Nutrition education

1 in 3 people globally suffer from at least one type of malnutrition: this brings significant losses in productivity and potential, and poses challenges to employers in both high-and-low income settings. Given that 58% of the world’s population will spend one third of their time at work during their adult life, occupational health is a critical determinant of overall wellbeing. The workplace - whether in urban or rural, high-or-low income, corporate or supply chains - offers unique opportunities to address malnutrition.

In this series, GAIN outlines the evidence for the 4 most common workforce nutrition interventions.

This evidence brief focuses on workforce nutrition education programmes, providing a review of the evidence for impact, best practice, and case studies.

**Definition of workforce nutrition education**

Nutrition education programmes aim to change the nutrition and/or lifestyle behaviours of employees through increasing employees’ knowledge of beneficial health habits. Nutrition education may act on several levels, including: (1) changing attitudes towards a specific behaviour; (2) addressing normative beliefs (i.e. the perceived norm); (3) modifying beliefs about self-control and the ability to change. Interventions often work through groups with methods such cooperative menu planning, dissemination of educational materials, interactive information sessions and workshops; an alternative approach is one-to-one counselling.

**Evidence of impact**

In our Health Check brief (Evidence brief 3), we summarised the evidence for one-to-one counselling for health screening, which showed promising results for management of non-communicable diseases. Other evidence, however, suggests that non-personalized short-term educational programmes alone may improve knowledge levels, but may not necessarily translate into behaviour change.
Employee nutrition programmes often promote healthy eating choices. Several systematic reviews conclude that nutrition education alone can shift knowledge and behaviour to some extent. For more measurable and sustained changes in employee dietary habits, it is important to move beyond nutrition education, and focus on access to – and affordability of – healthy food at work.1,5,6 For example one programme used environmental cues to shift behaviour by placing information sheets promoting healthy eating close to the office canteen and vending machines. They found significant changes in the social acceptability of healthy diets and intention to improve one’s own diet (although they found no effect on self-reported fat, and fruit and vegetable intake).4 In general, programmes where the physical food environment of the workplace is changed to improve access to nutritious foods alongside education were consistently effective to some extent (for more information, please refer to brief 1 on Healthy Food at Work).

Understanding the specific barriers and motivations needed to promote lasting change in a particular group of workers is an important component of programme design. One study of a worksite programme for healthcare employees found that participating employees were more likely lose weight if they were part of a supportive wider group.7 In other cases, smaller groups or individual counselling have been more effective in achieving health aims.8,9 Overall the results suggest that setting appropriate objectives for the programme and carefully assessing the current nutrition attitudes, beliefs, and relational dynamics of employees make success more likely in behaviour change communication programmes.

In summary, nutrition education alone has limited impact on changing healthy behaviours but is often a necessary part of programmes aiming to support positive change (see accompanying briefs for Health Checks, Healthy Food at Work and breastfeeding support).

Best practices
- Assess employees’ current knowledge and practices so that content is relevant.
- Agree on the nutrition education programme format with employees, in line with the aims of the programme.
- Implement nutrition education alongside other interventions.

Direct success metrics
- Increased or high participation rates in voluntary education programmes.
- Increased employee nutrition knowledge and ability to recall and explain key concepts – participants understand the importance of nutrition and its impact on health and intend change their behaviour.
- Improved nutritional and/or physical activity behaviour change in the short term.
- Sustained behaviour changes and measurable change in body measurements/clinical markers over the long term.

Company examples (self-reported)
Unilever, GAIN, and The Sustainable Trade Initiative (IDH) implemented a workforce nutrition programme called Seeds of Prosperity amongst tea farming communities in Tanzania, India, and Kenya where dietary behaviour change (BC) was the primary component. Supply chain workers were selected and trained to deliver behaviour change messages on healthy diets within their communities over 9 weeks. The programme saw women’s dietary diversity improve in all three countries, however minimum dietary diversity was not consistently met. The key learnings from this programme demonstrated that whilst nutrition education is important, larger barriers like limited access to nutritious foods exist.

Further information
For further information about the workforce nutrition programme, please visit www.gainhealth.org.

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Full references can be downloaded in a longer version of this brief at www.gainhealth.org.
References


