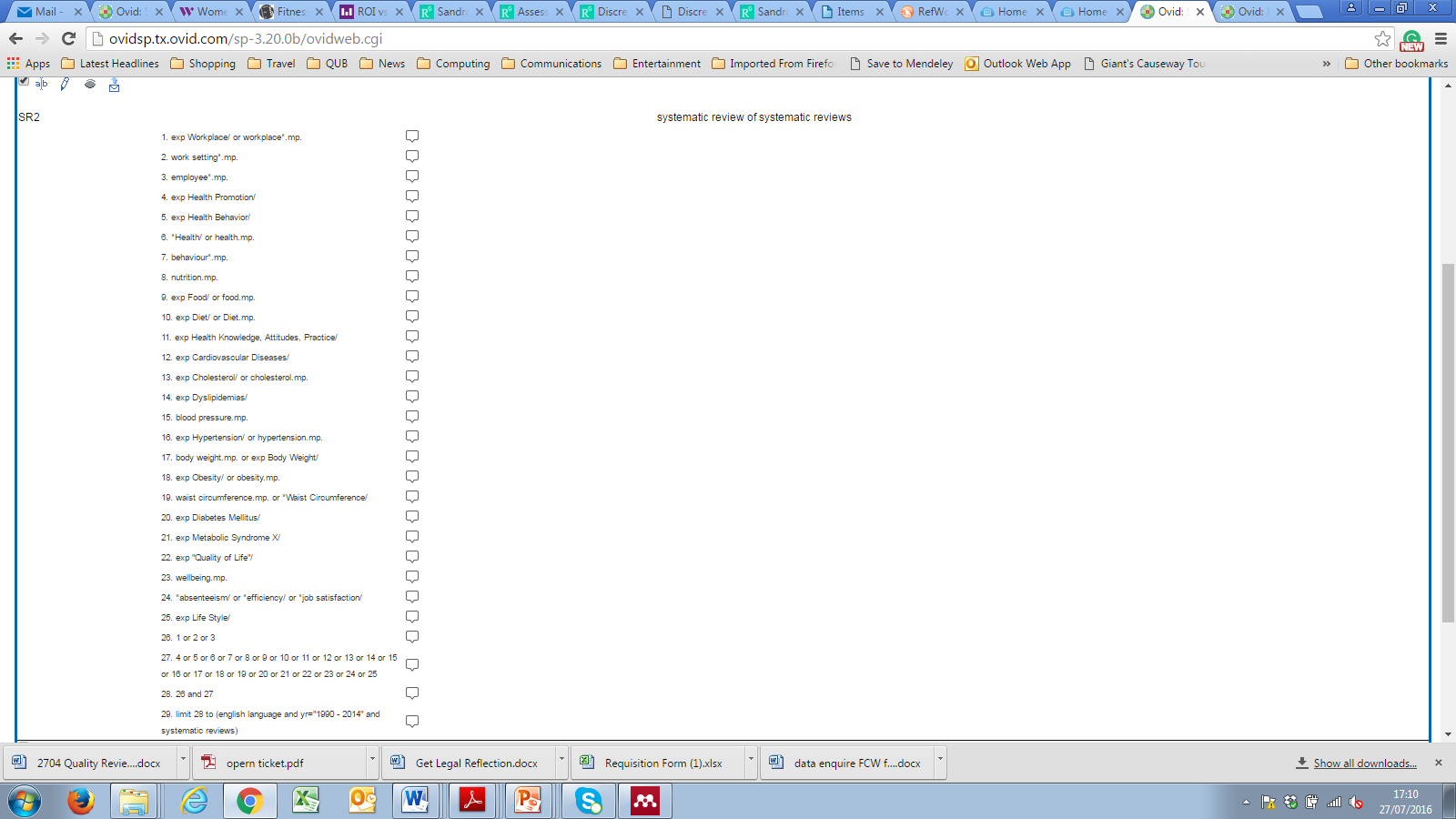
**SUPPLEMENTARY MATERIAL**



**Supplemental Fig. 1** Search strategy for systematic review of systematic reviews, developed in EMBASE

**Supplemental Table 1** Summary of systematic review aims, focus (population, intervention focus) and outcomes of SRs

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Author,  Year | Aim/objective | SR focus  Nutrition Work-  interventions place  onlya setting  onlyb | | Multicomponent interventions – data presented separately for diet interventions and/ or outcomes in the workplacec | Outcomes |
| Systematic reviews of systematic reviews and meta-analysis (n=4) | | | | |  |
| Schröer et al., 2014 (1) | Summarise the current evidence from systematic reviews on the efficacy and cost-effectiveness of different workplace lifestyle interventions |  |  |  | Diet, PA, weight-related |
| Graeves et al., 2011 (2) | Summarise the evidence relating the content of interventions for promoting dietary and/or physical activity in their effectiveness in producing weight and behaviour change |  |  |  | Diet, PA, weight-related |
| Mozaffarian et al., 2012 (3) | Review and grade the current scientific evidence for effective population approaches to improve dietary habits, increase physical activity and reduce tobacco use |  |  |  | Behaviour change outcomes in diet, PA, smoking habits; Health outcomes, Weight, BMI, |
| Primary systematic reviews and meta –analysis (n=21) | | | | | |
| Allan et al., 2017(4) | Evaluate and synthesize the evidence from studies evaluating environmental interventions for altering eating behaviour in the workplace |  |  |  | Objective (e.g. purchasing behaviour) & subjective measures of eating behaviour (e.g. self-reported diet), weight-related outcomes |
| Torquati et al., 2016 (5) | Assess the effectiveness of any workplace intervention studies specifically promoting diet and/or physical activity behavior in nurses |  |  |  | Physical activity, diet, and body composition outcomes |
| Benedict & Arterburn, 2008 (6) | Update an earlier systematic review on the effectiveness of worksite-based weight loss programmes |  |  |  | Weight-related outcomes, BP, Lipids, Economic outcomes |
| Power et al., 2014 (7) | Examine effectiveness of workplace-based diet and/or physical activity interventions aimed at health-care professionals and to identify key components of effective interventions |  |  |  | Diet - (TE, SFA, Fat, FV, Fibre, Diet score), PA - and weight-related (weight, BMI, body fat, WC, WH ratio); theoretical basis |
| Geaney et al., 2013 (8) | Evaluate effectiveness and cost-effectiveness of workplace dietary modification interventions on employees dietary behaviour |  |  |  | Change in dietary behaviour, clinical health status (BMI, HDL-C, Serum cholesterol, W-H ratio), Self-efficacy, Perceived health, Nutrition knowledge, Attitudes to food and food habits, Co-worker support, Job satisfaction, Economic cost outcomes, Food-purchasing patterns |
| Jensen,  2011 (9) | Investigate whether and how workplace nutrition policies can improve employee productivity |  |  |  | Absenteeism, presenteeism, Nutrition knowledge, Healthier Behaviour, Diet, Biomedical measures |
| Ni Mhurchu et al., 2010 (10) | Effects of worksite interventions on employee diets |  |  |  | Diet, Anthropometry, Economic results (Energy, Total fat, FV intake, Weight, BMI) |
| Pomerleau  et al., 2005 (11) | Effectiveness of interventions and programmes promotion FV intake among adults |  |  |  | FV intake |
| Steyn et al.,  2009 (12) | Evaluate published data on workplace interventions from studies evaluated by a WHO report aimed at improving diet and related health in order to identify factors leading to successful interventions and to identify barriers to success |  |  |  | Nutritional knowledge, attitudes, self-efficacy, behaviour change intentions, weight, BMI, BP, cholesterol, process/policy outcomes, (fidelity, sustainability, feasibility, cost-effectiveness) |
| Glanz et al.,  1996 (13) | Review published evaluations of worksite health promotion programs addressing nutrition and hypercholesterolemia |  |  |  | Dietary Intake  purchasing behaviour, nutrition knowledge  cholesterol, health markers, PA |
| Anderson et al., 2009 (14) | Effectiveness of worksite nutrition and PA programs to promote healthy weight |  |  |  | Weight-related outcomes, economic efficiency |
| Aneni et al.,  2014 (15) | Synthesise evidence from internet based cardiovascular wellness programs in order to guide the implantation and future development of such programs |  |  |  | CV outcomes , Weight-related outcomes, PA, lipids, dietary changes, BP, smoking cessation, blood glucose/HbA1c |
| Engbers et al., 2005 (16) | Assess effectiveness of workplace health promotion programs with environmental modifications on physical activity, dietary intake and health risk indicators |  |  |  | (FV, fat, fibre intake) PA, diet, BMI, BP, serum cholesterol, body fat %, |
| Hutchinson & Wilson, 2012 (17) | Review outcomes of workplace interventions that promote PA or dietary changes to make recommendations for design and intervention of future interventions |  |  |  | Diet, PA, health (Fat, FV, Cholesterol, Weight, BP, HR) |
| Janer et al.,  2002 (18) | Review workplace health promotion trials on major cancer risk factors (including tobacco, diet, PA, obesity, UV light, alcohol consumption) |  |  |  | (Fat, fibre, FV intake), participation rates, Knowledge improvement, alterations of states of change, behavioural changes, changes in biological parameters, morbidity and mortality reduction |
| Kahn-Marshall and Gallant, 2012 (19) | Assess the effectiveness of workplace health promotion programs that implement environmental and/or policy changes to improve employee dietary and/or physical activity behaviours |  |  |  | Nutrition and PA related outcomes, health risk |
| Maes et al.,  2012 (20) | Effect of intervention studies in European countries promoting a healthy diet and/ or increasing PA at the workplace |  |  |  | Anthropometric measures, Diet, PA, potential determinants of diet/ PA |
| Matson-Koffmann et al., 2004 (21) | Determine whether policy and environmental interventions can increase people’s PA or improve their nutrition |  |  |  | (FV, fibre, fat intake) behavioral, physiological, organisational outcomes |
| Osilla et al.,  2012 (22) | Current impact of wellness programs to examine how employers have responded to current and programmatic priority changes |  |  |  | Health-related behaviours, physiologic markers, health care cost, absenteeism  (Diet, BMI, BP, Healthcare costs) |
| Riedel et al.,  2001 (23) | The effect of disease prevention and health promotion on workplace productivity |  |  |  | Health, medical cost, performance loss, return on investment |
| Wilson et al.,  1996 (24)  Wilson et al.,  1996 (2) (25) | Examine the effectiveness of workplace health promotion programs (reviews exercise, health risk appraisal, nutrition and cholesterol, and weight control literature)  Update earlier review |  |  |  | Exercise, nutrition, weight, cholesterol, health-related outcomes  Exercise, nutrition, weight, cholesterol, health-related outcomes, Alcohol, HIV, health related behaviours |
| Systematic reviews that report distinctive nutrition or workplace components but do not report independent effects on outcomes (n=17) | | | | | |
| Harden et al.,  1999 (26) | Review evaluations of the effectiveness of health promotion programs in the workplace |  |  |  | Strategy in response to employee’s needs, work in partnership with employees, view’s assessed |
| Mehta et al.,  2013 (27) | To examine obesity-related interventions in the US and Latin America targeting adult Latinos in the workplace |  |  |  | Weight-related outcomes, |
| Verweij et al., 2011 (28) | Effectiveness of workplace interventions targeting PA dietary behaviour or both on weight outcomes |  |  |  | Body weight, BMI, body fat %, WC, sum skinfold, W-H ratio |
| van Dongen et al., 2011 (29) | Cost-effectiveness of worksite PA and/or nutrition programmes |  |  |  | Diet, CVD, Weight, Cost-effectiveness, Cost-utility |
| Wilson et al.,  1991 (30) | Determine the effectiveness of reducing serum cholesterol levels in the general population through the use of screening coupled with a behavioural intervention |  |  |  | Blood lipids, weight related, BP, smoking, diet, ECG |
| Archer et al.,  2011 (31) | Identify worksite practices that show promise for promoting employee weight loss |  |  |  | Promising practices for weight reduction |
| Baicker et al., 2010 (32) | Meta-analysis of the literature on costs and savings associated with employer-based wellness program interventions on health care costs and absenteeism |  |  |  | Health care cost, absenteeism |
| Groeneveld et al., 2010 (33) | Summarise evidence for effect of lifestyle-targeted interventions at the WP on the main biological risk factors for cardiovascular disease |  |  |  | PA, diet, blood pressure, body weight/ BMI, body fat, blood glucose, lipids |
| Gudzune et al., 2013 (34) | Compare effectiveness of self-management, dietary, PA, and/or environmental strategies for the prevention of weight gain among adults in work and college settings |  |  |  | BMI, weight, WC, adherence, advert events |
| Heaney & Goetzel, 1997 (35) | Review evaluation studies of the health-related effects of multicomponent worksite health promotion programs |  |  |  | Risk behaviours, physiological measures of risk (e.g. BP, weight, body fat, aerobic fitness, serum cholesterol), absenteeism, work-related attitudes |
| Hennrikus & Jeffery, 1996 (36) | Published research on worksite weight control programs is reviewed with the objective of assessing success in (1) reaching populations in need, (2) achieving sustained weight loss, (3) improving employee health and productivity |  |  |  | Weight change, programme structure, programme effectiveness, worksite-wide effects |
| Kaspin et al.,  2013 (37) | (1)Identify studies that described the characteristics and outcomes of employer-sponsored wellness programs. (2)Determine the association between health-related and economic outcomes as well as to identify potential organisational characteristics that influence this relationship |  |  |  | Health behaviours (diet, PA, stress management), Quality of Life, Economic outcomes (direct - ROI, cost savings, healthcare utilisation; indirect - absenteeism, presenteeism, productivity, disability, worker’s compensation) |
| Kremers et al., 2009 (38) | Overview of the evidence that studies have provided on promising and/or effective strategies to change (determinants of) excessive weight gain and recommendations are given for future effectiveness and implementation studies |  |  |  | Body weight/ BMI/ skinfold thickness |
| Michie et al.,  2009 (39) | Assess effectiveness of active behaviour change interventions designed to promote PA and healthy eating |  |  |  | PA, diet, effective behaviour change interventions |
| Novak et al.,  2007 (40) | Effectiveness of workplaces as settings for cardiovascular health promotion and reduction of heart health inequalities in New Zealand |  |  |  | Weight-related, CH morbidity/mortality, blood lipids, economic evaluation |
| Rongen et al., 2013 (41) | Evaluate (1) the effectiveness of workplace health promotion programs aimed at a healthy lifestyle on self-perceived health, work absence due to sickness, productivity at work, and work ability and (2) the influence of population characteristics, intervention content, and methodologic quality on the effectiveness of these workplace health promotion programs aimed at a healthy lifestyle |  |  |  | Self-perceived health, sickness absence, work productivity, work ability |
| Chan et al.,  2012 (42) | Identify the efficacy of lifestyle health promotion interventions intended to improve behavioural health risk factors and/or behavioural or clinical outcomes of working-age nurses |  |  |  | Weight-related, Dietary behaviour, physical activity, smoking, alcohol, clinical outcomes (morbidity and mortality) |

aThe SR under review clearly stated that nutrition interventions only were reviewed

b The SR under review clearly stated that workplace interventions only were reviewed

cThe SR looked either at a combination of lifestyle interventions, e.g. diet and physical activity, or a combination of settings, e.g. the workplace and community setting

* Criteria were met
* Criteria were not met

**References (Supplemental Table 1)**

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