 5
- Why Focus on Nutrition? 7
- Nutrition and the Workplace 8
- Comprehensive Approach to Nutrition Promotion in the Workplace 9
- Key Nutrition Messages to Promote in the Workplace 10

Section 3 - Step-by-Step Guidelines for Promoting and Implementing Nutrition Programs in the Workplace 11
- Step 1 – Make the business case for nutrition promotion in the workplace 15
- Step 2 – Build a workplace nutrition team 23
- Step 3 – Describe the workplace 27
- Step 4 – Plan a nutrition program 31
- Step 5 – Develop and implement an action plan 37
- Step 6 – Evaluate your success 43
- Step 7 – Keep it going! 47

Appendix A
- Sample Workplace Nutrition Assessment Tools 51
- A1 – Workplace Profile/Assessment 53
- A2 – Workplace Nutrition Survey 59

Appendix B
- Sample Nutrition Programs for the Workplace 63
- B1 – List of Nutrition Programs for the Workplace 65
- B2 – Sample Brochure for Food Steps – A Workplace Healthy Eating Program . . . 67

Appendix C
- Sample Nutrition Policy Resources 71
- C1 – Nutrition Policy Development Checklist 75
- C2 – Workplace Nutrition Policy Resource List 76
- C3 – Policies to Promote Healthy Eating 78
- C4 – Sample Nutrition Policies 81

Appendix D
- Program Logic Model Resources 93
- D1 – Program Logic Model Worksheet 95
- D2 – Sample Program Logic Model 96

Table of Contents

Appendix E

Other Useful Resources 99
Reviews and Papers 101
Workplace Health Promotion Manuals and Guides 102
Organizations and Websites 104

References 107

1 About this Guide

What's in this section?

Purpose 3
Public Health Mandate 3
Who Should Use this Guide? 3
What is a Healthy Corporate Philosophy? 4

About this Guide

Purpose

The purpose of this Guide is to help practitioners promote, implement and support nutrition programs in the workplace. With step-by-step guidelines, this Guide is intended to be a "how-to" resource, featuring a snap shot of workplace nutrition programs currently available in Ontario, such as the Eat Smart! Workplace Programs and Food Steps: A Workplace Healthy Eating Program. Sample resources are also included, such as workplace nutrition assessment tools, sample policies and program logic models. The resources listed do not represent an exhaustive search, but are rather a collection of the tools and information that were shared with us during the development of the Guide.

This Guide can be used to plan and carry out nutrition programs on their own, as part of a multiple risk factor workplace program, or in concert with other established workplace initiatives.

Throughout this Guide, the term "program" is used and refers to a well-organized series of activities designed to facilitate change in a well-defined target group.[4]

It is beyond the scope of this Guide to provide a literature review or a best practices analysis of nutrition program interventions in the workplace. This information has been described in detail elsewhere [5, 6, 7, 8, 9, 10] although some concepts have been incorporated in the Guide.

This Guide is also available electronically on the Nutrition Resource Centre website www.nutritionrc.ca with updates posted on the website and also communicated via the Nutrition Resource Centre newsletter. Please feel free to share your workplace nutrition programs or stories online with the Nutrition Resource Centre.

Public Health Mandate

The workplace has been identified as an important channel for action in the *Mandatory Health Programs and Services Guidelines*.[11] To reduce the premature mortality and morbidity from preventable chronic diseases, these Guidelines direct the Boards of Health across Ontario to work with workplace personnel and local trade and business associations to improve awareness, skills development and the work environment as well as develop and implement guidelines that will reduce the risk of chronic diseases. The *Mandatory Health Programs and Services Guidelines* are being revised with plans to emphasize a comprehensive approach to workplace health promotion.

Who Should Use this Guide?

This Guide is primarily intended for use by public and community health practitioners who are interested and ready to implement nutrition programs in the workplace. With the support and assistance of public health departments and/or community health centres, the Guide may also be a useful resource for occupational health staff, workplace

health and safety representatives, human resource professionals, workplace wellness teams and other professionals involved in workplace health promotion programs.

What is a Healthy Corporate Philosophy?

A healthy corporate philosophy is one that believes:[12]

- employee health is an integral part of the business;
- people are an organization's most important resource;
- every employee at every level has a unique contribution to make and responsibility for creating a healthy work environment and promoting healthy lifestyles;
- concern and care for the health of people is essential to achieve business success;
- healthy employees enhance an organization's competitive position;
- a company with healthy employees has a positive impact on its community and customers;
- a change in individual employee health metrics can be an early indicator of changes in other aspects of business performance;
- optimal employee health is compatible with and supportive of excellence in other aspects of business activity;
- health, like other aspects of business, can be managed and self-managed; and
- people are motivated to adopt values that are emphasized by their organizational leaders.

2 Nutrition Information

What's in this section?

Why Focus on Nutrition? 7
Nutrition and the Workplace. 8
Comprehensive Approach to Nutrition Promotion in the Workplace 9
Key Nutrition Messages to Promote in the Workplace 10

Nutrition Information

Why Focus on Nutrition?

The eating habits of Ontarians can be improved. Data from the most recent Ontario Health Survey, collected in 1990, indicate that:[13]

- 75% of adults consume less than 5 daily servings of Grain Products;
- 56% of adults consume less than 5 daily servings of Vegetables and Fruit;
- 45% of adults consume less than 2 daily servings of Milk Products and;
- 23% of adults consume more than 3 daily servings of Meat and Alternatives.

In addition, 76% of men and 80% of women in Ontario eat less than 25 grams of fibre, which is the generally recommended intake for adults.[14]

A more recent, but small study of Canadians' eating habits [15] show that in general, adults' intakes of fruits, vegetables and milk products are lower than the recommended levels (see chart below).

Statistics from the Canadian Community Health Survey, conducted between September 2000 and February 2001, show that on average, Canadian men and women only eat fruits and vegetables 4.2 and 4.9 times a day.[16] While information about the actual number of servings was not measured, the researchers found that the frequency of fruit and vegetable consumption among men and women is positively related to being physically active, not smoking and not being overweight. A report describing fruit and vegetable consumption patterns of Ontarians, published by Cancer Care Ontario, is expected in Fall 2002.
While overall fat intake seems to be declining,[17] the trend towards obesity is growing, with serious health implications. Those who are obese are more likely to develop chronic health problems such as cardiovascular disease, diabetes, arthritis, breathing problems and some types of cancer. In Ontario, 25% of the population (21% women, 34% men) is considered "obese" with a Body Mass Index of greater than 27.[18]

Childhood obesity is also rising at an alarming rate, nearly tripling between 1980 and 1996.[19,20] Excessive body mass

Food Group in Canada's Food Guide to Healthy Eating	Recommended number of servings/day	Average daily intake of adult males (aged 18-65)	Average daily intake of adult females (aged 18-65)
Grain Products	5-12	6.9	4.9
Vegetables and Fruit	5-10	5.2	4.6
Milk Products	2-4	1.8	1.4
Meat and Alternatives	2-3	3.4	2.0

[15] Gray-Donald K, Jacobs-Starkey L and Johnson-Down L. Food habits of Canadians: Reduction in fat intake over a generation. Canadian Journal of Public Health, Sept-Oct 2000:381-5.

during childhood and adolescence is associated with both an increased risk of becoming overweight in adulthood as well as higher morbidity and mortality rates. Nutrition education and role modeling of healthy eating behaviours learned at the workplace can have important influences on children.

Nutrition and the Workplace

Workplace nutrition programs can play a role in working towards achieving a healthy corporate philosophy. Nutrition is one of the key modifiable risk factors in the primary prevention of stroke, other types of cardiovascular diseases, and a number of chronic diseases such as diabetes and some types of cancer. Maintenance of a healthy weight, acceptable blood cholesterol and blood pressure levels are all affected by eating habits.

When surveyed, most employees report that the workplace is an appropriate place to promote health.[21] The workplace is an ***ideal setting*** to promote nutrition and healthy eating because it provides a captive audience and various on-site opportunities for positively influencing employees' food choices. The workplace presents a convenient means of reaching the adult population. On average, adults spend up to 60% of their waking hours at work.[22] Likely, one or more meals and snacks are eaten at work. Availability of healthy food choices in cafeterias, vending machines and at business functions can help build a supportive environment for healthy eating practices.

Work stress and working conditions can affect body weight and alcohol consumption patterns, and thus addressing nutrition within a workplace setting gives opportunity to also acknowledge and address the work factors that can be additional supports or barriers to healthy eating and drinking.[23]

Existing channels of communication, social networks and administrative systems in the workplace can be used to generate program interest, facilitate follow-up and ensure a supportive environment for healthy eating. Support and encouragement from co-workers can help reinforce positive eating behaviours. Knowledge and skills learned at work can in turn influence family members, friends and the home setting.

Over 70% of employees support employer involvement in workplace health promotion programs and 85% believe that workplace programs can increase health and lower health costs.[24] Canadian research into cost-effectiveness of worksite health promotion and disease prevention programs shows a return of $1.75 to $6.85 for every corporate dollar invested based on reduced employee turnover, greater productivity and decreased medical claims by participating employees.[25,26]

Work, employment and a job that provides a sense of satisfaction and control can significantly influence the mental, physical and social health of the individual.[27] Living and working conditions such as job control and safety conditions are some of the strongest influences on a person's health status,[28]

making the workplace itself a ***determinant of health.*** For example, long working hours are associated with poor eating habits and unhealthy weight gain. Other types of work stress, such as low job control, high job strain, and an imbalance between job efforts and rewards, have consistently been found to increase the risk of cardiovascular disease (including stroke and heart disease) and some predisposing conditions for cardiovascular disease such as high blood pressure and type 2 diabetes mellitus.[29,30] Overall, working conditions and stress at work affect the outcomes strived for by nutrition programs. Workplace initiatives that include attention to these other factors can enhance the overall success of nutrition programs in the workplace.

Comprehensive Approach to Nutrition Promotion in the Workplace

The health of employees is influenced by:[31,32]

- ***an individual's health practices*** (efforts to help people modify and take concrete steps toward changing their personal lifestyle behaviour and skills);
- ***the physical environment*** (workplace surroundings and conditions which foster and support healthy lifestyle practices); and
- ***the social environment and personal resources*** (a workplace culture and climate which foster positive interpersonal relationships, social support, a sense of respect and a sense of control over one's health and work, and recognition and rewards for job efforts).

While the specific focus of this Guide is nutrition, a comprehensive workplace health program should address various risk factors for disease such as stress, tobacco use and physical inactivity.

This Guide encourages a comprehensive approach to workplace nutrition programming, i.e. nutrition programming in which several of the following health promotion strategies/components are used:

- ***awareness raising/education*** (activities that give employees the information they need to make healthy food choices);
- ***skill building*** (activities that teach people how to get actively involved in changing their eating behaviours);
- ***environmental support*** (surroundings and conditions at work that foster and support healthy eating); and
- ***policy development*** (specific policy guidelines that support healthy eating in the workplace environment).

Key Nutrition Messages to Promote in the Workplace

Canada's Guidelines for Healthy Eating

Collectively, these statements make up the key nutrition messages for healthy Canadians over the age of two:[33]

- Enjoy a variety of foods.
- Emphasize cereals, breads, other grain products, vegetables and fruit.
- Choose lower-fat dairy products, leaner meats, and foods prepared with little or no fat.
- Achieve and maintain a healthy weight by enjoying regular physical activity and healthy eating.
- Limit salt, alcohol and caffeine.

Canada's Food Guide to Healthy Eating

Available at **http://hc-sc.gc.ca/hppb/nutrition/pube/foodguid/index.html**, the Food Guide is a tool to help Canadians over the age of four determine the amounts and types of food to eat every day. Foods are divided into four major food groups: Grain Products; Vegetables and Fruit; Milk Products; and Meat and Alternatives. Foods that do not fit into the four food groups are called "Other Foods". When eaten in moderation, these "Other Foods" can be a part of a healthy diet.

The recommended number of servings from each food group depends on a person's age, body size, gender, activity level and whether or not the person is pregnant or breastfeeding. More generally, the recommendations are:
Grain Products: 5-12 servings/day
Vegetables and Fruit: 5-10 servings/day
Milk Products: 2-4 servings/day
Meat and Alternatives: 2-3 servings/day

3 Step-by-Step Guidelines

What's in this section?

Step 1: Make the business case for nutrition promotion in the workplace 15
Step 2: Build a workplace nutrition team 23
Step 3: Describe the workplace 27
Step 4: Plan a nutrition program 31
Step 5: Develop and implement an action plan 37
Step 6: Evaluate your success 43
Step 7: Keep it going! 47

Step-by-Step Guidelines for Promoting and Implementing Nutrition Programs in the Workplace

Here is a general list of critical success factors for effective workplace wellness programs:[34, 35, 36, 37]

- understanding of what kind of work is done at that particular worksite;
- thorough needs assessment;
- good relationship between management and the implementing agency;
- buy-in from all stakeholders (see Step 1 for a list of stakeholders);
- management support at all phases of the program;
- union support and involvement at all phases of the program if applicable;
- direct involvement of employees in the planning, implementation and evaluation of the program;
- a program champion or leader – someone willing to champion a program and provide leadership and enthusiasm; someone who understands the workplace culture, acts as the program spokesperson and directly participates in program initiatives;
- participatory approaches, including the formation of employee advisory boards or wellness committees with broad representation from all levels of the organization and with the community;
- cooperation and commitment from caterers and food service providers;
- a comprehensive approach that integrates various health promotion strategies including awareness raising, skill building, environmental supports and policy development;
- professionally developed program based on employees' needs and interests;
- clear program objectives;
- regular program evaluations;
- effective and continuous marketing of the program to employees and senior management;
- support (financial, human resources, time, etc.) from management to help maintain the intervention; and
- sustained involvement of all levels of workers in the organization.

To address these critical success factors, the following seven steps are suggested. Adapted from various sources, [39, 40, 41, 42, 43] these steps are flexible. Please read through these steps first before using and/or adapting the information for your workplace.

Step 1: Make the business case for nutrition promotion in the workplace
Step 2: Build a workplace nutrition team
Step 3: Describe the workplace
Step 4: Plan a nutrition program
Step 5: Develop and implement an action plan
Step 6: Evaluate your success
Step 7: Keep it going!

3

Step 1
Make the business case for nutrition promotion in the workplace

What's in this step?

1.1 Identify various stakeholders and partners 17
1.2 Raise awareness and promote the value of nutrition programs in the workplace . . . 18
1.3 Get support and commitment of the top level decision maker 21

Step 1.1 Identify various stakeholders and partners

Various people, organizations and professionals can provide advice, support and resources to influence the types of activities in the workplace. Determine the type and extent of involvement of stakeholders and partners. Identify champions in a workplace such as occupational health nurses, health and safety committee members or human resources managers who are enthusiastic, committed to workplace health and understand the workplace culture. These champions can provide leadership and help build environmental support for the nutrition program.

Potential stakeholders and partners within the workplace	Potential stakeholders and partners outside the workplace
• employees • employers, owners, managers • health and safety committee representatives • occupational health professionals • human resource professionals • union representatives • company physician • cafeteria/food service supervisors • professionals who provide health and/or safety services to employees such as dietitians, ergonomists and fitness professionals • social and/or wellness committees	• public health departments • community health centres • regional stroke centres • heart health action groups/coalitions • local chapters of non-governmental organizations, e.g. Heart and Stroke Foundation, Canadian Cancer Society, Canadian Diabetes Association • Chamber of Commerce • Ministry of Labour • Employee Assistance Program providers • Industrial Accident Prevention Association (IAPA) • Workplace Safety and Insurance Board (WSIB) • Occupational Health Nurses Association • Canadian Association of Occupational Therapists • Occupational Health Clinics for Ontario Workers • hospitals • union associations • private sector consultants (workplace wellness providers, occupational health consultants, organizational change consultants) • private insurance providers • food distributors

Step 1.2 Raise awareness and promote the value of nutrition programs in the workplace

Have an idea of the types of nutrition programs that you can offer in the workplace. See **Appendix B1** for a list of workplace nutrition programs. A promotional portfolio, brochure or presentation may be helpful in describing the program components and benefits. Discuss how a nutrition program can positively influence employee health as well as company profits, productivity, efficiency, quality, cost-effectiveness and corporate reputation. This promotion may be done on its own or as part of a broader multi-risk factor workplace health program.

To help support the need for nutrition programs, workplace personnel should be encouraged to look at internal employee surveys/suggestions relating to nutrition as well as information about their sick days, absenteeism rates, disability statistics, insurance premiums and health care claims.

Potential employee benefits:

Improved employee health and well-being

- improved eating habits, thus a reduced risk of heart disease, high blood pressure, osteoporosis, certain cancers, diabetes and obesity;
- reduced body fat and unhealthy weight gain, thus achievement or maintenance of a healthy weight;
- stronger immune system, decreased sick time, faster recovery from illness;
- enhanced ability to cope with stress;
- access to convenient, on-site nutrition programs in a supportive environment;
- a positive attitude towards healthy eating;
- overall wellness and work-life balance; and
- opportunity to share nutrition knowledge, attitudes and skills learned with family and friends.

Improved employee morale

- opportunity for employees to voice their nutrition needs and concerns;
- enhanced employee decision–making about the types of programs offered, thus a greater sense of control over their own health and their value as an employee;
- improved job satisfaction and sense of appreciation; and
- environmental and social support to make healthy food choices.

Potential employer benefits:

Reduced absenteeism

- In 2000, Statistics Canada reported that each full time worker in Ontario missed an average total of 7.1 days of work.[44] Reductions in absenteeism can translate into very significant savings for an employer. For example, consider a company with 500 employees at the average wage of $150 per day with an average absenteeism rate of 7 days per employee per year. Reducing absenteeism by only 10% would represent a payback of $52,500 or $105 per employee per year.[45]
- In one Canadian company, workplace wellness programs resulted in a 50% reduction of absenteeism.[46]

- High absenteeism on Mondays and Fridays are related to low morale.[47] Implementation of a workplace health and wellness program that includes a nutrition promotion program can help improve morale and decrease absenteeism.

Reduced medical costs, disability costs and insurance premiums

- According to one private insurance provider, circulatory disease is the third leading cause of total disability claims, accounting for 12-13% of all disability claims.[48] Heart disease also accounts for the second longest length of time associated with a disability claim.[49] On average, heart disease disability claims last 21.6 months.[50] Morbidity from cardiovascular disease likely increases the costs to organizations through increased sickness absence, decreased productivity and increased employee turnover.
- In 2001, a common cholesterol-lowering drug was the second most prescribed medication in Canada[51] which is likely paid for through employees' extended health benefits.

Increased employee productivity and job satisfaction

- improved employee relations and morale;
- improved employee job satisfaction; and
- reduced employee turnover.

Prevention of chronic disease and promotion of an overall healthier workforce

- Nutrition is one major modifiable risk factor for heart disease, stroke and other chronic diseases. Nutrition programs in the workplace can help employees adopt healthier eating habits.
- Ischemic heart disease (heart attacks) is the #1 reason for hospitalization.[52]
- Ischemic heart disease is the #1 cause of death in the province, accounting for over 17,200 deaths or 23% of all deaths in Ontario in 1995.[53]
- Ischemic heart disease is the #1 cause of death among men aged 45-64, accounting for 1727 deaths in Ontario in 1995.[54]
- Stroke is the second leading cause of death, accounting for 5937 or 8% of all deaths in Ontario in1995.[55]
- Longer working hours (an average of 41 or more hours per week) tend to be associated with poor eating habits and unhealthy weight gain, which can put an individual at greater risk for obesity, non-insulin dependent diabetes and heart disease.[56]
- The literature suggests that shiftworkers may be more prone to gastrointestinal disorders and weight problems and they may also have a higher prevalence of risk factors for heart disease than do day workers.[57] Nutrition programs in the workplace can help address and alleviate these issues.

- Work, employment and a job that provides a sense of satisfaction, a sense of control and appropriate rewards and recognition for employee efforts can significantly influence the mental, physical and social health of the individual.[58]

Good corporate image and reputation

- Workplace health programs are a win-win management strategy. Healthy employees are an important part of doing good business and containing business costs. Good business results can be achieved through good health.
- A company that cares for its employees fosters stronger corporate commitment and loyalty. Employers have a unique opportunity to help promote healthy eating in the workplace by providing a receptive and supportive environment.
- Health is an investment rather than a cost. Prevention is cheaper in the long run than either the cost of treatment or the cost of doing nothing. Canadian research into cost-effectiveness of worksite health promotion and disease prevention programs shows a return of $1.75 to $6.85 for every dollar spent.[59,60]

Step 1.3 Get support and commitment of the top level decision maker

This may be the most challenging step, and is a key factor for successful workplace programs. In the case of small businesses, the owner or senior management may be directly involved, whereas for large businesses, communications may need to be directed through various levels of management.

Find a key support person(s) or internal champion(s) within management who will actively promote your efforts to other managers. Information about employees' health concerns and support for a workplace nutrition program may influence the top level decision maker.

NOTE:

The initial contact with workplaces may occur in a variety of ways:

- specific request/call from workplace personnel for a nutrition display, presentation or factsheets;
- communications to workplace (via workplace newsletters, mailings during theme months, surveys or emails);
- one time events or activities such as nutrition displays, presentations or health fairs;
- promotion of workplace programs on public/community health agency's website;
- piggy-backing onto existing workplace program; and/or
- cold call from public/community health staff;

Recognize that for whatever reasons, a workplace may simply not be ready to pursue a comprehensive nutrition program. The activities above present good opportunities for creating dialogue with the workplace, building rapport and establishing support/interest for future comprehensive nutrition programs.

Step 2
Build a workplace nutrition team

Step 2 Build a workplace nutrition team

If possible, build a Workplace Nutrition Team with broad representation from the workplace. This team may be newly formed or a subcommittee of an existing wellness committee in the workplace. An ideal team size is five to ten individuals. However, depending on the size and readiness of the workplace, the team may at first only consist of a public/community health practitioner and one or two workplace staff who have an interest in and/or responsibility for workplace health.

To help get team members on board, highlight their participation as a valuable opportunity to take positive action towards a healthier workplace, boost their self-esteem and increase their knowledge of nutrition. By sharing their opinions and ideas, team members will help shape nutrition programs to improve their health and that of their colleagues. To further encourage participation in the team, meetings should be supported by management and held during work hours. As part of demonstrated management support, incentives and rewards, such as recognition in performance reviews, can be built in for employee participation on the team.

Team members should include representation and involvement from employees of various departments, both unionized and non-unionized staff, all levels of management, occupational health staff, human resources representatives and other stakeholders noted above. This helps facilitate communication and share ownership throughout the organization. Team members should also be enthusiastic, knowledgeable, credible, approachable and committed.

The role of this team could include:

- securing employer/management support;
- providing an understanding of the workplace culture and politics;
- identifying lines and methods of communication - who needs to be kept updated and how they prefer to be informed;
- conducting a needs assessment/survey of employees' nutrition interests, concerns, current behaviours and stage of readiness for behaviour change;
- sharing information about employees' nutrition interests and concerns;
- making decisions about the types of nutrition activities/programs offered;
- identifying resources required to run the nutrition program;
- identifying employer needs related to sickness, absence, disability, etc.;
- discussing employer's perceptions about program costs and benefits;
- discussing employees' perceptions about the program;
- developing an action plan and program logic model;
- identifying potential barriers, challenges and solutions;
- identifying external partners required to support initiatives;
- ensuring provision of a comprehensive approach to the nutrition program;
- designing, implementing, monitoring and evaluating the nutrition program; and
- investigating opportunities for sharing responsibilities and resources with other local businesses, service groups, sponsors and other partners.

Step 3
Describe the workplace

What's in this step?

3.1 Collect data about the workplace 29
3.2 Analyze the nutrition situation 30

Step 3.1 Collect data about the workplace

Conduct a needs assessment, using surveys, interviews and/or focus groups. Collect (while maintaining confidentiality) information relating to:

- employees' interests, concerns and behaviours related to nutrition and healthy eating;
- food availability in the workplace (cafeterias, vending machines, food trucks);
- eating facilities/environment in the workplace (employee lunchrooms, microwave oven, refrigerator, amount of time given to employees for lunch);
- costs of healthy versus less healthy food choices;
- any existing nutrition or workplace health promotion programs;
- employees' interest in and support for a nutrition program in the workplace; and
- best time(s) to offer a nutrition program, preferred format(s) and preferred length.

See sample workplace nutrition assessment tools in **Appendix A**.

Workplace personnel, such as the occupational health nurse or human resources manager may be able to share general baseline data for things such as absenteeism rates, staff retention rates, short and long term disability rates, insurance premiums, health care claims, sick days and corporate culture data.

Not only will this information be useful to determine program needs, but it will also be valuable for long-term program evaluation. Certainly other factors will affect this data, such as company layoffs, environmental hazards and other external factors beyond your control. However it will be interesting to note whether nutrition or other health promotion programs are associated with a positive trend in these figures. It is also important to pay attention to such information because they affect the bottom line and therefore can influence the buy-in and motivation of employers.

Step 3.2 Analyze the nutrition situation

From the needs assessment results, prepare a workplace nutrition report. A good way to maintain confidentiality is to present only summarized and aggregated information rather than the information provided individually by employees.

The following elements should be considered in the report:[61]

- the number of responses/completed surveys;
- how representative the survey is of all employees (i.e. who completed the surveys);
- a summary of the findings about the employees' nutrition needs, interests and concerns;
- a summary of employer needs as they relate to information available about absenteeism rates, staff retention rates, short and long term disability rates, insurance premiums, health care claims, sick days and corporate culture;
- food availability and eating facilities;
- a recommendation of the nutrition program(s) to address both employees' and employers' needs;
- an estimation of the resources (financial, time, space) that you will need to run the nutrition program; and
- other existing workplace programs that could be complemented by the nutrition program.

Step 4
Plan a nutrition program

Step 4 Plan a nutrition program

A ***program*** refers to a well-organized series of activities designed to facilitate change in a well-defined target group.[62] The Workplace Nutrition Team should spend some time thinking about a nutrition program that best meets the interests and needs of the employees and workplace. Use the data collected in Step 3 to help plan a nutrition program.

Many public health departments offer professional, low cost nutrition programs. See **Appendix B1** for a list of well-regarded nutrition programs for the workplace. Not all public health departments offer all programs listed.

Whether designing your own nutrition program or implementing a provincially established nutrition program, consider some of these factors for success:

- ***comprehensive planning*** – plan for programs that use various health promotion strategies and affect both the individual and organization, including supportive environments and policies;
- ***flexible format*** – offer flexible program times as determined in the survey results;
- ***tailored approach*** – recognize that people have different preferred ways of learning and develop the program so that it can be offered in various formats; programs should be individualized and targeted to each organization or group;
- ***behaviour change theory,*** such as Stages of Change – within a workplace, recognize that different employees will be at different stages of change; design programs that can reach people at different stages of change; (Food Steps: A Workplace Healthy Eating Program, listed in **Appendix B1 and B2**, is based on and includes an overview of the Stages of Change theory);
- ***participatory approach*** – involve potential participants in the program planning, implementation and evaluation; engage participants through group discussions, information sharing and interactive activities;
- ***practical sessions*** – design easy to understand information and user friendly interventions;
- ***incentives*** – if possible, offer incentives such as food or competitions with prizes to help raise recruitment and participation/retention rates;
- ***accessibility*** – offer the program free of charge, on work time and on-site if possible (it is strongly recommended that this be negotiated beforehand); and
- ***support*** – build in opportunities for both social and family involvement to help reinforce positive behaviours.

For best results, choose or design a program that employs a combination of the following four health promotion strategies or components. These health promotion strategies or components represent a group of activities that are closely related and fit together.[65] Some specific activity examples are listed for each strategy/component.[66, 67, 68]

1. awareness raising/education (activities that give employees the information they need to make healthy food choices)

Examples:

- articles in the company newsletter about the benefits of healthy eating;
- workshops, videos, cooking demonstrations or Lunch and Learn seminars on healthy eating;
- nutrition tips printed as pay cheque inserts, on emails, the Intranet or bulletin boards;
- health fairs or displays with pamphlets and recipes promoting healthy eating;
- healthy eating contests or events around special theme months (e.g. February – Heart month;
  March – Nutrition month;
  April – Cancer month;
  May – Health and Safety Week;
  June – Stroke Awareness month ;
  October – Healthy Workplace Week ;
  November – Osteoporosis month);
- a nutrition program kick-off event if the program is new; and
- family picnics or events that provide healthy food choices.

2. skill building (activities that teach people how to get actively involved in changing their eating behaviours)

Examples:

- assist/teach employees to set realistic goals for eating more fruits and vegetables;
- coordinate monthly pot luck lunches where each employee cooks a recipe from a heart healthy cookbook;
- work with local grocers to hold a supermarket shop-off where teams of employees and management compete to find specific healthy food items (e.g. yogurt with less than 2% M.F., cereal with more than 4 g fibre per serving, etc.);
- hold recipe contests where employees' own recipes are judged for nutritional content and taste; and
- provide a form for employees to self-monitor their fruit and vegetable intake at work and home.

3. environmental support (surroundings and conditions which foster and support healthy eating)

Examples:

- provide a variety of fruits and vegetables at a nominal price in the cafeteria;
- use healthy eating messages at the point where employees make their food purchases (e.g. posters at the cafeteria entrance, table tents or messages beside a healthy food or beverage choice);
- provide vending machines which offer healthy food choices;
- have the worksite cafeteria participate in the Eat Smart! Cafeteria program;
- train food service staff on healthy eating and food safety;
- provide employees with refrigerator, microwave, toaster oven, etc. to encourage them to bring in their own food;

- allow a reasonable amount of time for employees to eat;
- provide a healthy eating library or bookshelf with credible cookbooks, nutrition books, pamphlets, recipes and videos; and
- recognize employees for adopting healthier eating habits by featuring them in the company newsletter.

4. policy development (specific policy guidelines that support healthy eating in the workplace environment)
A ***policy*** is a plan, course or method of action that has been deliberately chosen and that guides or influences future decisions of an organization.[69]
Policies relate to key issues and show commitment to build an organizational culture that supports health. In terms of health promotion, policies should make it easier to choose healthier options and more difficult to choose less healthy ones. Policy decisions should be made with the people who enact the policy decisions (e.g. vendors, food service providers, caterers) and those most affected by the decisions (e.g. employees). Employees are more likely to support key issues when they are consulted about them.
Examples:

- workplace fundraising does not rely entirely on the sale of less nutritious foods;
- healthy food and beverage choices (i.e. those which have moderate or reduced levels of fat, sodium and sugar, and higher levels of fibre) are available daily in the cafeteria, vending machines and at any business/meeting function or events where food is served;
- healthy food and beverages choices are at a lower/comparable price to other choices in the workplace;
- employees have access to an eating area that is clean, attractive and equipped with a refrigerator, microwave and/or toaster oven to encourage employees to eat away from their workspace;
- employees have frequent access to educational sessions and resources on healthy eating during work time; and
- nutrition counselling covered by insurance carrier.

See **Appendix C** for sample nutrition policy resources including:

- Nutrition Policy Development Checklist
- Workplace Nutrition Policy Resource List
- Policies to Promote Healthy Eating: Legislative Overview; and Literature, References and Resources
- Sample Nutrition Policies

Suggested Resource for Policy Development:

Developing a Comprehensive Health Policy: Why and How. A Guide for the Workplace. Health Canada, 1998.
Available from: Publications, Health Canada, Ottawa, Ontario K1A 0O9
Tel: 613-954-5995; Fax: 613-941-5366

Step 5
Develop and implement an action plan

What's in this step?

5.1 Develop an action plan 39
5.2 Prepare a workplace agreement 40
5.3 Implement the action plan 41

Step 5.1 Develop an action plan

Develop an action plan that outlines:
- the specific activities needed to implement the nutrition program;
- who is responsible for the activities;
- the resources required to implement the nutrition program, e.g. time, money, staff, space, printing, photocopying;
- timelines - estimated and actual completion dates;
- expected results;
- how the program will be evaluated;
- who will do the evaluation; and
- ideas for sustaining the program (see Step 7).

A Program Logic Model is a graphic depiction of the relationship between the main strategies of a program and associated goals, objectives, population(s) of interest, indicators and resources.[70] Overall, the Program Logic Model will help you summarize the key elements of the program:
- goal;
- target group(s);
- long-term and short-term objectives;
- components; and
- activities within each component.

When setting objectives, keep in mind that objectives should be ***SMART***:
- Specific
- Measurable
- Achievable
- Realistic
- Time-bound

See program logic model worksheet and sample program logic model in **Appendix D.**

Suggested Resource for Program Logic Model Development:

A detailed *Logic Models Workbook* has been developed by The Health Communication Unit, University of Toronto and is available from http://www.thcu.ca/infoandresources/publications/logicmodel.wkbk.v6.1.full.aug27.pdf
100 College Street, Room 213,
The Banting Institute,
University of Toronto
Toronto, ON M5G 1L5
Tel: 416-978-0522; Fax: 416-971-2443;
Email: hc.unit@utoronto.ca

Step 5.2 Prepare a workplace agreement

While not required, an agreement is recommended and may help to increase the commitment of the workplace and the overall chances of a successful nutrition program.

This may be a formal letter of understanding or contract, outlining the expectations/responsibilities of both the workplace and the partnering/hosting agency. Some points to include in the agreement are:

- an understanding of the comprehensive approach to nutrition programs in the workplace;
- the degree of commitment from all partners;
- the role, responsibility and contribution of each partner; and
- timelines for program implementation and evaluation.

It is essential that you outline what your organization can offer in addition to what is expected of the organization. If possible, include details about staff time and commitment as well as the anticipated financial costs of planning, implementing and evaluating the nutrition program.

Step 5.3 Implement the action plan

Ensure that all program materials are ready and in sufficient quantities. Remind partners and stakeholders of their responsibilities. Check that the activities are happening as planned and that appropriate data is being collected for evaluation.

Here is a checklist of things to do as the action plan unfolds:

- ❑ Review the action plan to ensure its feasibility at this point in time, and to see how everything fits together.
- ❑ Check to see that all program materials are ready and in sufficient quantities.
- ❑ Ensure that the proposed financial and human resources are still available to implement the plan.
- ❑ Remind partners and stakeholders of their responsibilities and important dates.
- ❑ Note where activities may need to be postponed due to lack of resources, changes in timing or other delays – formulate a contingency plan and alternate dates for implementation
- ❑ Promote the program through posters, newsletters, email reminders, notes attached to pay cheques and on bulletin boards.
- ❑ Demonstrate your own commitment and enthusiasm by participating in the program.
- ❑ Respond to all questions, comments and suggestions about the program.
- ❑ Modify the program's format or timing based on ongoing formal and informal feedback from employees, partners and stakeholders.
- ❑ Take pictures of the program in action!

Step 6
Evaluate your success

Step 6 Evaluate your success

Revise the action plan as needed, based on ongoing employee feedback, changes in timing, changes in available resources and evaluation.

Evaluation is important for the following reasons:[71]

- to collect evidence about the effectiveness/impact of a program;
- to be accountable to stakeholders, partners, employers and employees;
- to identify ways to improve the program (such as determining what works, what doesn't work and why, improving the usefulness of the program); and
- to assess the efficiency of the program (cost-effectiveness and cost-benefit analyses).

As part of the evaluation, regularly monitor ***process*** and ***outcome*** measures as indicators of success:[72]

- ***process measures*** look at program-oriented results, i.e. how the program was implemented and how things are working; and
- ***outcome measures*** look at the short and long-term results of the program, and whether the program's short-term and long-term objectives have been achieved.

Choose these indicators of success early in the planning process and include them in the program logic model. Be realistic about what can and cannot be measured given the dollars that are available. A workplace representative such as the occupational health representative or management may have easier access to some of these indicators. Certainly other factors will affect these data, however it will be interesting and important to monitor changes in these figures over time as the nutrition program progresses.

Indicators for **process measures** include:

- program participation rates;
- employee awareness levels of the program;
- participant satisfaction;
- management satisfaction;
- perceived value in the program;
- management commitment to the program; and
- whether the program was implemented as intended.

Indicators for **health-related short-term outcome measures** include:

- nutrition knowledge or awareness;
- nutrition attitudes and intentions;
- overall health beliefs;
- perceived health status;
- stage of readiness to change his/her behaviour or progression along the continuum of readiness to change;
- sales of more nutritious and less nutritious food choices; and
- employee requests for healthier food choices.

Indicators for **health-related long-term outcome measures** include:

- nutrition behaviour;
- skills/confidence around making and preparing healthier food choices;
- environmental supports for healthy eating in the workplace;
- policy supports for healthy eating in the workplace;
- sickness absence rates;
- worker's compensation claims; and
- short and long term disability rates.

Indicators for **financial-related short-term outcome measures** include:
- program participation rates; and
- employee morale and job satisfaction.

Indicators for **financial-related long-term outcome measures** include:
- prescription drug costs and other extended health care benefit costs;
- absenteeism rates;
- employee retention or turnover/replacement rates;
- worker's compensation claims;
- short and long term disability costs;
- production figures;
- number of complaints of physical/social stress and strain; and
- number of safety-related incidents.

Recognize that a number of factors will affect the overall success of the nutrition program such as:[73]
- lack of management support;
- lack of motivation;
- changing priorities of the workplace;
- low participation rates;
- poor retention in program;
- lack of professional staff to deliver the intervention;
- time and money barriers from the perspective of the workplace;
- timing/other organizational events/changes – mergers, downsizing, labour disruptions; and
- competing interests between public and private, between employee and employer, between management and unions.

Suggested Resources for Program Evaluation:

Evaluating Health Promotion Programs
The Health Communication Unit
Available from:
http://www.thcu.ca/infoandresources/publications/Eval%20HPP-020801.PDF
100 College Street, Room 213,
The Banting Institute,
University of Toronto
Toronto, ON M5G 1L5
Tel: 416-978-0522; Fax: 416-971-2443;
Email: hc.unit@utoronto.ca

A Program Evaluation Tool Kit: A Blueprint for Public Health Management. Porteous, Nancy L., Sheldrick, Barbara J., and Stewart, Paula J. Public Health Research, Education and Development Program (PHRED), Ottawa-Carleton Health Department. 1997.
Available from:
Ottawa-Carleton Health Department
495 Richmond Road, Ottawa, ON
K2A 4A4
Tel: 613-724-4122; Fax: 613-724-4152

Step 7
Keep it going!

Step 7 Keep it going!

Sustainability is a broad term, generally referring to continuation and is an important part of the process of behaviour change.[74]

Keep the momentum going by continually communicating with, educating and encouraging the workplace. Some ideas include:

- distributing communications to workplace employees on a regular basis such as wellness newsletters, calendars of events and payroll inserts;
- holding annual workshops or forums for workplaces featuring key speakers, new resources, new research, etc.;
- building in other workplace health promotion initiatives such as physical activity, tobacco use prevention programs or existing occupational health programs;
- providing incentives to employees and employers for continued participation such as workplace awards or recognition events that are supported by the Chamber of Commerce;
- highlighting and recognizing workplace success stories, with plenty of photos, in the media and in workplace wellness newsletters;
- congratulating workplaces in the Chamber of Commerce publication;
- lending nutrition resources (e.g. books, videos, magazines, newsletters, displays) that are of interest to employees and their families;
- developing local or regional workplace healthy eating networking groups to share ideas and resources;
- linking workplaces to other health service providers (e.g. through the development and distribution of a corporate health directory); and
- connecting with new partners such as academic researchers and private insurance companies to strengthen program and evaluation efforts.

Suggested Resources for Sustainability:

Overview of Sustainability (workbook).
The Health Communication Unit,
April 2001.
Sustainability Worksheet Package.
The Health Communication Unit,
April 2001.
Both available from:
http://www.thcu.ca/infoandresources/sustainability_resources.htm
100 College Street, Room 213,
The Banting Institute,
University of Toronto
Toronto, ON M5G 1L5
Tel: 416-978-0522; Fax: 416-971-2443;
Email: hc.unit@utoronto.ca

Appendix A
Sample Workplace Nutrition Assessment Tools

What's in this appendix?

APPENDIX A1 - Workplace Profile/Assessment 53

APPENDIX A2 - Workplace Nutrition Survey 57

Vegetable & Fruit Workgroup

Workplace Profile/ Assessment

Date: _____

Company Name	
Company Address	
Number of Employees	
Type of Business	
Ethno-cultural Groups	
Predominant Socio-economic Status	Less then $30,000/ year ?
Predominant Gender	
Literacy Level	
Contact Person	
Phone Number	
E-Mail Address	

Policy/ Administration:

1. Has your workplace participated in ***Toronto Public Health*** program before?

   - ❑ Yes ❑ No

2. If yes, when_____ and what program?_____

3. Who addresses health issues at your workplace?

   - ❑ Name of person and position: _____
   - ❑ Or committee: _____

4. How does your management support workplace health?

   _____

   _____

5. Does your workplace have any written nutrition policies?

   - ❑ Yes ❑ No

Policy/ Administration:

6. Would you be willing to provide a copy of your policies to Toronto Public Health?

   ❑ Yes ❑ No

7. Who makes decisions regarding workplace health?

   _____

8. Do your employees perform shiftwork?

   ❑ Yes ❑ No

9. How long do employees have for lunch/ break?

   ❑ 15 – 20 minutes ❑ 30 minutes ❑ 45 minutes ❑ a hour

Eating Access:

10. Are there areas in the workplace (other than cafeterias) where employees take breaks or eat meals?

    ❑ Yes, where_____ ❑ No

11. In workplaces with eating areas (other than cafeteria style), please indicate which of the following are available to employees at break time:

    ❑ Outside seating
    ❑ Areas close to workstations
    ❑ Quiet rooms, meeting rooms
    ❑ Directly at workstations (i.e. desk)
    ❑ Smoking areas
    ❑ Other:_____

12. At meal times/ breaks, staff has access to: (check all that apply)

    ❑ Lunch Room
    ❑ Cafeteria facilities
    ❑ Vending machines
    ❑ Snack trays
    ❑ Refrigeration
    ❑ Other: _____ *(please specify)*
    ❑ Microwave
    ❑ Cooking facilities (stove)
    ❑ Coffee/ food trucks
    ❑ Sink
    ❑ Food court / restaurants near by
    ❑ Other: _____ *(please specify)*

In workplaces with cafeteria facilities, please answer:

13. Does the cafeteria contract require that vegetable and fruit choices are made available?

    - ❑ Yes ❑ No

14. List examples of the following food types that are available in the cafeteria:

    - ❑ Vegetable and fruit choices:_____
    - ❑ Food group choices: _____
    - ❑ Other food group:_____

Catering:

15. Is there a catering policy?

    - ❑ Yes ❑ No

16. Where do you usually cater from? _____

17. What types of food are included in a typical catering order?_____
    - ❑ _____
    - ❑ _____

In workplaces with vending machines, please answer:

17. Is there a contract / agreement with the vending machine operator?

    - ❑ Yes ❑ No

18. Does the vending machines contract require that vegetable and fruit choices be made available?

    - ❑ Yes ❑ No

19. List examples of the following food types that are available in vending machines:
    - ❑ Vegetable and fruit choices _____
    - ❑ Other food choices: _____

20. Are the vegetable and fruit choices comparable in price to the other foods in the machine?

    - ❑ Yes ❑ No

In workplaces with vending machines, please answer:

21. Are the vegetables and fruit choices labeled or easily identifiable in vending machines?

    ❑ Yes ❑ No

22. Are the vending machines used frequently?

    ❑ Yes ❑ No

Program Specific:

23. Is there an appropriate space for potential nutrition activities?

    ❑ Yes ❑ No

24. What is the most suitable time for activities for staff?

    ❑ Early morning ❑ Coffee break ❑ Lunch time ❑ After work hours

25. What is the easiest/ most effective method of marketing programs for staff?

    _____

    _____

    _____

26. Would management be supportive of giving staff time to participate in activities?

    ❑ Yes ❑ No ❑ Unsure, will follow up

27. What do you think are the barriers to healthy eating in this workplace?

    ❑ _____

    ❑ _____

    ❑ _____

Workplace Nutrition Survey

1) How many people are employed at your workplace? _____

2) What are your workplace's hours of operation? _____

3) Does your workplace involve shiftwork? (e.g. any shift outside of the hours of 7 a.m. and 6 p.m.)

   ☐ Yes ☐ No

4) Do employees eat snacks at work on a regular basis?

   ☐ Yes ☐ No

5) Do employees eat meals at work on a regular basis?

   ☐ Yes ☐ No

6) How long do employees get for main meal breaks?

   ☐ 15 min ☐ 30 min ☐ 60 min ☐ Other __

7) Which of the following are available for all employees to use:

   ☐ A lunchroom
   ☐ A refrigerator
   ☐ A microwave

8) Does your workplace have vending machines on site?

   ☐ Yes ☐ No → *please proceed to question 11*

9) Are any of the following foods and beverages available in your vending machines? (please check all lines)

Food	**Yes (✓)**	**No (✓)**	**Comment**
Snack Foods			
Cheese and crackers			
Low-fat muffins			
Granola bars			
Fresh/canned fruit			
Nuts/pretzels			
Yogurt			
Entrée's			
Soup			
Sandwiches			
Frozen meals			
Beverages			
Water			
100% fruit or vegetable juice			
Milk (2%/1%/skim/choc)			

10) Have you ever had requests from employees for healthy snacks to be provided in the vending machines (e.g. low fat muffin; fruit; granola bars; etc.)?

☐ Yes ☐ No

11) Does your workplace have a cafeteria on site?

☐ Yes ☐ No → *please proceed to question 17*

12) What are the cafeteria's hours of operation? _____

13) Does the cafeteria provide meals for the following shifts?

☐ Day ☐ Night ☐ Afternoon ☐ Evening

*14) Which of the following food products does the cafeteria offer:

a) *Grain Products*

Check all that apply:

___ Whole grain breads/rolls, pita, bagels, pizza crust or lower-fat muffins, etc
___ Hot or cold cereal
___ Pasta, noodles, couscous or wrap made with dough
___ Rice, barley, baked corn tortillas, polenta, bulgur, millet or other grain products

b) Vegetables and Fruit:

Check all that apply:

___ Fruit or fruit salad
___ 100% fruit or vegetable juice
___ Leafy green salad
___ Baked potato
___ Tomato sauce, e.g. on pasta
___ Stir-fried vegetables
Other vegetables. Please list:
___ _____
___ _____

*15) Does the cafeteria offer:

a) Milk (either 2%, 1%, or skim milk) as a beverage?

☐ Yes ☐ No

b) At least one meat, fish, poultry or alternative prepared using a lower fat cooking method e.g. steaming, poaching, broiling, roasting, baking, barbequing, when meat or alternatives are served as entrée's?

☐ Yes ☐ No

c) At least one lower-fat dessert choice such as fresh fruit, fruit salad, angel food cake, gelatin, lower fat frozen yogurt, sherbet, or milk pudding, when dessert is served?

☐ Yes ☐ No

d) Milk, juices and water available as an alternative to soft drinks?

☐ Yes ☐ No

e) Gravies, sauces and salad dressings served on-the-side whenever possible?

☐ Yes ☐ No

f) Serve half portions of French fries, if French fries are offered?

☐ Yes ☐ No ☐ N/A

g) Vegetables, vegetable sticks, salad, potato, or rice offered instead of french fries if they are served as part of a meal?

☐ Yes ☐ No

h) Calorie-reduced or fat-free salad dressings, when salad is served?

☐ Yes ☐ No

i) Butter, margarine, sour cream or mayonnaise served on-the-side, or not used on entrée's, side dishes, vegetables or sandwiches?

☐ Yes ☐ No

j) Removal of visible fat from meat and skin from poultry before serving?

☐ Yes ☐ No

k) Information to customers about recipe ingredients, when requested?

☐ Yes ☐ No

16) Have you ever had requests from employees for healthy meals to be available in the cafeteria (e.g. Beef & Vegetable Stir-fry; Poached Whitefish.)?

☐ Yes ☐ No

17) Does your workplace serve any of the following foods and beverages at business functions, staff meetings, workshops, etc.? (please check all lines)

Food	**Always**	**Sometimes**	**Never**	**Comments**
Entrée's				
Soup				
Sandwiches				
Bagels				
Salads				
Snacks				
Low fat muffins				
Fresh/canned fruit				
Vegetable plate				
Beverages				
100% fruit or vegetable juice				
Water				
Milk (2%/1%/skim/choc)				

18) Have you ever received requests from employees for healthy meals or snacks to be available at business functions, staff meetings, workshops etc. (e.g. low-fat muffins, sandwiches)?

☐ Yes ☐ No

19) The following are excerpts from an Ontario workplace nutrition guideline:

a) "Healthy food choices will be available in vending machines located throughout the building".
b) "Lower fat and higher fiber options will be available in the cafeteria and at any business function where food is served".

Does your workplace currently have nutrition policies and/or guidelines in place?

☐ Yes ☐ No

If yes, please describe (or attach)

_____
_____
_____
_____

20) Would your workplace like to hear from a health unit nutrition staff in the future to help:

a) Promote, advocate and assist in the development and approval of nutritious food guidelines
☐ Yes ☐ No

b) Support implementation of nutritious food guidelines

☐ Yes ☐ No

c) Access opportunities for employee education around healthy eating/nutrition?

☐ Yes ☐ No

Comments: _____

_____
_____
_____
_____

Thank you for taking the time to complete this survey

* *Adapted from: Eat Smart! Ontario's Healthy Restaurant Program Manual*

Sudbury & District Health Unit
Service de santé publique

Workplace Nutrition Survey

Code # _____

Organization: _____

Name: _____

Occupation: _____

Phone Number: _____

E-mail: _____

Workplace Wellness
Sudbury & District Health Unit
522-9200, extension 361
fax: 677-9615

Healthier Choices…

Healthier You

06/2001

G:Health Promotion/nutrition/marniw/final nutrition survey revised

Appendix B
Sample Nutrition Programs for the Workplace

What's in this appendix?

APPENDIX B1 – List of Nutrition Programs for the Workplace
Through communications with public health departments across the province, the following list of workplace nutrition programs was compiled. These programs may be offered by various public health departments, are well regarded, based on current nutrition guidelines and have undergone a credible development and review process by the authors. A best practices screening was not exercised, however, most of these programs have recently been assessed in greater detail as part of the *What Works in Nutrition Promotion* document.[75] 65

APPENDIX B2 – Sample Brochure for Food Steps – A Workplace Healthy Eating Program 67

		Type of Health Promotion Strategy/Component Used			
Program and Description	**Contact Information**	**Awareness Building/ Education**	**Skill Building**	**Environment Support**	**Policy Development**
Healthy Eating Manual* Designed for use by people who have the opportunity to include healthy eating into existing and developing programs in order to increase knowledge and skills around healthy eating. Available in both English and French. (Note: This is considered a program when offered as a series in the workplace.)	**Nutrition Resource Centre** c/o Ontario Public Health Association 468 Queen Street East, Suite 202 Toronto, ON M5A 1T2 Tel: 416-367-3313 1-800-267-6817 Fax: 416-367-2844 Email: info@nutritionrc.ca Cost of manual: free	✓	✓		
Food Steps: A Workplace Healthy Eating Program* Food Steps is a unique, research-based, self-help, correspondence program for healthy eating with an emphasis on the reduction of dietary fat. The program is based on the Stages of Change theory and has primarily been implemented through public health units.	**Nutrition Resource Centre** c/o Ontario Public Health Association 468 Queen Street East, Suite 202 Toronto, ON M5A 1T2 Tel: 416-367-3313 x222 1-800-267-6817 Fax: 416-367-2844 Email: info@nutritionrc.ca Cost of materials: free	✓	✓		
Eat Smart! Workplace Programs* A guide with practical information and resources on how to implement the Eat Smart! Workplace Cafeteria program.	**Nutrition Resource Centre** c/o Ontario Public Health Association 468 Queen Street East, Suite 202 Toronto, ON M5A 1T2 Tel: 416-367-3313 x 222 1-800-267-6817 Fax: 416-367-2844 Email: info@nutritionrc.ca Cost of manual: free Fax: 416-367-2844 Email: info@nutritionrc.ca	✓	✓	✓	✓

		Type of Health Promotion Strategy/Component Used			
Program and Description	**Contact Information**	**Awareness Building/ Education**	**Skill Building**	**Environment Support**	**Policy Development**
Shiftwork Like Clockwork – Worksite Wellness Program A workplace wellness program designed specifically for shiftworkers. Includes a facilitator's guide with background notes, practical tools and ideas for 22 modules, each about 20 minutes in length. Available in both English and French.	**Sudbury & District Health Unit** 1300 Paris St. Sudbury, ON P3E 3A3 Tel: 705-522-9200 x290 Fax: 705-522-5182 Email: workplaceteam@sdhu.com Cost of manual: $180 + shipping and handling.	✓	✓	✓	
Healthy Eating at Work This healthy weight promotion program is based on the *Vitality* concept developed by Health Canada that encourages healthy eating, enjoyable active living, and social acceptance of a wider range of healthy weights and body sizes. It contains practical ideas and resources to help promote healthy eating in the workplace, cafeteria or lunchroom.	**Regional Niagara Public Health Dept.** 573 Glenridge Avenue St. Catherines, ON L2T 4C2 Tel: 905-688-3762 x321 1-800-263-7248 x321 Fax: 905-688-7024 www.niagarahearthealth.com	✓	✓		

* Materials, technical support and consultation for the implementation of these provincial programs are available from the Nutrition Resource Centre.

A Workplace

Healthy Eating Program

FOOD STEPS HEALTHY EATING PROGRAM

FOOD STEPS is a unique self-help, healthy eating program that focuses on making step-by-step changes to improve eating habits. The *FOOD STEPS* program was developed in Ontario and is currently being used by various health departments throughout the province.

The *FOOD STEPS* program consists of a series of booklets for men and for women. Each booklet includes information, quizzes and activities to build skills and help people change the way they eat.

York Region Health Services, Nutrition Services would like to offer *FOOD STEPS* to your workplace. Key players involved with the *FOOD STEPS* launch would be York Region Health Services—Nutrition Services, Health Connection and the Occupational Health Department from your workplace, with Nutrition Services taking the lead role.

Promotion of the *FOOD STEPS* program to employees occurs at least two weeks before launching the program. The launch would involve one or more lunch 'n learn sessions and/or a display delivered by a Nutritionist from York Region Health Services—Nutrition Services on a date agreed upon with your Occupational Health Department. At that time, registration of participants will take place. After the program launch, the Nutritionist will leave promotional material on *FOOD STEPS* and any employee who would like to register or participants who would like to be re-staged may do so by calling Health Connection at York Region Health Services.

*Please refer to the ATTACHMENT for further details regarding *FOOD STEPS*.

If you would like to offer this healthy eating program to employees in your workplace, please call Nancy Bevilacqua, Community Nutritionist at 905-895-4512 or 1-800-735-6625 ext 4340.

ATTACHMENT

What is *FOOD STEPS*?

FOOD STEPS is a healthy eating program based on a behaviour change theory called Stages of Change. According to this theory, people go through different stages when changing various behaviours. *FOOD STEPS* has been designed to meet people's needs at the following different stages:

Precontemplation: People are not even thinking about changing the way they eat.

Contemplation: People have begun thinking about reasons to change how they eat.

Preparation/Action: People are making active plans or are already trying to change the way they eat.

Maintenance: People are actually making healthy eating a permanent part of their life.

The goal of the *FOOD STEPS* program is to move participants through the process of making changes and to help them slowly improve their eating habits.

A person registers for the program by answering a few short questions. This helps determine what "stage" someone is at in making changes to the way they eat. Once a person answers these questions, they are sent a guidebook that matches their stage. There are separate guidebooks for men and for women for each of the four stages. When ready to move on, the participant phones Health Connection. Through use of a short questionnaire, Health Connection staff will determine the next appropriate guidebook for the participant.

The entire program can be completed by phone and mail. If participants need individual support in completing any of the activities outlined in the guidebooks, the Nutrition Educator from Health Connection is available to provide consultation.

Benefits of *FOOD STEPS*:

- *FOOD STEPS* addresses the improvement of eating habits as a process rather than a one-time event.
- *FOOD STEPS* is an easy-to-read self-help program which is based on sound theory of behaviour change.
- *FOOD STEPS* is a correspondence program which overcomes barriers of accessibility, and is suitable for all employees working any shift.
- *FOOD STEPS* addresses long-term maintenance of behaviour change.
- *FOOD STEPS* has the potential to affect a larger proportion of the population and move them towards a healthier lifestyle.
- *FOOD STEPS* is **free of charge** and has already been successfully launched in many York Region workplaces.

If you would like to offer this healthy eating program to employees in your workplace, please call Nancy Bevilacqua, Community Nutritionist at 905-895-4512 or 1-800-735-6625 ext 4340.

FOOD STEPS

Appendix C
Sample Nutrition Policy Resources

What's in this appendix?

APPENDIX C1 – Nutrition Policy Development Checklist 75
APPENDIX C2 – Workplace Nutrition Policy Resource List 76
APPENDIX C3 – Policies to Promote Healthy Eating:
APPENDIX C3a - Legislative Overview 78
APPENDIX C3b - Literature, References and Resources 79

APPENDIX C4 - Sample Nutrition Policies
APPENDIX C4a - Guidelines for Catering at Cancer Care Ontario 81
APPENDIX C4b - Nutrition Policies for Meetings (Nutrition Policy Example and Healthy Eating Checklist) 83
APPENDIX C4c - Nutrition Break or Meal – Policy and Procedure 86
APPENDIX C4d - Healthy Eating Guidelines for Corporate Business and Educational Functions 87
APPENDIX C4e - Food Service Policy 89
APPENDIX C4f - Healthy Eating and Food Handling Guidelines 90
APPENDIX C4g - Healthy Eating Food Service Policy 91

Sample Nutrition Policy Resources

- **APPENDIX C1 - Nutrition Policy Development Checklist**
  (Adapted from: *Eat Smart! Workplace Program, 2001 - distributed by the Nutrition Resource Centre*)

This checklist can help public health practitioners and workplace personnel develop nutrition policies for the workplace.

- **APPENDIX C2 – Workplace Nutrition Policy Resource List**
  (Adrienne Baltadjian, M.H.Sc., RD, Public Health Nutritionist, Durham Region Health Department, November 2001.)

The information for this list was collected via the dietitian's experience and knowledge of existing resources, survey of other public health dietitians/nutritionists with knowledge in this area, and an extensive Internet search.

- **APPENDIX C3 – Policies to Promote Healthy Eating**
  - C3a - Legislative Overview
  - C3b - Literature, References and Resources

These resources were recently compiled as part of *Policies In Action* - an upcoming resource from the Ontario Heart Health Resource Centre and the Nutrition Resource Centre (pending publication – Summer 2002)

- **APPENDIX C4 - Sample Nutrition Policies**
  - C4a – Guidelines for Catering at Cancer Care Ontario

These guidelines were based on a few key articles from the diet and cancer prevention literature as well as key messages from a variety of health sites. Reviewed by members of the Ontario Collaborative Group on Diet and Cancer, these guidelines were brought forward through the Board Committee on Preventive Oncology and accepted by the CEO at that time.

- C4b – Nutrition Policies for Meetings - Nutrition Policy Example and Healthy Eating Checklist (County of Lambton, Community Health Services Department)
- C4c – Nutrition Break or Meal - Policy and Procedure (Kingston, Frontenac and Lennox & Addington Health Unit)
- C4d – Healthy Eating Guidelines for Corporate Business and Education Functions (Hamilton-Wentworth Social & Public Health Services Division)
- C4e – Food Service Policy (Regional Niagara Public Health Department)
- C4f – Healthy Eating and Food Handling Guidelines (Perth District Health Unit)
- C4g – Healthy Eating Food Service Policy (York Region Health Services)

- C4e – Food Service Policy (Regional Niagara Public Health Department)
- C4f – Healthy Eating and Food Handling Guidelines (Perth District Health Unit)
- C4g – Healthy Eating Food Service Policy (York Region Health Services)

Policies in Appendices C4d-C4g were compiled as part of *Policies In Action* - an upcoming resource from the Ontario Heart Health Resource Centre and the Nutrition Resource Centre (pending publication – Summer 2002).

APPENDIX C1
Nutrition Policy Development Checklist

(Adapted from: *Eat Smart! Workplace Programs.* Heart and Stroke Foundation of Ontario and Canadian Cancer Society, 2001and Hallad S and Yee K. *Nutrition Guidelines for Schools.* Saskatchewan School Trustees Association Research Centre Report #93-05. Regina, SK 1993.)

	Activity	Done (✓)
1.	Nutritious food defined.	
2.	Less nutritious food defined.	
3.	Staff understands definitions.	
4.	All stakeholders participate in policy formation. Policy is endorsed by senior management and staff are aware of this endorsement.	
5.	Policy is widely publicized and communicated.	
6.	Nutritious food is competitively priced and readily available.	
7.	Nutritious food choices are appropriately promoted and advertised.	
8.	Less nutritious foods are not more readily available than nutritious ones.	
9.	If a choice of foods is not possible, only nutritious food items will be offered.	
10.	Meals served in the workplace offer foods from at least 3 of the 4 food groups.	
11.	Ontario or locally grown produce is used whenever possible.	
12.	Workplace fundraising does not rely on the sale of less nutritious foods.	
13.	Catering companies and outside vendors adhere to the nutrition policy.	
14.	Nutritious foods are served most often at meetings, sports events, workshops, etc.	
15.	Food waste is minimized.	
16.	Disposable packaging is minimized.	
17.	Registered Dietitian participated in the nutrition guideline development process.	
18.	Working conditions that affect healthy eating and nutrition are addressed (eg. adequate time for lunch; work hours; etc.)	

APPENDIX C2
Workplace Nutrition Policy Resource List

(Adrienne Baltadjian, M.H.Sc., RD, Public Health Nutritionist Durham Region Health Department, November 2001.)

Policy Resources

1) POLICY: The Key to a Healthy Workplace
Ottawa-Carleton Health Department

3.0 General Guidelines to Implementing Healthy Workplace Policies (& Flowchart)
4.3 Healthy Eating/Nutrition (Sample policy)
App. Steps to Developing a Healthy Workplace Policy (Worksheets)

2) Healthy Policy = Healthy Profits
York Region Health Services Department

1.1 Building a Healthy Workplace Policy (5 stages)
2.1 Healthy Eating
2.2 Heart Health
App. Workplace wellness checklist

3) A Heart Healthy Step in the Right Direction - Heart Healthy Activities in the Workplace.
Haldimand-Norfolk Regional Health Department; Brant County Healthy Unit; Heart Health: Brant, Haldimand, Norfolk

4) Take Heart! Heart Healthy @ Work - Workplace Action Guide
Lambton Health Unit; Lambton Heart Health

- Nutrition policies for meetings (+ sample)
- Healthy Eating Checklist (+ policy)
- Healthy Cafeteria Menus
- Whole Hearted Vending Machine Choices
- Healthy Choices Catering Form

5) HeartWorks - Nutrition Policy Regional Niagara Public Health Department

- How to Develop a Nutrition Policy (+ sample policy)

Various Health Department Nutrition Policies

- Haldimand-Norfolk Regional Health Department
- KFL&A Health Unit
- Perth District Health Unit

Websites

1) Worksite Health Promotion Program National Institutes of Health
http://odp.od.nih.gov/whpp/nutrition/nutrition.html

- Vending Machines; Cafeterias; Catering

2) How to Develop a Workplace Nutrition Policy
National Heart Foundation of New Zealand
www.nhf.org.nz/workplace_health/healthy_eating/nutrition_policy.html

- Procedure
- Catering & Vending Machines

Books

Health Promotion in the Workplace
O'Donnell, M.P., and J.S. Harris. (1994)
Delmar Publishers Inc., Albany, NY.

- Chapter 3: Designing Workplace Health Promotion Programs
- Chapter 11: Worksite Nutrition Programs (Cafeteria & Vending Machine Programs; Healthy Catering Policies; Evaluating Nutrition Programs)

Fact Sheets/Handouts

- Healthy Eating Guidelines for Workplaces
  KFL&A Health Unit
- Nutrition Matters: Make Nutrition Come Alive at the Workplace!
  Peterborough County City Health Unit
- Hosting Business Functions
  City of Ottawa

Program Resources

1) **Eat Smart - The Heart Beat Cafeteria Program**
   Ottawa-Carleton Heart Beat

2) **Eat Smart! Ontario's Healthy Restaurant Program**
   (New manual focusing on workplace cafeteria program- there's some policy info)
   Heart & Stroke Foundation of Ontario; Canadian Cancer Society

3) **Healthy Eating Manual (Nutrition Resource Centre)**
   Ontario Ministry of Health; Canadian Cancer Society; Heart & Stroke Foundation of Ontario

4) **Shiftwork Like Clockwork - Worksite Wellness Program for Shiftworkers**
   Sudbury & District Health Unit; Porcupine Health Unit

APPENDIX C3a
Policies to Promote Healthy Eating

Legislative Overview

- from *Policies In Action* - an upcoming resource from the Ontario Heart Health Resource Centre and the Nutrition Resource Centre (pending publication – Summer 2002)

Policies to promote healthy eating include:

- Providing dietary guidance
- Increasing healthy food choices/reducing unhealthy food choices in daycares, school and worksite cafeterias (including food access)
- Reducing the promotion/advertising of unhealthy food choices to children
- Increasing tax on non-nutritious snacks
- Modifying pricing policies to promote healthy food choices
- Regulating contractual requirements for food services
- Regulating the training of food service personnel
- Mandating nutrition education to youth
- Reimbursing for nutrition counselling
- Regulating nutrition information (i.e., labeling, health claims, point-of-purchase information) (Adapted from: Glanz, Lankenau, Foerster, Temple, Mullis & Schmid, 1995).

Policies
Responsibility for nutrition policy cuts across many sectors, including health, agriculture, commerce, education and welfare.

Federal
- Canada's Food Guide is the country's dietary guidance policy
- Food labeling regulations (new requirements recently introduced)
- Agricultural policies

Ontario
- Day Nurseries Act

APPENDIX C3b
Policies to Promote Healthy Eating:
Literature, References and Resources

- from *Policies In Action* - an upcoming resource from the Ontario Heart Health Resource Centre and the Nutrition Resource Centre (pending publication – Summer 2002)

Literature/References

Barrett, A., Reznik, R., Irwig, L., Simpson, J.M., Oldenburg, B., Horvath, J., & Sullivan, D. (1994). Work-site cholesterol screening and dietary interventions: The Staff Healthy Heart Project. American Journal of Public Health, 84(5), 779-782.

- Results of voluntary cholesterol screening program offered in six Australian hospitals found no reduction in cholesterol levels. Authors attribute the findings to the low participation rate.

Centers for Disease Control. (1996). Guidelines for school health programs to promote lifelong healthy eating. MMWR, 45(RR-9), 1-33.

- Contains detailed description of essential contents of a healthy food policy for schools.

Glanz, K. (1999). Progress is dietary behavior change. American Journal of Health Promotion, 14(2), 112-117.

- Author surveys current state of nutrition policy and highlights the need for upstream interventions, particularly multicomponent, community-based policy trials.

Glanz, K., Lankenau, B., Foerster, S., Temple, S., Mullis, R., Schmid, T. (1995). Environmental and policy approaches to cardiovascular disease prevention through nutrition: opportunities for state and local action. Health Education Quarterly, 22(4), 512-527.

- Overview of environmental change and policy approaches to promote healthy eating.

Howard-Pitney, B., Winkleby, M.A., Albright, C.L., Bruce, B. & Fortmann, S.P. (1997). The Stanford Nutrition Action Program: a dietary fat intervention for low-literacy adults. American Journal of Public Health, 87(12), 1971-1976.

- Found tailored curriculum (SNAP) to be more effective than a general one in a group of low-literacy, low-income people.

James, W.P.T., Ralph, A. & Bellizzi, M. (1997). Nutrition policies in Western Europe: national policies in Belgium, the Netherlands, France, Ireland, and the United Kingdom. Nutrition Reviews, 55(11), S4-S20.

- Looks at how national nutrition policies in 5 Western European countries affected changes in the population.

Luepker, R., Perry, C.L., McKinlay, S.M., Nader, P.R., Parcel, G.S., Stone, E.J., Webber, L.S., Elder, J.P., Feldman, H.A., Johnson, C.C., Kelder, S.H. & Wu, M. (1996). Outcomes of a field trial to improve children's dietary patterns and

physical activity: The Child and Adolescent Trial for Cardiovascular Health (CATCH). JAMA, 275(10), 768-776.

- Reports on the experience of a 3-year study looking at a comprehensive healthy eating and physical activity school-based approach with students in grade 3.
- Authors conclude that the policies and practices of a school can be changed without substantial new school resources and time.

Marshall, T. (2000). Exploring a fiscal food policy: the case of diet and ischaemic heart disease. BMJ, 320(7230), 301-305.

- Discussion of fiscal ways that low-income people could be encouraged to eat healthier diets.

Norum, K.R., Johansson, D.L., Botten, G., Bjorneboe, G.E.A. & Oshaug, A. (1997). Nutrition and food policy in Norway: Effects on reduction of coronary heart disease. Nutrition Reviews, 55(11), S32-S39.

- Description of the progress and effects of national nutrition policies in Norway.

Web Resources

Canada

Health Canada (Proposed regulatory amendments to labels)
http://www.hcsc.gc.ca/hppb/nutrition/labels/e_policy.html

U.S.

American School Food Service Association
http://www.asfsa.org/

Center for Commercial-Free Education
http://www.commercialfree.org/

APPENDIX C4a
Sample Nutrition Policies

Guidelines for Catering at Cancer Care Ontario

These guidelines are developed for Cancer Care Ontario based on the premise that the organization should model, through its catering practices, the same recommendations given to the public about prevention of cancer through diet and physical activity.

The following are meant to assist with menu selection and planning functions.

1) Choose mainly plant-based foods

- Consider an entrée made with grains such as rice, couscous, quinoa, barley, noodle dishes or pasta
- Include at least one vegetarian selection for lunch or dinner entrees made from beans, lentils or dried peas including tofu
- Consider more international dishes (eg Italian pasta primavera, Moroccan stew, Mexican vegetable enchiladas, Spanish paella, Oriental stir-fries, Indian curries, Greek vegetable mousakka, Provençal ratatouille)
- Offer a wide selection of breads made of whole grains

2) Offer a variety of vegetables and fruit

- For breakfasts include one serving of whole fruit for cereal and/or muësli, (not just bananas, but also berries, peaches, mandarin oranges, grapes, apples) in addition to 100% fruit juice
- Offer at least two choices of vegetables and fruit at lunch and dinner gatherings, not including potatoes
- Have fruit (including fresh and/or dried fruit) as a snack
- Offer vegetable or 100% fruit juice instead of soft drinks
- Have baked fruit, fruit salad, fruit kabobs for dessert
- Consider a variety of raw vegetables with low fat yogurt dips for snacks or with sandwiches. Including more nutrient dense selections such as raw sweet potato sticks, asparagus, green beans, jicama, red pepper rings, zucchini, broccoflower, in addition to more common carrot, celery sticks and cherry tomatoes

3) Choose foods low in fat and salt

- Ensure there is a low fat choice (2% or less) of dairy products for coffee, tea
- Offer lower fat (2% or less) milk as an alternative to soft drinks
- Have water available in addition to other beverages
- Request lower fat yogurt and light sour cream for dips; light cream cheese for bagels
- Offer salad dressings in a separate container, rather than tossing the salad before serving
- Limit the consumption of fatty foods from animal sources, i.e. high fat cheeses and fatty meats
- Ask that foods be prepared with minimal amount of added fats and oils
- In addition to the suggestions above for fruit-based desserts, consider low-fat alternatives such as angel food cake
- When ordering, ask the caterers about the salt content and state a preference for low sodium entrees, sauces and condiments where possible

4) Offer moderate portions of foods from animal sources

- The maximum serving size per person for meat products per meal is about the size of a deck of playing cards
- It is preferable to choose lean fish, poultry and low fat dairy products or eggs
- If offered, limit size of red meat entrees to no more than 80 grams or 3oz per person
- Offer the following only occasionally: meat and fish grilled in direct flame, cured or smoked products

5) Build in opportunities for physical activity

- Take the stairs to and from meetings
- Take stretch breaks during meetings
- Replace a coffee break with a walking/wheeling break
- Take a brisk walk before lunch or dinner for about 10 minutes
- Have a "walking meeting" - grab your colleagues and discuss business while taking a walk

APPENDIX C4b
Sample Nutrition Policies

Nutrition Policies for Meetings

Take Heart! Heart Healthy at Work – Workplace Action Guide
County of Lambton, Community Health Services Department

Goal:
To reduce the amount of fat consumed by Lambton County residents while at work.

Objectives:
1) to increase the availability of healthy food choices at worksite meetings.

Description:
Nutritious and safe food and beverage choices should be provided at all functions sponsored by the worksite.

The following principles are to guide the selection of food and beverages for functions at the worksite:
1) healthy eating as outlined by Canada's Food Guide to Healthy Eating
2) safe food handling practices
3) being environmentally friendly
4) being fiscally accountable

Use:
All personnel should follow these guidelines with the help of the attached checklist when serving food or beverages at worksite meetings.

Nutrition Policy Example

Company Name

Policy Manual

Category:	Administration	Number:	Policy Number
Reference:	Healthy Eating Checklist	Approved By:	Who
Page:	01-01	Date:	

Policy
Nutritious and safe food and beverage choices should be provided at all functions sponsored by (Company Name).

The following principles are to guide the selection of food and beverages for functions at (Company Name):

1) healthy eating as outlined in Canada's Food Guide to Healthy Eating
2) safe food handling practices
3) being environmentally friendly
4) promoting Ontario products
5) being fiscally accountable

Procedure
1) (Company Name) personnel shall select food and beverages in accordance with the Healthy Eating Checklist (attached) for (Company Name) sponsored functions.

Healthy Eating Checklist

Caterer

- Choose a reputable caterer.
- Talk to the caterer about your wishes. Be specific.
- Let the caterer know you prefer Ontario products.
- Ask the caterer if you can make last minute adjustments in the quantities ordered if people cancel at the last minute.
- Ask the caterer if they have a policy for donating unused food to emergency food assistance programs.

Beverages

- Have lots of fresh water.
- Have pure fruit juice (apple/apple cider and grape are two examples of Ontario juices) as well as the usual coffee and tea.
- Offer 2%, 1% or skim milk for drinking and provide milk instead of cream for coffee and tea.

Breakfast

- Be selective. Order foods such as fresh fruit; whole grain breads/toast (butter on the side) or a variety of lower-fat muffins; hot or cold whole grain cereal; poached, soft-boiled or hard-boiled eggs; or lower-fat cheeses or yogurt.

Sandwiches

- Ask for sandwiches on an assortment of whole grain breads and rolls.
- Have a variety of lower-fat sandwich fillings such as tuna, salmon, lean roast beef, turkey, chicken, ham, pastrami or lower-fat cheese.
  Include vegetarian fillings.
- Ask for sandwiches made with little or no mayonnaise, butter or margarine on the side.

Main Dishes

- Look for meatless dishes such as pasta with a tomato sauce or vegetarian lasagna.
- Choose meat, fish, poultry and vegetable dishes that are broiled, roasted or steamed instead of fried.
- Try to limit the size of main course items.

Salads/Crudities

- Ask for dips made with plain yogurt or light sour cream.
- Choose lower-fat salad dressings or have salad dressing served on the side.

Desserts

- Offer fresh fruit or a fruit salad. Emphasize Ontario seasonal fruit.
- Choose lower-fat yogurt.
- Have whole grain cookies.

Snacks

- Ask for a variety of lower-fat muffins.
- Order a basket of Ontario apples.

Minimize Waste and Recycle

- Use china, glass and flatware rather than disposable products, if available.
- If you use disposable products, be sure they can be recycled.
- Ask for milk and beverage in pitchers rather than individual cartons or bottles. If juice is provided in glass bottles, be sure they are recycled.
- Ask for condiments in bulk rather than single servings.
- Choose moderate portion sizes and order just enough food for the number of people attending.

Timing

- Serve food within 30 minutes after it arrives.

APPENDIX C4c
Sample Nutrition Policies

Nutrition Break or Meal – Policy and Procedure

Kingston, Frontenac and Lennox & Addington Health Unit

Purpose
The Health Unit, in its commitment to the promotion and protection of health establishes an exemplary, supportive, and safe environment for healthy eating both on Health unit premises and in the community. This is consistent with our promotion of healthy eating guidelines in workplaces, schools and the community.

Policy
Employees organizing any meetings, workshops or educational sessions for health unit employees, other professionals or the general public shall provide safe and nutritious choices of foods and beverages at the nutrition break or meal. This policy will apply to in-house events and those held in the community. This policy will apply where funding for the nutrition break is provided by the Health Unit, the Ministry of Health and Long Term care or a registration fee is charged for the educational session.

Procedure
1.0 Use "A Guide to Healthy Eating" as . a reference for the provision of food. Selections should be from the "Choose Often" or "Occasionally" column.

2.0 For further information, refer to the Healthy Eating Guidelines for Meetings prepared by the Public Health Branch, April 1996.

3.0 Before contacting any catering company, consult with the Director of Environmental Health to ensure suggested caterers comply with current legislation governing food safety.

Source: Source: Kingston, Frontenac and Lennox & Addington Health Unit, By-Law, Policy and Procedure Manual. June 1, 1990 (Rev. March 15, 1994)

APPENDIX C4d
Sample Nutrition Policies

Healthy Eating Guidelines for Corporate Business and Educational Functions

Hamilton-Wentworth Social & Public Health Services Division

Policy
Healthy eating means more than dispensing good advise. We must also use public policy to create an environment that supports healthy eating to making healthy choices the easy choices. The Social and Public Health Services (SPHS) Division has developed "Healthy Eating Guidelines for its Business and Education Functions" to demonstrate its commitment to the importance of a healthy diet, safe food handling practices, being environmentally friendly, promoting Ontario food products and being fiscally accountable. The City of Hamilton/Region of Hamilton-Wentworth subsequently approved these guidelines for all corporate business and educational functions.

By developing "Healthy Eating Guidelines for its Business and Education Functions," the SPHS Division and the corporate can serve as a role model in the community for workplace healthy eating guidelines. This is in keeping with the Chronic Disease Prevention Standard of the Mandatory Health Programs and Services Guidelines and Vision 2020, which has been adopted by Regional Council as its vision for the future of Hamilton-Wentworth.

Procedure
ALL CITY OF HAMILTON/REGION OF HAMILTON-WENTWORTH STAFF
Every individual who has reason to provide food and beverage for the purpose of City of Hamilton/Region of Hamilton-Wentworth business and educational functions follows the Healthy Eating Guidelines (ATTACHMENT 1) to ensure that nutritious and safe food and beverage choices are provided.

ATTACHMENT 1 – HEALTHY EATING GUIDELINES

The City of Hamilton and Regional Municipality of Hamilton-Wentworth believe that nutritious and safe food and beverage choices should be provided at our business and educational functions. Our corporation is committed to five interrelated and fundamental principles:

- Healthy eating: Healthy eating incorporates the concepts outlined in Canada's Food Guide to Healthy Eating. It includes the belief that all foods can be part of a healthy diet.
- Safe food handling practices: High standards of food preparation and service ensures access to safe food.
- Being environmentally friendly: Environmentally friendly means minimizing waste from food, food packaging and disposable dishes and recycling.
- Promoting Ontario products: By choosing Ontario products, we support Ontario's food and agriculture industries.
- Being fiscally accountable: Fiscal accountability means the best possible price (obtaining 2 verbal quotes) to support healthy eating, and ensuring that the premises offering food services complies with regulations as set out by the Environmental Health Branch.

These principles embody the importance of the balance of economic, environmental, and social/health factors in corporate decision-making. This is consistent with Vision 2020, adopted by Regional Council as its vision for the future of Hamilton-Wentworth.

Practical suggestions for applying the principles outlined in the healthy eating guidelines include the following areas:

- Caterer/food supplier
- Food safety
- Foods brought from home
- Preparation on-site
- Preparation and cleanup
- Donating unused food
- Main dishes
- Breakfast
- Sandwiches
- Salads/crudities
- Desserts/snacks
- Beverages
- Special considerations
- Minimize waste and recycle
- Smoke-free environment.

Source: Hamilton-Wentworth
Social & Public Health Services Division
Policy and Procedure Manual, 03-20
(Rev. Aug. 11, 2000)

Contact: Nutrition & Physical Activity Promotion Program, Healthy Lifestyles & Disease Prevention Branch, Hamilton-Wentworth Social & Public Health Services Division
Tel. (905) 546-3630.

Note: A nearly identical set of guidelines is available from Windsor-Essex County Health Unit, Windsor, ON.

APPENDIX C4e
Sample Nutrition Policies

Food Service Policy

Regional Niagra Public Health Department

Company "X" Food Service Policy:
In order to contribute to the health and well-being of employees, "X" wishes to encourage the consumption of healthful foods during the work day by providing the following:

1. A "Treat Yourself Right" healthy choice lunch entrée will be available daily in the cafeteria. These entrees will be promoted in the "Monday X" newsletter. Fat, dietary, fibre, protein, carbohydrate, and sodium content as well as energy values will be highlighted.
2. Healthy food choices will be available in vending machines located throughout the building.
3. Lower fat and higher fibre options will be available in the cafeteria and at any business function where food is served.

Source: Irene Krause, RD, Nutrition Consultant, Regional Niagara Public Health Department. Adapted from: *Policy – The Key to a Healthy Workplace* (Region of Ottawa-Carleton Health Department, 1998) and *Healthy, Wealthy and Wise* (Wellness Councils of America, 3rd Ed., 1993). Heart Health and Policy, Kingston, ON. December 7, 2000.

APPENDIX C4f
Sample Nutrition Policies

Healthy Eating and Food Handling Guidelines

1. Nutritious and safe food and beverage choices shall be provided at all work-related meetings, workshops and other events where food and/or beverages are served.
2. The Health Unit is committed to five principles:

- Healthy eating: Healthy eating incorporates the concepts outlined in Canada's Food Guide to Healthy Eating. It also includes the belief that all foods can be part of a healthy diet.
- Safe food handling practices: High standards of food preparation and service ensure access to safe food.
- Being environmentally friendly: Environmentally friendly means recycling and minimizing waste from food, food packaging and disposable dishes.
- Promoting Ontario products: By choosing Ontario products, we support Ontario's food and agriculture industries.
- Being fiscally accountable: Fiscal accountability means the best responsible price to support healthy eating.

3. All caterers shall be booked in consultation with the Infectious Disease department.
4. When planning meetings, workshops or other events where food and/or beverages are going to be served, staff are encouraged to use the Practical Suggestions for Apply Healthy Eating Guidelines. Inquiries about special dietary requirements or restrictions should be made in advance when possible so appropriate arrangements can be made for participants. For large groups, a vegetarian choice should be automatically provided. As well, the choices should include fruit as an alternative dessert and fruit juice and decaffeinated coffee as an alterative to coffee.
5. Nutrition staff and inspectors will assist with food arrangements when requested.

Source: Perth District Health Unit, Board of Health Policy Manual. (Rev. Dec. 21, 1998). Heart Health and Policy, Kingston, ON. December 7, 2000.

APPENDIX C4g
Sample Nutrition Policies

Healthy Eating Food Service Policy

The following food service policy will contribute to promoting the health and well-being of all employees and increasing awareness of the relation between nutrition and health:

1. Healthy food and beverage choices (i.e., foods and beverages which have moderate or reduced levels of fat, sodium and sugar, and higher levels of dietary fibre) will be available daily in the cafeteria, vending machines throughout the building and at any business meeting/function where food is served. These choices will be available to employees working all shifts.
2. Healthy food and beverage choices will be available at comparable or lower cost than other choices.
3. Employees will have access to an eating area that is clean and attractive, to encourage employees to eat away from their workspace. The eating area will also be equipped with a refrigerator and microwave oven.
4. Employees will have frequent access to educational sessions/programs and resources on healthy eating.

Source: York Region Health Services. (2000). *Healthy Policy = Healthy Profits*. (Adapted from: Policy: The Key to a Healthy Workplace, Region of Ottawa-Carleton Health Department)

Appendix D
Program Logic Model Resources

What's in this appendix?

APPENDIX D1 - Program Logic Model Worksheet 95

APPENDIX D2 - Sample Program Logic Model 96

APPENDIX D1
Program Logic Model Worksheet

Goal			
Population(s) of Interest			
Short-term Objectives			
Short-term Indicators			
Long-term Objectives			
Long-term Indicators			
Strategies			
Activities			
Process Indicators			
Available Resources			

From: *Logic Models Workbook (Version 6.1, August 2001)* by The Health Communication Unit, University of Toronto. Definitions are included in this workbook, which is available online at /www.thcu.ca/infoandresources/publications/logicmodel.wkbk.v6.1.full.aug27.pdf

APPENDIX D2
Sample Program Logic Model

Toronto Public Health

Vegetable and Fruit Promotion - Workplace Pilot
Program Logic Model
Draft: June 12/01

Goal

To contribute to the reduction of nutrition-related diseases among those who work in Toronto

Target Groups

Management & Employees of Workplaces

Toronto Workplace Gate-Keepers

Decision-Makers in Workplaces

Longer-term outcome objectives

To increase the percentage of program participants that maintain consumption of at least 5 servings of vegetables and fruit daily, six months after the intervention period.

- To increase the number of workplaces that participate in the program.
- To increase the number of requests from workplaces in Toronto for the program.
- To increase the awareness of the V & F program among workplaces.

- To increase the percentage of program participants who consume at least 5 servings of vegetables and fruit daily immediately after program completion.
- To increase the percentage of program participants that experiment with consuming V & F in new ways, (e.g. different varieties, methods of preparation, times of day, etc) immediately after program completion.
- To increase self-efficacy towards V & F consumption among program participants immediately after program completion.
- To increase knowledge and skills related to selecting, storing, and preparing vegetables and fruit among program participants immediately after program completion.
- To increase knowledge among program participants about (immediately after program completion.)
  -the health benefits associated with eating vegetables and fruit.
  -strategies to make V & F consumption more convenient
  -serving sizes of V & F as per CFG to HE
  -the number of servings of V & F recommended daily by CFG to HE

- To increase the number of workplaces with at least one policy that promotes V & F consumption among employees.
- To increase awareness among policy makers of the benefits of making V & F more accessible.

Shorter-term outcome objectives

Strategy	Marketing	Education & Skill Development	Policy/Advocacy/ Environmental Support
Process Objectives/ Activities	• To implement 2 pilot programs by December 31/01 • To have at least 1 workplace program per region during 2002. • To develop marketing materials (i.e. flyers, packages, etc.) • To develop workplace- specific logo and key messages (in conjunction with city-wide media education subcommittee). • To link with city-wide heart health workplace committee re: database development. • To develop criteria for selection and a registration format. • To develop an outreach plan. • To promote the program in appropriate business literature.	• To have each participating workplace complete a workplace profile (environmental scan) • (WP) To develop a tool to document a workplace's environmental profile. • To develop educational activities/materials (display, newsletters, seminar content, Challenge, etc) for menu activities. • To offer a menu of activities for workplace to implement. • To have all participating workplaces choose at least 3 of the menu options provided. • (WP)To prepare and maintain a workplace portfolio. • (WP)To obtain sponsorship (i.e. donations) from outside agencies (i.e No Frills, etc)	• To have all participating workplaces implement the Environmental Support menu option (if applicable). • (WP) To develop/compile a literature review of best practices/effective strategies for utilizing this type of strategy in workplaces. • (WP) To support workplace staff in implementing policy change.

Appendix E
Other Useful Resources

What's in this appendix?

Reviews and Papers. 101
Workplace Health Promotion Manuals and Guides 102
Organizations and Websites. 104

Reviews and Papers

Creating Healthier Work Environments: A Critical Review of Health Enhancing Organizational Changes at Various Companies.
Michael F Polanyi, John W Frank, Joan Eakin, Harry S Shannon, & Terrence J Sullivan.
In *Determinants of Health: Settings and Issues, Canada Health Action: Building on the Legacy Vol. 3, National Forum on Health, 1998. (Available from the Institute of Work.)*

Creating Healthy Workplaces…Issues and Implications for Heart Health Partners.
Rae Clemens and Joanne Beyers. Public Health Research, Education and Development Division (PHRED), Sudbury & District Health Unit. September 1999.

Creating Healthy Workplaces II. Towards a Comprehensive Cardiovascular Disease Prevention Strategy in Workplace Health: A Strategy that Addresses the Work Factors Associated with Cardiovascular Disease.
Karen K. Lee, Donald C. Cole and Joanne Beyers.
The Institute for Work & Health, and the Public Health Research, Education and Development (PHRED) programs of the Region of Hamilton-Wentworth Social & Public Services and the Sudbury & District Health Unit. December 2000.

Creating Healthy Workplaces III. The Effectiveness of Workplace Nutrition Interventions to Promote the Health of Shiftworkers: A Future Directions Paper.
Erica Di Ruggiero, Joanne Beyers, Sarah O'Brien, Sandra Micucci and Isabelle Michel. Public Health Research, Education and Development (PHRED) Provincial Program and Sudbury & District Health Unit. February 2002.

Review of Nutrition Interventions for Cancer Prevention.
Tina B. Sahay, Irving Rootman and Fredrick D. Ashbury.
Prepared for Prevention Unit, Division of Preventive Oncology, Cancer Care Ontario. July 5, 2000.

What Works in Nutrition Promotion – A Catalogue of Nutrition Practices Profiles.
Annamaria Feltracco and Nancy Dubois for Larry Hershfield and Associates.
Prepared for Nutrition Resource Centre, Ontario Public Health Association. April 2001.

Workplace Health Promotion Programs: A Review of "Why", "How" and "What".
Deb Craig-Evans. Haldimand-Norfolk Health Unit. June 1999.

Workplace Health Promotion Manuals and Guides

Workplace Health Promotion Manuals and Guides

Good Hearted Living for the Workplace (kit)
Middlesex-London Health Unit
A kit with ideas and activities for healthy eating, physical activity, stress reduction and tobacco use prevention
Contact:
Middlesex-London Health Unit
50 King Street
London, ON N6A 5L7
Tel: 519-663-5317
Fax: 519-663-9581

Healthy Eating Worksite Activity Kit. Hearts Alive Community Action for Better Health. Peterborough County and City Health Unit.
A kit with ideas and activities for healthy eating as well as steps for initiating healthy eating programs.
Contact:
Peterborough County and City Health Unit.
10 Hospital Drive
Peterborough, ON K9J 8M1
Tel: 705-743-1000
Fax: 705-743-2897

Heart Healthy Workplaces – A Workplace Guide to Improve the Heart Health of Employees in the Districts of Sudbury and Manitoulin. Heart Health Workplace Advisory Committee. March 2002.
A guide with steps and ideas for implementing various workplace programs - healthy eating, tobacco free living, active living and coping with stress.
Contact:
Heart Health Workplace Advisory Committee
Sudbury & District Health Unit
1300 Paris Street.
Sudbury, ON P3E 3A3
Tel: 705-522-9200 x290
Fax: 705-677-9615
Email: workplaceteam@sdhu.com
Web site: www.sdhu.com

Take Heart! Heart Healthy @ Work – Workplace Action Guide. County of Lambton, Community Health Services Department. September 2000.
A guide with steps and ideas for implementing various workplace programs - healthy eating, tobacco free living, active living and coping with stress.
Contact:
County of Lambton, Health Community Health Services Department
160 Exmouth Street
Point Edward, ON N7T 7Z6
Tel: 519-383-8331, ext. 515
Fax: 519 383-7092
Toll free: 1-800-667-1839
Email: lambhlth@ebtech.net
Website: www.lambtonhealth.on.ca

Wellness Works. A Guide for Building a Healthy Workplace. Brant County Health Unit
Contact:
Brant County Health Unit
194 Terrace Hill Street
Brantford, ON M3R 1G7
Tel: (519) 753-4937, ext 286
Fax: (519) 753-2140
Email: workplace@bchu.org

Developing a Comprehensive Health Policy: Why and How. A Guide for the Workplace. Health Canada, 1998.
Contact:
Publications, Health Canada,
Ottawa, ON, K1A 0O9
Tel: 613-954-5995
Fax: 613-941-5366
Available from
www.hc-sc.gc.ca/hppb/ahi/workplace/resources.htm

provided by Health Canada.
Health Promotion in the Workplace Unit
Health Canada
Jeanne-Mance Building
Tunney's Pasture
Ottawa, ON, K1A 1B4

Organizations and Websites

Canadian Centre on Occupational Health and Safety
The Canadian Centre on Occupational Health and Safety is an organization that promotes a safe and healthy working environment by providing information and advice about occupational health and safety.
250 Main Street East
Hamilton, ON L8N 1H6
Tel: 1-800-263-8466
www.ccohs.ca

Dietitians of Canada (DC)
Dietitians of Canada is the nation-wide voice of dietitians - the most trusted source of information on food and nutrition for Canadians. DC is the only national organization of dietitians in Canada and is one of the largest organizations of dietetics professionals worldwide.
Suite 604 - 480 University Avenue
Toronto, ON M5G 1V2
Tel: 416-596-0857
www.dietitians.ca

Health Canada
A variety of workplace resources are provided by Health Canada.
Health Promotion in the Workplace Unit
Health Canada
Jeanne-Mance Building
Tunney's Pasture
Ottawa, ON K1A 1B4
www.hc-sc.gc.ca/hppb/ahi/workplace/resources.htm

Health Care Health & Safety Association (HCHSA) of Ontario
The Health Care Health & Safety Association (HCHSA) of Ontario is a not-for-profit corporation. HCHSA exists to support the prevention and reduction of workplace injuries and occupational diseases in the health care sector in Ontario by assisting health care sector organizations to adopt preventive best practices and approaches. The health care sector is conceptualized in broad terms and encompasses organizations that provide physical, emotional and social support services consistent with a holistic health model.
Suite 1505 - 4950 Yonge Street
Toronto, ON M2N 6K1
Tel: 416-250-7444
Toll free: 1-877-250-7444
www.hchsa.on.ca

Healthy Workplace Week
This new web-based resource is the home base for the inaugural Canada's Healthy Workplace Week, providing Canadian organizations with great ideas and tools to participate during the week of October 21 and beyond.
www.healthyworkplaceweek.ca

Heart and Stroke Foundation
A reliable source of information on heart disease, stroke and healthy living.
www.heartandstroke.ca

Institute of Work and Health
The Institute for Work & Health is an independent, not-for-profit organization whose mission is to research and promote new ways to prevent workplace disability, improved treatment, and optimal recovery and safe return-to-work.
Suite 800 - 481 University Avenue
Toronto, ON M5G 2E9
Tel: 416-927-2027 x2131
Email: info@iwh.on.ca
www.iwh.on.ca

National Institute for Occupational Safety and Health
The National Institute for Occupational Safety and Health (NIOSH) is a federal agency in the United States, responsible for conducting research and making recommendations for the prevention of work-related disease and injury.
Tel: 513-533-8328
www.cdc.gov/niosh/homepage.html

National Quality Institute
The National Quality Institute is a not-for-profit organization that provides strategic focus and direction for Canadian organizations to achieve excellence, enabling Canada to set the standard for quality and healthy workplace practices throughout the world.
Suite 307 - 2275 Lakeshore Blvd. West
Toronto, ON M8V 3Y3
Tel: 416-251-7600
Tel: 1-800-263-9648
Healthy workplace enquiries:
hw@nqi.ca
www.nqi.ca

Nutrition Resource Centre
The Nutrition Resource Centre is an initiative of the Ontario Public Health Association and is funded through the Community and Health Promotion Branch of the Ontario Ministry of Health and Long Term Care. The goal of the Nutrition Resource Centre is to increase the capacity of nutrition practitioners in communities across Ontario to implement nutrition programs and strategies in a health promotion context.
Suite 202 - 468 Queen St. East
Toronto, ON M5A 1T7
Tel: (416) 367-3313
Toll Free: 1-800-267-6817 (Ontario)
Fax: (416) 367-2844
E-mail: info@nutritionrc.ca
www.nutritionrc.ca

Ontario Public Health Association
Ontario Public Health Association (OPHA) is a voluntary, charitable, non-profit association. OPHA is an organization of individuals and Constituent Associations from various sectors and disciplines that have an interest in improving the health of the people of Ontario.
Suite 202 - 468 Queen St. East
Toronto, ON M5A 1T7
Tel: (416) 367-3313
Toll Free: 1-800-267-6817 (Ontario)
Fax: (416) 367-2844
E-mail: info@opha.on.ca
www.opha.on.ca

Ontario Society for Nutrition Professionals in Public Health
Ontario Society for Nutrition Professionals in Public Health (OSNPPH) is OSNPPH is an organization that gives nutrition personnel in public health a strong voice to promote the importance of nutrition within public health and to comment on public health issues.
c/o Ontario Public Health Association
Suite 202 - 468 Queen St. East
Toronto, ON M5A 1T7
E-mail: info@osnpph.on.ca
www.osnpph.on.ca

World Health Organization
The participants attending the Symposium on Healthy Workplaces at the 4th International Conference on Health Promotion (Jakarta, July 1997) underlined the great importance of work settings for the promotion of health of working populations, their families and friends, the community and society at large. A healthy workforce is vital for sustainable social and economic development on global, national, and local level.
www.who.int/home-page/

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