

## **Spring Camp**

**A test project to promote healthy lifestyles for Portuguese public institution**

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<p>The aim of this thesis was to test and collect new experiences of a healthy lifestyle promotion project for a Public Institution in Portugal. Project included physical activity, nutrition and mental health promotion. On the base of these experiences the purpose was to give a model and examples how to promote healthy lifestyle habits for the staff in this institution.</p> <p>The project was to divided into three (3) phases; project planning, intervention survey for the staff of Public Institution and conclusion. Before and after the practical project, the staff filled a survey. The Fantastic lifestyle questionnaire was used which focuses on lifestyle habits, especially physical activity, nutrition and mental health.</p> <p>The primary data revealed that the workers completing the survey generally had positive health behaviours although well-being also increased over the course of the seven week project. The cause and effect relationship could not be confirmed which limited the validity of the findings. The qualitative data on the practical project supported the need of similar kind of activities to be continued to be organised in a more consistent manner. Specific guidelines and propositions for the institution were made for the future.</p>	
<b>Keywords</b> workplace health promotion, physical activity, healthy lifestyle, nutrition, mental health, healthy lifestyle promotion	

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# 1 Introduction

Physical activity and healthy lifestyle habits have been proven to lower the risk of developing or dying of diseases, foster healthy muscles, joints and bones and enhance personal functioning and mental health (Voit, 2001). In addition, an active lifestyle can reduce the risk of obesity (U.S. Department of Health and Human Services, 2002). For these reasons many companies and employers are implementing health and physical activity programs for their workers with the aim of improving and maintaining their health, increasing productivity and decreasing the rate of absences related to sickness (Voit, 2001; Ahonen, 1995).

Globally, 60% of the world's population can be reached through a workplace and 60% of the waking hours are spent at work. Workplaces have thus a great potential for developing and improving workers and their families health and wellness (Batt, 2008). Health promotion and prevention of non-communicable diseases should be further stimulated at the workplace by promoting healthy diet, physical activity and mental health (Quintilian et al. 2007).

This thesis is about healthy lifestyle promotion project in a Portuguese public institution. The project included physical activity, nutrition and stress & time management. It aimed to improve a safe and healthy work environment, enhance employees' self-esteem, reduce stress, increase job satisfaction, increase activity and most of all improve healthy lifestyles and well-being. The project was named as "Spring Camp" after the season it took place, in spring 2018. The overall aim of this thesis project was to test, collect experiences and development ideas how to promote healthy and active lifestyles in the target group.

## **2 Healthy lifestyle**

Living healthy has become trendier and its benefits are more known. According to World Health Organization, healthy lifestyle is a combination of physical, mental and social well-being and it is a way of living that lowers the risk of getting serious diseases and it prolongs life expectancy (WHO, 2010). By living healthy we can prevent diseases such as type 2 diabetes, hypertension, obesity, cardiac insufficiency, asthma, rheumatoid arthritis, neck and back traumas and depression. It's also an important contributing factor in the rehabilitation process (Duodecim, 2018; Mustajoki, 2009). According to WHO, unhealthy diet and lack of physical activity are leading global risks to health (2015).

On the following sections, we will discuss those different forms of well-being; their effects and the general recommendations before moving onto well-being at companies in chapter 3. Healthy lifestyle includes more than nutrition, physical activity and mental well-being, but this thesis will focus on those three factors in particular.

### **2.1 Physical activity and its effects on health**

Physical activity is one important part of healthy lifestyle. Physical activity can be defined as anything that is produced by muscular power with the energy consumption being bigger than at rest (Sunj et al., 2014; Vuori 2018). All activities that fulfill the above criteria can be classified as physical activity, no matter the environment, the place or the objectives (Sunj et al., 2014; Vuori 2018.)

Humans are made for being physically active and the role of exercise in maintaining functional capacity and promoting health cannot be diminished (Huttunen, 2012). Globally, approximately 31% of adults aged 15 and over were not active enough in 2008. Reasons for being physically inactive are partly because poor participation in physical activity during leisure time and an increased sedentary behavior at work and home activities. In addition, decreased "activity" in terms of transportation, for example walking and biking, has been associated with decreased physical activity (WHO 2018).

Regular physical activity reduces the risk of chronic diseases and premature death (Warburton et al., 2006). It has been proven that regularly exercising people have lower risk of getting ill with over 20 diseases than physically inactive people (Vuori, 2011). Routine physical activity has been shown to improve body composition, enhance lipid

lipoprotein profiles, improved glucose homeostasis and insulin sensitivity, reduced blood pressure, decreased blood coagulation, improved coronary blood flow, and augment cardiac function (Warburton et al., 2006; Fagelholm, Kukkonen-Harjula & Vuori, 2011).

Routine physical activity is also associated with improved psychological well-being. It has been proven that especially leisure time physical activity reduces depression, stress and anxiety (Warburton et al., 2006). Physical activity also reduces uncomfortable body feelings and provide pleasure, feeling of freshness and strengthen and relaxation feeling during and after physical activity (Nupponen, 2011).

### **2.1.1 Physical activity recommendations**

UKK-institute from Finland recommends adults aged 18-65 years old to do at least 2,5 hours of moderate-intensity aerobic physical activity throughout the week or do at least 1 hour 15 minutes of vigorous-intensity aerobic physical activity throughout the week, or an equivalent combination of moderate- and vigorous-intensity activity (2018). Aerobic physical activity should be done at least periods of 10 minutes. Moderate-intensity aerobic physical activity includes for example walking, commuting to work, heavy household work and cycling. Vigorous-intensity activity includes for example running, fitness swimming, stair and hill climbing (UKK-institute, 2018). UKK-institute has developed a physical activity pie which visualises the physical activity recommendations (Figure 1).

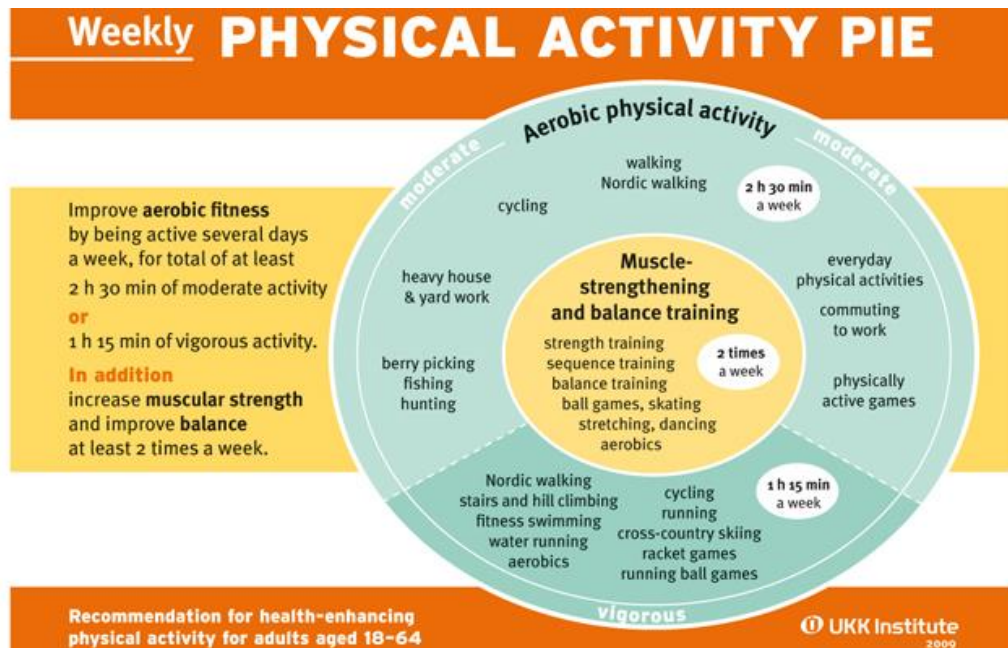


Figure 1. Weekly Physical activity pie (UKK-institute, 2018).

World Health Organization’s recommendations are similar expect they show recommendations in minutes. They also recommend for additional health benefits, for adults to increase their moderate intensity aerobics physical activity up to 300 minutes per week or an equivalent combination of moderate- and vigorous intensity activity (WHO, 2010).

Both WHO and UKK-institute in Finland recommend muscle-strengthening activities to be done involving major muscle groups on two or more days a week. This means activities such as gym training, aerobics, stretching and ball games (WHO, 2010; UKK-institute, 2018).

## 2.2 Healthy diet

Healthy diet is a part of overall well-being, which helps to maintain and improve health. Our body needs enough healthy nutrition which include fluids, macronutrients, micronutrients and adequate calories. Maintaining healthy weight is easier when the consumption of calories is equal with the intake. Everyday choices have a long term effect (Lean, 2014; THL, 2018).

Eating healthy throughout one’s life helps prevent malnutrition in all its forms as well as a wide range of non-communicable diseases and conditions. People are now eating



more food high in energy, fats, free of sugar or salt/sodium and many do not eat enough vegetables, fruit and dietary fibre such as whole grains (WHO, 2015).

There are many nutrition guides and recommendations published by medical and governmental institutions to educate individuals on what to eat when eating healthy. For example World Health Organization has given few guidelines to follow:

- Follow the fats you intake. Less than 30% of total calories should come from fats and unsaturated fats are preferred.
  - Eat at least 400grams of vegetables and fruits every day.
  - Limit the consumption of sugars. Under 10-5% is recommendation.
  - Watch your salt consumption. Less than 5g per day.
- (WHO, 2018).

In addition, many countries have visualizing posters and pictures of healthy diet. Finland's national nutrition council have designed a food triangle (figure 2) which reveals the nutrition recommendations as a pyramid. The base of the triangle forms the daily food and the food on top shouldn't belong to daily consumption (Valtion ravitsemusneuvottelukunta, 2014).

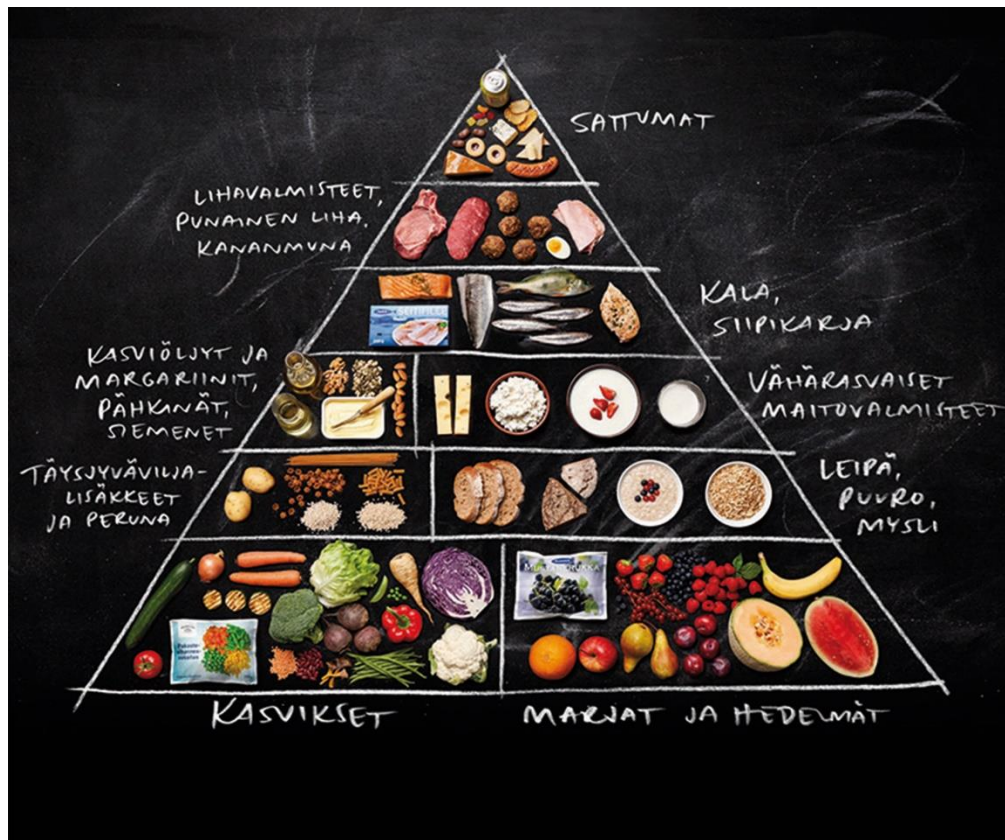


Figure 2. Food triangle (Valtion ravitsemusneuvottelukunta, 2014)

In Portugal, the National Programme for the Promotion of Healthy Eating have made a food wheel (Figure 3) which visualises the Portuguese recommendations for nutrition. From the wheel you can also find how many pieces you should consume every day.



**Figure 3. A healthy eating food wheel (National Programme for the Promotion of Healthy Eating, 2018)**

### **2.3 Mental health**

Even though physical activity and healthy diet are important part of healthy lifestyle and the lack of them is leading global risk to health, we cannot dismiss the importance of mental health (WHO, 2018). Mental health is an essential part of health and it is more than the absence of illness. Mental health is thoroughly connected with physical health and behaviour (WHO, 2004).

According to WHO mental health is: “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (2001a, p.1).

According to European Network for Workplace Health Promotion (ENWHP) 25% of European citizens will experience a mental health problem during their lifetime and 27% of the adult population in Europe is affected by mental health problems, a total of 93 million people (ENWHP 2011). In the year 2011, WHO estimated that depression is affecting 350 million people (2012) and by the year 2020, depression will become the second most important cause of disability in the world (ENWHP, 2011.) In Portugal, 38,8% of the population will experience mental disorder during their lifetime (EU-WMH, n.d).

Therefore mental disorders, such as depression, anxiety, mood and substance use disorder, are a major public health problem (Trautmann, Rehm, Wittchen, 2016). The consequences are not limited to individuals and their social environment but also they are affect the whole social fabric (Trautmann, Rehm, Wittchen, 2016; EU-WMH, n.d).

Mental health disorders have an economic cost. Costs can be divided into both direct and indirect costs. Direct cost is more often referred as a “visible cost” which include for example the treatment in the healthcare system (medication, psychotherapy, hospitalization etc.). Indirect cost are not directly associated to the treatment. Examples of indirect costs include income losses due mortality, early retirement due disability and lost production due work absence etc. (Trautmann, Rehm, Wittchen, 2016; EU-WMH, n.d).

Globally direct and indirect economic costs of mental disorders were estimated at 2,5 trillion USD (Trautmann, Rehm, Wittchen, 2016) and for the EU region with developed healthcare the costs were estimated at 798€ billion (Gustavsson et al., 2011). These both, direct and indirect costs, are expect to double by 2030 (Trautmann, Rehm, Wittchen, 2016).

### 3 Healthy lifestyle promotion at workplace

Activities that promotes and supports workers health and wellbeing at work is called workplace health promotion (ENWHP, 2018). The European Network for Workplace Health Promotion (ENWHP 2018) presents workplace health promotion as following:

*Workplace Health Promotion (WHP) is the combined efforts of employers, employees and society to improve the health and well-being of people at work. This can be achieved through a combination of:*

- improving the work organization and the working environment*
- promoting active participation*
- encouraging personal development*

The areas of activity include: “life-styles, ageing, corporate culture including staff leadership, staff development, work-life balance, mental health and stress, wellness, Corporate Social Responsibility (CSR), nutrition and health” (ENWHP, 2018).

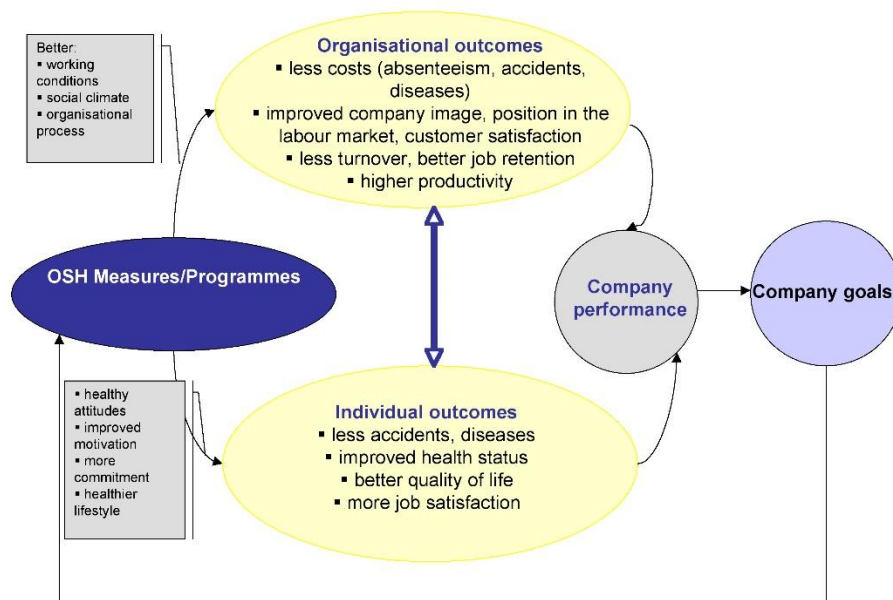
There are many reasons why the workplace is considered to be an important setting for health promotion activity. At workplaces the structures already exist for occupational health and health and safety requirements. That is why these can be easily used to deliver health promotion activities. For example occupational health care is good channel for promoting healthy lifestyles (Laine, 2011). The workplace offers huge potential to reach large numbers of people with information and support to improve their health and well-being. Some of these people belongs to groups which are otherwise hard to reach (Karla Van den Broek, 2018).

Workplace health promotion can consist of diverse activities ranging from healthy life-style promotion to work organization improvement. It can include for example supporting physical activity by offering sports facilities or courses, provide standing tables, encouraging employees to exercise and informing about a healthy diet and making it possible for employees to have lunch at the worksite (WHO, n.d). Furthermore, workplace health promotion can be about flexible working hours and remote work, including employees in improving the working environment and allowing participation in organizing the work, as well as promoting mental health by providing stress management courses and psychologist consultation (European Agency for Safety and Health at Work, 2018).

### 3.1 The benefits of workplace health promotion

Promoting healthy lifestyle is in the common interest of employers and employees. Forward thinking organizations recognise that the management of their human capital is as important, if not more so, than the management of their resources and financial capital (Manuti & de Palma, 2014). By having healthy employees, organizations drive towards greater effectiveness, competitiveness and productivity. Workplace health promotion also lifts and gives a positive image of the company or organization and makes them more attractive as employers (Kauhanen J., 2016; Van den Broek, 2018).

Organizations and companies benefit from workplace health promotion because their employees are healthier and better motivated when working in an improved working environment. The positive effects include a reduction on sickness-related and other health costs, a higher quality of products and services, more innovation, a rise in productivity, improvement in the social climate and maintaining people's ability to work (Van den Broek, 2018; ILO, 2016). The framework presented in the figure below (figure 4) offers an insight into the relationship between the workplace health promotion process and the result.



**Figure 4. The relationship between the workplace health promotion process and the result (ENWHP, 2018).**

One of the organizational benefits is less cost due to absenteeism and reduced accidents and diseases. One good example is Lassila & Tikanoja Oyj company from Finland. They started workplace health promotion programmes in 2005 and their goals were to maintain workers' work ability, reduce sick-related absences and disability pension. By the year 2010 the company got good results with sick leave absenteeism having decreased by 25%, sick leave days due to accidents having decreased by 35% and their yearly savings were millions compared to the year 2005 when they started (Kauhanen, 2016).

As said in chapter 2, mental health is also important. Workplace health promotion programmes benefit not only the companies but also the employees for their mental well-being. For example, a study made by Anderson and Kaczmarek (2004) showed that mental health programmes, as a part of health promotion in the workplace, remarkably reduced depression, suicide rates and behavioural problems among employees. They also found that mental health programmes and stress management classes resulted in reduced domestic aggression and a more positive environment for employees. Another study made by Kuoppala et al. (2008) also found positive effects of workplace health promotion programmes. They found that particularly physical exercise had an impact on work ability and employees' overall wellbeing. They also found that absences related to illness seemed to be reduced by activities promoting a healthy lifestyle.

### **3.2 Promoting physical activities and active lifestyle at the workplace**

Last decades sedentary behaviour has increased and one of the biggest reasons is decreased physical activity at work (VicHealth, 2016). Nowadays people might spend the whole day at work seated (Pesola et al., 2016). Fortunately, there are ways of increasing physical activity and workplace is a good site for these initiatives (Batt, 2008). Workplaces can be a key setting for increasing physical activity. Both employers and workers benefit of increased physical activity. As said earlier, it increases well-being of the workers which makes them more productive and makes success of the company more likely (ILO, 2016).

Productivity and company's success are not the only benefits. Evidence has suggested that physical activity can benefit the company because active workers are reported to be less ill and recover more quickly from illness. In addition, workers have less work absences and they experience lower staff turnover. Workers can also have

higher levels of satisfaction with their work and physical activity creates a positive corporate image (WHO, 2016).

There are several good practises to increase and encourage workers to be more physically active. Employers can encourage workers to walk, cycle or jog part or the entire journey to work. This should be combined with offering secure cycle parking and providing information about safe walking or cycling routes. In addition, workplace should provide shower and changing rooms (WHO, 2016). In Finland, the company Pekkaniska Oy supports their workers financially for being more physically active. For example, if you commute to work by cycle you can get 0,25€/km. Your commute should be at least 5km per way. This means if your commute to work and back 10km you can earn 12,5€ more per week. In addition, Pekkaniska Oy encourages to jog during lunch break or during leisure time with colleagues. Workers should jog at least 5km and each km they earn 1€. This is not only promoting physical activity but cohesion among workers (Kauhanen, 2016). It is not only companies that encourage cycling to work. In Finland you can get 85€ tax deduction per year for commuting to work by bike (Verohallinto, 2018).

Companies and entrepreneurs can offer reduced-fee fitness or recreation centre membership to employees and their families. Although, studies have shown that workers are more likely to follow exercise routine when the health club or gym is on-site. Providing sport facilities on-site encourages workers to increase their physical activity levels and by increasing physical activity levels, benefits are for example; reduced health-care cost, lower absenteeism and increased job satisfaction (Rucker, 2015). For example, Nokian tyres-company has a gymnasium and a gym just for their workers (Nokian renkaat, n.d). Every company does not need own gym to increase activity of their workers. Providing equipment such as sticks, bands, standing tables and gym ball as a chair can already bring about positive changes (Sarkkinen, 2015). At the same time they can allow workers to work flexible hours so they have time for physical activity for example during longer lunch breaks (WHO, 2016).

At workplace physical activity can be integrated in meetings and active breaks (WHO 2016). Exercising during breaks has a lot good effects on employees. When work is done in the same position over a long period of time it causes muscular tension and tiredness (Pesola et al., 2016). Energy consumption can be low during the working day and that can lead to irritation, fatigue and decreased performance assigned job assignments. Especially the muscles of workers who do sedentary work might be tense. Short

exercise and stretching for example during coffee breaks have a positive effect as few minutes stretching can already bring good results (Pesola et al., 2016).

Workers can be encouraged to have meetings outside walking, standing and use stairs instead of lift. Climbing stair uses three times more the energy of stair descent (Eves et al., 2006) and workers can be encouraged to use them by advising them on the benefits of stair climbing, implementing posters into hallways or creating challenges. There are several studies made of stair climbing. For example, one workplace intervention to promote stair climbing result great effect in overweight (Eves et al., 2006). In addition, other challenges can be arranged involving physical activity, for example competing in teams in walking, jogging, running, swimming or cycling (WHO, 2016).

By providing information on the benefits of physical activity and healthy balance, companies can increase the knowledge of an active lifestyle and benefits of it within workers. In addition, companies can co-operate with physical activity professionals to give seminars, workshops or hold activity breaks or classes. Physical activity professionals can provide face to face or email counselling in groups or to individuals (WHO, 2016). For example, Amer Sports Company in Finland has hired a sport instructor working full-time for supporting their employees' health. The sport instructor holds physical activity breaks, running, walking and gym classes. If wanted, sport instructor can also provide individual guidance by planning a physical activity programme. In addition, workers can discuss about overall health including nutrition and sleeping (Arcada, 2017).

Self-monitoring activities such as step counters are low cost equipment to provide to the workers. Step counters provide immediate and motivational information about daily physical activity (ESSA, n.d). Combining step goals and immediate feedback from using pedometer has shown to be effective in increasing physical activity levels. Harvard Medical School (2009) made a summary of 26 different studies that showed pedometer users walked at least 2,000 more steps each day than nonusers, and using a pedometer helped them increase their overall physical activity levels by 27%.

Not forgetting, majority of the people working have families at home. Companies can influence on their overall well-being by arranging activities for the whole family. These activities can include physical activity for example a trip to nearby forest or beach day including beach volley and swimming. For example, Nokia tires arranges every year a winter day for the whole family where families can try downhill skiing, pony riding, ice fishing, snowmobiling and different kind of playful games (Nokia tires, N.D).



### **3.3 Promoting healthy diets at the workplace**

Further on another aspect of well-being, healthy diets. As individuals spend up to 60% of their waking hours at their workplace (Batt, 2008) the worksites have great potential and a role to play in improving dietary habits, giving information about healthy eating and promoting weight loss (Mhurchu et al., 2010; Quintiliani et al., 2010; ILO, 2016). A worker eating a healthy and a balanced diet is likely to be healthier in general and thus also more productive. It makes sense for employers to pay attention to requisite access to appropriate food. What workers eat may also depend how much money and time they have for eating; it is not only about workers' own attitude but also what is available and for what price. Promoting healthy and balanced diet at work may also lead to changing behavioural at home, not only workers nutrition but also the family or community in their lives (ILO, 2016).

There are number of different options for provisions of food and good nutrition at workplace and one of them is canteens and cafeterias. In canteen workers can be provided with the opportunity to eat healthy and at the same they save time by eating on-site. The employer can subsidize food which may be healthier and safer versus the food available outside the worksite. For the employer and the employees this is a social benefit as well and it can improve cohesion among workers (ILO, 2016)

Another good option is to provide "a mess room" or kitchen. It can be very basic providing simple things such as water supply, a fridge and a microwave. Depending on the company, they can also provide food provisions such as tea, coffee and healthy snacks such as fruits or nutritious snacks. It can also be the place for information and education about nutrition through flyers, posters or lectures. Having a mess room has number of advantages. For example, workers remain on site and this way they have more break time (ILO, 2016).

In many companies and organizations the break time determines what kind of food solutions are suitable. If the breaks are short and workers don't have enough time to eat undisturbed and rest they might have difficulties to eat healthy. This is why companies should consider some sort of food provision on the facilities. Mostly this is relevant for companies which are far away from any sources of food, for example in remote sites (ILO, 2016)

Not all employees know how to choose and eat healthy. This is why employer should consider providing nutrition information for workers. Information could be distributed via printed materials, emails or website, newsletters or group sessions. Good option is also to schedule a nutritionist who can offer a variety services including nutrition counseling, group presentations on various topics, provide cooking demonstrations etc. (Alberta Health Services, 2018). Other good options to influence on workers' eating habits are to provide healthy snacks at meetings and put healthy choices to vending machines (ILO, 2016).

### **3.4 Promoting mental well-being and managing stress at workplace**

Work in general has positive influence on mental health. It gives rhythm to daily life, provides a network and strengthens self-confidence. For most people, work is also premise for livelihood. In addition of premise, work has important role in promoting social cohesion and developing opportunities (Kivekäs, 2017).

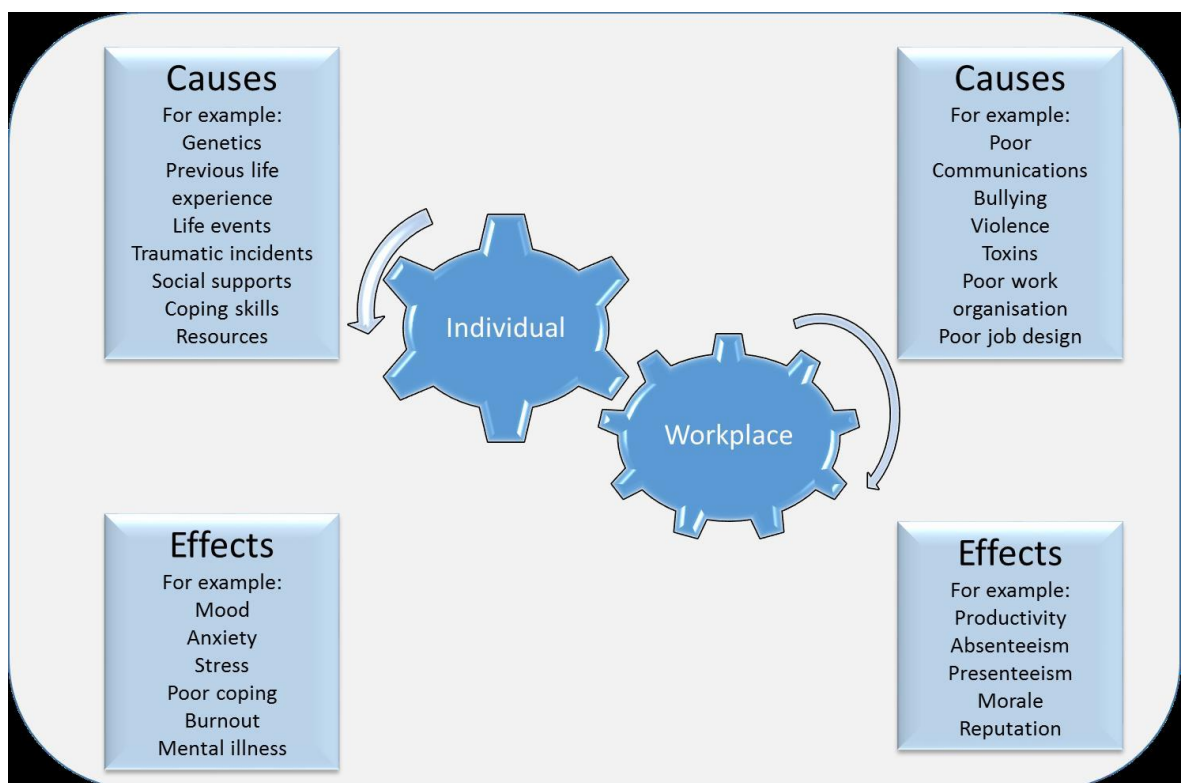
However, work can sometimes have also negative effects on mental health, particularly in the form of stress (NICE, 2009). Pressure can motivate workers and encourage for better performance but when pressure exceeds and worker cannot cope with it, it becomes a negative force (NICE, 2009). Long-term stress factors related to work or other negative events may release or worsen a wide range of mental disorders and effect on any mental health disorder progress (Kivekäs, 2017). The prevention and management of stressful working conditions supports the mental health of workers and continuity of working (Kivekäs, 2017).

By promoting mental health and well-being, employers can reduce the costs of absenteeism and associated management time. For example in the UK, studies reveal that common mental health problems such as anxiety, stress and depression account 60 million lost working days each year (ENWHP, 2011). In addition around 10 percent of long-term health problems and disabilities can assign to mental and emotional disorders. Data from a number of countries point out that mental health consider for an increasing part of absenteeism, disability and early retirement as time passes (European Commission, 2014)

Promotion of mental health however, can increase productivity and performance. A good working environment and healthy workplace can help to boost morale, teamwork,

communication and cohesion. In addition, it can support people to cope with change and difficult circumstances. Staff turnover can be lower, which is connected to the costs of recruitment and training. By promoting mental health, employers can enhance the reputation of the organization or company (ENWHP, 2011).

From the down below figure (figure 5) you can find the impacts of mental health in the workplace. Figure shows examples on causes and effects of mental health in the workplace.



**Figure 5. The impacts of mental health in the workplace (European Commission 2014, p.13)**

The combination and coordination of multiple development projects, interventions and implementations both on individual and organizational levels is relevant for maintaining the mental health of employees (ENWHP, 2011).

What can be done for promoting the mental health of workforce? Workers should have tools for managing time and stress. Companies and entrepreneurs can offer information and techniques for time and stress management. Training lectures, courses and breaks showing how to cope properly or how to avoid stress should therefore form the central element of strategy in the field of behavioural prevention. These kind of actions

aims to control and avoid stress by learning and practising coping strategies suitable for everyday use and reduce emotional and physical tensions (ENWHP, 2011).

#### **4 Aim of the project**

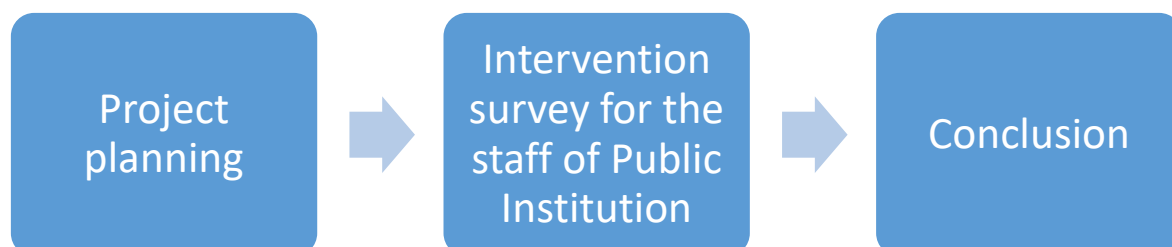
The main aim of this healthy lifestyle project was to test and collect new experiences of a specific seven weeks. Further, on the base of these experiences the purpose was to give a model and examples how to promote healthy and active lifestyle habits for the staff of a public institution in Portugal.

The project was run over a period of seven weeks during which activities such as different kind of active breaks, physical activity counselling, promotion of stair use, nutrition tips and counselling, nutrition lecture about label reading, time and stress management lecture were held. Complementary activities such as safety at the beach, first aid and lecture of how to act when facing forest fires were held as well. Altogether there were 25 sessions which 16 included physical activity.

To measure the overall wellbeing and the impact of the project questionnaire was used. In addition, adherence in activities and stair challenge were collected.

## 5 The Phases of the Intervention Study Project

The project was to divided into three (3) phases; project planning, intervention survey for the staff of Public Institution and conclusion. These phases are represented on below figure 6.



**Figure 6. The phases of the project**

The project planning phase was executed together with the main stakeholders. The project was supervised by a head of a division within the public institution and was supported in parallel by the following professionals:

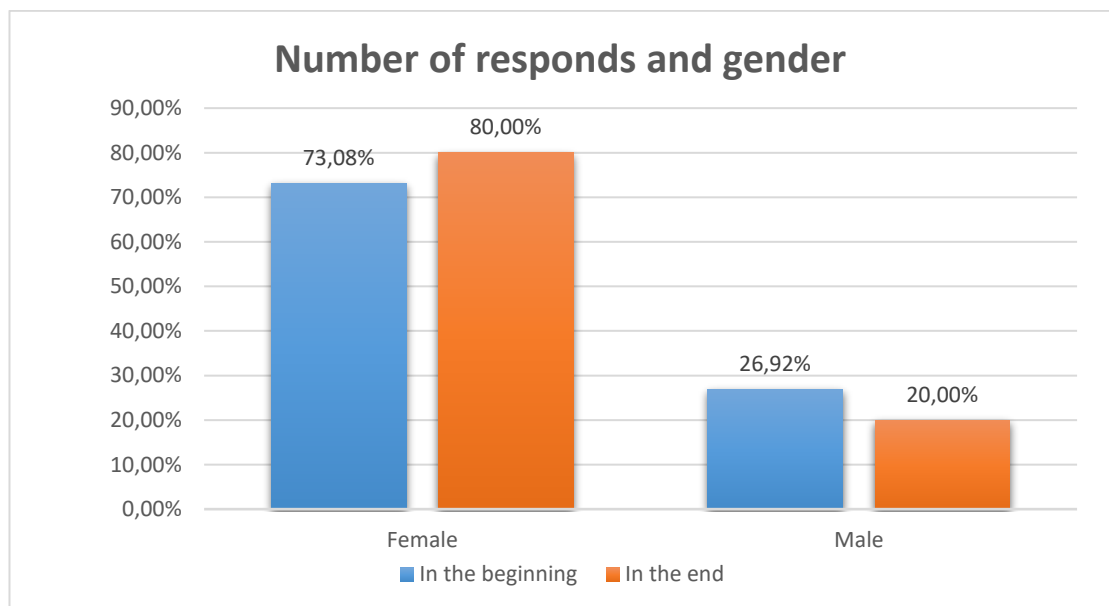
- 1) For nutrition tips, counselling and label reading lecture, we had nutrition professionals from the Portuguese institution
- 2) School of Sport Rio Maior (Escola Superior de Desporto de Rio Maior) provided the “fantastic lifestyle” questionnaire. Questionnaire was translated and validated into Portuguese
- 3) International Life Saving Federation held a lecture of safety at the beach
- 4) Psychologist from Order of Portuguese Psychologists (OPP) held a stress and time management lectures
- 5) National Authority for civil Protection held a first aid and how to act when facing forest fire lectures

The programme for sports designed as part of this project by the author, was based on the planning with the above interventions and upon having discussed the overall aim with the head of division.

## 6 Methods

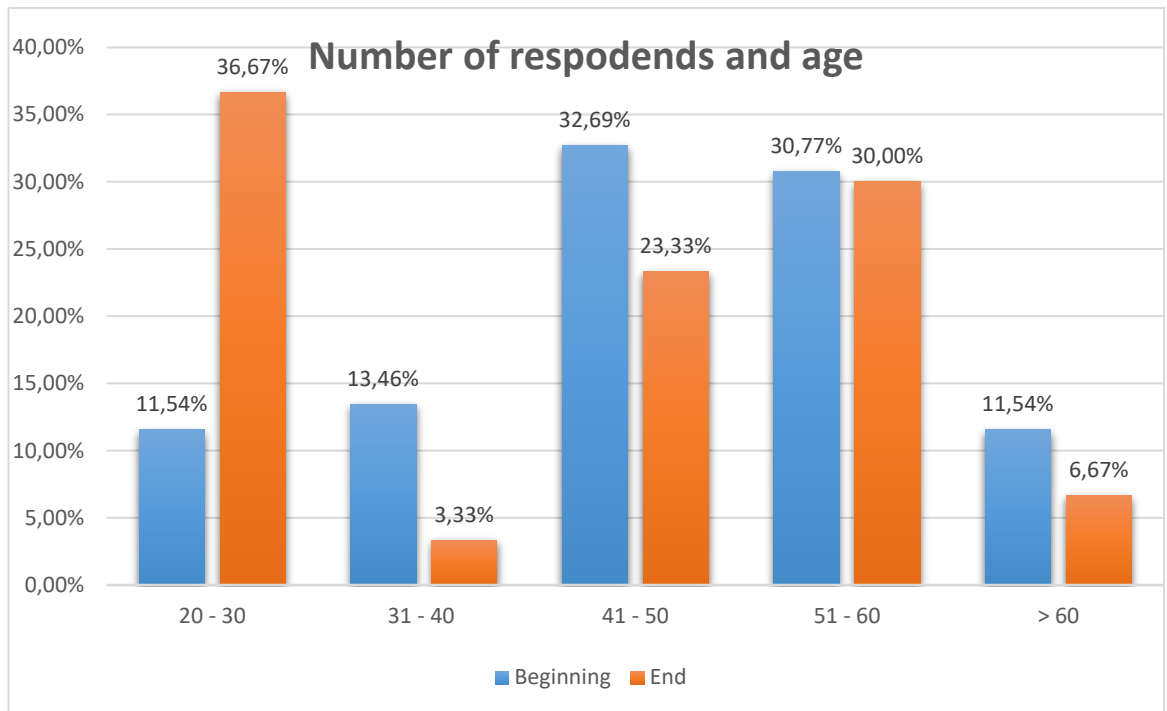
### 6.1 Target group

Altogether 52 persons responded to the questionnaire in the beginning. 38 of them were female (73 %) and 14 (27 %) were male. The number of respondents decreased for the final questionnaire as there were only 30 responds. 24 of them were female (80%) and 6 male (20%). In terms of percentage, there were no big difference between male and female respondents in the opening and final questionnaire (Figure 7).



**Figure 7. In the beginning and in the end percentage of female and male respondents.**

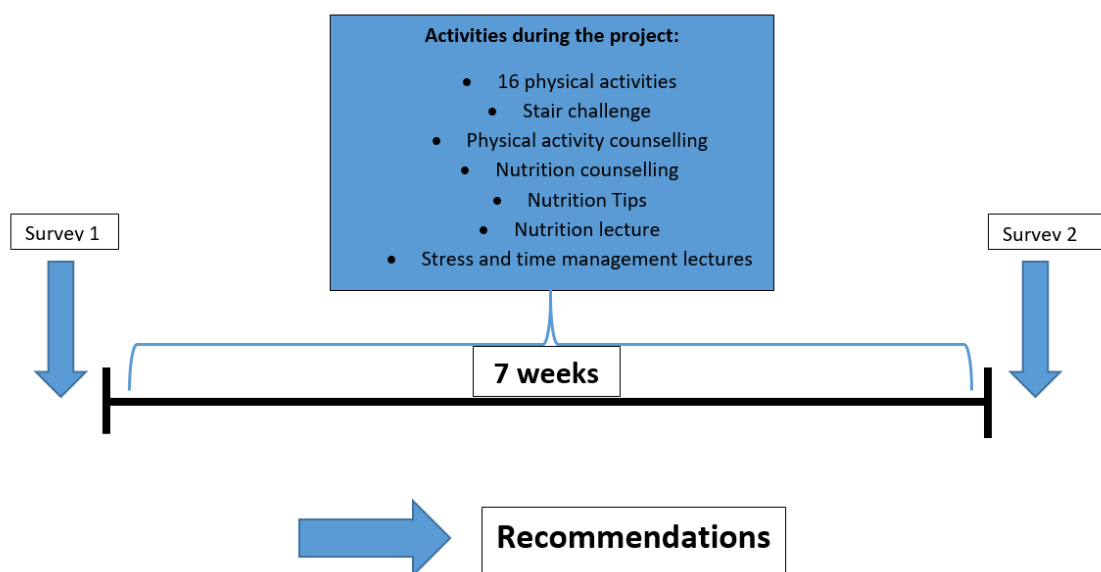
Regarding to answering to the questionnaire the age group of 20 to 30 years old increased by 25%. Biggest drop was in the age group of 31 to 40 years olds by 63% (Figure 8).



**Figure 8. Percentage of responses per age group.**

## 6.2 Study Design

As said, the project was run over a period of seven weeks which included 16 physical activities. Before and after the practical project surveys were used to measure the overall wellbeing and the impact of the project. The chart below (figure 9) visualises the timeline of the project.



**Figure 9. Timeline of the project.**



## **Information about the Project**

Information about the project to the participants was distributed via email. In advance an advertisement (attachment 4) was sent and during the project weekly newsletter kept workers updated (attachment 5). It was sent every week Friday and from there participants could find what happened during the past week and what is happening next week. If the activities took place outside, forecast was added.

## **Stair Challenge**

The stair challenge lasted the whole seven weeks. The aim was to promote the use of stair in both directions – up and down. For the stair use, we created a poster with a tracking tool (attachment 7) and the employees were teamed up together from each of the eight floors challenging each other each week of the project. Participating was voluntary and anonymous. On the left side column in the tracking tool participants put their “nickname”, for example number or initials. On the 2<sup>nd</sup> column participants marked floors they climbed up and on 3<sup>rd</sup> column the floors they descended down. Poster was changed weekly and the results were counted and announced weekly in the newsletter. In addition, stair use was measured by steps. Between each floor there were 18 steps. By multiplying the number of floors by 18, we had the result of the number of steps taken. Result of the winner floor was counted as average of the floors and participants.

## **Physical activities**

Altogether there were 16 sessions that included physical activity. Physical activities included the following; walking, stretching, mobility, self-defence, office workout, photo orienteering and yoga. In addition, physical activity counselling was offered. Some of the physical activities included pair or team building.

## **Mental Health**

During the project, information about mental health was provided two times. These two were stress and time management lectures.

## **Nutrition**

Nutrition tips (attachment 6) were provided by weekly newsletter and label reading lecture was hold once. In addition, workers had a chance to meet a nutritionist for individual counselling.

### **6.3 Intervention survey for the Staff of Public Institution**

Before and after the practical project, the staff filled a survey. Answering was voluntary and anonymous. Survey consisted of two parts and they were a little bit different from each other in the beginning and in the end. The surveys can be found in the appendices (Attachment 1 for the questionnaire in the beginning, attachment 2 for feedback and experiences and attachment 3 - the main questionnaire used on both occasions). While the main body of the questionnaire remained the same for both of the surveys, the survey in the beginning also asked workers' interest of taking part in the project activities and the final survey then collected their feedback and experiences after the project was finished.

#### **Objectives of the survey**

The survey first gathered basic demographic information about the workers, for example gender and age. The main objective however was to examine workers' activity at work. The main part of the questionnaire focused on lifestyle habits, especially physical activity, nutrition and mental health and thus the Fantastic lifestyle questionnaire was used.

#### **Fantastic Lifestyle Questionnaire**

Fantastic Lifestyle questionnaire was implemented by the request of the Portuguese public institute. It is a tool developed by Wilson and Ciliska of the Department of Family Medicine at the McMaster University in Canada in 1984 (Wilson & Ciliska, 1984). The questionnaire aimed to help primary care physicians to survey and measure their patients' lifestyle (Blair et al., 1996). Fantastic Lifestyle Questionnaire measures the main elements that describes a healthy lifestyle (CSEF, 2003). It consists of 25 closed-ended questions across the nine areas: 1) Family and Friends, 2) Activity, 3) Nutrition, 4) Tobacco and Toxics, 5) Alcohol Intake, 6) Sleep, Seatbelts, Stress and Safe Sex, 7) Type of behaviour, 8) Insight, and 9) Career (Rodriguez et al., 2008).

Questions in the questionnaire are coded by points. On the first column zero points, 2<sup>nd</sup> column 1 point, 3<sup>rd</sup> column 2 points, 4<sup>th</sup> column 3 points and 5<sup>th</sup> column 4 points. The sum of all points presents the state of individual's health. The lower the score, the bigger need for change. There are five score categories;

- points from 85 to 100 points means "Excellent",

- points from 70 to 84 means “Very good”,
- points from 55 to 69 means “Good”,
- points from 35 to 54 means “Fair”,
- and points from 0 to 34 means “Needing improvement”  
(Rodriguez et al., 2008).

The original Fantastic Lifestyle Questionnaire was made in English and the translated version provided was used to increase participation rates. However, there was some differences between the English and the Portuguese version. The translated version included 28 questions. There was two questions that were not taken into account from the original questionnaire and there were three other questions that were added. In order to be consistent with the original questionnaire, 23 questions were finally taken into account and the total scores were adjusted for these final 23 questions. New score scale used was the following;

- “Excellent” (77-92 points),
- “Very Good” (62-76 points),
- “Good” (47-61 points),
- “Fair” (27-46 points)
- “Needs Improvement” (0-26 points).

#### **6.4 Statistics**

The results were considered absolute and relative frequencies.

## 7 Results

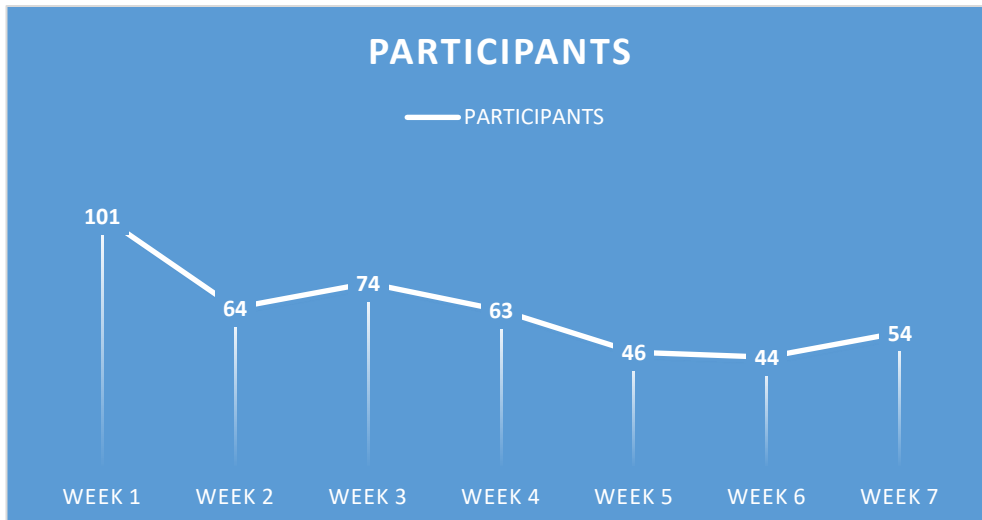
Outcome of the results was focused on physical activity, nutrition and stress. The health behaviours of the respondents were generally found to be positive both in the beginning and at the end of the project. Mean score for the overall well-being in the beginning was 60,6 and in the end 64,2. While there was less respondents for the 2nd survey, the scores for "very good" well-being increased from 40,4% to impressive 70%. The below figure (10) summarizes the overall well-being in scores.

Overall well-being	Beginning survey		Final survey	
	% of respondents	Absolute number of respondents	% of respondents	Absolute number of respondents
Excellent	0%	0	0%	0
Very Good	40,4%	21	70%	21
Good	57,70%	30	30%	9
Fair	1,90%	1	0	0
Needs improvement	0%	0	0%	0
<b>Total</b>	<b>100%</b>	<b>52</b>	<b>100%</b>	<b>30</b>

**Figure 10. Summary of overall well-being in scores**

There was no big difference between male and female. The age groups where the scores increased the most were 20-30 (by 25,6%) and 51-60 (by 7,9%). As said, the respondents of ages 31-40 did not respond to the 2nd survey on high rates, which could indicate disengagement for the topic. Because there was only one respondent with "Fair" result, we cannot make any conclusion whether the project had an impact on that individual's well-being with the results being anonymous and thus the person's result (if any) for the 2<sup>nd</sup> survey cannot be identified.

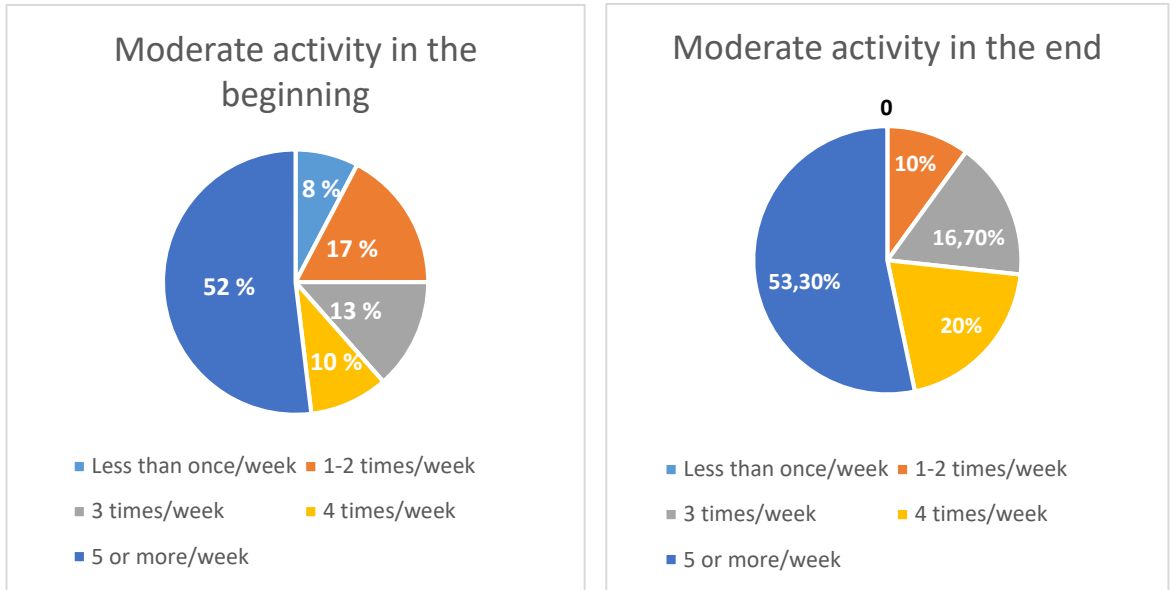
Average adherence in the activities was 17. The highest number of participants were in the first activity; walking and mobility exercises outside. 42 took part on that. The number of participants decreased towards the end (Figure 11).



**Figure 11. Weekly participants in all lunchtime activities.**

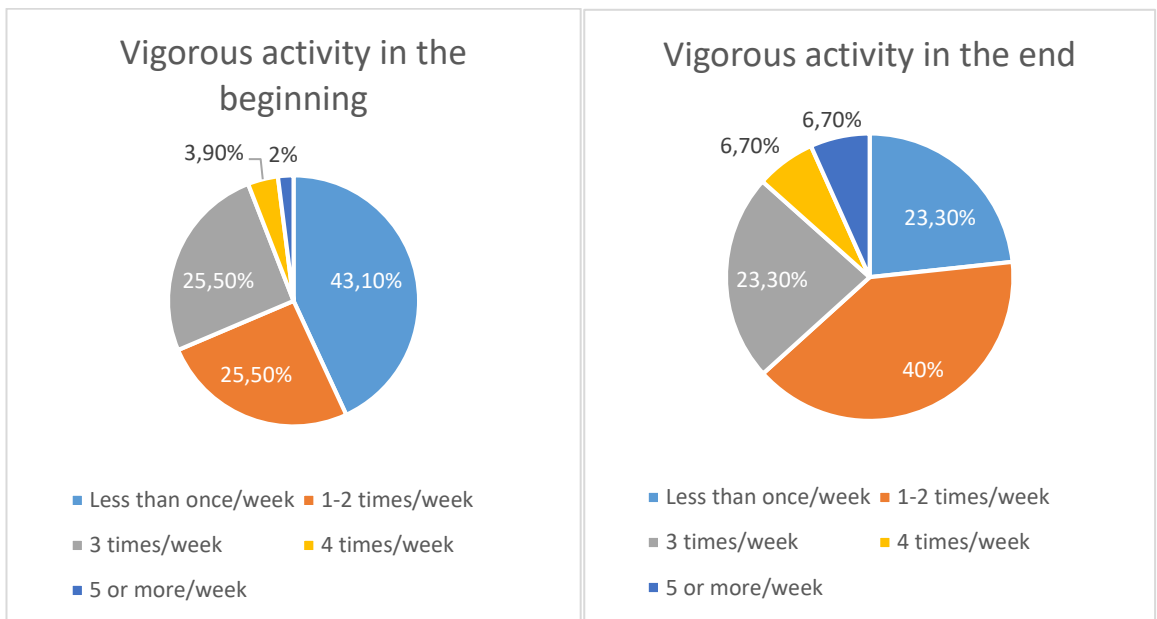
### 7.1 Physical activity

As mentioned previously in the chapter 2, moderate activity recommendation is 2 hours and 30 minutes a week or vigorously active 1 hour 15 minutes or combination of both. We cannot deduce from the project results did the respondents fill the moderate activity recommendations because the activity in the questionnaire was asked to be reported as number of repetitions rather than as minutes or hours used. However, 52% reported to be moderately active 5 or more times a week and the result had not changed significantly by the end of the project. Still, the overall activity levels increased and in the end survey, no one responded to move less than once a week indicating a positive trend. The figure 12 below shows a summary of moderate activity in the beginning and end.



**Figure 12. Moderate activity of respondents in the beginning and in the end**

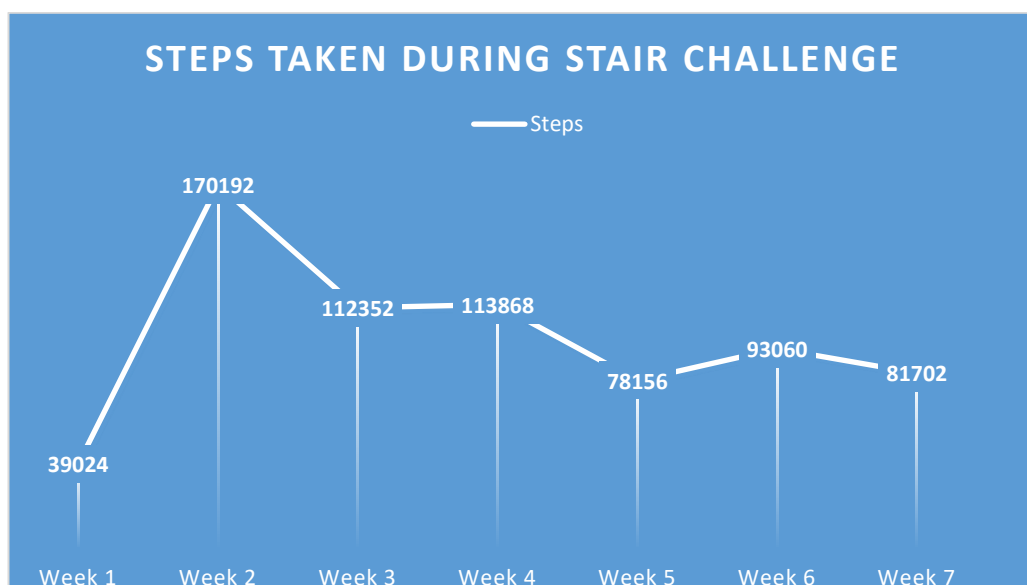
In the beginning even 43,10% of the respondents reported to be vigorously active less than once a week at least 30 minutes per day. This result decreased by 18,97% in the end which means increased amount of vigorous activity. There was difference between females and males as 41,67% of females but only 16,67% of males were vigorously active 3 to 5 or more times a week. Figure 13 below presents summary of vigorously activity in the beginning and in the end.



**Figure 13. Summary of vigorous activity in the beginning and in the end of the project**

In addition, altogether 8 workers took part on individual physical activity counselling. During the 7 weeks there were 2 sessions for them. 7 of them continued to the second appointment. Other measures were not taken.

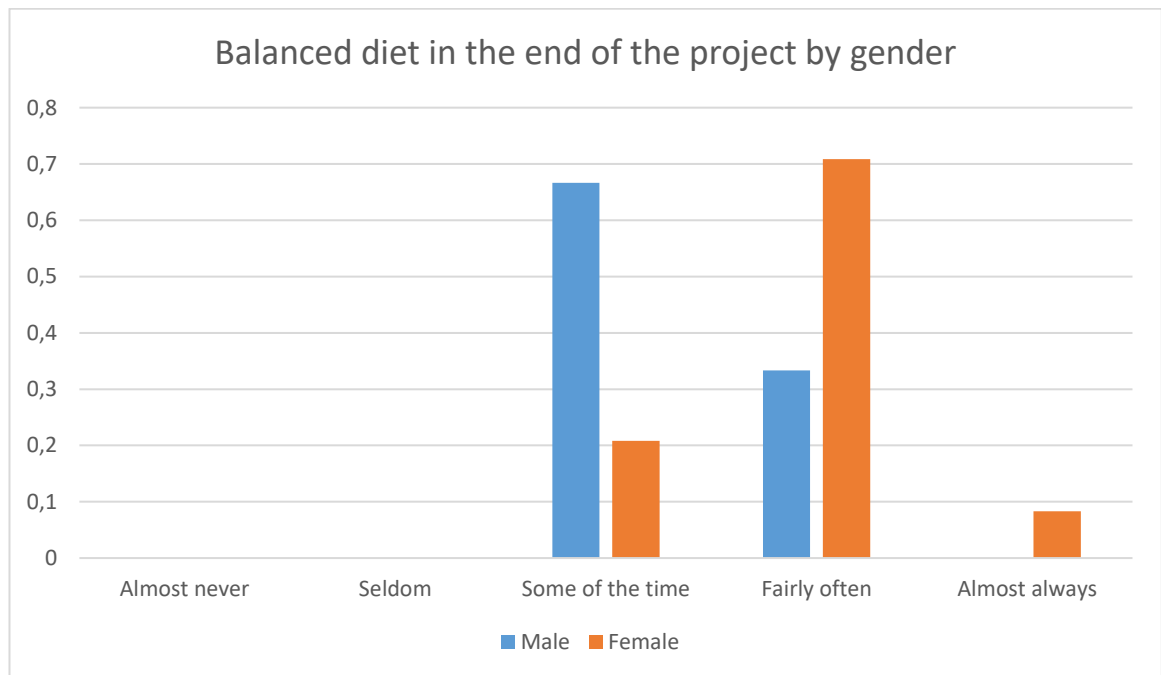
The stair challenge succeed well. The average adherence on every week was 58 which is more than the number of responds on questionnaires or participants on activities during any lunch time activity. During 7 weeks, altogether 614 016 steps were taken in the stairs. Best result was on week 2 when 73 participants took 39 024 steps. Adherence and steps decreased towards the end (Figure 14).



**Figure 14. Steps taken in the stairs through the project**

## 7.2 Nutrition

In general, eating habits of the workers seemed to be at quite a good level as respondents reported to have a balanced diet. There were no big changes neither during the 7 weeks of the project. However, there was again differences between female and male as females reported to have more balanced diet (figure 15).



**Figure 15. Females had more balanced diet than men**

Sugar, salt, animal fats and junk food intake seemed to decrease during the project. This might correlate with the fact that respondents improved their healthy body weight although causality cannot be determined. The number of workers who evaluated their body weight to be high (more than 8 kg above their healthy body weight) decreased from 21,05 % to 4,17%. In females, age seemed to impact their healthy bodyweight. All 20 to 30 years old's responded to be within 4 or 2 kg from their healthy bodyweight. In addition, only 1 took part on nutrition counselling.

## 7.3 Stress

In the beginning 44,23% of the respondents reported to be able to cope with the stress in their lives. In the end the percentage decreased only by 0,90%. The biggest change was on answer almost never. It decreased 10,64% but mentionable is that 13,33% left this question empty. Females increased their ability to cope stress in their life with 11,62% but males decreased by 38,10%.



## 8 Discussion

This research project result was to create an actions how to increase and promote workers health. In overall, the project succeed and it was very liked among the workers. Within a scale from 1 (not important) to 10 (extremely important), 56% of respondents felt that this project was extremely important and further, 53,3% felt that this project was extremely useful with similar scale from 1 to 10. In the final questionnaire, participants had a change to comment freely. Participants commented the following;

- "I liked very much",
- "Excellent initiative",
- "I think it is important to boost the physical mobility of employees by doing a different activity from the usual work and I think it should be repeated"
- "A great experience. Too bad it cannot continue"
- "Congratulations on the initiative and the way it was conducted. It was a remarkable achievement!"
- "I really enjoyed it and I really appreciate this initiative. It was a time of decompression that increased motivation at work."

### 8.1 Limitations and ideas of improvement

There was a significant gap in the respond rates in the beginning and in the end of the project. Due to the anonymity, it cannot be deduced with certainty whether the same respondents answered both of the surveys. However, the demographic data of the respondents does imply some differences and this can affect the results of the survey. If the respondents were different, it is more difficult to proof that the positive changes reported in the end of the project were actually due to the project and the various interventions organised. In order to establish with more certainty the cause and effect-relationship with the impact of the project, the variable of participants/respondents would need to be kept stable (Brains, et al., 2011.) Considering that the project was based on voluntary participation and the anonymity of responses was important to maintain, this limitation of the current project would have been difficult to avoid. In case of interest for future re-deployment and even more importantly so for a longer-term project, this factor would be important to consider.

A big challenge during the project was lack of space for indoor physical activities. The institute was located in old building and originally it was built as apartment building. Rooms were quite small except few meeting rooms which were mostly occupied and chairs and tables were not movable. In these kind of meeting rooms we arranged lectures and “exercises for desktop workers” when exercises could be done in a chair or behind the chair. In one room we could move the furniture’s in a way that eight people could fit to do yoga and mobility. In addition, this building did not have any changing rooms or showers. As workers have to come to work with their work clothes, it may affect their choices how commute to work; often by metro or by car. However, in the future office will move to another location and there might be an opportunity to rethink arrangement of changing rooms. In addition, a room for breaks and exercises with different kind of equipment for example bands, sticks, gym balls and balance plates could be offered. Break room would not only be used for physical activity but also a meeting place for workers. This would increase cohesion and work productivity (Hellman, 2017; Pentland, 2009).

A challenge of the project was information. Every email and newsletter had to be written in Portuguese while the original material was produced in English. The need for translation took extra time for the information to reach participants. In addition, all emails, reminders and newsletters had to be sent from the supervisors email. The lack of direct contact with the participants might have lead to lack of information and misunderstanding. This was reflected in some of participants’ comments; “Some parts of the project could be better organized”.

Another limiting factor of the project was the timing of the project. For practical reasons, the project lasted for seven weeks and it was shorter than expected. If the project had been longer, there would have been time to creat a break exercise poster or guide which could have been sent by email and placed to every floor and office. Thus, workers could have done the exercises when they had more time and when it suits them best. For some workers it was hard to get away from work on the time when the activities were organised. Some commented on the timing as “I didn’t have time to participate, repeat please”. In addition, some of the participants hoped later activities instead of lunchtime; “activities could start later on, after 2pm”.

Another issue regarding the duration of the project concerns the physical activity counselling. As said earlier, altogether 8 workers took part on counselling. However, achieving sustainable behavioural change and make a behaviour a habit, long term resources are needed (Newson et al., 2013).

Nutrition counselling was arranged once and only one (1) took part on it. As results showed, participants had quite healthy eating habits in overall. In addition, promotion of healthy eating was provided through healthy foods in cafeteria and canteen and posters of healthy eating was placed in canteen. The most successful activity was the stair challenge. As illustrated earlier, there were more participants on stair challenge than there were respondents on the questionnaire or participants in the other activities. Furthermore the stair challenge was very liked among the workers and in that regard it succeed well; "I continue to go up and down the stairs and only very rarely use the elevator".

In the future, similar projects could be implemented with interns from different fields of study. For example, interns from sports schools could arrange physical activity activities, inters from nutrition could arrange nutrition promotion activities and psychology interns could arrange mental health promotion activities. The Public Institute in Portugal receive all these interns yearly. This would be great opportunity for the institute and for the students to learn project implementing and co-operation with different sectors. In addition, future projects could include knowledge of tobacco and alcohol use which also are part of healthy lifestyle (WHO, 2018).

As mentioned in conclusion, a well-being day was discussed. Before the project we had an idea to organise it during the project but it was then excluded as arranging this kind of day would need longer time for planning. In the future, this kind of day could also be arranged in co-operation with students from sports schools offering for example group exercises classes, surfing or fun group activities.

As said in chapter in chapter three (3) long-term stress factors related to work or other negative events may release or worsen a wide range of mental disorders and effect on any mental health disorder progress (Kivekäs, 2017). During the project workers got opportunity to take part on stress and time management lectures. The interest on mental health showed on the adherence on these lectures and comments in the final survey; "Investigate mental health", "Please repeat the opportunities of the theoretical sessions".

## **8.2 Recommendations based on the project**

From the data, it seems that the workers completing the survey generally have positive health behaviours. However, based on this project, similar activities should be continued to be organised in a more consistent manner. The following guidelines and propositions were made for more active habits at work:

- Activities such as promoting lunchtime walks and stair use is proposed to be organised regularly. Stair use challenge can be repeated twice a year, once in the autumn and once in the spring. In addition, the opportunity to go for a walk during lunchtime should be frequently promoted. During the project, three different walking routes on a map were provided which were deemed safe and easy.
- A partnership with a local gym with reduced price already existed before the project but some workers did not know about it. Promoting this opportunity more visibly is essential.
- Standing tables would also have a significant positive impact on the well-being in the office though during the discussions with the head of the department, the lack of financing prevented the application of the recommendation immediately. However, as more affordable and intermediate solutions, providing exercise balls as chairs and bands for breaks exercises for workers was recommended. In addition a discussion about providing step counters for participants was brought up.
- A discussion about a well-being day was also brought up. This kind of day proposed to be arranged once a year with healthy lifestyle and cohesion topics. It could include physical activity, nutrition, cohesion and mental well-being.

## **8.3 Personal learnings**

The project formed part of a supervised internship. My internship was great opportunity to experience team work with different professionals. I worked with doctors, psychologists and nutritionists exposing to a wide range of knowledge about health and how to promote it. In addition, I learned more about information retrieval, creating surveys and analysing them, team leading, project planning and co-operation skills.

My own professional skills developed during the project. For example, my English developed in a way that I could work, instruct and do information retrieval effortlessly. In addition, I learned some Portuguese because not all of the workers spoke English.

Sometimes this was a language barrier but in a way we understood each other and it was a fun twist.

In overall, this was great opportunity for both myself and for the Portuguese Public Institution. Both parties had new experience of this kind of activity and it was great to see how much workers liked it and hoped it to continue. I was very happy with the project and a participant comment confirmed it more; "The project as a whole was well implemented and important for employee wellbeing. Congratulations Alina!"

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# Attachments

## Attachment 1 – Questionnaire in the beginning

### Physical activity and lifestyle questionnaire

The aim of this two-part questionnaire is to measure sitting time at work and to study lifestyle habits. The questionnaire is related to a project on healthy lifestyle which will take place at *Direcção-Geral da Saúde* (DGS). Participation is voluntary and anonymous. The answers are confidential, meaning they will be seen and used only by the project leader and used for evaluation purposes only. Filling time will be around 5 minutes. Thank you for your participation!

Alina,

Sport and Leisure Management student, Haaga-Helia University of Applied Sciences

---

1. Gender;

- Female
- Male
- 

2. Age

- <20
- 20-30
- 31-40
- 41-50
- 51-60
- > 61
- 

3. During the past 7 days, how many days were you working?

- 0
- 1
- 2
- 3
- 4
- 5

- 6
- 7
- 
- 

4. How many hours did you work in the past 7 days?

- 0-8
- 9-16
- 17-24
- 25-32
- 33-40
- 40-48
- 49-56
- 57 or more

-

5. During last week, which days did you work at the office of DGS?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

-

6. How would you best describe your typical workday during the past 7 days? (Including lunch time but excluding commute to and from work and leisure time).

- Please ensure the % adds up to 100.

- % of time sitting
- % of time standing
- % of time walking
- % of time doing heavy labour of physically demanding tasks

-

7. How many breaks from sitting (such as standing up, stretching or taking a short walk) do you typically take during one hour of work?

- 0
- 1-2



3-4

5-6

-

8. Would you like to do physical activity in the morning or during lunch breaks?

Yes

No

-

9. If yes, what kind of physical activity would you be interested in?

Walking

Stretching / Mobility

Team building games

Nutrition tips

Other:

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-

10. How much time would you like to invest in physical activity during lunch breaks?

5 - 10 min

10 - 15min

15 - 20 min

20 - 25 min

25 – 30 min

> 30 min

**Attachment 2 – Questionnaire in the end**

11. Gender;

- Female
- Male

-

12. Age

- <20
- 20-30
- 31-40
- 41-50
- 51–60
- > 61

-

13. During the past 7 days, how many days were you working?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

-

-

14. How many hours did you work in the past 7 days?

- 0-8
- 9-16
- 17-24
- 25-32
- 33-40
- 40-48
- 49-56
- 57 or more

15. During last week, which days did you work at the office of DGS?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

-

16. How would you best describe your typical workday during the past 7 days? (Including lunch time but excluding commute to and from work and leisure time).

- Please ensure the % adds up to 100.

- % of time sitting
- % of time standing
- % of time walking
- % of time doing heavy labour of physically demanding tasks

-

17. How many breaks from sitting (such as standing up, stretching or taking a short walk) do you typically take during one hour of work?

- 0

- 1-2
- 3-4
- 5-6

18. Did you take part on physical activities during lunchtime?

- Yes
- No
- 
- 

19. If yes, choose activities that you took part:

- Walking
- Photo walking
- Yoga / Mobility
- Office workout
- Stress Management lecture
- Time management lecture
- Safety at the beach
- First-aid kit lecture
- Physical activity counselling
- Nutrition counselling
- Nutrition lecture
- Lecture on how to act when facing forest fires
- 
- 

20. In 1 to 10 scale did you find this project usefull

-

21. In 1 to 10 scale did you find this project important

-

22. Free comments; greetings, what was good, what should done differently

### Attachment 3 – Fantastic Lifestyle Questionnaire

#### FITNESS APPRAISAL – Fantastic Lifestyle Checklist

**INSTRUCTIONS:** Unless otherwise specified, place an 'X' beside the box which best describes your behaviour Or situation in the past month. Explanations of questions and scoring are provided on the next page

FAMILY FRIENDS	I have someone to talk to about things that are important to me	almost never		seldom	some of the time	fairly often	almost always		
	I give and receive affection	almost never		seldom	some of the time	fairly often	almost always		
ACTIVITY	I am vigorously active for at least 30 minutes per day e.g., running, cycling, etc	less than once/week		1-2 times/week	3 times/week	4 times/wk	5 or more times/wk		
	I am moderately active (gardening, climbing stairs, walking, housework)	less than once/week		1-2 times/week	3 times/week	4 times/wk	5 or more times/wk		
NUTRITION	I eat a balance diet (see explanation)	almost never		seldom	some of the time	fairly often	almost always		
	I often eat excess 1) sugar, or 2) salt, or 3) animal fats, or 4) junk food	four of these		three of these	two of these	one of these	none of these		
	I am within _____ kg of my healthy weight	not within 8 kg		8 kg (20 lbs)	6 kg (15 lbs)	4 kg (10 lbs)	2 kg (5 lbs)		
TOBACCO TOXICS	I smoke tobacco	more than 10 times/week		1 – 10 times/week	none in the past 6 months	none in the past year	none in the past 5 years		
	I use drugs such as marijuana, cocaine	sometimes					never		
	I overuse prescribed or 'over the counter' drugs	almost daily		fairly often	only occasionally	almost never	never		
	I drink caffeine-containing coffee, tea, or cola	more than 10/day		7-10/day	3-6/day	1-2/day	never		
ALCOHOL	My average alcohol intake per week is _____ (see explanation)	more than 20 drinks		13-20 drinks	11-12 drinks	8-10 drinks	0-7 drinks		
	I drink more than four drinks on an occasion	almost daily		fairly often	only occasionally	almost never	never		
	I drive after drinking	sometimes					never		
SLEEP SEATBELT STRESS SAFE SEX	I sleep well and feel rested	almost never		seldom	some of the time	fairly often	almost always		
	<b>N/A</b>								
	I am able to cope with the stresses in my life	almost never		seldom	some of the time	fairly often	almost always		
	I relax and enjoy leisure Time	almost never		seldom	some of the time	fairly often	almost always		
<b>N/A</b>									
TYPE OF BEHAV-IOUR	I seem to be in a hurry	Almost always		fairly often	some of the time	seldom	almost never		
	I feel angry or hostile	almost always		fairly often	some of the time	seldom	almost never		
INSIGHT	I am a positive or optimistic thinker	almost never		seldom	some of the time	fairly often	almost always		
	I feel tense or uptight	almost always		fairly often	some of the time	seldom	almost never		
	I feel sad or depressed	almost always		fairly often	some of the time	seldom	almost never		
CAREER	I am satisfied with my job or role	almost never		seldom	some of the time	fairly often	almost always		
STEP 1	Total the X's in each column	→							
STEP 2	Multiply the totals by The numbers indicated (write your answer in the box below)	→	0	X 1	X 2	X 3	X 4		
STEP 3	Add your scores across The bottom for your								
	Grand total	→	0						=

Adapted with permission from the "Fantastic Lifestyle Assessment" © 1985 Dr. Douglas Wilson, Department of Family Medicine, McMaster University, Hamilton, Ontario, Canada L8N 3Z5

▼ **A BALANCED DIET**

According to Canada's Food Guide, different people need different amounts of food. The amount of food you need every day from the 4 food groups and other foods depends on your age, body size, activity level, whether you are male or female and if you are pregnant or breast feeding. That's why the Food Guide gives a lower and higher number of servings for each food group. For example, young children can choose the lower number of servings, and male teenagers can select the higher number. Most other people can choose servings somewhere in between. The ranges below are for adult men and women from 19 to 50+.

Grain Products	Vegetables & Fruit	Milk Products	Meat & Alternatives	Other Foods
Choose whole grain and enriched products more often	Choose dark green and orange vegetables more often	Choose lower fat milk products more often	Choose leaner meats, poultry and fish, as well as dried peas, beans and lentils more often	Taste and enjoyment can also come from other foods and beverages that are not part of the 4 food groups. Some of these are higher in fat or calories, so use these foods in moderation.
<b>Recommended number of servings per day</b>				
<b>6 - 8</b>	<b>7 - 10</b>	<b>2 - 3</b>	<b>2 - 3</b>	

▼ **ALCOHOL INTAKE**

**1 drink equals:**

		Canadian	Metric	U.S.
1 bottle of beer	5% alcohol	12 oz.	340.8 ml	10 oz.
1 glass wine	12% alcohol	5 oz.	142 ml	4.5 oz.
1 shot spirits	40% alcohol	1.5 oz.	42.6 ml	1.25 oz.

▼ **SAFE SEX**

Refers to the use of methods of preventing infection or conception.

<b>WHAT DOES THE SCORE MEAN?</b>					
→	85-100 <b>77-92</b> EXCELLENT	70-84 <b>62 - 76</b> VERY GOOD	55-69 <b>47 - 61</b> GOOD	35-54 <b>27 - 46</b> FAIR	0-34 <b>0 - 26</b> NEEDS IMPROVEMENT
<b>NOTE:</b> A low total score does not mean that you have failed. There is always the chance to change your lifestyle – starting now. Look at the areas where you scored a 0 or 1 and decide which areas you want to work on first.					
<b>TIPS:</b>					
1 Don't try to change all the areas at once. This will be too overwhelming for you.					
2 Writing down your proposed changes and your overall goal will help you to succeed.					
3 Make changes in small steps towards the overall goal.					
4 Enlist the help of a friend to make similar changes and/or to support you in your attempts.					
5 Congratulate yourself for achieving each step. Give yourself appropriate rewards.					
6 Ask your physical activity professional, family physician, nurse or health department for more information on any of these areas.					

## Estilo de Vida Saudável e Bem-estar

**ATIVIDADE FÍSICA**  
CAMINHADAS  
EXERCÍCIOS NO LOCAL DE TRABALHO  
ACONSELHAMENTO PERSONALIZADO

**NUTRIÇÃO**  
DICAS NUTRICIONAIS  
RECEITAS; SESSÃO "PERGUNTAS E RESPOSTAS" E "SABIA QUE?"  
ACONSELHAMENTO PERSONALIZADO

**GESTÃO DE STRESSE**  
DICAS PARA GESTÃO DE TEMPO  
DICAS PARA GESTÃO DE STRESSE

**TEAM BUILDING**  
EXERCÍCIOS DE TEAM BUILDING

**Ativa Saúde**  
Por um Estilo de Vida Saudável

## Attachment 5 – Newsletter example

### Newsletter 3

#### *Spring Camp*

Caros Colegas,

Esperamos que tenham aproveitado esta semana, apesar da chuva destes últimos dias, para se manterem ativos.

Ontem tivemos um momento excelente com a visita da Subtenente Olga do Instituto de Socorros a Náufragos, que nos deixou um conjunto importante de recomendações, fundamentais para a época balnear que se aproxima.



Deixamos um numero muito importante alcançado no decorrer da passada semana, todos juntos subimos e descemos [39024 escadas!](#)

Temos os primeiros vencedores do Desafio das escadas!



Fizemos a média e os primeiros vencedores foram os Colegas do 5º Piso! Muitos Parabéns!

O desafio continua, na próxima semana anunciaremos os próximos vencedores!

Na próxima semana:

**Segunda-feira, dia 28:** terão a oportunidade de ter o apoio da Alina para receberem recomendações individualizadas sobre diferentes tipos de exercícios, que complementam as nossas atividades. Os Colegas interessados nesta oportunidade, devem assinalar, nos horários ainda disponíveis, o nome e hora clicando no link <https://doodle.com/poll/nhc2ydrs29nbnbt>

Nesse mesmo dia (28 de maio), no horário habitual, entre as 13:30 e as 14:00, teremos uma convidada para nos falar sobre Gestão de Tempo. Vai valer a pena!

**Terça, quarta e sexta-feira:** Nos dias 29 e 30 de maio e 1 de junho vamos continuar com as nossas caminhas/exercícios. Mantemos o ponto de encontro na entrada da DGS às 13:30. A previsão do tempo para esses dias é instável. No caso de chuva, as atividades irão decorrer na DGS.





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**Sabia que?**

**Nutrição:** “As ervas aromáticas acrescentam sabor alimentos diminuindo a utilização de sal”.

**Desafio 3:** “Esta semana evite adicionar sal às suas refeições”

---

Se tiverem alguma questão, por favor não hesitem em contactar-nos por *email* ou no 4o piso (Venha pelas escadas [↗](#)).

## **Attachment 6 – Weekly nutrition tips**

### **Week 1**

Message 1 - DID YOU KNOW: "WHO recommends daily consumption of 400g of fruit and vegetables"

Challenge 1: "This week try to start main meals with vegetable soup and consume 3 pieces of fruit throughout the day."

### **Week 2**

Message 2 - DID YOU KNOW: "You should always start your day with a balanced breakfast. This must contain a food from the group of dairy products (cheese, yogurt or milk), from the group of cereals and derivatives (bread varied or cereals with little sugars) and a piece of fresh fruit.

Challenge 2: "Have a full breakfast every day this week."

### **Week 3**

Message 3 - DID YOU KNOW: "Aromatic herbs add food flavor by decreasing the use of salt".

Challenge 3 - "This week avoid adding salt to your meals"

### **Week 4**

Message 4 - KNEW THAT: "To stay hydrated you should drink 1.5 to 2L of liquids per day, preferring water as the beverage of choice."

Challenge 4 - "Drink water throughout the day so your urine is clear, odorless and plentiful."

### **Week 5**

Message 5 - KNEW THAT: "A packet of sugar in the coffee per day equals about 8700 kcal extra per year"

Challenge 5 - "This week try to reduce the amount of sugar you put into the coffee and ideally choose not to add sugar to the coffee."

### **Week 6**

Message 6 - DID YOU KNOW: "Pastry products and processed products have high levels of trans fats that are harmful to our body."

Challenge 6 - "Avoid consuming pastry and / or processed products giving preference to foods such as: bread mix or whole, fruit, non-sugary milk products.

### **Week 7**

Message 7 - DID YOU KNOW: "Fruit nectars contain about 4 teaspoons of sugar"


Challenge 7 - "Avoid drinking sugary drinks and choose water as your drink of choice"

Piso \_\_\_\_\_


# Estilo de Vida Saudável e Bem-estar

Nick	Andares subidos	Andares descidos	Total
B.B. <small>exemplo</small>	       	 	/
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**Nick** - neste espaço coloque uma palavra, símbolo ou número que o irá identificar durante todo o projeto

**Andares Subidos e Andares Descidos** - cada caixa corresponde a 5 andares. O preenchimento deverá ser feito da seguinte forma: 

**Total** - será feita a soma dos andares subidos ao longo do projeto



**Ativa Saúde**  
Por um Estilo de Vida Saudável