



## City Research Online

### City, University of London Institutional Repository

---

**Citation:** Caraher, M., Masanotti, G., Bertrand, N., Léauté, R., Lloyd, S. & Tavakoly, B. (2020). Healthy Eating Promotion for the Workplace: the European FOOD (Fighting Obesity through Offer and Demand) Programme Promozione di un'alimentazione sana sul posto di lavoro: il programma europeo FOOD (Combattere l'obesità attraverso l'offerta e la domanda). *Sistema Salute*, 64(2), pp. 241-253.

This is the accepted version of the paper.

This version of the publication may differ from the final published version.

---

**Permanent repository link:** <https://openaccess.city.ac.uk/id/eprint/24965/>

**Link to published version:**

**Copyright:** City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

**Reuse:** Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

---

City Research Online:

<http://openaccess.city.ac.uk/>

[publications@city.ac.uk](mailto:publications@city.ac.uk)

---

# **Healthy Eating Promotion for the Workplace: the European FOOD (Fighting Obesity through Offer and Demand) Programme**

*Martin Caraher*, City, University of London, UK

*Giuseppe M Masanotti*, University of Perugia, Italy

*Nolwenn Bertrand*, Public Programme Manager, Edenred S.A., France

*Romane Léauté*, Junior Project Manager, Edenred S.A., France

*Susan Lloyd*, Researcher, City, University of London, UK

*Behrooz Tavakoly*, Epidemiologist, Independent, UK

## **Word counts**

English abstract 236

Spanish abstract 299

Principal text (excluding abstracts tables etc) 2820

**Contributions of authorship**

Martin Caraher, City, University of London, UK: The conception of the work, writing of the article and approval of the final version.

Giuseppe M Masanotti, University of Perugia, Italy: The design, interpretation of the data, critical review and approval of the final version.

Nolwenn Bertrand, Public Programme Manager, Edenred S.A., France: data collection and approval of the final version.

Romane Léauté, Junior Project Manager, Edenred S.A., France: data collection and approval of the final version.

Susan Lloyd, Researcher, City, University of London, UK: interpretation of the data, writing part and approval of the final version.

Behrooz Tavakoly, Epidemiologist, Independent, UK: analysis of the data and approval of the final version.

**Funding**

“Without funding”. This study has not received any external funding.

**Conflicts of interest**

All authors declare to not have any kind of conflicts of interest. MC and GMM have acted as advisors to the programme but received no remuneration.

**Acknowledgements**

The authors wish to thank all the individual country participants both those in Edenred country offices and to the various public officials who have worked hard to develop this programme.

Also we wish to acknowledge the Dauphine Junior Conseil, la Junior-Entreprise ® de l'Université Paris-Dauphine for permission to use the findings from the qualitative survey.

# Healthy Eating Promotion in the Workplace: the European FOOD (Fighting Obesity through Offer and Demand) Programme

## Abstract

Diet related chronic diseases are a key public health challenge. As employees spend a significant amount of their waking hours at work, it is an important place to convey health promotion messages and improve the workers' eating behaviour. *The Fighting Obesity through Offer and Demand (FOOD) programme* contributes to this objective by promoting healthy eating habits during the working day. There are two complementary target groups: workers and restaurant owners. The FOOD programme is a public private consortium in nine European countries involving representatives of public health authorities, nutritionists and universities around the lead partner and coordinator the private company Edenred. Here we present the results from a 2018 survey with 25,428 employees and 1,411 restaurants supported by 910 semi-structured interviews (260 face to face and 650 telephone interviews).

Key findings include an increase in demand for healthy foods since 2012. There is a tension with the demands for healthy food being accompanied by expectations of a 'cheap' and convenient service. The proportion of people taking a mid-day break is approximately 50% across the sample. Lunchtime at work remains an important point for promoting healthy eating among employees. While nutrition is important the promotion of social eating is also important as it introduces other benefits including increased productivity and promotes mental health.

For the future restaurant owners and their employees need more support to deliver healthy eating options and to provide more nudges toward healthy eating.

**Keywords:** *lunchtime; eating out; workplace; public private partnership; prevention.*

Las enfermedades crónicas relacionadas con la dieta son un reto clave para la salud pública de nuestra era. Dado que los empleados pasan una cantidad significativa de sus horas de vigilia en el trabajo, es un lugar importante para transmitir mensajes de promoción de la salud y mejorar el comportamiento alimentario de los trabajadores. El programa Lucha contra la obesidad a través de la oferta y la demanda (FOOD) contribuye a este objetivo promoviendo hábitos alimenticios saludables durante la jornada laboral hacia dos grupos objetivo complementarios: los trabajadores y los restaurantes comerciales. El programa FOOD es un consorcio público-privado en nueve países europeos en el que participan representantes de las autoridades sanitarias públicas, nutricionistas y universidades en torno al socio principal y coordinador de la empresa privada Edenred. El proyecto piloto inicial fue financiado por la Unión Europea. Aquí presentamos los resultados de una encuesta realizada en 2018 con 25.428 empleados y 1.411 restaurantes, apoyados por 910 entrevistas semiestructuradas (260 cara a cara y 650 entrevistas telefónicas) en 13 países. Existe un aumento en la demanda de alimentos saludables desde la última encuesta en 2012. La proporción de personas que se toman un descanso al mediodía para comer más del 50% de la muestra. Existe una tensión con la demanda de alimentos saludables que van acompañados de un servicio "barato" y conveniente.

La hora del almuerzo en el trabajo sigue siendo un punto importante para promover una alimentación saludable entre los empleados. Si bien la nutrición es importante, la promoción de la alimentación social también lo es, ya que introduce otros beneficios, como el aumento de la productividad y la promoción de la salud mental. Los propietarios y empleados de restaurantes necesitan más apoyo para ofrecer opciones de alimentación saludable y para proporcionar más empujones hacia una alimentación saludable.

**Palabras clave:** *hora de comer; comer fuera; lugar de trabajo; colaboración público-privada; prevención*

## **Introduction**

Changing consumption patterns across Europe and rising patterns of diet related non-communicable diseases remain big public health challenges (1, 2). Trends of eating outside the home in Europe continue to rise and core to this is the rise of global companies offering fast food which is often high in fat, salt and sugar. The business model of such establishments additionally does not encourage social eating. Euromonitor International declared in 2018 that the trend *'has come as the continued general macro shift in dining culture, with diners moving away from traditional formats and towards more modern, convenient, flexible and value-driven formats, as such options become more readily available'*.

This drive towards fast food and fast eating can be seen in the 2017 data with fast food chains accounting for 29.8% of outlets in Europe but 53.8% of revenues; this is contrasted with independent fast food operators comprising 70.2% of the total number of outlets but only 46.2% of revenues down from 51.5% in 2011 (3). Eating out in fast food outlets runs a higher risk of unhealthy eating leading to obesity and diet related chronic diseases. One in three home eating choices are influenced by health concerns up from one in ten from the 1990s; this however drops to one in eight when eating outside the home where the prime determinants are price and convenience (4). Many major global companies are introducing healthy options supported by employee training to encourage both the preparation of healthy foods and knowledge about healthy eating (5). Additionally there is a move to using psychological and physical 'nudges' as a means to direct consumers to healthier options (6).

A report by the International Labour Organization (ILO) analysed eating habits in many countries worldwide and demonstrated how a poor or excessive diet in the workplace could decrease productivity by 20%; it also identified the importance of vouchers as offering social benefits to employers employees and to local economies (Wanjek, 2005). Social eating offers many benefits ranging from nutrition through mental health to better productivity at work. The opportunity exists for public officials and employers to encourage healthy

eating in the workplace through policies and financial incentives (7-9). As people spend more time at work the importance of accessing healthy food in a congenial atmosphere which contributes to healthy eating and salutogenesis becomes important (10-12). The social aspect of eating is in contrast to the developing trend for fast food, which is often consumed alone and at people's work desks. The research shows that social eating leads to more healthy food choices (13).

The promotion of healthy nutrition for workers can be achieved via a range of organisational and policy choices of the organization (8, 14). The return on wellness investments can be up to 170% showing why it is a worthwhile investment for companies of all sizes (15).

While public bodies remain to the fore in the drive to prevent DR-NCDs and promote healthy eating, there has emerged a series of public private partnerships (PPPs) (16, 17). The FOOD programme, *Fighting Obesity through Offer and Demand*, can be categorized as a PPP, with representatives of public health authorities, nutritionists and universities around a private sector coordinator Edenred. It is built on the basis of the Ticket Restaurant® system where employees are offered a voucher to eat at a local restaurant by their employer. In some countries this is redeemable by the employer as a tax benefit. The FOOD programme through the meal voucher or 'ticket' system offers a more social and cultural aspect to eating (11, 18). A previous article describes the outcomes of the FOOD initiative in one country – Italy (19) where the programme has linked with existing public health initiatives. With the meal voucher system there are also economic benefits to small businesses (20, 21). The FOOD programme currently operates in ten European Countries, with plans to expand. This paper presents the main results of ten years of the FOOD programme.

## **Methods**

A questionnaire called: FOOD Barometer has been developed and consists of a generic section with ten questions, and a specific national part with two questions. The questionnaires are sent by e-mail to all employees in the

participating companies and to associated restaurants to collect data on their eating habits and their perception of healthy eating during the working day. One email is sent in the month of June, and a reminder is sent at the end of June. All answers are collected and centralized at coordination level by Edenred in Brussels. Since 2012, 82,600 workers and 7,700 restaurants answered the questionnaire, enabling the partners to compare the trends and improve the programme. The analysis of the surveys is conducted to:

- Provide a cross-country comparison: for a designated year, to compare the data from one country to another, or compare the results from one country with the EU average.
- To track changes over the years: analyzing the answers' rate to one question year after year, also enabling a comparison with the EU average.

Here we report on the results from the 2018 survey and supporting qualitative research; this is comparable to the 2012 data which used both qualitative and quantitative methods, see table 1. Between 2013 and 2017 qualitative data was not gathered but the results of the quantitative data was sent to all participating countries and organisations as an evaluation tool to help improve programme delivery. The 2018 survey was completed by 25,428 employees and by 1,411 restaurants. For each country we calculated the mean rate of individuals reporting that they take a lunch break, we compare rates across countries and with a European rate. We present the confidence interval for all rates (Public Health England, 2018). We also present by proportion the usual place lunch is eaten.

The qualitative part of the 2018 study consisted of 910 semi-structured interviews (260 face to face and 650 telephone interviews) in the 13 countries; this consisted of the nine FOOD countries: Austria, Belgium, the Czech Republic, France, Italy, Portugal, Slovakia, Spain and Sweden plus 4 non FOOD countries at the time of the study: Romania, Greece, Poland and Luxembourg. The inclusion of non-FOOD countries was to provide a basis for comparison. This is a follow-up to a 2010 study conducted with the then original 6 partners (18). Seventy chefs were interviewed in each country, from

various background (traditional cuisine, Italian food, Asian food, vegetarian food, etc). All the interviews were recorded and lasted between 30 and 45 minutes. For countries which were members of the FOOD programme, a sample of 14 the interviewees per country were part of the FOOD programme. A vertical analysis was conducted (interview by interview). Then a horizontal analysis was conducted (topic by topic). The analysis aimed at finding similarities and differences between the interviews and help establishing the profiles.

The objectives of the qualitative study were to understand the incentives of healthy food preparation in participating restaurants, to determine restaurant owner's motives and potential barriers to participating in the FOOD programme and identify the expectations of customers.

## Results

Table 1 shows the trend in the barometer's responses since 2012 as new countries joined. There are high returns from Belgium and Slovakia, reflecting strong local partnerships.

**Table 1.** *Employee returns: Number of returns country by country (2012-2018)*

	2012	2013	2014	2015	2016	2017	2018
Austria **	**	**	**	**	1,012	503	502
Belgium*	1,419	484	983	3,192	4,565	9,398	1,5350
Czech Republic*	731	501	1,591	1,079	823	1,777	1,105
France*	1,085	892	920	1,011	1,208	1,798	1,509
Italy*	970	317	1,004	1,067	540	1,170	1,610
Portugal **	**	**	**	512	1,035	3,630	1,173
Slovakia **	616	736	539	1,105	1,175	1,226	2,351
Spain*	501	614	543	621	1,391	821	1,828
Sweden*	1,002	1,068	***	***	***	***	***
<b>Total</b>	<b>6,324</b>	<b>4,612</b>	<b>5,580</b>	<b>8,587</b>	<b>11,749</b>	<b>20,323</b>	<b>25,428</b>

\* Original members of EC funded pilot

\*\*Was not an original member

\*\* Not included due to reorganisation of the local partnership

The data in Table 2 is the number of returns by country, the membership of the FOOD programme is bigger than this with for example 876 in Italy and 500 in the Czech Republic.

**Table 2.** *Restaurants: Number of returns country by country (2012-2018)*

	2012	2013	2014	2015	2016	2017	2018
Austria**	**	**	**	**	129	97	81
Belgium*	41	42	56	0	59	51	52
Czech Republic*	243	209	134	207	51	202	90
France*	52	83	92	105	300	317	178
Italy*	182	133	271	774	637	352	782
Portugal**	**	**	**	43	109	86	52
Slovakia**	52	64	53	86	102	105	76
Spain*	212	139	115	63	139	85	100
Sweden*	50	***	***	***	***	***	***
<b>Total</b>	<b>832</b>	<b>670</b>	<b>721</b>	<b>1,278</b>	<b>1,526</b>	<b>1,295</b>	<b>1,411</b>

\* Original members of EU funded pilot

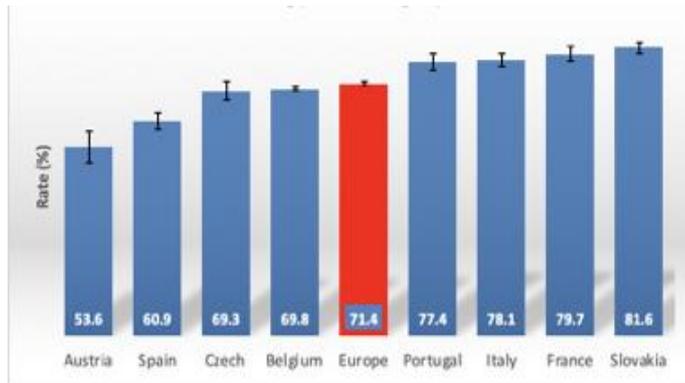
\*\* Was not an original member

\*\*\* Not included due to reorganisation of the local partnership

### *Lunch breaks*

From the data in figure 2 we can say with a 95% confidence interval that employees in Austria and Spain report they are less likely to take a lunch break during their working day than the European average; and employees in Portugal, Italy, France and Slovakia are more likely than the European average to take a lunch break during their working day.

**Figure 2.** Confidence interval on the numbers reporting taking a lunch break everyday by country.



### *Location of eating lunch*

For people eating lunch the location of where they eat lunch varies, reflecting social and cultural norms see table 3. Respondents reported taking lunch breaks in a restaurant, at their desk, in the staff common room and in other locations. The most common response to where they eat lunch was the ‘staff common room’. The exception is the Czech Republic where only 7.2 % reported eating in the common room. When staff did not eat in the common room, they were most likely to eat outside in a restaurant in France, Spain, Italy, Czech Republic, Slovakia, Portugal and Austria. The highest proportion of people eating in a restaurant was in Slovakia (34.4%) and the lowest in Belgium (4.6%).

**Table 3.** Responses to ‘Where do you usually eat your lunch?’ broken down by country and proportion across the 8 countries

	France	Belgium	Spain	Italy	Czech Republic	Slovakia	Portugal	Austria	Average across the 8 countries
<b>In a restaurant, outside my workplace</b>	26.6	4.6	32.0	38.8	31.6	34.4	19.3	25.5	17.6
<b>At my desk</b>	19.8	33.5	10.6	20.9	24.5	20.1	7.2	25.9	27.3
<b>In the common room for the staff</b>	40.0	60.5	43.2	23.0	7.2	39.6	49.4	38.4	51.8
<b>Other</b>	13.6	1.4	14.2	17.3	6.8	5.9	24.1	10.2	14.7

### *Healthy Eating Concerns*

Restaurant owners reported an increase of 26% for sales of healthy meals

and an increase in demands/queries for healthy or balanced meals by 27%. The majority - 64% - of restaurant owners reported possessing a low/medium level of knowledge and would like to learn more about nutrition. The employee part of the survey backed this up with almost 50% across Europe expressing that health and nutrition influenced their decisions about which meal to chose.

Across the countries there was agreement from restaurant owners on increasing customer demand for healthy dishes. How healthy was defined had regional variations: with restaurant owners in Sweden highlighting the demand for 'green food'; in Austria and Spain they reported an increased interest in veganism and vegetarianism; in Slovakia the focus was on organic and local products; the concerns of customers in France and Italy was on more vegetables while in the Czech Republic the concern was with alcohol and smoking. This latter anomaly can perhaps be explained by the fact in 2017 in the Czech Republic that smoking in restaurants was banned (22) and the country has high levels of alcohol intake including spirits and a higher than average European consumption of cigarettes (23, 24). All the restaurants owners agreed on the potential of a healthy food offer to attract more customers. Barriers to producing more healthy food were identified as potentially having a perceived higher cost; tensions amending or adapting traditional culinary cuisine, customers more concerned with quantity than quality as well as men more focussed on quantity then health. Restaurant owners reported a high level of interest in learning how to use new technologies to deliver healthy meals.

The 2018 qualitative study found regional variations in how healthy was conceived, some of which are summarised in table 4. Many of these variations can be seen to be rooted in cultural and culinary practices, traditional foods as well as methods of food preparation.

**Table 4.** Summary of regional concepts of healthy eating concerns

Groupings	Issues
Mediterranean countries (Portugal, Spain, Italy and Greece)	Pride given to traditional cuisine, not very inclined to adapt or adjust menus, however curiosity for healthy food, no reluctance.
Eastern and Northern countries (Slovakia, the Czech Republic, Romania, Austria and Sweden)	Awareness that traditional cuisine is not always compatible with healthy cooking standards, however strong concern for healthy eating.
Western countries (France, Belgium and Luxembourg)	Open to diversity and receptive to the FOOD recommendations.

*Awareness of the FOOD programme*

The voluntary nature of the programme means the current reach is a small percentage of the possible audience. Table 5 below shows the levels of awareness of the FOOD programme. While the lows of 7% in Austria and Slovakia are less than would be hoped for this compares to the four non FOOD countries reported low levels (2-6%) of awareness of any national or European healthy eating initiative.

**Table 5.** Recognition of membership of the FOOD programme in participating countries

Country	Percentage recognizing being part of the FOOD programme
Austria	7%
Belgium	21%
Czech Republic	57%.
France	100%
Italy	64%
Portugal	100%
Slovakia	7%
Spain	14%
Sweden	Excluded due to reorganisation of the local partnership

**Discussion**

The FOOD programme offers an opportunity to influence healthy eating in the workplace through combined attention to offering value for money in a social eating situation (11). The trend is for convenience and value but often at the expense of healthy options as the nature of fast food is food that is high in fat, salt and sugar. The programme stresses the importance of not just eating during the day but of the social environment that it takes place in. Some

countries such Slovakia and Portugal record high levels of social eating at mid-day and there is research showing that those who eat in such social situations are more likely to be influenced by concerns about health (4). The demand for healthy options from the survey data supports this observation. This is the demand side of the FOOD programme, the offer is where the restaurants and employers operate a 'nudge' and choice architecture effect (25); however the low level of recognition and knowledge of the programme and its resources means that is not being exploited to its full extent. Further developments and extension of the programme demand attention be paid to this aspect of employee engagement.

The employee part of the survey showed that 50% across Europe reporting that concerns about health and nutrition influenced their decisions about which meal to chose. This is higher than that indicated by econometric data where the figure of one in eight considered health as a factor when eating outside the home (4). The data indicates that the target location for intervention varies across Europe and targeting needs to be country specific. It also demonstrates that social eating such as that offered by the Ticket Restaurant® system may be producing a different set of priorities to that of those eating from fast food outlets. This is in line with the literature which shows that eating with others and meal location can play a role in influencing food choice and intake (26).

In many senses the FOOD programme and the Ticket Restaurant® system are facing competition from current social trends related to the demands for cheapness, speed and convenience when eating out. The numbers eating at their desk at lunchtime varies with a high of 33.5% Belgium eating at their desk while only 7.2% in Portugal reported a similar occurrence. The importance of the FOOD programme may well vary depending on national or regional eating out patterns and trends in any individual country. A programme, in Bergamo in Italy, increased the number of on-site canteens' offering "a balanced meal" option everyday (27). This latter example shows the importance of partnerships within a PPP such as the FOOD programme, in order to reach both restaurant employees and workers.

The classic dilemma exists with our survey data which focused not on observed or empirical data but self-reported intentions, with this data exposing gaps between intention and behaviour. Simple ‘nudges’ in the eating environment can influence behaviour (25). Concerns with healthy eating was balanced with the concern of restaurant owners with making a profit while responding to customer demands. In this instance the main demand was for healthy dishes, but concerns were based around customers perceptions of what was healthy ranging from green ‘food’ (Austria) veganism and vegetarianism (Spain); organic and local products (Slovakia); more vegetables (France and Italy) and alcohol and smoking (Czech Republic). There is a strong identification among the restaurant owners and chefs with national culinary identity and they reported seeing this as not always compatible with demands for healthy food (28).

In Europe more than 95% of workplaces have less than 10/15 workers. These normally do not have catering or dining facilities onsite and it is here the benefits of the ticket system becomes apparent. The programme, as it works through local restaurant owners, offers an opportunity for them to serve their customers healthy options, contribute to improving public health outcomes while still making a profit (29). In many instances there is link with healthy food, regional diets and also sustainable goals. All this is good for small businesses it also helps address inequality in local areas and the concept of circular economies or circular food systems (30, 31).

## **Conclusions**

The Ticket Restaurant® system offers an opportunity for small workplaces to offer a social benefit. Future research should focus on this sector and the potential benefits to both customers and restaurant owners. Linking the Ticket Restaurant® system with the FOOD programme has been recognized as an example of good practice by the European Network For Workplace Health Promotion in 2009 (32) by the European Commission for its contribution to promoting healthy lifestyles (33) and in September 2019 an award from the United Nations Task Force recognizing the programme’s contribution to

achieving NCD-related Sustainable Development Goals.

This program confirms that the private sector can play an important role in leading on areas that are hard to engage with. The FOOD initiative needs to be located within a wider scheme of social change with the customer expressing more interest in healthy eating but at the same time demanding more convenience and lower prices; these demands are paralleled by the growth of the fast food sector and the ability of this sector to use new technology to offer speed and convenience but with the downside of providing ultra-processed foods. Future developments in the programme may well be aided by technological developments.

The confines of the extension of the programme are that it is limited to countries and restaurants which operate the Ticket Restaurant® System; internationally Latin American countries are interested and other European countries such as Poland and Bulgaria. Greece is also an interested potential member. A key lesson is that in individual countries the nature of the collaborations reflects local circumstances and are not preset or based on a 'one fits all' principle. This has allowed the FOOD programme to develop in different ways in individual countries and for those in the network to learn from different approaches.

Healthy eating workplace initiatives such as the FOOD programme may well have to develop to work with new technologies to deliver speed and convenience balanced with a demand for social and healthy eating. The concerns of chefs and restaurant owners over the costs and skills required to produce healthy food need a series of new research on the ways this can be achieved through links with local suppliers and the re-orientation of dishes to use seasonal products.

The use of PPPs in public health has been criticized by some (34) but others have highlighted the potential of well-designed public private partnerships. In Europe the public sector is still important at level of regulations and the setting of healthy eating standards through to partnerships, which deliver joint programmes on healthy eating. Initiatives such as the ticket system fit well with the duty for employers to maintain their workforce through

healthy onsite policies (20).

*What is known about the subject?*

Little is known on the subject of healthy eating in restaurants during the working day. The needs of restaurant owners and employees to deliver healthy eating options are under researched despite evidence pointing towards the importance of social eating contributing to healthy food choices and wider health benefits such as mental health.

*What does this study add to the literature?*

The importance of providing healthy eating options during the working day delivers both nutrition and wider health benefits and how this can be achieved through a public private partnership (PPP). The implications are that such partnerships need more research into how they operate to ensure ethical public health standards are maintained and the nutrition outcomes need to be measured .

## References

1. European Commission. EU Actions to fight obesity and to promote healthier lifestyles. 2014.
2. World Health Organization Europe. Country profiles on nutrition, physical activity and obesity in the 53 WHO European Region Member States: Methodology and summary. Copenhagen: World Health Organization; 2013.
3. Euromonitor International. Passport - Fast food in the United Kingdom. London: Euromonitor International; 2018.
4. Kantar Worldpanel. EAT, DRINK & BE HEALTHY: HOW AT-HOME CONSUMPTION IS CHANGING. <https://www.kantarworldpanel.com/global/News/New-report-out-How-at-home-consumption-is-changing>; Kantar Worldpanel; 2019.
5. Footprint Intelligence. It's not taught: why chefs don't consider nutrition and how to get nutritional education onto the syllabus and into the kitchen. London: Footprint MediaGroup; 2017.
6. Compass Group, Footprint Intelligence. Designed with health in mind: A psychological approach to helping consumers make healthier choices in foodservice. London: Footprint Intelligence; 2017.
7. Mackison D, Mooney J, Macleod M, Anderson AS. Lessons learnt from a feasibility study on price incentivised healthy eating promotions in workplace catering establishments. *J Hum Nutr Diet.* 2016 02/01; 2019/05;29(1):86-94.
8. Maes L, Van Cauwenberghe E, Van Lippevelde W, Spittaels H, De Pauw E, Oppert J, et al. Effectiveness of workplace interventions in Europe promoting healthy eating: a systematic review. *eurpub.* 2011;22(5):677-83.
9. Poulsen S, Sorensen G, Quintiliani L. Healthy eating strategies in the workplace. *Intl J of Workplace Health Mgt.* 2010 09/28; 2019/05;3(3):182-96.
10. Amisano M, Bosco G, Coffano E, Della Torre E, Filippi F, et al. Promotion of Health in Places of Work, Nutrition and physical activity: efficacy evidences and good practice. Italy: DORS: Regional Centre of documentation for health promotion,; 2007.
11. Masanotti G. The worksite as an asset for promoting health in Europe. Final results of the MoveEurope campaign. *Ig Sanita Pubbl.* 2014;70(2):185-96.
12. Torres SJ, Nowson CA. Relationship between stress, eating behavior, and obesity. *Nutrition.* 2007 November–December 2007;23(11):887-94.

13. Poulsen S, Sorensen G, Quintiliani L. Healthy eating strategies in the workplace. *Intl J of Workplace Health Mgt.* 2010 09/28; 2019/03;3(3):182-96.
14. SIAN ulss 20 Verona. Nutrivending. Regional intervention plan for obesity prevention of the Veneto region 2005-07 [Italian]. <http://sian.ulss20.verona.it/iweb/475/categorie.html>: 2016.
15. Chance Z, Dhar R, Hatzis M, Bakker M. How Google optimize Healthy Office Snacks. *Harvard Business Review*, [online] [Internet]. 2016 [cited 29th May 2019];29th May 2019.
16. Buse K, Harmer AM. Seven habits of highly effective global public–private health partnerships: Practice and potential. *Social Science & Medicine.* 2007 January 2007;64(2):259-71.
17. Buse K, Tanaka S. Global Public-Private Health Partnerships: lessons learned from ten years of experience and evaluation. *Int Dent J.* 2011 08/01; 2019/03;61:2-10.
18. Stilian A, Dolciami F, Masanotti GM. A health promotion program aimed at employees and restaurant operators: results of the European FOOD project. *Igiene e sanità pubblica.* 2013;69:121-9.
19. Caraher M, Jakšić D, Dolciami F, Stiglianim A, Wynne R, Stracci F, et al. Promoting Healthy Eating Habits in the Working Population: The FOOD Program. *MOJ Public Health.* 2017;6(4):394-9.
20. Wanjek C. *Food at Work: Workplace Solutions for Malnutrition, Obesity and Chronic Disease.* Geneva: International Labour Office; 2005.
21. Bourguignon D. Closing the loop—New circular economy package. Brussels: European Union, European Parliamentary Research Service; 2016.
22. Johnston R. SMOKING BAN BECOMES LAW: Czech restaurants will become no smoking May 31. 2017.
23. Bánóczy J, Squier C. Smoking and disease. *European Journal of Dental Education.* 2004 02/01; 2019/03;8:7-10.
24. Hnilicová H, Dobiášová K. Alcohol as an issue of the public health in the Czech Republic: facts and context. *Casopis lekaru ceskych.* 2018;157(5):248,Āî253.
25. Thaler RH, Sunstein CR. *Nudge: improving decisions about health, wealth and happiness.* [New international ed.] ed. London: Penguin; 2009.
26. Pachucki MC, Karter AJ, Adler NE, Moffet HH, Warton EM, Schillinger D, et al. Eating with others and meal location are differentially associated with nutrient intake by sex: The Diabetes Study of Northern California (DISTANCE). *Appetite.* 2018 1 August 2018;127:203-13.

27. Cremaschini M, Moretti R, Brembilla G, Valoti M, Sarnataro F, Spada P, et al. One year impact estimation of a workplace health promotion programme in Bergamo province. *Med Lav.* 2015;106(3):159-71.
28. Fischler C. Gastro-nomy and gastro-anomy: The wisdom of the body and the biocultural crisis of modern eating. *Gazeta de Antropología.* 2010;26(1):9.
29. FOOD. Balanced Nutrition at Work: The European FOOD project: a successful Public Private Partnership (Final Publication). [http://www.food-programme.eu/IMG/pdf/final\\_publication\\_food\\_programme\\_2012.pdf](http://www.food-programme.eu/IMG/pdf/final_publication_food_programme_2012.pdf): Edenred; 2012.
30. European Commission. Closing the loop - An EU action plan for the Circular Economy. Available at: <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52015DC0614>.: European Commission; 2015.
31. European Commission. Report on the Implementation of the Circular Economy Action Plan. Available at: [http://ec.europa.eu/environment/circular-economy/implementation\\_report.pdf](http://ec.europa.eu/environment/circular-economy/implementation_report.pdf).: European Commission; 2017.
32. Masanotti G, Breucker G, Sochert R, Kiesewette E, Van den Broek K, Grundemann R, et al. Move Europe BUSINESS REPORT. Linz: Gutenberg - Werbering GmbH, 2009. Gutenberg: Werbering GmbH; 2009.
33. European Commission. EU Action Plan on Childhood Obesity 2014-2020. Brussels: European Commission; 2014.
34. Mindell JS, Reynolds L, Cohen DL, McKee M. All in this together: the corporate capture of public health. *BMJ.* 2012 British Medical Journal Publishing Group;345:e8082.