

WORKPLACE SERIES

Enhancing your workforce
nutrition programme



NUTRITION EDUCATION

A practical guide for employers to strengthen
their workforce nutrition programme with a
nutrition education component

**WORKFORCE
NUTRITION ALLIANCE**

**Good nutrition creates health
in all areas of our existence**

T. Collin Campbell Distinguished Nutrition Scientist

Version

Version 1.2

February 2026

Copyright © 2026

Workforce Nutrition Alliance

Address

c/o GAIN

Rue Varembé 7

CH-1202 Geneva

Switzerland

Acknowledgements

This Workforce Nutrition Alliance guidebook was developed in partnership with our technical partner BDA Work Ready. We appreciate our GAIN colleagues for providing thoughtful review and insights throughout the revision process.

Contributors

Eva de Groot, Amy van der Kaaij, Mirjam Kneepkens, Flaminia Ortenzi, Chioma Doris Nnabugwu, Naila Yaumima Rahma, Eno-Obong Etetim E., Bärbel Weiligmann, Christina Nyhus-Dhillon, Kris Woltering, Royce Wiryohandjojo (GAIN), Jo Lewis and Sue Baic (BDA Work Ready Programme), Auke Douma, Sumaiya Bushra (Bopinc).

Editor

Jennifer Ferguson-Mitchell

All rights reserved

No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Workforce Nutrition Alliance.

INDEX

Contents

Introduction	5
<hr/>	
1. Before you start with this guidebook	6
Before you start	7
The evidence of impact	9
Good practice	11
<hr/>	
2. Needs assessment	14
Needs assessment	15
<hr/>	
3. The basics of nutrition education	16
Settings goals for nutrition education	17
<hr/>	
4. Developing your nutrition education programme	18
Understanding your context	19
Nutrition education and behaviour change	21
Barriers for behaviour change	22
Drivers for behaviour change	24
Make your message	25
<hr/>	
5. Format and engagement	27
Getting the format right	28
Make an engagement plan	31
<hr/>	
6. Tracking change	32
Monitor your progress	33
<hr/>	
7. References	36
References	37

BACKGROUND

Introduction

A practical tool

This guidebook serves as a practical tool for employers who seek to develop a nutrition education campaign to strengthen their workforce nutrition programme. It is part of building a successful workforce nutrition programme in your organisation – and a strong workforce.

This guide is one in a series of four produced by the Workforce Nutrition Alliance on the pillars of a strong workforce nutrition programme: breastfeeding support, healthy food at work, nutrition education and nutrition-related health checks.

All four guides are publicly available on our [website](#) with the aim of helping employers to enhance their workforce nutrition programmes.

Who we are

The Workforce Nutrition Alliance was launched by The Consumer Goods Forum (CGF) and the Global Alliance for Improved Nutrition (GAIN) in October 2019. Since our launch in 2019, the Workforce Nutrition Alliance has supported programmes reaching over 6million farmers and workers. We aim to reach 10 million by 2030.

We encourage employers who are excited about improving their workforce nutrition programme to enrol in one of our implementation support programmes.



1

Before you start
with this guidebook

GUIDEBOOK INTRODUCTION

Before you start



Who is this guidebook for?

Employers who seek to strengthen their workforce nutrition programmes by adding or expanding an educational component will find this guide helpful. Whether you already have nutrition education built into your employee wellness programme, or have yet to begin, this guidebook will be relevant.

While this handbook serves as a practical guide for businesses, it can also be used by other organisations that offer nutritional support to employees, such as non-profit, civil society, academic, or government organisations.



What is covered in this guidebook?

Nutrition education can have many components, ranging from providing nutrition information, to behaviour change communication campaigns to individual counselling. This guidebook focuses specifically on setting up a campaign that guides employees towards healthier food choices and supports them in their efforts towards healthier diets. Nutrition education is most effective as part of a broader workforce nutrition programme and is best combined with providing healthier food at the workplace (see guidebook [Healthy Food at Work](#)), nutrition focused health checks and counselling (see guidebook [Nutrition Focused Health Checks](#)) and breastfeeding support (see guidebook [Breastfeeding Support](#)).

This guidebook contains six sections, which will take employers or programme managers through a simple process that results in quality nutrition education for employees.

It starts by guiding you through the process of selecting a **nutrition topic** on which to focus. This section encourages you to explore the situation in your company, and define key issues that can be resolved through nutrition education activities. We provide a list of common nutrition issues that can negatively impact the health and work performance of employees and outline the benefits of addressing these in supportive ways.

Second, we show you how to help employees transition from poor nutrition behaviour to positive nutrition behaviours, with solutions to break barriers of change. We do this by defining the **drivers for change**. These can be triggers, enablers or motivators.

Once you know what issues to focus on and what opportunities you have to deliver nutrition knowledge and positively impact nutrition behaviours, we'll help you get the **messaging** right, so that employees will actively engage in your initiative.

We'll then help you identify the right **format and engagement plan** for your campaign. We'll provide simple pointers on what interventions and channels could be effective to engage people, provide examples of what others have successfully tried and help you to prepare an employee engagement plan.

Lastly, we provide basic guidance on **monitoring** your programme to help you better understand and quantify the impact. It also helps you to course correct your programme where needed, and inform future decisions.



Why is this guidebook important?

A basic understanding of healthy nutrition in combination with initiatives to promote change and improve nutrition behaviour will help employees make better food choices, and in so doing, reduces their risk of having non-communicable diseases (NCDs), and become healthier and more productive. This guidebook helps you support employees to achieve just that.

BUSINESS CASE

The evidence of impact

The benefits summed up

Successful organisations know that a healthy workforce benefits everyone. While an unhealthy workforce will negatively impact your bottom line.

Nutrition education is a key pillar of an effective workforce nutrition programme and can complement existing health and wellness programmes offered by your company. It is often valued by both employees and customers, who want to ensure fair treatment of the workforce. Nutrition education helps you support employees to understand and engage in your wider nutrition initiatives both at work and at home. There are many benefits of healthy eating and drinking habits at work through nutrition education:

The benefits of nutrition education



The evidence of impact

In our Nutrition Education [evidence brief](#)¹, we summarise the evidence for nutrition education programmes. It suggests that non-personalized short-term educational programmes alone may improve nutrition knowledge levels but may not necessarily translate into better eating behaviours.

Employee nutrition programmes often promote healthy eating choices. Several reviews conclude that while this can shift knowledge and behaviour to some extent, for more measurable and sustained changes in employee diets, it is important to implement a broad nutrition education programme that includes access to – and affordability of – healthy food at work.^{2,3,4}

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. This resulted in significant changes in the social acceptability of healthy diets and intention to improve one's

own diet, but it had no effect on self-reported intake of fat, and fruit and vegetables.⁵ In general, programmes that combined nutrition education with changes to the physical food environment of the workplace to improve access to nutritious foods, were consistently effective.

Understanding the specific barriers and motivations needed to promote lasting change in a particular group of employees is an important component of programme design. One study of a worksite programme for healthcare employees found that participating employees were more likely to lose weight if they were part of a supportive wider group.⁶ In other cases, smaller groups or individual counselling have been more effective in achieving health aims.^{7,8} 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.

A review by BDA Work Ready found that tailored approaches, including incorporating employee engagement, regarding developed worksite specific messaging, using health promotion methods, and increasing health literacy across the wide range of worker professions, had positive effects.⁹ Further, if relevant for the type of workforce, online education can be effective – and even more so if an element of face-to-face counselling can be included. Multi-level interventions in nutrition, where both individual and environmental determinants of health are addressed, have the greatest impact.

In summary, nutrition education alone, while being valued by employees, may have a more limited impact on changing healthy behaviours in the long term but is a crucial part of programmes aiming to support nutritional health. It supports positive change and critical basic information exchange around healthy food at work, nutrition health checks or breastfeeding support. Therefore, it is advised that a nutrition education campaign as explained in this guidebook, is implemented as part of a broader workforce nutrition programme.

Definition of ‘nutrition education’

Nutrition education can be defined as any set of interventions designed to facilitate the adoption of healthy nutrition-related behaviour. It is an integral part of providing nutrition services to your workforce and is one of the four pillars of an effective workforce nutrition programme, together with healthy food at work, nutrition health checks and breastfeeding support.

Good practice

CASE 1

Reduced risk factors of non-communicable diseases (NCDs) among petrochemical workers¹⁰



Country

Iran



Sector

Oil and gas



Case

A large petrochemical company in southern Iran implemented a priority-oriented workplace nutrition education programme to reduce the risk of a major diet-related NCD - cardiovascular disease (CVD), among its workforces. Using routine occupational health screenings, the company identified male shift workers with unhealthy blood fat levels, a key risk factor for heart disease and stroke. These employees were prioritised and addressed through a three-month nutrition education programme.

Eligible workers were divided into two groups – nutrition education group and control group. In the nutrition education group, the programme included five interactive sessions about healthy nutrition and physical activity; regular reinforcement via SMS messages, group discussions, and follow-up sessions; supportive food practices, including the provision of healthy snack packs during sessions. Employees in the control group continued with routine occupational health care and did not receive nutrition education during the study period.

Outcome

After three months, employees who participated in the nutrition education programme demonstrated significant improvements in both dietary behaviour and health outcomes, compared with the control group:

- Nutrition knowledge increased by more than 50%.
- Dietary behaviours improved, including reduced consumption of sugary foods, soft drinks, and snacks, alongside increased use of healthier fats
- Anthropometric improvements, with reductions in body weight and body mass index (BMI)
- Improved lower fasting blood sugar and reduced homocysteine levels (a key cardiovascular risk factor).

CASE 2

Improving nutrition, health, and productivity among healthcare workers¹¹

**Country**

Italy

**Sector**

Healthcare

**Case**

A large paediatric hospital in Rome implemented a Food Education Programme (FEP) as part of its workplace health promotion strategy to address rising rates of overweight and obesity which increases the risk of NCDs among healthcare workers.

The FEP targeted healthcare staff with altered metabolic indicators, including overweight or obesity, high cholesterol, and elevated blood glucose levels. The intervention combined individualised nutrition education with behavioural and motivational support, delivered by a multidisciplinary team comprising an occupational physician, nutritionist, and psychologist. Over a four-month period, participants received:

- Personalised dietary counselling based on healthy, balanced eating patterns
- Behaviour change support using goal setting, positive reinforcement, and food diaries
- Regular follow-up sessions to reinforce learning and support adherence
- Complementary workplace actions, including healthier canteen options and improved vending machine choices

Outcome

Following the programme, participating healthcare workers showed measurable improvements in diet-related health outcomes and workplace performance:

- Reductions in body weight and waist-to-hip ratio showing improved nutrition status
 - Reductions in total and Low-density-lipoprotein cholesterol and glycosylated haemoglobin lowering the risks of CVD and diabetes
 - Significant improvements in perceived physical and mental health
 - A reduction in sickness absence, with an average decrease of 3.7 sick days per participant over one year
 - Achieved a return on investment of nearly 7:1 due to reduced absenteeism
-

CASE 3

Behavioral change with weekly email¹²



Country
Canada



Sector
Public and private workplaces



Case

Five companies implemented a 12-week e-mail–based nutrition and physical activity education programme to promote healthier lifestyles among employees. Employees with access to a work e-mail address were randomly assigned to an intervention or control group. The intervention group received weekly nutrition education messages, paired with physical activity messages, delivered directly to their inbox. The nutrition messages focused on practical themes such as healthy eating habits, balancing food intake with activity levels, reducing fat intake, improving cooking methods, and avoiding high-fat foods.

The programme was grounded in behaviour change theories and designed as a low-cost, non-intrusive approach that could reach large numbers of employees through existing workplace communication systems. The control group did not receive any messages during the intervention period.

Outcome

After 12 weeks, employees who received the nutrition education messages demonstrated:

- Improved healthy eating practices, including better balance between food intake and activity levels
 - Greater adoption of healthier cooking methods, particularly techniques to reduce fat
 - Increased avoidance of high-fat foods
 - Improved nutrition-related knowledge, attitudes, and intentions compared with the control group
-



2

Needs assessment

DEFINING THE NEED

DEFINING THE NEED

Needs assessment

Before designing your programme, it is helpful to gather information about the current situation at your workplace, and the existing nutrition knowledge and behaviours of your workforce. This will help ensure the programme addresses real challenges, is relevant to employees, and supports long-term change. It will also guide your monitoring priorities.

Aim to answer the following key questions:

- What information do we need to know before starting the programme?
- What is the objective or change we want to achieve?
- Who should be involved in collecting or giving this information?
- How will the information be used?

Key assessment areas

Table 01

What to assess?	Desired change	Who to involve?	How to collect information?
What do employees already know about healthy diets and nutrition? Are there common misconceptions and gaps the programme can address?	To understand the baseline and tailor education content	Nutritionists, worker	Short surveys, group discussions
What are the common nutrition-related health issues?	To align education with real risks (e.g., anaemia, underweight, overweight)	Health provider, Occupational health staff	Health checks, self-reported health issues via surveys
What motivates workers to eat healthy? What prevents them from making healthy choices?	To address facilitators and barriers to healthy diets	Workers, management	Surveys, short interviews
How do workers prefer to receive information? (e.g., posters, talks, videos, peers, etc.)	To choose effective communication channels that ensures information is understood and retained	Workers, management, communication officers	Feedback form, suggestion box
Who currently provides nutrition information in the community?	To explore partnership and collaboration opportunities	Community health workers, local NGOs	Stakeholder mapping, calls or interviews
Are there other workplace programmes (e.g., health and safety, wellbeing) that can link to nutrition education?	To build on existing structures and increase reach	HR, management	Group discussions, review of existing programme
What resources (time, staff, materials) are available for education efforts?	To design a realistic, scalable programme	HR, management, finance staff	Internal review, planning session

Using the assessment results

- Content design: Choose topics based on actual knowledge gaps and health risks.
- Delivery methods: Use preferred and practical communication formats for your setting.
- Partnerships: Build on community resources or workplace champions.
- Integration: Link nutrition education to other workplace programmes for greater impact.
- Tracking progress: Set clear indicators (e.g., knowledge increase, participation) for future monitoring

A woman wearing a light-colored headscarf and a patterned top is smiling and looking towards a group of people in an outdoor setting. The background shows other people sitting at tables, suggesting a community gathering or a training session. The entire image has a green tint.

3

The basics of nutrition education

BUILDING YOUR PROGRAMME

GET GOING

Setting goals for nutrition education

The goals for workforce nutrition education can vary between organisations and programmes, but commonly share a few characteristics.



Adequate knowledge

Provide adequate knowledge and skills necessary for critical thinking regarding diet and health to support employees to make healthier food choices even in a resource poor environment.



Attention to care

Nurture employees and empower them to care for themselves and their families, making them feel more valued.



Appetite for change

Building a culture in your organisation that is ready for better nutrition. From directors to employees, a better understanding of good nutrition, which plays a preventive and curative role against malnutrition and NCDs, opens doors for organisational and behavioural change.



Attitude and motivation

Create a positive attitude toward good nutrition and provide motivation for improved nutrition, conducive to promoting and maintaining a high level of wellness for employees.



4

Developing your nutrition education programme

FIND THE FOCUS FOR YOUR PLAN

NUTRITION ISSUES

Understanding your context

The first step in developing your nutrition education programme is to use the data from the needs assessment (chapter 2) to define the key nutrition issues that occur among the workforce. Your programme's messaging, channels and campaign choices will focus on the issues that you've defined.

There are several common nutrition issues that have been identified across different companies, which are worth focusing on. These focus areas are outlined in the following table along with universal recommendations.

Focus	Universal nutrition recommendations
Healthy diets Many people struggle to have a balanced diet, with sufficient amounts of vegetables, a variety of protein sources and fortified or whole grains. It can be a challenge to determine adequate individual portion sizes to meet the nutrient needs of the body. Therefore, we recommend including this set of key messages for all target groups and work contexts, as these recommendations form the basis of a healthy diet	<p>Shift towards a balanced diet which includes a variety of foods from different food groups.</p> <p>Where possible choose more fortified starchy staples products and whole grains.</p> <p>Consume a variety of protein-rich foods (animal or plant based) throughout the week.</p> <p>Consume a variety of vegetables and fruits, aiming for at least five portions per day across all meals and snacks.</p>
Diet-related non-communicable diseases (NCDs) Do employees eat foods with too many calories or too much sugar, salt, or fat? All employees but especially those who are at risk for overweight, obesity, and diet-related non-communicable diseases (such as diabetes, stroke, and heart disease) can benefit from a balanced diet with limited added sugar, salt and fat. Consider including these key messages if these issues are relevant for your workforce. See annex B for more information on diet related NCDs.	<p>To help healthy weight maintenance and promote overall health limit foods rich in added sugars, saturated fats and salt.</p> <p>Drink plenty of safe water or choose unsweetened water-based drinks such as tea instead of sugar-sweetened beverages.</p>
Women's health If women form a significant proportion of your workforce, you may want to include messages that are specifically relevant for your female workforce. This includes information on maternal nutrition (dietary recommendations during pregnancy and lactation), breastfeeding and infant and young child nutrition, as well as information on anaemia.	<p>Increase the consumption of iron-rich foods.</p> <p>Increase consumption of nutrient-dense whole foods during pregnancy and breastfeeding, to meet the nutritional requirements of your body and those of your child. Exclusively breastfeed your child up to six months of age and continue breastfeeding up to two years of age combined with nutritionally adequate complementary feeding.</p>



YOUR TASK

Determine the nutrition context that is most applicable to your workforce and explore which recommendations you would like to focus on in your nutrition education campaign. This will help you get the most from your investment as people are likely to be more engaged.

We advise you to focus on one issue and one recommendation at a time. For example, if your employee observations and discussions show an issue with unbalanced diets, you may want to start with a focus on the benefits of eating vegetables and fruits. This makes for more effective communication and easier adoption for employees.

You will be aware of some of the public health issues in your area, but to help you decide on your priority areas you could consider:



Listen

Create opportunities to listen to employees via staff champions, surveys or focus groups to find out what are their interests and challenges related to eating habits and dietary health issues for themselves and their families



Consult

Consult medical staff (if relevant to the context) for their reflections on the common nutrition related health issues among staff, while respecting individual medical confidentiality.



Observe

Look at your own information on employees to observe patterns in sickness absence – for example if absence is due to sick infants, you could focus on the importance of breastfeeding for working mothers of young children.



Need more support?

This guidebook is designed to provide you with the basic information required to set up a nutrition education programme, but you might want to hire a nutritionist or dietician to support this effort.

BEHAVIOUR CHANGE

Nutrition education and behaviour change



Behaviour change

Many of us find it difficult to make healthier choices, even if we would like to, knowing the long-term benefits of a healthy lifestyle. Changing behaviour is no small task, as our brain prefers the most familiar route. Habits tend to make our lives easier, as this allows us to be on auto pilot for reoccurring tasks such as food choices, freeing up brain capacity for the more complex issues that we face every day. Even though this mechanism adds value to our lives, it does require an extra effort if we are interested in breaking certain patterns and replacing them with healthier behaviours. Luckily, this process can be enabled by addressing the barriers and drivers towards behaviour change.

A well-designed and tailor-made nutrition education campaign can support employees in adapting new behaviours. It is helpful to understand what is holding us back from adapting a healthier behaviour, and what would drive us to integrate it into our lives. This chapter explains the process of identifying desired behaviours and mapping out the road to get there.

In the previous section you have identified the nutrition issues a particular workforce faces. Now, let's explore what drives this workforce to change their nutrition behaviours, what barriers may exist, and how a nutrition education campaign may support them in opting for more nutritious foods throughout the day. Engaging representative members, if not all members, of a workforce in this process contributes to designing an effective nutrition education campaign that will be most widely accepted.

BREAKING BARRIERS

Barriers for behaviour change

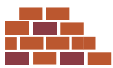


Current behaviour

The best road towards learning a new behaviour is to replace an existing one. Therefore, it all starts with identifying the 'current behaviour' that employees wish to change. In the previous section you have identified which nutrition issues are most relevant for a workforce. Discuss with employees which food choices they are making that contribute to these nutrition issues, and whether they are open to change. You might want to hire a nutritionist or dietician to help inform you, as well as employees, on what constitutes an improved behaviour.

Example of current behaviour

Your nutritionist may discover that employees are consuming a heavy lunch meal contributing to a high energy intake and ultimately overweight or obesity. In the discussions with them they have indicated that they are open to change this, as they are aware that overweight or obesity is associated with poor health and maybe some also know they have a higher risk for diet-related non-communicable diseases in the long term.



Barriers

For the current behaviour to change, a number of barriers have to be reduced or eliminated. These barriers are the things that stop one from adopting a new behaviour. There are many kinds of barriers, and often they have to do with a certain lacking, some of which can be overcome with structured education. To name a few: a lack of knowledge or understanding, shortage of resources, poor availability or accessibility of healthy foods, no motivation or incentives to change. Nutrition education plays a particular role in solving a lack of knowledge and understanding and attempts to increase awareness and support healthy behaviours. A more intensive effort than nutrition education is a behaviour change approach which more robustly addresses these barriers with more than just information.

Example of barriers

Employees enjoy the lunch meal and are not aware that the meals they choose contain more calories than their body needs to maintain their current weight, or the possible long-term effects of being overweight on their health and quality of life.



Desired behaviour

The last step is to identify some improved or optimal behaviours you want to adopt. This is a behaviour that contributes to the health and wellbeing of people in the long term. A nutrition education campaign can support employees in practicing and adapting this new behaviour, by steering employees in the right direction. A good way to formulate a desired behaviour is by making it as specific as possible. Discuss with employees what they would like to change to make their lunch healthier: what would they like to eat, what not, when, how much, etc. You might want to hire a nutritionist or dietician to help inform you and employees on what constitutes an improved behaviour. You can see how this element of education might fit with the food provision in your workplace.

Example of desired behaviour

Employees choose to reduce their portion size or decide to switch to eat a meal that contains more fruits and vegetables.

Note on campaigns including weight management

To avoid stigmatizing individuals who are not a healthy weight, campaigns should focus on feelings of wellbeing and positive performance.



YOUR TASK

If you wish to effectively support change in the nutrition behaviour of employees, it's worthwhile to define the current and improved behaviours and write down the likely barriers for change.

Engage employees in this process, as they will know best which habits they would like to change, what is holding them back and what is a realistic change towards a healthier diet.

DRIVING CHANGE

Drivers for behaviour change

In order to help employees adopt the desired behaviour and improve their nutrition, there are three drivers that can be used to break barriers: triggers, enablers and motivators.



Triggers

Triggers get people to **start a new behaviour**. When trying to identify what triggers people, look for things that motivates them to start doing something new. Typically, you will look for other ways to offer rewards. For example, encourage employees to eat more vegetables by offering them discounts on high vegetable meals.



Enablers

Enablers help people to **carry out the new behaviour**. There might be practical reasons why employees cannot start with their new behaviour. For example, if people have recognized that they would like to include fortified foods in their diet, it's absolutely necessary to have easy access to affordable fortified food options. The easier one makes it, the higher the uptake. Straightforward examples of enablers are things like availability, accessibility, acceptance and affordability. Your role as an employer or programme designer is to create a climate and context that allows a change of behaviour to happen.



Motivators

Motivators are things that help people **stick to the new behaviour**. In the specific context of food, where people tend to fall back to old habits easily, motivators are crucial. Common examples of motivators are loyalty cards, memberships, becoming part of a community, or displays progress or success (never negative motivators that may shame people).



YOUR TASK

Think of three triggers, three enablers and three motivators that break each of the barriers you've defined. Great to turn this into a bit of a brainstorm among work teams and staff. Once you've done this, select the ones that are most likely to reap success. Validate and refine findings with employees.

GETTING TO THE CORE

Make your message



Core message

With nutrition issues and key drivers for behaviour change defined, you can start to think about the messaging you'd like to share with employees in your nutrition education campaign. Of course, your messaging should have a sound and factual nutrition foundation.



YOUR TASK

In order to help you steer and craft your messaging, we developed the simple model below. If you fill out each of the components of the model you will have your core messaging in place.

1. Purpose

Write down the purpose of your nutrition education messaging. You may want to increase awareness on the importance of breast feeding or you might want to support employees to switch to a balanced meal. These are different goals. Your purpose often has to do with getting from a current behaviour to a desired behaviour.

Example

The purpose of this campaign is to encourage people to eat healthy snacks instead of fried snacks.

2. Know, feel and do

What would you like people to know, feel and do if they receive the messages in the nutrition education campaign? Write down short and simple sentences for each. The more complicated you make it, the harder it will be for people to digest.

Example

The core message should help people to know that healthy snacks can contribute to a healthy diet. It should help them to feel energetic, focused and productive. It should help them to do eat a healthy snack.

3. Message

Have a look at what you wrote down for 'do' and 'feel'. This brings you very close to your core message, simply because it is exactly this that you should focus your message on. You should then wordsmith those sentences into a core message. Quite often, it's that simple.

Example

Eat a healthy snack during the workday to stay energetic and focused.

This core message you can now enhance with argumentation that you would often find under the 'know'. So, in this case there are many reasons that make including healthy snacks good for the health of employees. You should try to find arguments that resonate well with employees. Maybe in your company, employees have a long time in between meals resulting in lower blood sugar and lower concentration, which could be improved by consuming a healthy snack during the workday. The drivers you've defined in the previous section may offer guidance here.

Example

Did you know that snacks can contribute a significant proportion of energy and nutrients to our overall diet? Eat a healthy snack to stay energetic and focused throughout the workday.

You can see how this campaign makes the desired behaviour relevant to employees, their working days at your organisation and their personal wellbeing.

By avoiding a directive and negative approach such as "Don't eat unhealthy snacks, they're bad for your health" your campaign is likely to be more effective. You can take this further by also making it specifically relevant to their work.

Example

BDA Work Ready runs tailored educational activities for UK workplaces and uses healthy eating principles to engage in a variety of topics – food and mood, gut health, workplace performance, etc. Their workshop on focus and productivity takes evidence from what we know about the food choices that help us work smarter and applies it to a helpful acronym:

F O C U S is a good way to show this

- F** Fluid - drink enough
- O** Optimise nutrient intake
- C** Consider carbohydrate (the 'brain fuel')
- U** Use lunch breaks to refresh & refuel
- S** Snack smart



5

Format and engagement

PUTTING YOUR PLAN INTO ACTION

FORMIDABLE FORMAT

Getting the format right

Now, that you've settled on your core message, it's time to choose the right nutrition intervention and channel to bring nutrition education to employees and help them to improve identified dietary behaviours. You can take your nutrition education programme in many different directions. This chapter may serve as inspiration for which interventions and channels could be relevant and effective to your context.

Nutrition interventions

The following table includes different types of nutrition interventions you can adopt to support adaptation of healthier behaviours among your workforce. We have included some simple examples of what others have successfully tried. Typically, these interventions are fuelled by the drivers you've defined beforehand and aim to help overcome the identified barriers for change.

Types of nutrition interventions	Examples of nutrition interventions	Table 03
Education Increase nutrition knowledge or understanding	Food labels, food facts, quiz, memo board, posters, instructions, chat group, articles, social media posts	
Motivation Use communication to induce positive feelings or stimulate action	Poster campaigns, photo and video messaging, striking statistics	
Rewards Introduce incentives to choose healthy options	Prize draws, loyalty programmes, gifts, rewards, group activation, competitions, challenges, gamification, nudging	
Training Provide the opportunity to learn new skills	Cooking classes, cooking competition, healthy nutrition seminars or workshops, breast feeding advice, expert sessions	
Change the context Change the physical or social context for employees	Create a safe space for breastfeeding or health checks. If food is available in your worksite, make healthy food more visible or replace unhealthy food with healthier items.	
Set an example Provide an example for employees to aspire to or imitate	Speeches, pledges, demonstrations, experts, community building, employee initiatives	
Empowerment Support employees in the process of adapting new behaviours	Behavioural support, coaching, individual counselling, group support mechanism	

Channel choice

There are many different kinds of channels you could consider to reach employees. Some channels take very little effort to set up, other require a high touch and are resource intensive. You may want to use the existing communication channels you have in place to communicate with employees as a starting point.

In the table below we make a distinction between six broad categories. We give examples for each category. This table is intended to help you to choose the right channel. Ideally, your nutrition education campaign goes beyond the relatively static push and pull channels, and includes interactive channels that facilitate conversations, community, engagement and participation.

	Type	Description	Examples of channels	Table 04
Static channels	Push channels	Channels that display information. Employees are not required to take any action.	Email, pop ups, posters, leaflets, toilet stalls, line managers, tv screens, messaging applications.	
	Pull channels	Channels that help people find the information they are looking for, when they need it.	Reports, manuals, service deck, nutrition managers.	
Interactive channels	Conversational channels	Channels that promote conversations as a way to build understanding.	Meetings, events, calls, working groups, demonstrations, discussion boards, roadshows, messaging applications, word of mouth, chat bots.	
	Community channels	Channels where people start to feel part of a workspace community.	Make healthy behaviour a positive and fun topic to discuss amongst colleagues.	
	Engagement channels	Channels that inspire and create engagement.	Cooking classes, cooking competition, healthy nutrition lessons, breastfeeding advice, expert sessions, tasting sessions.	
	Participatory channels	Channels that allow employees to share views and concerns.	Surveys, polls, focus groups, team meetings, co-creation sessions.	

Multiple channels

Do keep in mind that changing behaviour requires much more than just hearing a message once. For example, sending out a text message is very effective to raise awareness across a large audience but is unlikely to have a lasting effect when it comes to changing behaviour. Therefore, it can be part of a broader nutrition education campaign but should not be implemented as a standalone intervention. The most effective approach is usually to choose multiple channels and repeat the same information in different forms and over a period of time. Ideally this is part of a broader workforce nutrition programme that includes elements such as free access to individual counselling or healthy food options at the workplace.



YOUR TASK

Explore the examples of interventions and channels presented in this section and select which make the right carrier for driving change, overcoming barriers and getting your message across to outline a fitting nutrition education programme.

Make an engagement plan

You'll want to plan, time and deliver your nutrition education programme to engage employees and get the desired outcome. Some steps to take to maximise your chances of success include:



1. Timing

Research shows that wellbeing interventions should not be started during celebrations or festivals and periods of business change as they are less effective, so avoid starting up during a restructure or big changes.

If employees have different shift patterns or working times, then think about the timing and availability of expert-led sessions and try to schedule it at the right times.



2. Create ownership

Throughout this document we have included ways you can include employees in the planning of your nutrition education programme. It is common for a wellbeing team to come up with ideas that are meaningful for them – but that do not align with employee interests and priorities.

By including employees from all areas of the organisation in your planning, you'll be able to find the topics and behaviours that are most relevant to them.



3. Campaign branding

Think about a consistent image for your nutrition education programme, or wider wellbeing initiatives. You'll want employees to build a positive association with this but you don't have to develop a whole new brand.

Simple wording such as “supporting your health” or “eating better” alongside the company branding can be useful to add to all your communications.



4. Feedback

Your evaluation does not have to be complex, but you should aim to collect feedback and employee attitudes after your nutrition education sessions. Be realistic about the impact of, say a workshop or a new poster – on its own it is unlikely to create a long-term change in desired behaviours.

You can ask about increase in knowledge, their ability and willingness to try some of the strategies, and you can monitor other things such attendance at healthy food tastings, to show the impact of your education. Ask about other topics of interest and use this feedback to improve and refine your programme. In the next section on monitoring, you will learn more about setting up your monitoring plan.

6

Tracking change

MONITOR YOUR PROGRESS

CLASS: *Micro*
LONG-TERM: *10*
BUDGET: *55*
COSTS: *11*
NO. OF UNITS: *5*
PRODUCTION: *10*
COSTS: *11*
NO. OF UNITS: *5*
PRODUCTION: *10*
COSTS: *11*
NO. OF UNITS: *5*
PRODUCTION: *10*

TRACKING CHANGE

Monitor your progress

Monitoring is a key success factor for any workforce nutrition programme. Collecting data and evaluating outcomes can help you quantify the programme's impact and inform future decisions. Monitoring can also alert you to coming challenges before they become problems. Including a plan for monitoring from the start will help keep the programme on track.



First answer the following questions:

What do you want to know?

How will you gather and measure data?

Who is responsible for the process?

What do successful outcomes look like?

What will you do with the information that is collected?

We've included some examples to help you think through the outcomes that you may want to monitor to help determine if your program is a success and whether it needs any course correction. Your company might already gather data, such as annual employee satisfaction surveys. Make sure to use and build upon the existing data collection, to make this process most efficient.

1. Reach

Start with tracking the proportion of the workforce that participates in the nutrition education campaign.

Measurement example

The percentage of workers who participate in the nutrition education programme (e.g. percentages of male and female workers who participate in a cooking class and the percentages of male and female workers who participate in the healthy eating support groups).

2. Knowledge

Even though knowledge is just one of many components influencing behaviour change, it would be helpful to understand if your campaign contributes to the knowledge on nutrition and health of staff.

Measurement examples

The percentage of workers with improved knowledge and awareness of healthy nutrition-related behaviours.

The percentage of workers with improved knowledge and awareness on the risk factors for non-communicable diseases (diabetes, hypertension, etc.)

Key monitoring areas and simple indicators

Table 05

Monitoring area	What to track?	Simple indicators	Frequency	Data collection methods
Scope	Extensiveness and quality of nutrition education content	Number of key nutrition topics covered (e.g., diet, portion size, sugar intake) Number and type of materials used (e.g., posters, videos, workshops)	Annually	Programme documentation Content review checklist Facilitator reports
Worker participation and engagement	Level of worker involvement in the design and uptake of the programme	Number of employees attending sessions or engaging in activities Feedback on relevance and satisfaction	After session	Attendance sheets Evaluation form or focus group
Availability	Share of workforce with access to nutrition education activities	Percentage of employees with access to at least one session or resource	Quarterly	Internal communication logs
Affordability of the programme	Whether employees can access education at no or minimal cost	Percentage of employees accessing the programme free of charge Number of subsidies or support mechanisms provided	Annually	Budget and HR cost records Employee feedback forms
Proximity of the programme (accessibility)	Whether the programme is delivered in the workplace and during working hours	Percentage of sessions delivered during compensated working hours Percentage of sessions delivered on-site or in close proximity to the workplace	Quarterly	Programme documentation
Impact measurement	Effectiveness of the programme in changing knowledge or behaviour	Existence of defined KPIs Percentage of employees with improved nutrition knowledge (pre/post surveys) Percentage reporting intent to change or reported change in eating habits	Biannually or annually	Pre- and post-intervention surveys M&E framework documents
7. Longevity	Whether nutrition education is integrated into long-term workplace policy or planning	Number of years the programme has been active	Annually	Programme review documentation

Key elements of nutrition education in the workplace

Table 06

Area	Indicator	Basic	Better	Best
Education content and strategy	Type of nutrition education provided	General information materials shared (e.g., posters, leaflets)	Behaviour change campaign using ≥ 2 delivery channels (e.g., group training, peer talks) that are relevant to the population	Comprehensive campaign based on socio-ecological model and includes interpersonal communication
Worker engagement	Co-creation and relevance of materials	Generic materials adapted from global sources	Designed by experts and tailored to worker demographics and social realities	Co-designed with employees and experts from inception, reflecting lived experience
Access and availability	Employee access to programme	Programme available to 50–75% of employees	Available to $\geq 75\%$ of employees across departments and shifts	Programme reaches $\geq 75\%$ of workers and includes elements accessible to family members
Affordability	Cost of participation	Workers receive education at subsidised cost	Programme is free of cost to employees	Same as "Better", with optional stipends or incentives for peer champions
Accessibility (proximity)	Location and timing of programme	Available outside the workplace or after hours	Offered during working hours, off-site	Delivered on-site during compensated working hours
Monitoring and evaluation	Level of impact assessment	Reach/output-level indicators only	Outcome-level change tracked (e.g., knowledge, intent to change)	Outcome-level measured and verified through third-party or ethical oversight
Policy integration	Longevity and institutionalisation	Short-term project or pilot phase (≤ 3 months)	Integrated in internal wellness programme for 6–12 months	Included in board-approved policy; refreshed annually; budgeted



7

References

TOOLS TO LEARN MORE

LEARN MORE

References

- 1. Dhillon, C. N.; Stone, G.** *The evidence for workforce nutrition programmes. GAIN (2019).*
- 2. Anderson, J.** *Interventions on diet and physical activity: what works : summary report. (World Health Organization, 2009).*
- 3. Geaney, F. et al.** *The effectiveness of workplace dietary modification interventions: a systematic review. Prev. Med. 57, 438–447 (2013).*
- 4. Ni Mhurchu, C., Aston, L. M. & Jebb, S. A.** *Effects of worksite health promotion interventions on employee diets: a systematic review. BMC Public Health 10, 62 (2010).*
- 5. Engbers, L. H., van Poppel, M. N., Chin A Paw, M. & van Mechelen, W.** *The effects of a controlled worksite environmental intervention on determinants of dietary behaviour and self-reported fruit, vegetable and fat intake. BMC Public Health 6, 253 (2006).*
- 6. Rigsby, A., Gropper, D. M. & Gropper, S. S.** *Success of women in a worksite weight loss program: Does being part of a group help? Eat. Behav. 10, 128–130 (2009).*
- 7. Moy, F. M., Ab Sallam, A. & Wong, M. L.** *Dietary modification in a workplace health promotion program in Kuala Lumpur, Malaysia. Asia. Pac. J. Public Health 20 Suppl, 166–172 (2008).*
- 8. Park, H. et al.** *Effects of Workplace Nutrition Education Program Tailored for the Individual Chronic Disease Risks. Korean J. Nutr. 43, 246–259 (2010).*
- 9. Cowbrough, Kathy & Gardner, Elaine. (2016).** *Nutrition at Work: Nutrition interventions in workplace health programmes: a literature review. Occupational Health at Work. 13. 30-36.*
- 10. Hassani B, Amani R, Haghizadeh M, Araban M.** *A priority oriented nutrition education program to improve nutritional and cardiometabolic status in the workplace: a randomized field trial \ Journal of Occupational Medicine and Toxicology [Internet]. 2020 [cited 2025 Dec 31]. Available from: <https://link.springer.com/article/10.1186/s12995-020-0252-y>*
- 11. Di Prinzio RR, Dosi A, Arnesano G, Vacca ME, Melcore G, Maimone M, Vinci MR, Camisa V, Santoro A, De Falco F, De Maio F, Dalmasso G., Di Brino E, Pieri V and Za_na S (2025).** *Effectiveness of a Food Education Program for healthcare workers: a pilot study in a Total Worker Health© approach [Internet]. 2025 [cited 2025 Dec 31]. Available from: <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1523131/full>*
- 12. Plotnikoff R, McCargar L, Wilson P, Loucaides C.** *Efficacy of an E-Mail Intervention for the Promotion of Physical Activity and Nutrition Behavior in the Workplace Context. American Journal of Health Promotion. 2005 July 1;19:422–9.*

Annex



Golden Del
Med
R140

Golden Del
Large
9 Kg
R120

Golden Del
Large
9 Kg
R110

Golden Del
Medium
9 Kg
R120

Golden Delicious
Small
9 Kg
R110


Golden Delicious
Small / Med
9 Kg
R165

SUN
RAZE
PEARS
8 X 1.2 KG
ECONOMY
CLASS 1
APPLES

DOWNLOAD

About the annex

In addition to this guidebook, these four annexes are a tool to support employers in creating communication and training materials for workplace nutrition education campaigns.

 [Download the annex](#)

They help in selecting the nutrition recommendations most relevant to employees by creating understanding of the concept of a healthy balanced diet and potential benefits of dietary change. The annex consists of four sections.

Annex A: Healthy diets

Annex B: Diet-related diseases

Annex C: Women's health

Annex D: The role of key nutrients in the body

The guidebook section on 'Understanding your context' helps you define your specific workforce nutrition challenges and needs across the three areas of Annex A, B and C. The annexes provide sound and factual nutrition information for each of these areas. Use the information provided to create the right messages for your campaign.



Please visit www.workforcenutrition.org to see our other guidebooks.

WORKPLACE SERIES