



# Beyond the greasy spoon: Improving the diet of male construction workers

**Executive Summary of a Men's Health Forum  
Report for the Food Standards Agency**

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### Executive Summary

#### 1.1 Background



Following the publication of Dame Carol Black's report on *Health Work and Wellbeing*<sup>1</sup>, there is a current impetus to protect and improve the health and wellbeing of working age people. There is good evidence that the workplace can be an ideal setting for health promotion related activities<sup>2</sup> and that it may be a good way in which to engage men<sup>3</sup>. It has also been suggested that a 'gender sensitive' approach to workplace interventions may be particularly helpful in improving the health of men<sup>4</sup>.

As part of this agenda, and because of a concern about the nutritional health of men, the Men's Health Forum was commissioned to investigate the dietary attitudes and behaviours of construction workers by the Food Standards

Agency. The construction industry is a male-dominated industry with a large proportion of workers from manual backgrounds. It is a complex industry populated by small businesses, with complex contractual arrangements and large numbers of mobile workers. It has also one of the highest rates of work-related illness of any occupational group<sup>5</sup>. Little is known about attitudes to healthier eating amongst men in this industry or how the construction industry would embrace nutritional interventions. Further, it is important that prior to developing any intervention within a workplace, that the context in which it is undertaken is understood.

This research therefore aims to explore the ways in which nutritional health could be improved in the construction workplace.

#### 1.2 Methods

A literature review was undertaken, followed by an exploratory qualitative study using one to one interviews with a range of key informants. A total of 36 interviews were conducted with a range of people working in the industry or in health services associated with working with the industry. Twenty four of these were with construction workers who worked across six different small- to medium-sized enterprises (SMEs) and six larger main contractors. Eleven were with catering managers, Health and Safety Executive, Constructing Better Health, catering staff, occupational health workers/providers, trade union and Primary Care Trust staff. One further interview was carried out with a team who have been developing a workplace intervention with a food manufacturing factory in the South West. The data was analysed using a thematic content analysis.

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<sup>1</sup> Black, 2008

<sup>2</sup> HDA, 2004; White and Jacques, 2007

<sup>3</sup> MHF, 2008a

<sup>4</sup> World Economic Forum, 2008

<sup>5</sup> CBH, 2008a

## 1.3 Findings

The men's eating habits were generally poor and therefore the construction workplace is a good place in which to access a hard to reach group. There are a variety of ways in which interventions could be developed across the industry, but it is dependent on engaging the management to support initiatives.

### Eating habits and food provision

“ Construction workers are predominantly male with an average age of 37 who often have unhealthy lifestyles such as poor diets high in salt and fat which can increase blood pressure and raise cholesterol. Both of these can lead to the early development of heart disease which is the biggest problem in middle-aged men. Medical problems are often picked up late in men as they are much more likely to see their GPs than women and do not tend to seek preventative health advice. ”

Occupational Health Manager, South East

- The workplace is good place in which to engage men in nutritional health promotion as eating habits in work were inextricably linked to eating habits at home.
- The culture of construction was associated with the 10.00am cooked breakfast and the need for foods that gave energy because of the nature of work.
- The food habits of those that worked away from home were poorer because of lack of support networks and inadequate access to healthier foods and cooking facilities.
- Food provision on-site varied and was usually dictated by the size of site and the company involved. There are no set standards across the industry with regard to nutrition or processes.
- Other food provision was through local shops, cafes, mobile catering vans.
- Caterers provided foods they thought the men liked but could also be advocates for healthier eating by encouraging the men to eat a wider variety of foods.

### Perceptions of healthier eating

- Most of the men acknowledged that they had poor eating habits and wanted help with changing them.
- Opinions of healthy eating were negative and were based on associations with femininity.
- Those who had partners were more likely to report a positive influence on eating habits.

## Barriers to healthy eating

- Access to healthy foods was a particular problem for those workers who lived away from home and for those who worked on smaller construction sites.
- Consuming food 'on the go' was part of the culture.
- 'Unhealthier foods' were bought because they were considered to be cheaper and perceived to be satiating. The camaraderie associated with the café cooked breakfast culture encouraged many workers to consume this on a regular basis.
- A lack of motivation to eat healthily on site was given as a reason by the workers for poor eating habits.
- Knowledge of foods that are high energy, filling but also healthy was poor.
- Knowledge of national campaigns such as '5-A-Day' were confused.



Pawel Barthowski/istockphoto

## 1.4 Recommendations

A number of recommendations are outlined below. Some of these detail ways in which interventions could be developed in the industry. Other recommendations detail the ways in which to engage the industry in the process and how working in partnership with other agencies is likely to be important.

### Types of interventions

- The complex web of sub-contraction makes it difficult to develop interventions that will be wide-reaching across the industry, though there are ways in which the smaller contractor can be reached (see later).
- There is clearly a need to develop educational campaigns on foods associated with high energy, though any educational campaign should be mindful of the socio-economic and gender differences in attitudes to healthier eating. Avoidance of language and foods associated with femininity will be an important part of this.
- There is an opportunity to develop workplace interventions through the catering services. The ad hoc provision and standards across the industry provide an opportunity to develop consistent processes for catering services provision through contractual arrangements. This may also include nutritional standards for certain foods and access to healthier foods.
- There is also a need to work with mobile catering vans that sit, or are, placed near construction sites and the 'local cafes' to improve access to healthier foods.

## Engaging the industry

- Engaging the management through campaigns centred on the economic benefits of good nutrition will be essential. Focusing on productivity as well as reducing the risk of conditions such as diabetes and heart disease makes good business sense in an ageing workforce and from a safety perspective.
- There was enthusiasm for health checks incorporating nutritional outcomes such as cholesterol, BMI and waist circumference by the workers. It is unlikely that the costs for such services will be met by the industry so there may be ways in which the NHS can support arrangements for these types of checks.
- There was concern amongst the construction firms of the likely costs of interventions, particularly in the current economic climate. Incentives may have to be offered to encourage industry participation. Suggestions for incentives included tax breaks against profits for those engaging in nutrition voucher schemes; the ring fencing of moneys during contractual agreements for health-related schemes; provision of funding from government departments, such as Department for Work and Pensions, for the prevention of ill health in a workforce which is likely to suffer from occupational ill health in the future.
- Framework agreements incorporating respect for staff could include specific nutritional outcomes as part of that agenda.
- Key performance indicators could be used as a way of rewarding success for those achieving standardised nutritional outcomes.

## Partnership working

- The NHS could also intervene in the smaller companies who may not be able to engage in workplace catering interventions. This would enable them to reach targets with regard to inequalities in a manual workforce and also help meet the legal responsibilities through the gender equality duty.
- Working with industry partners such as Constructing Better Health will be key to establishing contacts in the industry. This will also ensure that any well-being initiative does not detract from the other occupational health-related schemes that are currently being established.

## Further work

- Investigate the dietary attitudes and behaviours of construction workers in more depth and in a larger sample of male workers. This may help provide a better focus for the industry to take it on board.
- More research is needed to explore men's eating habits generally and their attitudes to healthier eating in different contexts.
- Run a pilot study to test a number of different interventions in a variety of construction workplaces.
- More work on the specific views of migrant workers.

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