

# **Applications of a Needs-Based Model of Healthy Workplaces to Field Settings: The Role of the Built Environment**

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# Presentation Overview

- Wellness program study findings
- Link between built environment and need satisfaction
- Examples from focus groups
- Strategies for overcoming barriers related to the built environment

# The Problem

- Wellness programs as an “accessory”
- Low adoption rates among small organizations
- Participation rates low across organizations of all sizes:
  - Small organizations: >50%
  - Medium organizations: 21-40%
  - Large organizations: 41-50%

**Source:** 2017 Transamerica Center for Health Studies, Employer and Consumer Surveys

# Study Objectives

Identify facilitators and barriers to implementation of and participation in wellness programs in small and medium organizations.

In doing so, understand how wellness can also be achieved through strategic engagement of the **physical environment**.

# Focus Group Study

- 29 primarily small and medium organizations representing multiple industries in geographical locations
- 1 to 3 focus groups in each organizations
- 2 to 8 participants in each focus group (N = 205)
  - Leadership/Managers (Non-HR): 91
  - HR: 34
  - Employees: 80
- Topics
  - Wellness programs implemented
  - Facilitators
  - Barriers

# Findings

Wellness Programs offered in **medium** organizations ( $N = 19$ )

**( $N=11$ ) Healthy food/drink offerings in-house (cafeteria, vending, free)**

( $N=11$ ) Social engagement (social clubs, interest groups, sports teams)

( $N=10$ ) Health advice from a qualified vendor for promoting healthy behavior

( $N=10$ ) Links to related employee services for support with personal issues  
(referral to employee assistance programs--EAP)

**( $N=9$ ) Ergonomic furniture/equipment**

( $N=8$ ) Health education by providing information promoting health in general

( $N=8$ ) Mindfulness, meditation, yoga, relaxation training

**( $N=8$ ) Fitness gym facilities or outdoors exercise areas**

( $N=5$ ) Clinical screenings and biometric assessments (HRA)

( $N=4$ ) Targeted behavior change programs for high risk employees

( $N=4$ ) Subsidized gym memberships

( $N=3$ ) Individual mental or physical health tracking through a wearable device  
or online program

# Findings

Wellness Programs offered in **small** organizations ( $N = 8$ )

- ( $N=6$ ) Social engagement (social clubs, interest groups, sports teams)
- ( $N=5$ ) Ergonomic furniture/equipment**
- ( $N=2$ ) Health advice from a qualified vendor for promoting healthy behavior
- ( $N=2$ ) Healthy food/drink offerings in-house (cafeteria, vending, free)**
- ( $N=2$ ) Subsidized gym memberships
- ( $N=1$ ) Health education by providing information promoting health in general
- ( $N=1$ ) Individual mental or physical health tracking through a wearable device or online program
- ( $N=1$ ) Clinical screenings and biometric assessments (HRA)
- ( $N=1$ ) Mindfulness, meditation, yoga, relaxation training
- ( $N=1$ ) Links to related employee services for support with personal issues (referral to employee assistance programs--EAP)
- ( $N=1$ ) Fitness gym facilities or outdoors exercise areas**
- ( $N=0$ ) Targeted behavior change programs for high risk employees

# Findings

## Facilitators to Wellness Program Success

- Wellness initiatives align with organizational constraints
- **Convenience**
- Reasonable work hours
- Leadership understands the link between health and work outcomes
- Leadership understands employee needs and preferences
- Leadership support
- Culture of health at work
- Wellness Program appeals to personal preferences
- **Built environment designed for health and wellness**
- **Acknowledging low-cost options**
- Strong communication system



# Findings

## Barriers to Wellness Program Success

- Inconvenience
- Nature of Work
- Lack of clarity regarding the link between wellness programs and business outcomes
- Concerns about funding
- Leadership issues: attitudes towards wellness
- Lack of experience with wellness
- Perceived lack of need
- Perceptions of wellness program “failure”
- Confusion about insurance
- Lack of clear ownership
- Lack of active and consistent leadership support
- Lack of culture of health
- Low morale
- Lack of financial resources
- Long work hours
- Employees occupy multiple roles
- Failure to take full advantage of insurance
- Bureaucratic and logistical issues
- Organization not self-insured
- Poor communication
- Concerns about liability

# The Built Environment

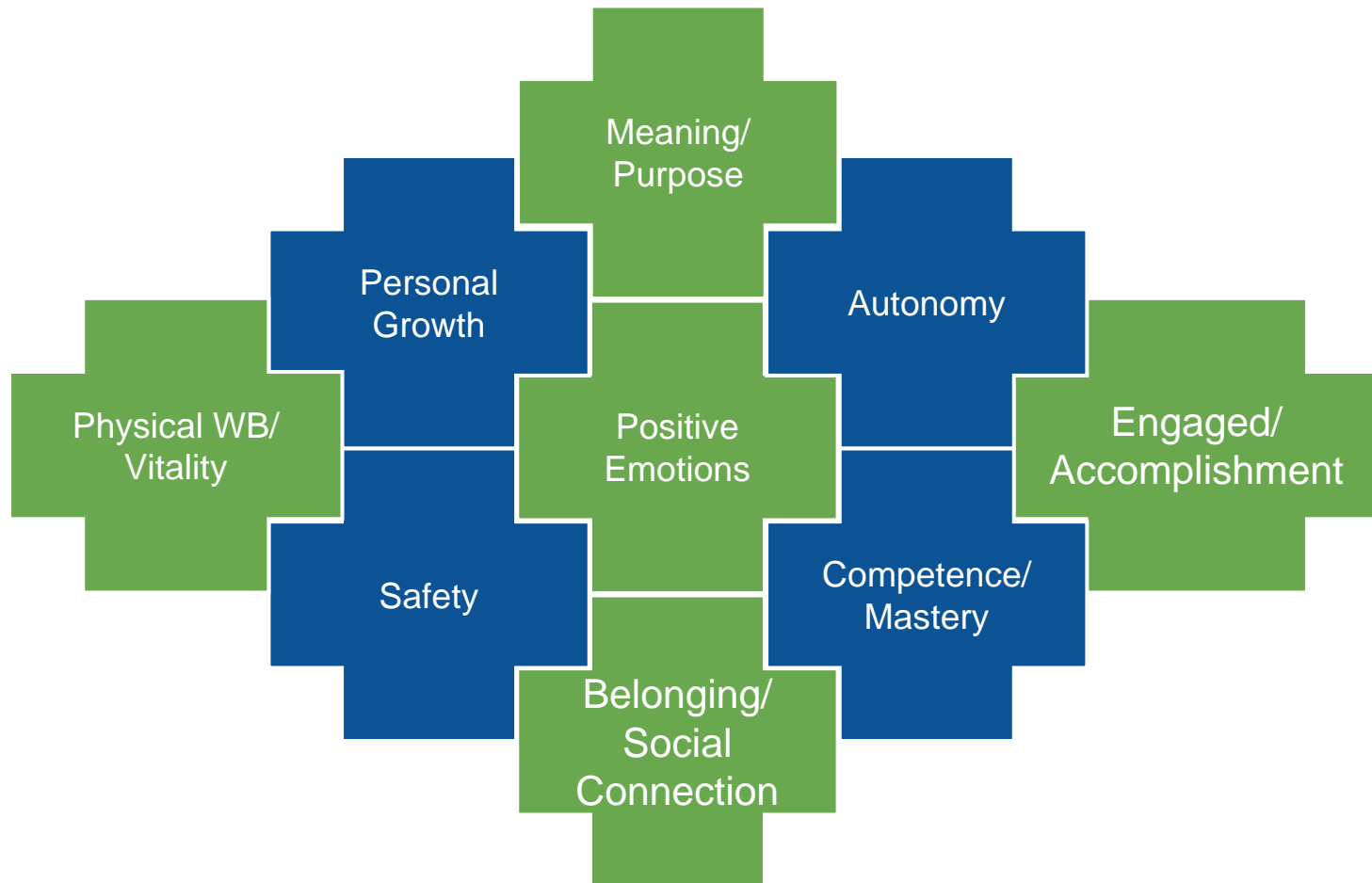
All of the physical parts of where we work, including:

- Individual workspaces
- Building design
- Break facilities
- Kitchen/eating facilities
- Recreational areas (inside and outside)
- Transportation supports

# Needs-Based Theories

- **Self-Determination Theory** (Deci & Ryan, 2000; Vanden Broeck, Ferris, Chang & Rosen, 2016)
- **Positive Psychology** (Fredrickson, 2001; Turner, Barling & Zacharatos, 2002)
- **Job Characteristics** (Hackman & Oldham, 1980; Greguras & Diefendorff, 2009)
- **Psychological Capital** (Avey, Luthans, Smith & Palmer, 2010)
- **Psychological Safety** (Griffin & Neal, 2000)
- **Fairness** (Siegrist, 1996; Gillet, Colombat, Michinov, Pronost & Foquereau, 2013)
- **Meaning** (Arnold, Turner, Barling, Kelloway & McKee, 2007)

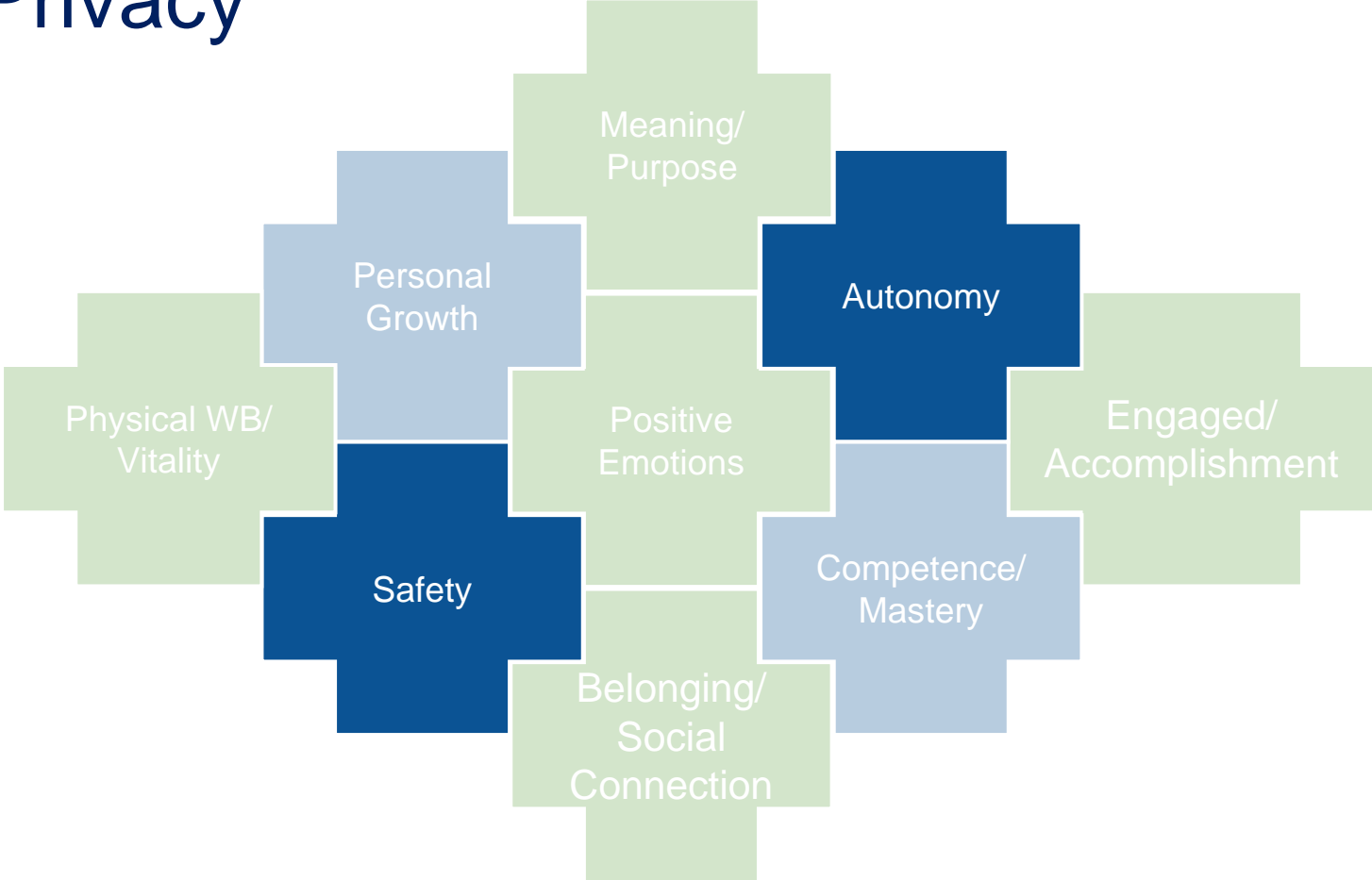
# Basic Needs - HealthyWorkplaces Model



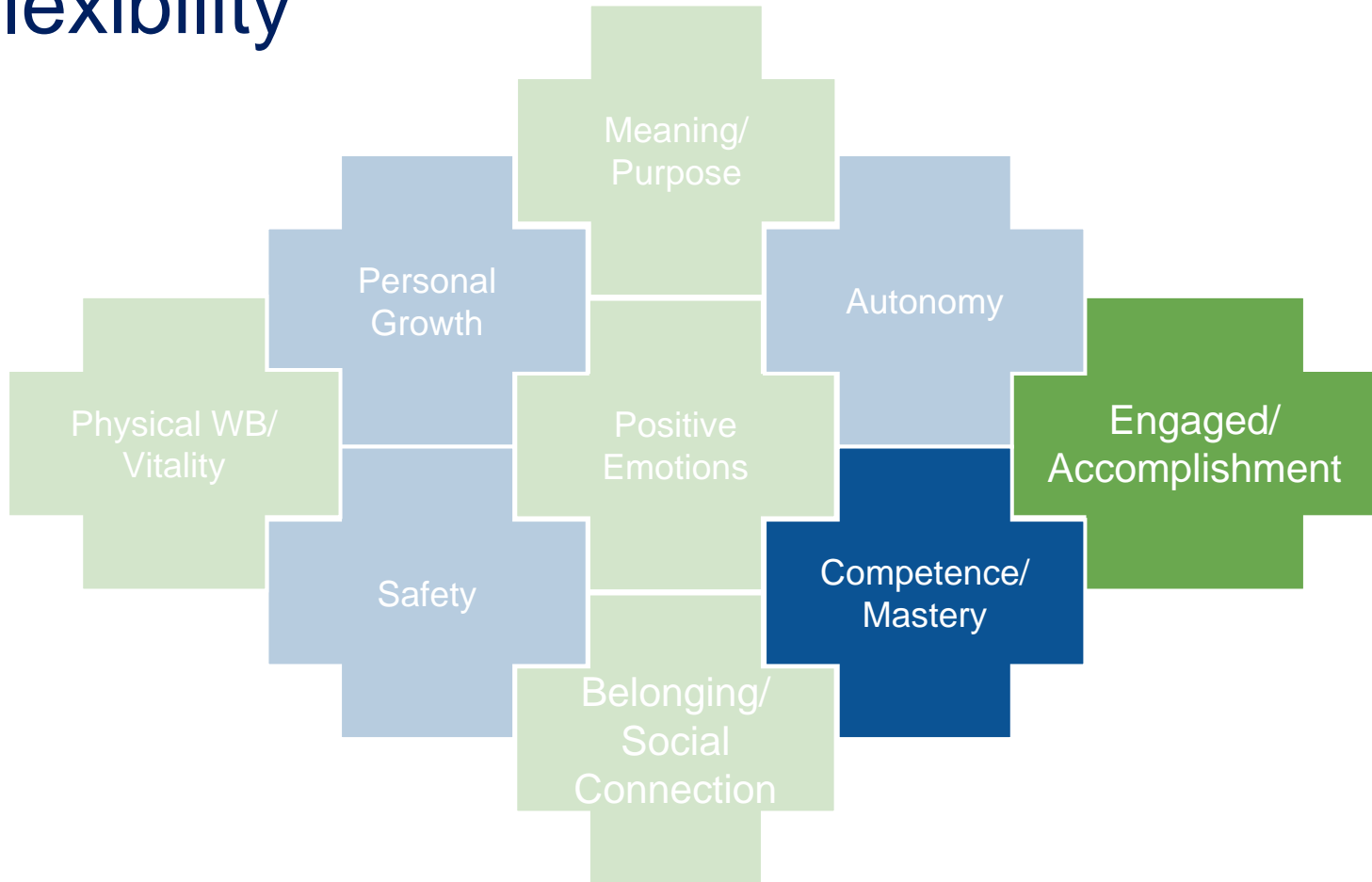
# Drivers of Need Satisfaction

- Privacy
- Flexibility
- Predictability
- Equity
- Comfort
- Connection
- Security

# Privacy



# Flexibility

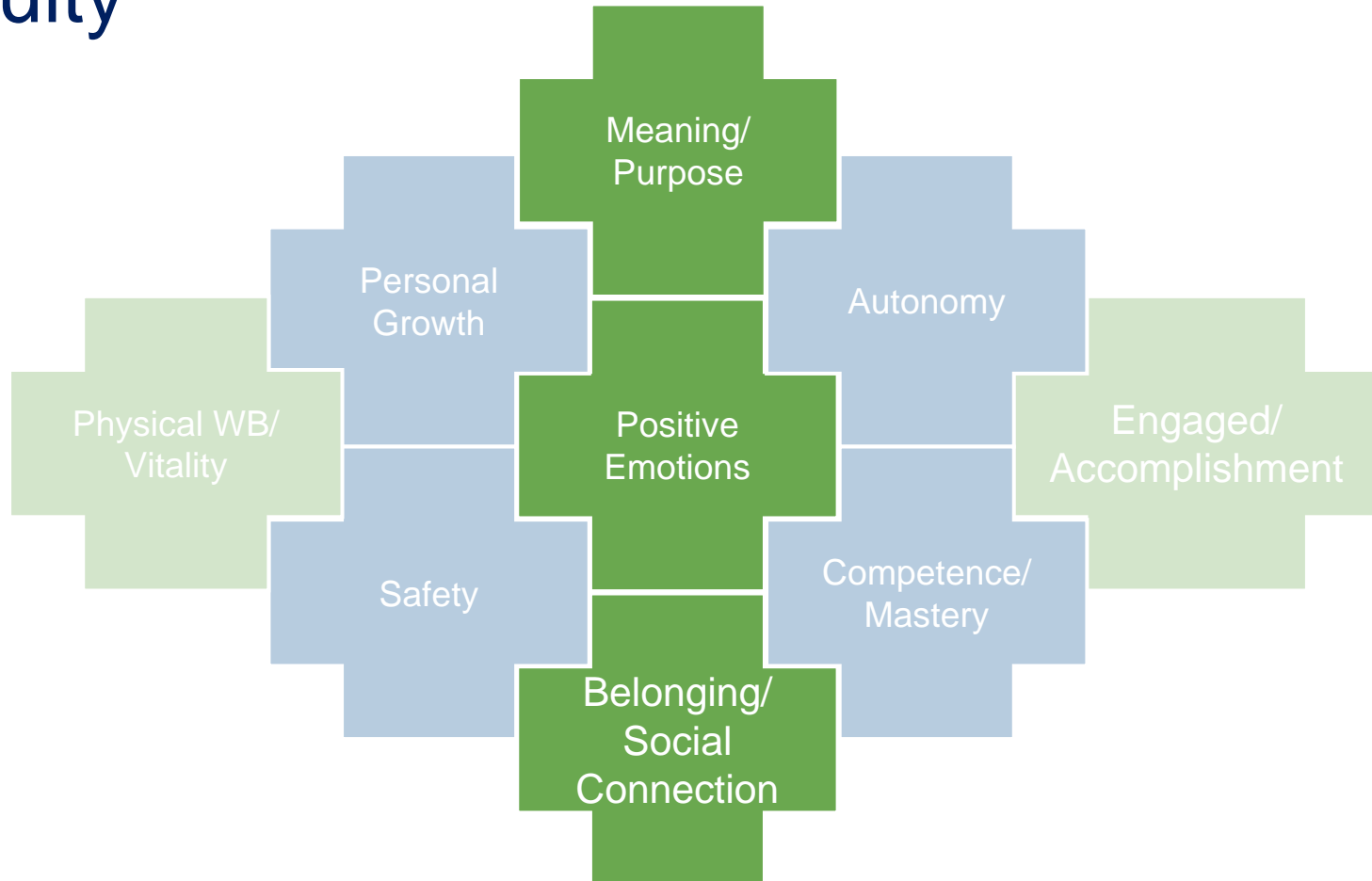


# Predictability

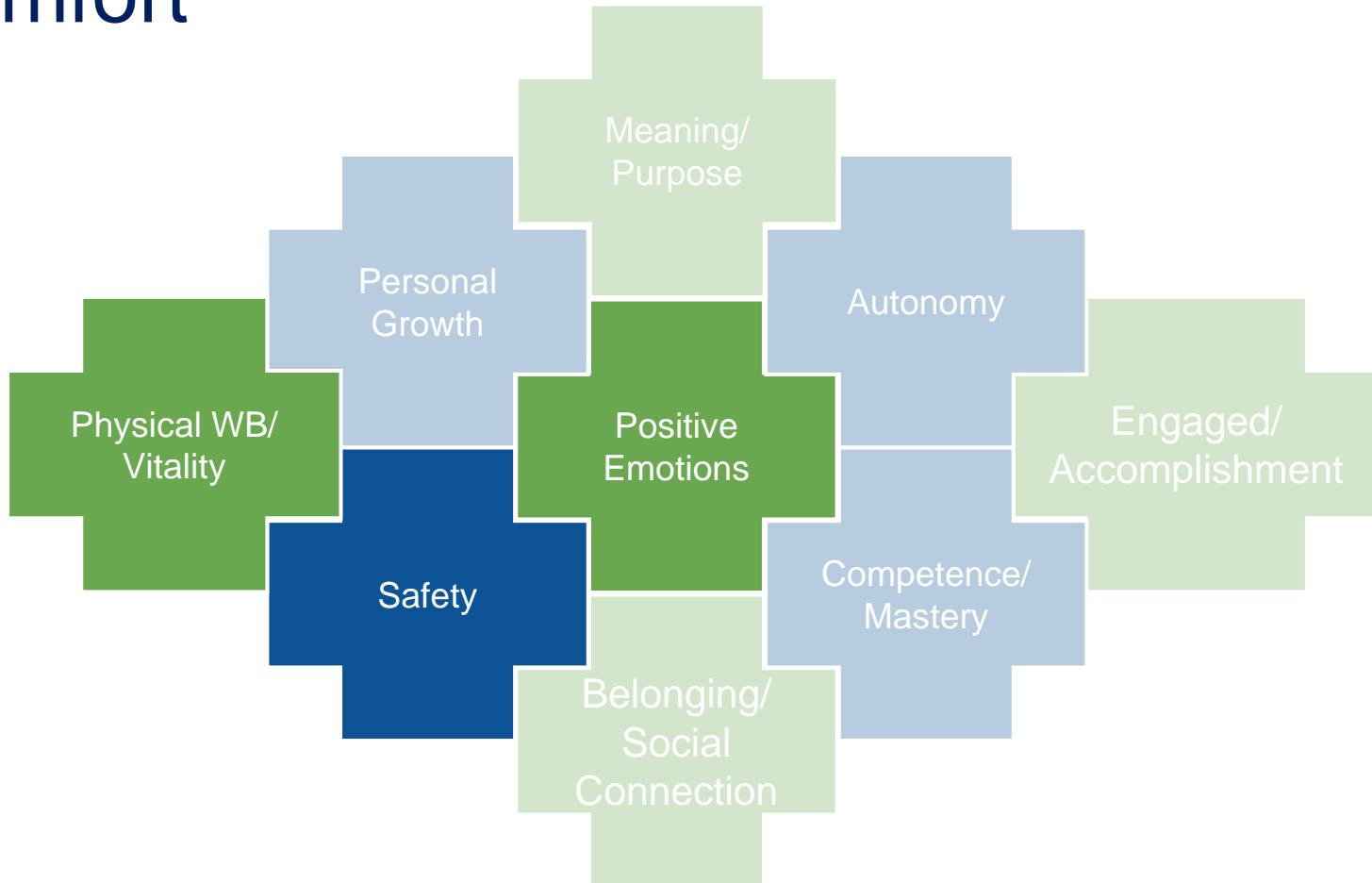




# Equity



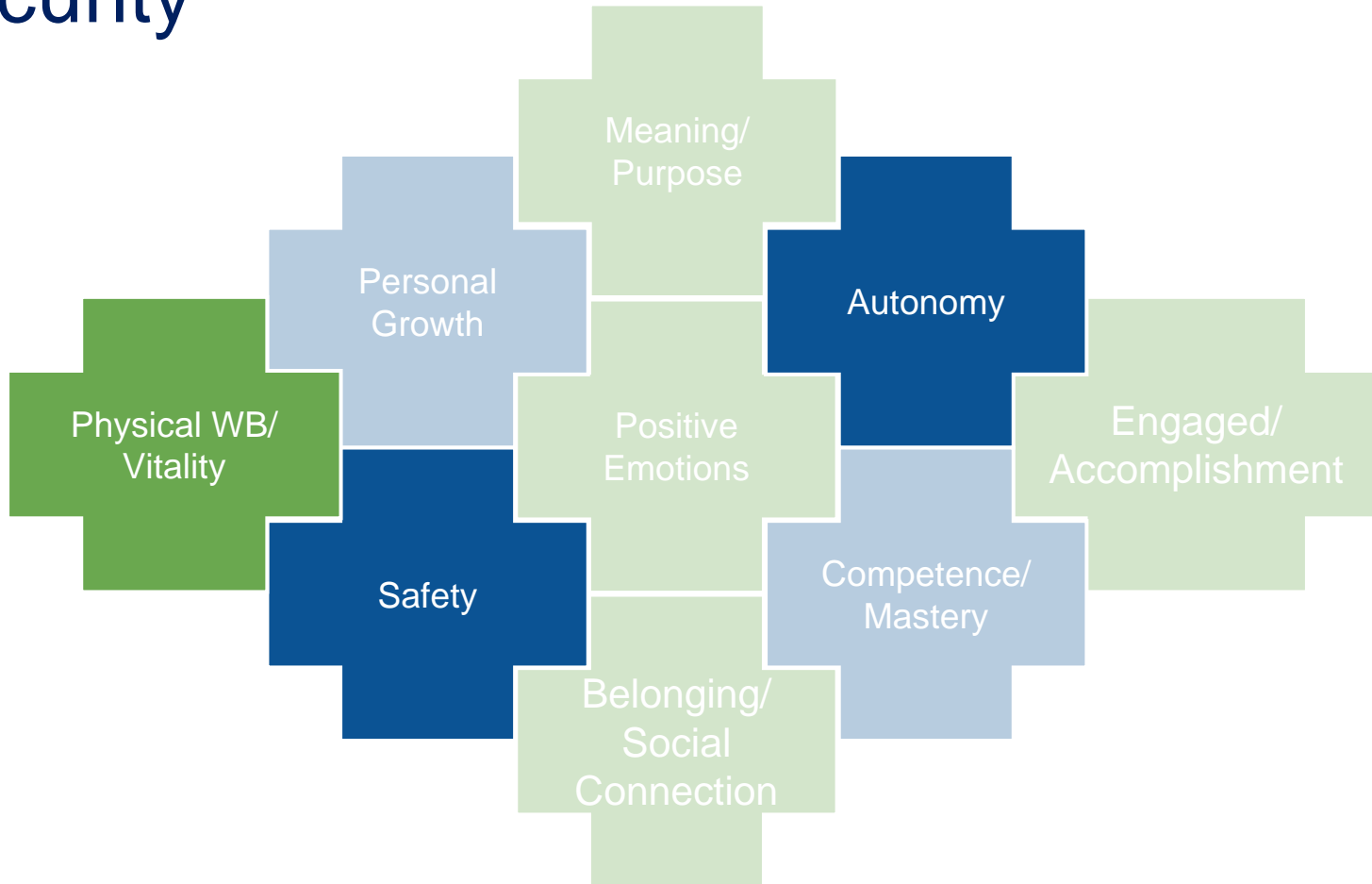
# Comfort



# Connection



# Security





# Organization 09

## Facilitators

- Activities/support available to students and community also available to staff (**+equity & +flexibility**)
  - On-site childcare
  - Weekly on-site health screenings
  - Student fitness classes (managers permitting)

## Barriers

- Limited number of toilets for teachers (**-comfort, -predictability**)



# Organization 15

## Facilitators

- “Meetings in Motion” room (**+predictability & +flexibility**)
- Lactation room (**+security & +comfort & +privacy**)
- Ergonomics equipment (**+comfort**)

## Barriers

- Kitchen - provides unhealthy snacks (**-comfort**)
- Multiple company sites (**-predictability & -connection**)
- Unreliable public transportation (**-predictability & -comfort**)

# Organization 21

## Facilitators

- Outdoor physical activity areas (**+predictability**)
- Kitchen with healthy snacks (**+security & +predictability**)
- On-site fitness room (**+flexibility**)
- Nap area (**+comfort**)
- On-site classes for meditation/yoga (**+connection**)
- Lactation room (**+security & +comfort & +privacy**)
- Ergonomics equipment (**+comfort**)

## Barriers

- None!

# Organization 22

## Facilitators

- Daily lunch delivery (field workers) (**+security & +predictability**)
- Kitchen (office workers) (**+predictability**)
- Outdoor physical activity areas (**+predictability**)

## Barriers

- No showers in the office building (**-security & -comfort**)



# Conclusions

- Psychosocial factors and policies strongly represented in barriers
- Strategies for overcoming barriers include changes to “hardware” AND “software”
- These strategies do not always require elaborate budgets or resources

*The built environment has the potential to positively impact employee health and well-being and should be cultivated as part of a holistic wellness strategy in organizations of all sizes.*

# Thank You

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# Appendix

# Definition of “Wellness Program”

Transamerica Center for Health Studies (sponsor)

Harris Poll 2017 Definition:

1. **Health education** by providing information promoting health in general (pamphlets, informational meetings, online tips and messages)
2. **Health advice** from a qualified vendor (coach, health professional) for promoting healthy behavior (sleep, physical activity, nutrition, stress management)
3. **Individual mental or physical health tracking** through a wearable device or online program (Fitbit, Jawbone, MoodKit)
4. **Targeted behavior change** programs for high risk employees (smoking cessation, weight/disease/alcohol management, medication compliance)
5. **Healthy food/drink** offerings in-house (cafeteria, vending, free)
6. **Clinical screenings and biometric assessments** (HRA)
7. **Social engagement** (social clubs, interest groups, sports teams)
8. **Mindfulness, meditation, yoga, relaxation** training
9. **Links** to related employee services for support with personal issues (referral to employee assistance programs--EAP)
10. **Ergonomic furniture/equipment**
11. **Subsidized gym memberships**
12. **Fitness gym facilities or outdoors exercise areas**

# The HealthyWorkplaces Model

