Chapter 2
‘I’ve worked so hard, I deserve a snack in the worksite cafeteria’: a focus group study

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Abstract
This study obtained insight in motivation regarding food choices of Dutch employees, especially when visiting the worksite cafeteria. We also aimed to know why employees visit the worksite cafeteria. These insights are useful for intervention development to encourage healthier purchases in worksite cafeterias.
We conducted seven focus groups among 45 employees of seven Dutch companies. The topics were
1. factors in food selection in general;
2. motives for visiting the worksite cafeteria;
3. factors in food selection in the worksite cafeteria;
4. perceptions of healthiness of products in the worksite cafeteria and
5. solutions brought up by the employees to encourage healthier eating.
Thematic analyses were conducted with MAXQDA software.

Qualitative analyses revealed that this group of Dutch employees mentioned ‘healthiness’, ‘price’ and ‘taste’ as most important factor in food selection. These employees generally visit the worksite cafeteria to have a break from their work setting. Healthiness played a less important role in visiting or making food choices in the worksite cafeteria. Reasons for buying unhealthy food items were being tempted and the feeling to ‘deserve’ it. In order to choose healthier foods employees suggested a bigger offer of healthy food options, providing knowledge, changing prices and prominent placing of healthy foods.

This focus group study shows that drivers of food selection can differ in motives for visiting the worksite cafeteria and when choosing food there. Health is important for food choice in general, but less important in the worksite cafeteria. The results of this study could be used in the development of strategies that aim to change people’s food choice behaviour.

Keywords
Social marketing, worksite cafeteria, purchasing behaviour, overweight, focus group.
Introduction

The increasing prevalence of overweight and obesity is a major international public health problem. Also in the Netherlands, overweight rates of 50.2% in adults underscore the need for action.

Unhealthy eating behaviour, a cause of this burden, is determined by personal-level factors, like nutrition knowledge, motivations or intentions. However, also environmental determinants, like what, how and where food is offered play a major role in the actual eating behaviour. These determinants have influence – and probably most impact – in food environments one visits regularly like supermarkets, on the way to work, or in the worksite cafeteria. The latter is a real life setting visited by employees regularly or even daily, making it worthwhile to intervene here.

In recent years, the worksite cafeteria is therefore more often used as a setting to study the influence of the environment on eating behaviour. These studies show promising effects on eating behaviour, like increased fruit and vegetable consumption, increased sales of healthy options and reduction in calories purchased. However, aforementioned reviews note the need for additional research with better and consistent methodology. To illustrate, in the included studies risk of bias was high or unknown, reporting of interventions was suboptimal and most of the data were self-reported. However, these studies also listed effective strategies to change eating behaviour. For example, Hendren et al. (2017) concluded that price-point subsidies, point-of-purchase materials, and menu modification can have a positive impact of fruit and vegetable consumption. All in all, more than half show significant changes in eating behaviour. These effects could possibly be increased. Having insights in the drivers of the target group may increase the success rate of changing the food choice behaviour.

Although there is substantial knowledge on food decision making, we do not know what drives employees to go the worksite cafeteria, since it is also common to bring one’s own lunch to work. Also factors for food choice specifically in the worksite cafeteria are unknown. Insights in the drivers of the behaviour of the target group could be obtained by incorporating them, which is an important aspect of social marketing.

Social marketing is a relatively new approach in public health, with behaviour change as the ultimate goal. Social marketing targets specific audiences with marketing strategies to improve personal health and quality of life, for instance by evoking healthier eating. Next to reveal how to encourage the desirable behaviour, getting insights in how to change the concurrent behaviour (i.e. choosing relatively unhealthy food items at lunch) is an important aspect of social marketing.

Effective social marketing is operated when the elements of the theory of benchmark criteria of social marketing are used. These criteria include aims to change people’s actual behaviour (behaviour), focuses on the audience (customer orientation), uses behavioural theories to understand behaviour and inform the intervention (theory), identifies ‘actionable insights’ (what will influence the targeted behaviour) that will
lead intervention development (insight), considers benefits and ‘costs’ of adopting and maintaining a new behaviour (exchange), seeks to understand what behaviour competes for the audience’s time, attention and to behave a particular way (competition), avoids a ‘one size fits all’ approach (segmentation) and uses a mix of methods to bring about behaviour change (methods mix).21,22 A part of the pragmatic framework of social marketing is to understand how and why individuals make lifestyle choices. This is reflected in the benchmark customer orientation, but also in the benchmarks insight, exchange and competition. In other words: social marketing lays emphasis on knowing the target audience in optimizing interventions. Where segmentation of the target group has added value but can only be incorporated if the group is heterogeneous enough and if it is worth targeting a small segment.

Given the above, incorporating the target audience (i.e. employees visiting the worksite cafeteria) when developing such intervention might be beneficial. To our knowledge no such studies have been published before for the worksite cafeteria specifically. Therefore, the aim of this study is to obtain insights in the factors that move and motivate employees in general and regarding food choices, especially on purchasing food in the worksite cafeteria. This can be used to detect ways of how to concur with unhealthy food choice behaviour. Furthermore, we aim to know why employees visit the worksite cafeteria and to obtain specific strategies suggested by employees that could be used in a worksite cafeteria intervention.

Methods

We conducted seven focus groups with employees of seven companies in the Netherlands. Focus groups are essential for understanding setting specific explanations and filling gaps in knowledge.23 In focus group interviews, unlike individual interviews, the dimension of the interactions among the participants is added.24 The participants can communicate with each other and are encouraged to exchange ideas and comments on each other’s points of view.25 Furthermore, – as described as one of the benchmarks of social marketing – focus groups can provide a deep understanding in what moves and motivates the target group and how to influence the targeted behaviour.26

Participants

This study was done as one of the first phases of a larger project with the aim to develop and evaluate a worksite cafeteria intervention.27,28 This larger project was a cooperation between Veneca (Trade Association for Dutch catering companies), five contract catering companies being a member of Veneca, the Netherlands Nutrition Centre and the Vrije Universiteit Amsterdam. To recruit participants the cooperating contract catering companies approached their clients (the companies they cater for). These clients approached their employees to join in the focus group. Inclusion criteria for employees were visiting the worksite cafeteria at least once a week and being aged 18
years or older. Employees were asked by the facility manager to talk about having lunch at work and received a gift voucher for participation. Each focus group took place at the company during office hours and consisted of 6-8 employees.

**Description of the focus groups**

The focus groups were carried out according regular procedures. All focus groups were audio-recorded (Olympus VN-5500PC) and conducted with the same two researchers; one interviewer and one observatory taking notes, checking if the interviewer overlooked someone who may wanted to interrupt and asking extended questions when necessary. The atmosphere in the group was described immediately after the focus group by both researchers who discussed until agreement on the description and interpretation was reached. At the start of the focus group participants were told that the aim of the interview was to gather insights about motivations of people when making food choices and in particular when making food choices in the worksite cafeteria. They were not aware of the aim of the larger project of developing an intervention to encourage healthy eating. They may have presumed that the purpose was to collect possible improvements for the worksite cafeteria. They were not familiar with the research team. The focus groups followed a semi-structured format and took approximately 60 to 90 minutes.

**Focus group topics**

By following the benchmark of identifying ‘actionable insights’ of the target audience, the purpose of the focus groups was to gain insight into employees’ motivations of visiting the worksite cafeteria and factors being of influence in making food choices as well in general and specifically in the worksite cafeteria. Also exchange and competition are important benchmarks to reveal those factors, therefore these were checked in the focus groups. Besides reasons for purchasing food products from the worksite cafeteria also reasons for taking food from home were examined. We started with a general question about important aspects in life, to get accustomed to the interaction of the focus group. All focus groups consisted out of five main topics described in table 1.

The key components of social marketing strategies are called the ‘4 P’s’. The 4 P’s are incorporated in the benchmark of using a mix of methods. The first P stands for Product, including the ‘actual product’ (the target behaviour – purchasing healthy food products) and the ‘core product’ (the benefits of eating healthy that are attractive to the target population and may convince them to act upon it). Place refers to the place where the target audience performs the purchasing behaviour. Next to that it also refers to the placements of products within the restaurant and the presence of other places to eat in the surrounding of the workplace. Price stands for the real and perceived costs or barriers to engaging the target behaviour of the employees’ perspective and strategies to lower these costs. Perceived costs are for example how hard is to refrain from taking...
a snack. These costs would be lower if a very attractive healthier snack is available. Obviously also literally lowering the price of a product would be effective in evoking purchase behaviour. As fourth Promotion includes designing and communicating persuasive messages to the target audience. When talking about concrete examples of changes in the worksite cafeteria concerning these 4 P's participants were asked how they would respond to such change or innovation.

Table 1. List of topics.

| 1. Factors in food selection in general |
| 2. Motives for visiting the worksite cafeteria |
| 3. Factors in food selection in the worksite cafeteria |
| 5. Solutions to encourage purchase of healthy products in the worksite cafeteria |

In all parts extended questions were asked about factors like taste, convenience, price, social environment and health, if these factors were not mentioned spontaneously. These factors were derived from a previously conducted study with experts (in preparation). In this expert-interview study a group of 14 experts representing a) Contract catering industry, b) Academic research, c) Facility management, d) Health management of employees, were asked about barriers and facilitators influencing the feasibility and the continued implementation of an intervention in the worksite cafeteria to evoke healthier purchases.

Data analysis

Full transcripts of the focus group discussions were made. The transcripts were coded and analysed with MAXQDA. Thematic analysis was conducted to analyse the transcripts by examining themes within data. In the first phase, familiarization with the data was achieved. Subsequently, one of the researchers generated initial codes and searched for themes among the codes. Later these themes were revised and renamed. Finally, the first researcher (Elizabeth Velema) discussed the codes, themes and previous conclusions with a second researcher (Ellis L. Vyth). After deliberating, agreement about the codes of all text units was achieved. In the results section, participants’ meanings are illustrated by using representative quotes. The official language of the focus group discussions was Dutch. Representative quotes were translated to English.

Data saturation

Focus groups were conducted until data saturation was achieved. This was done by counting new codes per focus group transcript, based on methods by Guest et al. (2006). The majority of the codes was derived from the first focus groups. After the
Results
In total 45 people (23 male; 22 female) participated in seven focus groups. The number of participants ranged from six to eight per focus group. Five participants were low educated, 20 were middle and 20 were high educated (table 2). The participants of one focus group were all employees of the same company, but did not always know each other. The seven companies were a truck factory, a coal handling company, a clearing house, a healthcare provider, a governmental institution, a health care insurer and an accountancy firm. The results described are based on statements of the participants. Table 2 also describes the atmosphere in the group. Table 3 shows for each topic the factors mentioned by the respondents.

Motives for food selection
We asked participants for their motives when selecting foods in general. Health; price; and taste were mentioned most. Regarding health, nutrient content such as sugars, fats, vitamins and food additives were mentioned. When we asked participants why they take health into account when choosing food ones’ appearance (body weight) was mentioned often as a reason to choose healthy foods. A number of participants stated that they do not want to be overweight.

• Woman, group 6: ‘I don’t want to become or be overweight. Therefore I keep an eye on it. So if my pants are getting tight, I will ensure that they get less tight.’

Price is mentioned in different contexts. Some participants mentioned that they cannot afford to spend a lot of money on food and make their choices on the basis of special offers. Some stated that they consider the price versus the quality and are willing to pay more for better quality, naming factors such as organic, Fairtrade, animal welfare and sustainability. A few said that they do not pay attention to the price.

Motives for visiting the worksite cafeteria
The most mentioned reason for visiting the worksite cafeteria was to leave the workplace and to relax, or in other words ‘having an interruption in the work’. This was clearly stated by the following participant:

• Man, group 3: ‘Well, you are for a moment not at your workplace. That is important to do your work properly.’

Convenience is mentioned by some participants. The following statement shows this.

• Man, group 6. ‘I buy bread and cheese in the worksite cafeteria. I could have bought it in the supermarket. It is convenient, because I can get it there all the time and as a result, I don’t have to do anything in the morning.’

sixth focus group 176 codes were assigned. The seventh focus group generated 3 new codes. At this point, we assumed that an additional focus group would not provide significant new information.
Lastly, the aspect of socializing with colleagues was also mentioned often. Participants mentioned ‘having a conversation about other things than work’. Next to reasons for visiting, we also heard reasons for not visiting the worksite cafeteria, for example not having enough time during the 30-minute break for both smoking and visiting the worksite cafeteria. Furthermore, some respondents visited because they had no other option for getting lunch. Availability of other possibilities to get lunch, for instance walk to a bakery was mentioned as a reason not to visit the worksite cafeteria.

**Motives for purchasing food products in the worksite cafeteria**

When asked the employees about motivation for food choices when visiting the worksite cafeteria taste and price were mentioned most.

- Man, group 5: ‘It just has to be tasty!’
- Woman, group 1: ‘Price is important for some products. As an example, yoghurt drink costs one euro. I could buy a liter in the supermarket for one euro. Here it is a small can. I would never buy that here, although I feel like having it. It is a matter of principle’.

When asked the about the influence of colleagues most employees mentioned that this was not of influence for their food choice.

- Woman, group 1: ‘When we have lunch everyone takes what he wants. It is divers, from fries to salads.’

Convenience was mentioned as a factor for the products soup, salad and fruit salad.

**Perceptions towards healthy and unhealthy products in the worksite cafeteria**

When asked to name healthy and unhealthy products in the worksite cafeteria employees mentioned: salads (and salad bar), whole-wheat and regular bread, eggs, dairy, fruit and lean meat and lean cheese as healthy products. Asking for unhealthy items participants mentioned among other things: warm fried snacks, like fries, soup (too salty) and salads with a lot of dressing.

We also asked, if so, for the reasons for choosing these unhealthy products. Respondents mentioned that they were tempted by the tasty look of unhealthy products. Furthermore, they mentioned that they ‘deserved it’. Examples of this phenomenon were as follows:

- Woman, group 4: ‘It looks so tasty’.
- Man, group 5: ‘As a reward, because ‘I have had a hard time’. Now I’m allowed to have a snack, a cheat-snack’.

**Solutions to encourage purchase of healthy products in the worksite cafeteria**

Solutions for promoting the purchase of healthy products mentioned were a change in offer by means of offering more kinds of healthy food products, providing knowledge on healthy food, changing the price of healthy food and taking care of a nice presenta-
tion and promotion of healthy food.

- Man, group 5 about unhealthy food: ‘Don’t offer it anymore’.
- Woman, group 1: ‘I don’t mind the unhealthy offer, but there should be more alternatives.’
- Woman, group 7: ‘There needs to be more variety in the offer’.

It was also mentioned that the price should be reversed.

- Woman, group 7: ‘The price should be reversed. Two euro for a fried snack and 40 cents for a salad’.

Providing knowledge on healthiness of food was mentioned in one focus group. The participants mentioned that perhaps not all people really know what is unhealthy, besides fried snacks. Participants also seemed to be sensitive for being seduced to eat healthier.

- Woman, group 1: ‘I am convinced that, for instance when you are at a terrace and you get a wonderful whole-wheat sandwich with lettuce and whatever, that looks so tasty, people will choose that. So if you offer that in a good way people will choose it here as well.’

Table 2a. Characteristics individual participants (n = 45).

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male    n = 23</th>
<th>Female n = 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Native Dutch 43</td>
<td>Turkish 1</td>
</tr>
<tr>
<td>Age</td>
<td>mean 41.7</td>
<td>range 18-62</td>
</tr>
<tr>
<td>Body Mass Index (1 missing)</td>
<td>Healthy weight n = 24</td>
<td>Overweight n = 13</td>
</tr>
<tr>
<td>Number of working days per week</td>
<td>4.3 (0.6)</td>
<td>range 3-5</td>
</tr>
<tr>
<td>Number of weekly visits to worksite cafeteria</td>
<td>3.1 (1.7)</td>
<td>0-5</td>
</tr>
<tr>
<td>Lunch in worksite cafeteria, from home or somewhere else</td>
<td>32% always cafeteria 64% home 4% elsewhere</td>
<td></td>
</tr>
<tr>
<td>When in cafeteria: mostly lunch from cafeteria (whole, partially or non)</td>
<td>46% whole 54% part/non</td>
<td></td>
</tr>
<tr>
<td>Education level*</td>
<td>Low 5</td>
<td>Middle 20</td>
</tr>
<tr>
<td>Size household</td>
<td>1.8 adults (1-2)</td>
<td>0.9 kids (0-4)</td>
</tr>
</tbody>
</table>
The aim of this study was to obtain insights in the factors that move and motivate employees regarding food choices, especially on purchasing food in the worksite cafeteria. Furthermore, we aimed to know why employees visit the worksite cafeteria and to obtain specific strategies suggested by employees that could be used in a worksite cafeteria intervention. To our knowledge this is the first time Dutch employees are involved in a study with a social marketing approach for the purpose of intervention development in the worksite cafeteria.

**Table 2b. Characteristics groups.**

<table>
<thead>
<tr>
<th>Group</th>
<th>Type of business</th>
<th>Education level*</th>
<th>Atmosphere in the group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Governmental institution</td>
<td>n = 8</td>
<td>n = 7 high n = 1 middle</td>
</tr>
<tr>
<td>2.</td>
<td>Accountancy firm</td>
<td>n = 6</td>
<td>n = 3 high n = 3 middle</td>
</tr>
<tr>
<td>3.</td>
<td>Health care insurer</td>
<td>n = 6</td>
<td>n = 5 high n = 1 middle</td>
</tr>
<tr>
<td>4.</td>
<td>Clearing house</td>
<td>n = 7</td>
<td>n = 1 high n = 3 middle n = 3 low</td>
</tr>
<tr>
<td>5.</td>
<td>Truck factory</td>
<td>n = 6</td>
<td>n = 2 high n = 3 middle n = 1 low</td>
</tr>
<tr>
<td>6.</td>
<td>Coal handling company</td>
<td>n = 6</td>
<td>n = 1 high n = 4 middle n = 1 low</td>
</tr>
<tr>
<td>7.</td>
<td>Healthcare provider</td>
<td>n = 6</td>
<td>n = 1 high n = 5 middle</td>
</tr>
</tbody>
</table>

* Low = lower vocational education, middle = secondary vocational education, high = higher vocational education and academic.

**Discussion**

The aim of this study was to obtain insights in the factors that move and motivate employees regarding food choices, especially on purchasing food in the worksite cafeteria. Furthermore, we aimed to know why employees visit the worksite cafeteria and to obtain specific strategies suggested by employees that could be used in a worksite cafeteria intervention. To our knowledge this is the first time Dutch employees are involved in a study with a social marketing approach for the purpose of intervention development in the worksite cafeteria.
Participating employees mentioned ‘healthiness’ as an important factor for food selection in general. The main reason for Dutch employees to regularly visit the worksite cafeteria was to have a break from their work setting. Healthiness plays a less important role when choosing food in the worksite cafeteria. For the setting of the worksite cafeteria ‘taste’ and ‘price’ were more prominently mentioned as factors for choosing food. When participants were asked directly for the reason of choosing relatively unhealthy food items like fried snacks, they mentioned that they were tempted by the tasty look. Also the feeling that ‘they deserved it’ was mentioned as a reason for purchasing unhealthy food products.

The fact that ‘healthiness’ came forward in this study as an important overall aspect for food choice is in line with former studies. However, it is interesting that health is less important when choosing food items in the worksite cafeteria. This might indicate that one’s motives when choosing lunch items in the worksite cafeteria are a bit different compared to overall food selection motives, for instance when buying food to consume at home. This seems to be in line with the studies showing that different aspects play a role when eating out of home compared to eating at home. In out of home settings people tend to choose less healthy, resulting in a higher energy intake. It seemed that educational level was positively associated with the extent to which healthy eating was considered important. In the focus groups with an average lower level of education health appeared to be of less importance. This corresponds with known literature about socioeconomic disparities in the healthiness of eating patterns.

In addition to the motives for choosing healthy or less healthy products it is also important what products are considered healthy or less healthy by people. It is notable that respondents classified soups when being too salty and salads with a lot of dressing as unhealthy. This is striking, because these products are generally considered healthy. Bucher et al. (2015) showed that fruit and vegetables and fiber content of a food item are positively related to the perception of being healthier. And that sugar and fat contents are associated with negative healthiness perceptions. However, it must be noted that besides Buchers’ study it is largely unknown how consumers make their judgements on single food items. It shows that our respondents have relatively a lot of knowledge about the healthiness of food. This can however not be expected to correspond with the total Dutch population.

It seems contradictory to choose unhealthy foods in the worksite cafeteria when ‘healthiness’ is an important overall factor for food choice. The relapse prevention (RP) model of Marlatt and Gordon could be used to interpret this behaviour. The RP model is used to identify determinants of relapse during a certain behaviour change, such as drinking alcohol when stopped drinking or gaining weight after a considerate weight loss. The model states that both immediate determinants (e.g. high-risk situations and coping skills) and hidden earlier determinants (antecedents) (e.g. lifestyle...
factors, and urges and cravings) can contribute to a relapse. The employees stated that ‘having a break from work’ and ‘to relax’ were important reasons for visiting the worksite cafeteria. We could consider the employees as being in a high-risk mode: feeling the need to compensate for hard work plus being tempted by availability, which could induce cravings. This could lead thereafter to the ‘relapse’ of purchasing an unhealthy snack to compensate the disbalance. The RP models also shows that they rationalise this purchase not to feel guilt; Telling themselves that they deserve it, like some participants mentioned. We already know this mechanism occurs when celebrating a special occasion. Being in the positive state of a celebration is one of four high risk situations identified by Larimer et al. (1999) that triggers the unhealthy behaviour. Next to enjoying a special occasion Verhoeven et al. (2015) identified 5 other reasons for unhealthy snacking. Opportunity induced eating, coping with negative emotions, and rewarding oneself all seem to fit in the situation employees are in. Gaining new energy and social pressure were not explicitly mentioned by respondents and do not seem to be reasons to choose a snack over other food products. All together it implicates that other determinants play a role when buying lunch at work compared to when buying groceries. This insight could be used in intervention development.

We can conclude that it is important to ‘help’ employees by not exposing them to unhealthy snacks since they are probably in a high-risk situation by a combination of the physical location, the occasion, and the mental situation among which their ‘ego depleted state’. Being in a state of ego depletion means that wilful actions have consumed and depleted the limited inner capacity of decision making. In this depleted state, further efforts at self-control are prone to failure.

In this light it would be recommendable to have more healthy, tasty, attractive and convenient food items offered in the worksite cafeteria. Seducing employees by healthy products is an option, since they probably are receptive to these ‘temptations’. These products should look tasty and must have a fair price. These recommendations could be classified along the 4 P’s of social marketing. We could classify the strategy of ‘development of healthier savoury snacks’ as the P of Product. Offering tempting healthy snacks with a relatively low price concerns the element Price. Also the Promotion should lay emphasis on healthier products that still give the feeling of being a treat. People could than indulge in the craving but can rationalise this as having made a healthy choice. A positive experience would help to increase the feeling of self-control. The Place for displaying these product should be at the beginning of the route and prominent to increase the change of choosing the healthier option over the unhealthy ones. Multiple studies showed that products at the beginning of the route are more likely to be chosen for. When asking participants directly for ways to stimulate the choice for healthy items
by making use of the 4 P’s of social marketing, they mentioned a change in the offer towards more variation of healthy products. Furthermore, a change in price and the way it is offered could work, according to them. Concerning the effect of price in food choice overall, a combination of expanding the healthy offer (Product) together with a price decrease (Price) and nice and eye-catching presentation (Place and Promotion) could be effective in encouraging Dutch customers towards healthier options in the worksite cafeteria. A number of factors may have biased the results of this study. First, the educational level of the respondents was higher compared to average Dutch employees. Since the lower educated participants seemed to find price more important compared to higher educated participants, we should weigh up the importance of providing healthy snacks with low prices. Second, also the ethnicity of the respondents did not correspond nicely with the Dutch population. In future research the reflection of ethnicity in the sample should be better. We now may lack the opinion of non-Dutch employees. Hereby we miss potential culture based arguments. This reflection and small sample let to the limitation that we did not cover the benchmark of segmentation in this study. When using a larger group of participants segments within the sample can be made. This could help to customise an intervention towards a specific segment of the target group.

Conclusions
This study showed that, although health is considered an important determinant in food choice, taste and price are of bigger importance to Dutch employees when selecting food in the worksite cafeteria. Participants stated that they in the first place visit the worksite cafeteria to have a break from work and are subsequently tempted to buy unhealthy foods, because it is present and they ‘deserve it’. This implies that it is important to seduce employees towards healthier food items that feel like a treat underscoring that they are tasty and priced well, instead of focusing on the healthy aspects of the foods.
Offering a ‘wider range of healthy food options’ and ‘having a price in favour of healthy products’ are mentioned most by Dutch consumers in order to stimulate healthy choices in the worksite cafeteria.

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