

WORKPLACE SERIES

Enhancing your workforce
nutrition programme



NUTRITION FOCUSED HEALTH CHECKS

A practical guide for employers to
offer nutrition-focused health checks and
follow-up counselling to their employees

**WORKFORCE
NUTRITION ALLIANCE**

**Nutritional measurements
are the start of changing to
healthier behaviours.**

Version

Version 1.2

February 2026

Copyright © 2026

Workforce Nutrition Alliance

Address

c/o GAIN

Rue Varembe 7

CH-1202 Geneva

Switzerland

Acknowledgements

This Workforce Nutrition Alliance guidebook was developed in partnership with our technical partner BDA Work Ready. Its content draws from the nutrition assessment, counselling, and support (NACS) User's Guide developed by the Food and Nutrition Technical Assistance (FANTA) III Project.¹

The NACS User's Guide includes a series of modules that provide workforce nutrition programme managers with a package of essential information and resources on the NACS approach. [Module Two](#) of the NAC User's Guide on the topic of nutrition assessment and classification and [Module Three](#) on the topic of nutrition education and counselling specifically served as input for this guidebook.

Contributors

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

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	8
Good practice	10
<hr/>	
2. Needs assessment	11
Needs assessment	12
<hr/>	
3. Simple solutions for nutrition-focused health checks	13
What to measure?	14
Health checks in practice	17
<hr/>	
4. Simple solutions for health check follow-up	18
Finding a good counsellor	19
Beyond counselling	22
<hr/>	
5. Tracking change	23
Monitor your progress	24
<hr/>	
6. References	26
References	27

BACKGROUND

Introduction

A practical tool

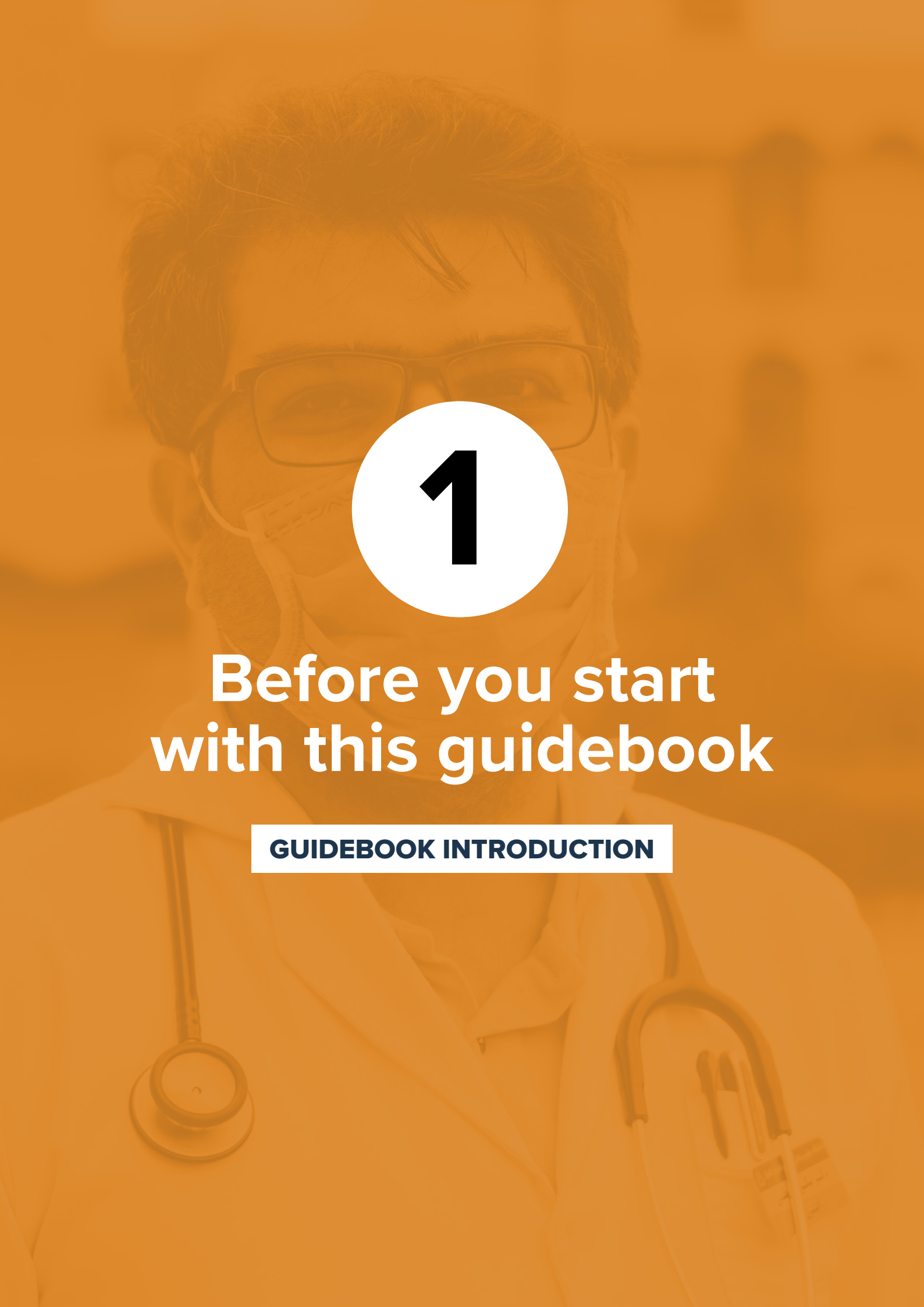
This guidebook serves as a practical tool to help employers implement nutrition health checks and counselling – and may be particularly useful in resource-poor settings. It helps you make the first steps in building a workforce nutrition programme in your organisation.

This guide is one in a series of four, covering the four pillars of a successful workforce nutrition programme – healthy food at work, nutrition education and breastfeeding support. All four guides are made publicly available 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 that are striving to improve their workforce nutrition programme to learn more about the implementation support we offer.



1

**Before you start
with this guidebook**

GUIDEBOOK INTRODUCTION

FIRST TASTE

Before you start



Who is this guidebook for?

Employers that offer or wish to offer nutrition health checks and counselling to employees, to support employees in improving their nutritional status, will find this guidebook useful.

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



What is covered in this guidebook?

Guidance on how to provide nutrition health checks and follow-up counselling to employees is included. The guidebook also provides useful information on how offering health checks and counselling to employees can benefit your businesses. It helps guide you to take your first steps towards offering better nutrition support to employees.



Why is this guidebook important?

Following a nutritious diet can have a positive impact on employee health and wellbeing. By offering workplace nutrition health checks and counselling, employers can directly impact the health of their workforce as well as their company's bottom line. By doing so, a company can also contribute to the nutrition targets of the United Nations Sustainable Development Goals (SDGs).

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 health checks for employees are part of a workforce nutrition programme and can complement a company's existing health and wellness programmes. These are often appreciated by employees as well as customers who want to ensure fair treatment of the workforce. There are many benefits of nutrition health checks:

The benefits of nutrition health checks



Increase employee's awareness and understanding about their own nutritional health status.



Increase employee's healthy behaviour or intention to change to healthier behaviour.



Prevent non-communicable diseases and improve employee health and wellbeing.



Position the company as a responsible business.



Increase employee retention and attract prospective employees.



Show employees they are valued as they have access to healthcare during paid work time.

In our [Nutrition Health Checks Evidence Brief²](#), we summarise the evidence for nutrition health checks and counselling programmes.



Definition of employee nutrition-focused health checks

Employee nutrition focused health checks are periodic one-to-one meetings with a health or nutrition professional to assess, and usually discuss, the employee's nutritional health.

Health checks provide personalised data for each employee, giving them a better understanding of their nutritional risk factors. These might include cholesterol and/or blood-pressure screenings, or weight monitoring and classification such as using Body Mass Index (BMI) to assess whether an employee is underweight, overweight or obese.

Individual counselling can be coupled with health checks to help devise lifestyle change strategies and follow up counselling can support employees to track their progress towards their nutrition-related goals. Counselling should be voluntary and confidential.

Why nutrition health checks?

Evidence suggests that nutrition health checks can help prevent diet-related non-communicable diseases (NCDs) like diabetes and heart disease. NCDs are currently the leading cause of death and disability worldwide, making their preventing and management a global health priority. Studies conducted in offices and factory settings found promising results especially when health-checks were coupled with counselling. This integrated approach not only helps identify risk factors early but also supports individuals in adopting healthier lifestyle choices, thereby reducing the long-term burden of NCDs.

For example, one study involving factory and office workers in Iran improved clinical outcomes (e.g. blood pressure) and healthy weight.³ Another study conducted among blue-collar workers in Korea found that improvements in cardiovascular health continued even beyond the intervention.⁴ They attributed their success to the personalized approach in helping workers execute lifestyle changes.

Some programmes have demonstrated results beyond health and nutrition indicators, such as increased knowledge about nutrition and health, and increased reported confidence. This results in a lower risk of an employee taking sick days and a boost to employee loyalty and happiness.^{5,6}

Tracking programme results provides the information needed to support the cost, continuation, and improvement of programmes. Aggregated data from the health checks can be used to monitor results of the programme, but individual level data should not be accessed by the employer to preserve the confidential nature of the information. Any programme evaluations should be done by a third party and receive ethical approval beforehand if individual-level data is handled. It is always important to inform participants about how their data is used and to ask them for consent.⁹

Why follow-up counselling?

Health checks should be accompanied with individual counselling or nutrition education to help employees understand their results and encourage them to make changes where needed.⁸

When nutrition counselling is offered, nutrition health checks are more likely to have impact on an employee's nutritional health. This impact is higher when counselling is more frequent.

One study illustrates this well: a two-hour behaviour change intervention for workers with nutritional health risks after they were screened was more effective at reducing cholesterol levels within 12 months than five minutes of counselling. The combination of both screening and counselling was feasible to implement and cost effective for businesses.⁷



Nutrition interventions based on indicators

Unilever's [Lamplighter Programme](#) uses individual measurements of nutrition, exercise, mental resilience, and biometric indicators to create a scorecard and indicate health risks. Based on these indicators, appropriate interventions are offered to employees. These include nutrition counselling, sports facilities, and online stress resilience courses. The programme has realised reductions in employee overweight, undernutrition, hypertension, physical inactivity and smoking. Unilever reports a 3.5:1 return on investment for their Lamplighter Programme.¹⁰

Good practice

CASE 1

Health checks motivate employees to live healthier



Country

United Kingdom



Sector

Retail



Intervention and outcome

“We embarked on a companywide UK Employee Health programme and the Work Ready dietitian delivered all aspects of the face-to-face, dietitian-led health checks. The programme was a great success, with the leading standards of professionalism and evidence-based advice provided by [the dietitian] being key to this. The programme was offered to employees across stores, depots, offices and service centres, and the health checks were pivotal in delivering healthy behaviour change across the workforce, with 80% of employees motivated to be healthier as a result.” – **Health & Nutrition Lead**

CASE 2

Nutrition-focused health checks reduce cardiovascular risk among factory workers¹¹



Country

Iran



Sector

Manufacturing



Intervention and outcome

A workplace intervention programme in Iran integrated nutrition-focused health checks into routine occupational health services for factory and office employees. Workers were screened for key nutrition-related risk factors, including body weight, blood pressure, blood lipids, and lifestyle behaviours. Employees identified as at risk received follow-up nutrition education and counselling focused on improving dietary habits and physical activity.

Over the five-year intervention period, significant improvements were observed in cardiovascular risk factors, including reductions in blood pressure, cholesterol levels, and overweight prevalence. The programme demonstrated that repeated nutrition-focused health checks, combined with structured follow-up support, can lead to sustained improvements in employee health outcomes in industrial settings.

2

Needs assessment

DEFINING THE NEED

DEFINING THE NEED

Needs assessment

Before starting your programme, it's important to understand your workplace health context and assess what employees need and are willing to engage with. This helps ensure the programme is relevant, respectful, and effective, and informs your monitoring plan.

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 are the most common nutrition-related health issues among employees? (e.g anthropometry (overweight, obesity), biochemical (anaemia, diabetes, high cholesterol), clinical (oedema/swelling, goitre, high blood pressure) and dietary (poor dietary diversity))	To prioritise which screenings to include and focus on real health risks	Occupational health team, health provider	Health records review, HR data, optional anonymous survey
Are employees interested in or aware of the benefits of nutrition-related health checks?	To gauge willingness to participate and design effective programme	Workers, peer champions	Survey, informal group discussions
Have employees accessed health services in the past? If not, why?	To identify barriers like cost, fear, stigma, or lack of access	Workers	Focus groups, short anonymous questionnaire
Are health checks seen as culturally acceptable and trustworthy in this context?	To ensure the service is respectful of cultural norms and privacy	Workers, local health workers	Interviews or feedback sessions
Who could deliver the health checks (e.g., company health staff, external partner, mobile clinic)?	To identify qualified and trusted service providers	HR, health department, local clinics	Stakeholder mapping, outreach to providers
What equipment or space is needed (e.g., private area, blood pressure machine, hemoglobin test kits)?	To ensure feasibility and preparedness	HR, facilities, health provider	Facility audit, checklist

Using the assessment results

- Focus health checks on priority health conditions identified.
- Tailor communication to address interests and concerns.
- Ensure privacy, trust, and cultural respect in delivery.
- Collaborate with local health actors or government programs.
- Use needs assessment as baseline data to track changes over time (e.g., *reduction in risk indicators, follow-up visits*)



3

Simple solutions for nutrition-focused health checks

BUILDING YOUR PROGRAMME

GET GOING

What to measure?



All-round advice

There are four types of health assessments related to nutrition:

Anthropometric

Measurement of the size, weight, and proportions of the body

Biochemical

Checking levels of nutrients in a person's blood, urine, or stools, and other types of physiological indicators including blood-pressure.

Clinical

Testing for visible signs of malnutrition manifesting in specific symptoms that require further diagnosis.

Dietary

Assessing the intake of food and fluid.

Anthropometric measurements are easiest to measure and most relevant when initiating health-checks. Biochemical measures require more skills and equipment, but can be a valuable addition to measuring nutritional status more precisely. Dietary measures can be used in follow-up nutritional counselling.

Clinical measurements are usually not seen at the workplace and require assessment by a health professional and/or in a healthcare setting, so are not included in this guidebook. It is important that health assessments happen voluntarily and that all employee information is treated confidentially. This means individual outcomes of the health assessment cannot be shared with employers and only broad anonymised data can be shared with the company with employee consent.



Simple solutions

Choosing indicators

A combination of different indicators is needed to gain robust insight of nutritional status. The table below outlines the most important indicators to consider. Based on the means your company has, a selection of these indicators can be made:

Bronze standard

At least two indicators screened (such as weight, BMI, or blood pressure) and additional screening for pregnant women

Silver and gold standards

At least four indicators screened (including at least three of the following: weight, BMI, blood pressure, blood sugar, cholesterol, haemoglobin) and/or any population relevant micronutrient deficiency.

How to find a partner

Most likely your company will not have its own in-house expertise in conducting employee health checks. In that case, it is best to hire a partner organisation to carry these out. Depending on your country, various options may exist such as healthcare organisations, commercial companies, and health and safety services.

Most important in your choice is to check if the indicators you choose require assessment by a dietitian or health professional. Consider partnering with a company that offers both nutrition health checks and follow-up counselling.

Assessment	Indicator	WHO guideline cut-offs (adults)	Required investment	Assessor
Anthropometric	Body Mass Index (BMI)	Normal: 18.5–24.9 kg/m ²	Low	Minimally trained staff
	Weight over height (kg/m ²)	Underweight: <18.5 kg/m ² Overweight: 25.0–29.9 kg/m ² Obesity: ≥30.0 kg/m ²		Accurately assess weight and height
Biochemical	Blood glucose (fasting)	Normal: <5.6 mmol/L (<100 mg/dL)	High	Nurse
		Impaired fasting glucose: 5.6–6.9 mmol/L (100–125 mg/dL)	Skills and cost	
		Diabetes: ≥7.0 mmol/L (≥126 mg/dL)		
	Total cholesterol	Desirable: <5.0 mmol/L (<190 mg/dL)	High	Nurse
		High: ≥5.0 mmol/L (≥190 mg/dL)	Skills and cost	
	Haemoglobin (men)	Normal: ≥13.0 g/dL	High	Nurse
Anaemia: <13.0 g/dL		Skills and cost		
Haemoglobin (non-pregnant women)	Normal: ≥12.0 g/dL	High	Nurse	
	Anaemia: <12.0 g/dL	Skills and cost		
Population-relevant micronutrient deficiency (e.g. serum ferritin/ iron, serum retinol/vitamin A)	Iron deficiency (ferritin): <15 µg/L	High	Nurse	
	Vitamin A deficiency (retinol): <0.70 µmol/L	Skills and cost		
Clinical	Blood pressure	Normal: <120 / <80 mmHg	Medium	Trained professional
		Elevated: 120–129 / <80 mmHg Hypertension: ≥140 / ≥90 mmHg	Equipment needed	
Dietary intake <i>Repeat several times for reliable tracking, but can also be used to initiate a conversation.</i>	Food frequency questionnaire (FFQ)	-	Medium	Trained professional
	24-hour recall	Minimum Dietary Diversity for Women (MDD-W)¹²: Adequate dietary diversity: ≥5 out of 10 food groups consumed in previous 24 hours Low dietary diversity (requires attention): <5 out of 10 food groups	High Time consuming analysis	Trained professional

A note on MDD-W

MDD-W is validated for women of reproductive age (15–49 years) and is used as a proxy indicator for micronutrient adequacy. For mixed-gender workforces, dietary intake tools such as FFQ and 24-hour recall are used to guide counselling and identify poor dietary patterns rather than diagnose deficiency.

A note on BMI stigma

BMI is often used as a proxy for health. However, it should be considered a rough guide, as it may not correspond to the same level of body fat in different individuals. Moreover, BMI measures may also create stigma or prejudices associated with overweight and underweight rather than improvement in health and wellbeing.

When using BMI as a health measure, pay attention to using it as a medical indicator and avoid judgemental connotation in any messaging or materials developed. Alternatively, a focus on measures including 'change of feeling' (i.e. fitness) and quality of life factors may be appropriate and successful for a cohesive workforce.

As with all data gathered, it is of utmost importance that participation in the health assessment is voluntary and data is treated confidentially.

ELEMENTS OF CHANGE

Health checks in practice

Making nutritional health-checks a success for your workforce can be realised by implementing the following important actions. For those companies that would like to enhance their employee health check programme, our online [self-assessment scorecard](#) will help you identify gaps and opportunities related to these actions.



Make it affordable

Health checks are a good investment for employers and should be available to employees at a subsidized cost. If feasible, provide health checks free of cost. This improves participation rates.



Make it easy to participate

Encourage employees to take paid time off work to take part in health checks. Preferably, give your workforce allocated time off to participate in health checks during paid work hours.



Make it safe

Tell workers what information they will receive from the health check and what information the company receives. Keep individual results private and confidential. Make sure there are private areas for the health checks if they are conducted on the worksite.



Create follow-up moments

Offer the same health check preferably at least annually and have the counsellor track changes so that an employee can see their progress.



Set goals and KPIs

Set indicators that measure the integration and envisioned impact of your employee nutrition health checks.



Include counselling

Nutrition health-checks are only the starting point for behaviour change and health impact. Include follow-up counselling in your programme to encourage behaviour changes.



Measure results

Monitor the uptake of the offered services and report the programme's health outcomes against your defined key performance indicators. This will help you to understand if your programme is achieving its desired outcomes (see Monitoring your progress).

Technical guidance

More detailed technical guidance can be found in module two of FANTA's [User's Guide on the nutrition, assessment, counselling and support approach](#).¹ This module explains the rationale for and different types of nutrition assessment and provides guidance on when and how to conduct assessments.

DINAS KESEHATAN
KABUPATEN CILACAP

GERMAS

4

Simple solutions for health check follow-ups

PUTTING YOUR PLAN INTO ACTION



SUPPORTING CHANGE

Finding a good counsellor

General advice

To ensure that nutrition insights from employee health checks are followed by behaviour change, individual counselling is key. Having this support available as part of your programme means that employees can be informed and supported effectively. Usually, organising this involves identifying an appropriate company that offers nutritional health counselling. You may want to consider partnering with a company that can carry out both the nutrition health checks and counselling on behalf of your company.

Who can offer counselling?

Effective counselling requires skills from a professional. A dietitian or health coach is trained to use these skills to elicit behaviour change. When selecting a counsellor, the most important knowledge and skills to look for are:



Knowledge of nutrition and health



Expertise in supporting behaviour change



Experience with individual counselling

Requirements for terms of reference

The following requirements can be added as part of the terms of reference:

Scope of work

The counsellor interprets results from nutrition health checks and translates these to nutritional and behavioural goals in consultation with the individual.

The counsellor coaches individuals in making progress towards set goals and can adapt the coaching approach based on employee's progress and feedback.

The counsellor reports outcomes and bottlenecks at group level to the organisation regularly.

Time Investment

It is advised to offer check-ups at least once a year, and preferably include multiple follow-ups sessions for employees.

Insurance

The counsellor is covered by professional insurance which is regulated by a trusted government body.

Continuity

The counsellor can be replaced by another counsellor in case needed, and data about counselling sessions are stored on paper or digitally to secure adequate continuation of counselling sessions.

Define focus and goals of counselling

In formulating instructions for a counsellor or counselling company, it helps to know what type of counselling needs your company has. The following goals may guide you in determining your specific counselling needs:



Setting nutritional goals and monitoring them

Defining goals to work towards and tracking progress to achieving these goals. Individual counselling gives you the opportunity to focus on specific nutritional goals based on health check outcomes, rather than general nutrition advice relevant for the whole population. For example, amendments to the diet to increase iron intake and/or iron absorption for women with iron deficiency anaemia.



Educating about nutrition knowledge

Increasing knowledge of food composition and the effects on health and wellbeing.



Supporting behaviour change

Focussing on effectively establishing behaviour change and increasing motivation to change.



Reducing external barriers and enabling supporting factors

Mapping an employee's context and defining a strategy to reduce barriers and enable supporting factors to changing nutrition intake.



Checklist for effective counselling

The foundation of effective counselling is asking questions about the client's concerns, symptoms, and situation to be able to give appropriate information and to support the individual to make healthy choices at home. Just telling people what to do does not mean that they will do it, because knowledge is not enough to change behaviour.

Counsellors need to know not only what messages are appropriate, but also how to prioritise those messages depending on an individual's needs and how to deliver them effectively in a short time. The following tips are key for effective counselling.

Check that your counsellor follows these approaches:

- Do more listening than talking. Repeat what an individual says to make sure you understand them correctly.
- Ask open-ended questions, not just questions an individual can answer with "yes" or "no."
- Celebrate successes and praise individuals about what they do well.
- Suggest actions that are possible for an individual given their situation.
- Give only a little bit of information at a time. Use simple language.
- Keep the individual's interests in mind. Advise them based on professional assessment and offer alternatives if you cannot help them.

Technical guidance

Additional detailed technical guidance can be found in module three of FANTA's [User's Guide on the nutrition, assessment, counselling and support approach](#).¹

This module offers an overview of nutrition education as well as information and tips on providing effective nutrition counselling and developing nutrition care plans. It covers topics including nutrition during pregnancy and illness; infant and young child feeding; and water, sanitation, and hygiene.

LASTING SUCCESS

Beyond counselling

Nutrition health checks can provide information and inspiration to employees for other follow-up activities as well. Some examples are:



Start a network of nutrition champions

from your workforce and offer them some training to support and recognize people who have received nutrition health checks.



Use results of health checks

To look at the wider environment for employees. How can it be supportive? If your health check data shows a high incidence of hypertension for example, does your food service caterer monitor its salt use; if data shows a high incidence of headaches, are there plenty of safe fluid sources available to workers and are they able to take breaks to refuel and rehydrate?



Maintain a list of local, high-quality sources

Of support and information from credible organisations, such as health or government bodies. Based on nutrition health check results, specific sources can be recommended.

In setting up these activities, the data of individuals should be treated ethically and privately. Working with group results is recommended, and informed consent must be obtained for working with individual data. Make sure to check the regulations for data use in your country.



5

Tracking change

MONITOR YOUR PROGRESS

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 your 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?

1. Reach

Monitoring your reach provides insights in how many employees have access to the health checks and follow-up counselling, and how many of them actually use this service.

Measurement example

The percentage of workers with access to subsidized basic health checks (including, BMI, blood pressure, etc.) and follow-up counselling with a nutritionist of a yearly basis during working hours

The percentage of workers who take up health checks annually

The percentage of workers who participate in follow up counselling.

2. Health

An annual report presenting broad anonymised data of the health outcomes of employees, helps you understand the impact of your programme. As all information on employees needs to be treated confidentially, individual outcomes of the health assessment cannot be shared with the company.

Measurement example

The percentage of workers with improved anthropometric measurements, such as weight, BMI, waist circumference, etc.

The percentage of workers with improved biological markers, such as haemoglobin, cholesterol, blood glucose, blood pressure, etc.

Summary of key monitoring areas and simple indicators

Table 03

Monitoring area	What to track?	Simple indicators	Data collection methods
Reach and access <i>Annually</i>	Availability of nutrition-focused health checks and counselling to employees	Percentage of employees with access to subsidised nutrition-focused health checks including BMI, high blood pressure, etc Percentage of employees with access to follow-up counselling during paid working hours	HR records Programme documentation
Participation and use <i>Annually</i>	Use of health check and counselling services	Percentage of employees who receive health checks Percentage of employees who participate in follow-up counselling	Attendance records Provider reports
Continuity of engagement <i>Annually</i>	Repeated participation and follow-up	Percentage of employees who return for annual health checks Percentage of employees completing at least one follow-up counselling session	Provider follow-up records Anonymised programme summaries
Health outcomes – anthropometric <i>Annually</i>	Changes in physical measurements linked to nutrition risk	Percentage of employees with improved or stabilised anthropometric measurements (e.g. BMI, weight, waist circumference)	Aggregated, anonymised health provider reports
Health outcomes – biological markers <i>Annually</i>	Changes in nutrition-related biological indicators	Percentage of employees with improved biological markers (e.g. blood glucose, cholesterol, haemoglobin)	Aggregated, anonymised laboratory or provider data
Knowledge and motivation <i>Annually</i>	Employee understanding of results and intention to act	Percentage of employees reporting increased knowledge of nutrition and health Percentage reporting motivation or intention to change behaviour	Post-counselling surveys; feedback forms
Behaviour change (self-reported) <i>Annually</i>	Adoption of healthier practices	Percentage of employees reporting positive changes in diet or lifestyle following counselling	Self-reported follow-up surveys; counselling summaries
Programme quality and satisfaction <i>Annually</i>	Employee experience of the programme	Overall satisfaction score with health checks and counselling	Employee satisfaction surveys

Notes

- Monitoring should focus on aggregated, anonymised data only, to protect confidentiality.
- Employers should avoid accessing individual health results.
- Data should be used to improve programme design, uptake, and follow-up, not for performance management.



6

References

TOOLS TO LEARN MORE

LEARN MORE

References

1. Food and Nutrition Technical Assistance (FANTA) III Project.

Nutrition assessment, counselling, and support (NACS) User's Guide (2016).

2. Dhillon, C. N.; Stone, G.

The evidence for workforce nutrition programmes. GAIN (2019).

3. Boshtam, M. et al.

Effects of 5-year interventions on cardiovascular risk factors of factories and offices employees of Isfahan and Najafabad: worksite intervention project-Isfahan healthy heart program. ARYA Atheroscler. 6, 94–101 (2010).

4. Hwang, W., Kim, J.

Developing a Health-Promotion Program based on the Action Research Paradigm to reduce Cardiovascular Risk Factors among Blue Collar Workers. International Journal of Environmental Research and Public Health. 16, 1-17 (2019).

5. Roberts, N., Banerjee, J. & Smofsky.

A. Wellness for a Global Workforce: Workplace wellness initiatives in Low and Middle-Income Countries. (GBC Health, 2013).

6. Pegus, C., Bazzarre, T. L., Brown, J. S. & Menzin, J.

Effect of the Heart At Work program on awareness of risk factors, self-efficacy, and health behaviors. J. Occup. Environ. Med. 44, 228–236 (2002).

7. Byers, T. et al.

The costs and effects of a nutritional education program following work-site cholesterol screening. Am. J. Public Health 85, 650–655 (1995).

8. Strychar, I. M. et al.

Impact of receiving blood cholesterol test results on dietary change. Am. J. Prev. Med. 14, 103–110 (1998).

9. ILO.

Technical and ethical guidelines for workers' health surveillance. Occup. Saf. Health Ser. No72 54 (1998)

10. GBCHealth.

Case study Unilever's Lamplighter Programme (2012),

11. Boshtam M, Sarafzadegan N, Zare K, Sadeghi S, Sajjadi F, Rabiei K, et al. *Effects of 5-Year Interventions on Cardiovascular Risk Factors of Factories and Offices Employees of Isfahan and Najafabad: Worksite Intervention Project-Isfahan Healthy Heart Program. ARYA Atheroscler. 2010;6(3):94–101.*

12. Minimum Dietary Diversity for Women - A Guide to Measurement. Available from: <https://openknowledge.fao.org/server/api/core/bitstreams/d5943472-fbfb-4e58-9137-eb0628ec4392/content>



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

WORKPLACE SERIES