
BDA Work Ready Programme

Supporting healthier working lives through
dietitian-led wellness initiatives

Executive Summary



Welcome

Lord Balfe of Dulwich Honorary President of the BDA

During my time as Envoy to the trade union movement for the Conservative Party I arranged many meetings between union officials and politicians to help us understand each other's concerns.

Whilst the topics of discussion were varied, many of the shared interests related to productivity. Economic productivity is a key priority for any government and when looking at productivity in the workforce, there are many factors at play including work-life balance, safety and job security. But staff wellness is not a 'soft' issue for employers or trade unions – there is a direct interplay between the hard hitting topics of negotiation and the ability of workers to reach their productive potential.

During my time working with the BDA, and more recently as their Honorary President, I have been determined to get across that dietitians are highly trained professionals. BDA members are not part of the lifestyle industry but part of a registered profession that delivers improved health. If you are trying to make the case for investing in a healthy eating programme to support the wellbeing of staff which links to productivity, this BDA White Paper *Supporting healthier working lives through dietitian-led wellness initiatives* clearly shows the effectiveness of such interventions and provides advice on what a good programme looks like.

I would encourage you to take the time to review this document and follow the BDA's journey with workplace health as it evolves during the next two years.



Suzanne Rastrick Chief Allied Health Professions Officer, NHS England

I was appointed by NHS England in 2014 to lead, develop and promote the role of all Allied Health Professionals (AHPs) to service and workforce commissioners. Shortly afterwards the *Five Year Forward View* document was published – a shared vision for the future of the NHS – which made core arguments around three principle areas, including a radical upgrade in the prevention agenda to bridge the health and wellbeing gap.

Last month at Expo15, Simon Stevens, Chief Executive of NHS England announced a £5m initiative to support wellbeing initiatives for NHS staff after saying that “the NHS has got to lead by example in helping our own staff and hopefully other employers will follow suit”. It goes without saying that there are a number of challenges whilst introducing wellbeing initiatives to an organisation as complicated and vast as the NHS, but it is important that, as one of the largest employers in the world, we recognise the benefits of investing in a workplace health and wellbeing strategy.

We must empower staff to make choices that will benefit their lives and, as such, the lives of their patients and the wider community. Commissioners are considering what citizens want from their healthcare services and it is clear that these ‘citizen outcomes’ go beyond traditional NHS boundaries – the real drivers of a happy and healthy life include income, employment, family and physical/mental health. Utilising the influence of employers to develop targeted health and wellbeing strategies are recognised as a key part of tackling health inequalities.

Simon Stevens has set out how NHS organisations will be supported to help their staff to stay well, including serving healthier food, promoting physical activity, reducing stress, and providing health checks covering mental health and musculoskeletal problems – the two biggest causes of sickness absence across the NHS. There are roles for dietitians to demonstrate some of the fundamentals of their skills – innovation and entrepreneurship – to get involved in the delivery of this initiative.

Over the next year, the BDA Work Ready Programme will provide a range of tools to support its members – including assessment tools for organisations, some benchmarking and shared outcome measures, resources and training materials. In the meantime, you can start having conversations within your own organisations and this paper *Supporting healthier working lives through dietitian-led wellness initiatives* gives you the evidence you will need to demonstrate how you make a difference in shaping and delivering initiatives to help colleagues and other employees make healthier food and drink choices at work.

I encourage all BDA members – whether they work in private practice, local authority or the NHS – to seize the opportunity this latest programme from the BDA provides which aims to demonstrate the value of the dietetic workforce in health promotion and evidence-based practice.



Executive Summary

The health of the UK workforce is at the heart of a raft of new government policies and guidelines, including the NHS Five Year Forward View¹ and the public health guidance for the workplace from the National Institute for Health and Care Excellence (NICE).²

Up to 25% of the UK's working age population suffer from a long-term condition which can be weight-related³, and employers are looking to support the productivity of their workforce through improved resilience and mental wellbeing. This has led to a timely review by the British Dietetic Association (BDA) on the evidence on wellness initiatives which encourage better nutritional practices.

It is well accepted that organisations benefit from investing in the wellbeing of their employees, and experts who commission employee wellbeing programmes are increasingly looking for effective solutions. Dietitians are the 'Gold Standard' when it comes to nutrition and food professionals. As the only qualified health professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public health level, they have the skills to effect positive behaviour change for a workforce in partnership with an employer.

This paper identifies how good nutrition and hydration, alongside being active, keeps the UK workforce healthy and how initiatives can be integrated into programmes which have a positive ethos of health promotion. The key message to employers is that supporting regular eating patterns and a quality diet for workers can improve overall wellness, driving productivity and reducing sickness absence statistics.

Three key clinical conditions have been considered in the BDA review – overweight/obesity, musculoskeletal conditions, and mood disorders such as depression and anxiety. There is evidence that good nutritional care can help prevent and manage these conditions. Given that if we work full time, what we eat generally provides at least 60% of our total daily intake in an average working day; workplace nutrition has the potential to significantly impact on our health.

Most policy and business documents looking at wellbeing do not separate out nutrition interventions from other health-related interventions, but the BDA review has identified some quality studies which do offer more specific insights:

- Up to 10% of sick leave and higher levels of productivity loss at work may be attributed to lifestyle behaviours and obesity.
- Workplace health interventions may improve productivity by 1-2% which is likely to more than offset the costs of implementing interventions. Employees that are obese take an average of four extra days sick per year² and in a company employing 1000 people, this could mean a loss of more than £126,000 a year in lost productivity.³

It is well
accepted
that
organisations
benefit from
investing
in the
wellbeing
of their
employees

1 NHS Five Year Forward View, NHS England 2014 <http://www.england.nhs.uk/ourwork/futurenhs/>

2 Workplace policy and management practices to improve the health and wellbeing of employees, NICE 2015 <https://www.nice.org.uk/guidance/ng13>.

3 Long Term Conditions Compendium of Information: Third Edition, Department of Health 2012.



- Obesity is strongly associated with sickness absence in the workplace. Maintaining a normal weight gives the lowest risk for sickness absence and the BDA review found that weight loss, weight gain and stable obesity increased the risk for sickness absence spells of all lengths.^{4,5}
- It has been speculated that presenteeism costs UK workplaces £15bn per year, compared to around £8bn for absenteeism.⁶ Employees with musculoskeletal and other (chronic) health conditions report higher rates of absenteeism and presenteeism than workers without such conditions. Good nutritional care can improve outcomes for these workers.
- The BDA review found limited evidence in the scientific literature with regards to nutrition-related health behaviour changes and accidents, but there are indications that eating breakfast can have a positive influence.
- There is growing evidence to suggest that good nutrition is just as important for mental health as it is for physical health and that a number of conditions, including depression, may be influenced by dietary factors.⁷ Assisting people to effectively manage stress will have a positive impact on the ability to control both mood and weight.

Obesity is a multi-factoral condition, influenced by environment as well as personal nutrition choices. In terms of the work setting, a recently published overview of the support for evidence-based lifestyle interventions in the workplace for weight-related outcomes⁸ favoured multi-component interventions which focussed on both physical activity and nutrition over single dietary programmes.

The BDA review examined the evidence concerning nutrition and physical activity interventions in workplaces for controlling employee overweight and obesity. Interventions achieved improvements in employee weight (reductions of 3 pounds or 1.4 kg) and a decrease in BMI of up to 0.5 kg/m². There was a greater reduction in body weight when the intervention also looked at the environment in the workplace (i.e. vending/canteens). While these reductions may seem small, they indicate a successful maintenance and loss in weight and BMI, rather than an increase. A reduction of only 5% body weight has positive effects on health.⁹

Some other notable results were:

- Adequate hydration and regular eating patterns can support staff in accurate decision-making and help prevent lower concentration levels, fatigue and anxiety.

4 Roos E, Laaksonen M, Rahkonen O (2014) Weight change and sickness absence - a prospective study among middle-aged employees. *Eur J Pub Health*; 25 (2): 263–7.

5 VanWormer JJ, Linde JA, Harnack LJ (2012) Weight change and workplace absenteeism in the Healthworks study. *Obes Facts*; 5 (5): 745-52.

6 IIP (Investors in People) (2014) 9 tips for countering presenteeism in the workplace. Available from: <http://www.investorsinpeople.co.uk/resources/ideas/9-tips-countering-presenteeism-workplace>.

7 Gatineau M, Dent M (2011) *Obesity and Mental Health*. Oxford: National Obesity Observatory.

8 Schröer S, Haupt J, Pieper C (2014) Evidence-based lifestyle interventions in the workplace—an overview. *Occup Med (Lond)*; 64(1): 8-12.

9 Blackburn G (1995) Effect of degree of weight loss in health benefits. *Obesity Research* 3: 211S-216S.



- Shift workers are at increased risk of developing obesity,¹⁰ metabolic syndrome¹¹ and type 2 diabetes.¹² This is in addition to a previously known association with ischaemic cardiovascular disorders.
- Working long hours (>8 hours per day) and regular overtime was found in one office-based study to increase the risk for developing type 2 diabetes.¹³ While the reasons for this increased risk were not identified, it is more common to have poorer eating habits and increased stress due to regularly working long hours.

The review also looked at the design of programmes and found that both individual counselling and group sessions are beneficial, and that behaviour change strategies in which dietitians are experts (such as motivational interviewing, cognitive behavioural therapy, nudge) are effective in a workplace setting. The studies reviewed also showed that nutrition interventions sit well alongside other wellness programmes.

The key aspects of a good nutrition intervention include:

- employees are involved in planning and delivering the intervention (through needs assessments and/or a team approach such as staff-side champions for example)
- senior management are consulted on the planning of an intervention as well as being visibly committed to the intervention
- multi-level approaches work best (for example group workshops alongside changes in the catering provision)
- electronic methods are extremely useful in delivering and supporting an intervention, but can be more effective if there is also face to face contact (for example prompts via email following a tasting session, or the provision of an electronic food and drink diary after a question and answer session on the importance of breakfast)
- physical activity combined with dietary approaches is more effective in weight management than as single components
- delivery – a mixture of types of activities shows better success rates
- people do not like being told what to do – behaviour modification strategies are important for behaviour change.

10 Kubo T, Oyama I, Nakamura T et al (2011) Retrospective cohort study of the risk of obesity among shift workers: findings from Industry based Shift Workers Health Study, Japan. *Occ Environ Med*; 68(5):327-31.

11 Pietroiusti A, Neri A, Somma G et al (2010) Incidence of metabolic syndrome among night shift healthcare workers. *Occup Environ Med*; 67: 54-57.

12 Gan Y, Yang C, Tong X et al (2015) Shift work and diabetes mellitus: a meta-analysis of observational studies. *Occup Environ Med*; 72: 72-78.

13 Nakanishi N, Nishina K, Yoshida H et al (2001) Hours of work and the risk of developing impaired glucose or type 2 diabetes mellitus in Japanese male office workers. *Occup Environ Med*; 58(9):569-74.



The BDA is also able to make recommendations on the structural requirements for a good nutrition intervention in the workplace:

- a follow-up period is recommended to be more than one year to accurately measure long-term impact
- avoid periods of large restructure or busy periods (e.g. Christmas in retail)
- workplace champions can be a useful asset with appropriate training
- online and face-to-face elements together are beneficial
- interventions can be as a group or individual for workers
- planning is crucial: a needs assessment and employee engagement is an essential first step
- outcome measures should be agreed and reported on by providers.

Finally the BDA can offer advice on key barriers and enablers for successful nutrition interventions:

- make use of existing engagement channels, in particular trade union health and safety committees or employee benefit teams
- take gender and culture into account
- allow time for the wellness programme within work time
- cultural – working through breaks, working long hours
- facilities – no onsite canteen/eating place, outsourced canteen
- lack of targeting of the intervention due to poor initial needs assessment
- communicate results to managers and staff.

Conclusion

The findings can be categorised into four key themes:

1. Better business through positive leadership and commitment to health.
2. Keeping healthy people at work and increasing their productivity potential whilst there.
3. Working together to achieve a healthy weight for wellness.
4. Maintaining a healthy environment and culture within the workplace.

It is right that workers should take responsibility for their individual healthy habits, but some unhealthy practices can be influenced by the environment. Small 'nudges' can create behaviour change and improve health. When implemented by experts using a validated model, behaviour change techniques can be effectively used across organisations to reduce healthcare costs, improve productivity and reduce absenteeism.

The BDA is offering a new BDA Work Ready Programme focussing on maintaining employees at a healthy weight which is linked to the risk reduction of a wide range of a preventable ill health issues.

Visit www.bdaworkready.co.uk for more information.

Find out more:

**WORK
READY!**

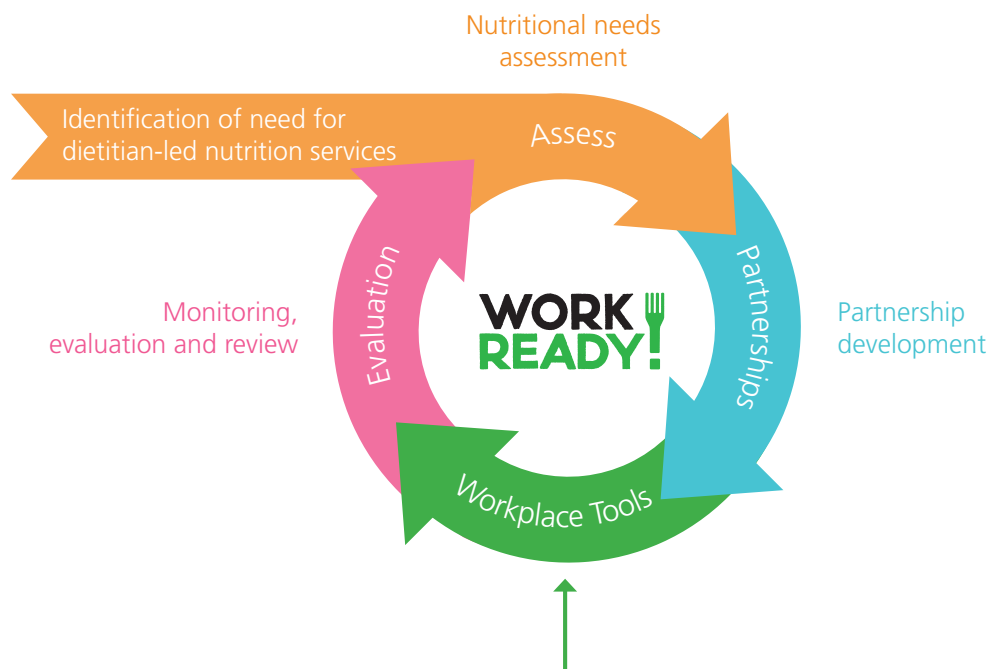
bdaworkready.co.uk



The BDA Work Ready programme offers the following services:

The BDA Work Ready programme

How it works



Workplace Tools pick and mix



Training on team building and 'Workplace Champion' teams to develop shared ownership, drive momentum and sustainability



Prioritisation and promotion of wellness services to ensure awareness and commitment



Development of tailored materials



Assessment of food and drink provisions with guidance on implementing practical changes



Fully interactive group sessions, roadshows and demos



Individual nutritional assessment



Employee support sessions for health problems linked to nutrition



Integration of wellness into workplace policies

We are the partners that will measure and report change, and assess progress to ensure a programme of continuous improvement.

This White Paper shows that both the workforce and management need to be directly involved for any successful public health initiative in the workplace.



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Research Team

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