

IMPLEMENTING VITALITY INTERVENTIONS

A strategy towards
'Healthy & Happy' low SES employees

 TU Delft

MASTER THESIS

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STRATEGIC PRODUCT DESIGN

 DZB

Strategic Product Design

Master track of
Industrial Design Engineering

At the **University of Technology in Delft**

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Implementing vitality
interventions.

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'Healthy & Happy' low SES
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PREFACE

The thesis you are reading is the final result of my 24 week graduation project for the master Strategic Product Design (SPD) following the bachelor of Industrial Design Engineering (IDE) at the Technical University of Delft (TUD). This master thesis is focused on increasing the effectiveness of lifestyle interventions for people with a low socioeconomic status (SES). My graduation has been facilitated by the municipal reintegration company De Zijl Bedrijven (DZB) Leiden. Therefore, the results of this graduation thesis is focused on all low SES employees working at or seconded via DZB Leiden. For DZB Leiden, a strategy has been devised to improve multiple aspects resulting in increasing the effectiveness of lifestyle interventions focused on vitality.

Strategic design is a rising profession in the commercial and proprietary landscape and for good reason. Many consulting companies focusing on strategic design like FrogDesign and Fabrique are doing exceptionally well. Currently a shift is trending in large corporations where instead hiring consultancies for their strategic designers, they are instead taking strategic designers in-house. I believe that this trend should expand into the public sector as well. Where strategic designers should be hired to think outside of the box and generate, combine and extract ideas from research, context and/or user research.

I believe I can play this role for companies in the public sector, which is why I decided to find a graduation project in this sector. While surveying the graduation sector I came across this project which peaked my interest. Though DZB Leiden was not specifically looking for a strategic designer I grabbed the opportunity in the hopes to show them the benefits of a strategic designer. And what better way to finish my master than to use skills gathered throughout the master to help people who are less fortunate. The gathered skills would prove to be useful in mapping out the organizational ecosystem surrounding the low SES employees. By mapping out this organizational ecosystem I could find areas for DZB Leiden to improve and even find a positive business opportunity into a new direction. Which in turn indirectly increase the effectiveness of the lifestyle interventions focused on vitality.

This project was an exciting finisher for my master at the TU Delft and I hope that DZB Leiden experienced the benefits of having a strategic designer in-house. That being said, I had a great time working on this graduation project and I hope you enjoy reading about it in this thesis.

EXECUTIVE SUMMARY

The aim of this graduation project is to increase the effectiveness of lifestyle interventions, focused on vitality, for employees with a low socioeconomic status (SES). This project explores and maps out the organizational ecosystem of municipal reintegration company DZB Leiden to determine areas for improvement. These improvements should in-turn increase the effectiveness of lifestyle interventions at DZB Leiden.

There are large differences in personal health as a consequence of different lifestyles between people with low or high socioeconomic status. By increasing the effectiveness of lifestyle interventions we might be able to decrease these differences. Low SES is often related to a poor lifestyle through poorer food choices, reduced physical activity, drinking and smoking habits. These habits have negative implications for the people with low SES as well as for the company they work for. Increased absenteeism, increased chance for non-communicable diseases, reduced productivity and a shorter life expectancy are some of the consequences that people with low SES have to cope with.

DZB Leiden is a municipal reintegration company of the municipality of Leiden. DZB works with employees with a low SES in their sheltered workshops on a daily basis. They are there for anyone who has difficulty with keeping up with the daily work practices and offer them a safe environment to grow and thrive. People working in the sheltered workshops often cope with multiple disabilities. A healthy lifestyle can contribute on dealing with these disabilities and improve their way of life. Thus, increasing the effectiveness of lifestyle interventions should provide an improved quality of life as well as increasing the desirability of these employees. Multiple lifestyle interventions have been introduced at DZB Leiden, however these interventions have not always been successful. The interventions are often poorly executed,

or simply forgotten, and dilute quickly due to daily issues that receive priority. Exploratory research has been performed to define two research scopes, which have the potential to contribute to increasing the effectiveness of lifestyle interventions. These research scopes reside within the interpersonal and organizational ecosystems introduced by Bronfenbrenner in 1977.

This graduation thesis explores the organizational ecosystem of DZB in-depth through semi-structured interviews and a stakeholder analysis. A strategy has been devised to improve different areas of the organizational system of DZB uncovered by the performed in-depth research. The performed research resulted in multiple findings for improving the effectiveness of the lifestyle interventions. These findings have been translated into design criteria for the devised strategy. One of these findings is the potential Team Fit has within DZB to increase awareness for vitality and introduce lifestyle interventions successfully. Therefore, Team Fit is used central in the devised strategy.

This strategy is substantiated by the development of a future vision for DZB to strive towards. A strategic and tactical roadmap are introduced to guide DZB towards this future vision. These roadmaps show the goals that should be worked towards, the strategy necessary to achieve these goals, the tactics on how to achieve the strategy and the operationalization of the tasks that need to be performed. The devised strategy aims to set up a vitality network with municipal reintegration companies and healthcare providers via the collaboration of DZB and SPARK.

Finally, the proposed strategy was evaluated with the current interim director of DZB and Team Fit. The aim of the evaluation was to determine

if the proposed strategy meets all three key attributes of feasibility, desirability and viability towards valuable design. The evaluation shows that the proposed strategy in its current state is both feasible and desirable. However, further research is needed to determine if the strategy is viable and can survive in the long run. For the strategy to be viable it is recommended that a learning cycle for the interventions is implemented and research is conducted on the interpersonal ecosystem and incorporated into the proposed strategy.

The graduation project consists of a total of four deliverables. Through a stakeholder analysis a power-interest matrix and stakeholder maps have been created which shows the involved parties, their interest in vitality as well as how much power they have to help realize this. Two roadmaps have been created via design roadmapping which allows us to strategically and tactically map out what is necessary to increase the effectiveness of lifestyle interventions. Finally, recommendations for DZB are made on how to improve the strategy.

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1 Introduction

This chapter describes the context of this graduation thesis. An introduction to the research team, company, the target group and the project brief is given. Within the project brief the goal of this thesis is described. This chapter ends with an explanation of the phases in which this graduation thesis has been performed.

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THE RESEARCH TEAM

This graduation project is performed by Jorn Koot (me) at DZB Leiden. In this paragraph I introduce myself as well as shortly introducing the co-graduator also performing her graduation at DZB Leiden. Our combined graduation projects strive for maximum impact through an holistic industrial design approach. Both gradutors have an industrial design background from two of the most prestigious technical universities in the Netherlands, TU Delft and TU Eindhoven.



Name	Jorn Koot
Age	26
Bachelor	Industrial design engineering (IDE) – TU Delft
Specialization	Strategic Product Design (SPD) – TU Delft
Passion	Strategic mind games i.e. Chess & Coffee
Focus	Technology & Business

“The human mind is a curious thing. How people can have such different opinions and perceptions shows that framing is incredibly important in the world. I believe I can play a role for companies in framing their mission, values and vision for the future. Keeping in mind that all people are created equal but not all minds think alike. What drives me is helping the less fortunate. Everybody could use help every now and then and some people more than others. One group of people this goes for are people with a low socioeconomic status (SES). I see their struggles in my own social circle and I aim to help these people in my future endeavors.”

My Objective

My objective for this graduation project is to increase the effectiveness of lifestyle interventions focused on vitality within municipal reintegration companies like DZB. By increasing the effectiveness of lifestyle interventions we might be able to decrease the large difference in personal health between people with high- and low socioeconomic status (SES) as a consequence of different lifestyles.

Co-graduato

During my time at DZB an independent graduation has been performed by the co-graduato (Suzanne Moens). Input from her graduation research has been processed where necessary in the final deliverable of this thesis. The combined results of our graduation projects form an entire industrial design approach.



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Age	24
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Specialization	Design for Interaction (Dfi) – TU Delft
Passion	Hockey
Focus	Technology & Human

Industrial design approach

The three pillars of the industrial design approach by the TU Delft are technology, business and human. Technology describes the used technology for design. In this case the technology used is lifestyle interventions. The organizational approach of DZB Leiden leads the business pillar of this industrial design project. This encompasses the fuzzy front end and implementation of an innovation process. The fuzzy front end is the part of an innovation process that covers all the steps from research to strategy, to idea generation towards a business plan. The human pillar ensures a user centered approach where the target group, in this case people with low SES, is the center of design.

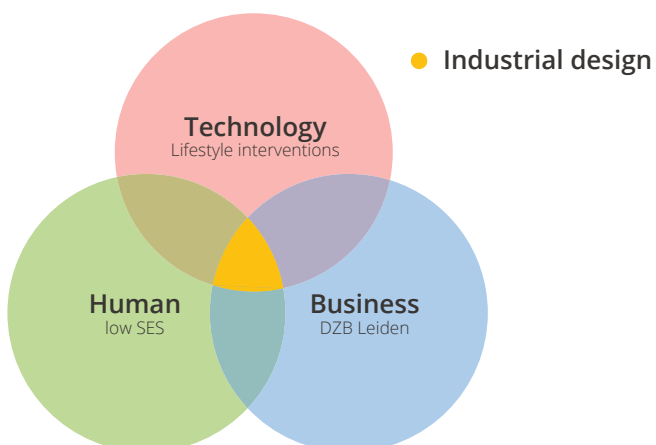


Figure 1 Three pillars of industrial design

DZB LEIDEN

DZB Leiden is a re-integration company of the municipality of Leiden, who helps jobseekers with finding a job where they can grow and feel at home. DZB's focus is to establish what an individual has to offer and find the best match outside of DZB or, if necessary, within DZB. They support those who have a 'distance to the labor market'. There are varying reasons why an individual can have a distance to the labor market. Examples are a psychosocial disorder, an illness, a disability, low intelligence or just plain bad luck. People with a 'distance to the labor market' have trouble keeping up with current work practices and often find it difficult to adjust to the work environment. DZB's own group of social workers together with the municipality of Leiden help these people find a job which they enjoy and where they can thrive. Next to employment they offer different kinds of services to people with a distance to the labor market. The services provided by DZB consist of courses, workshops and learning-working paths aimed to help these individuals prepare for and find a workplace.

DZB Leiden is all about the individual development and contribution of each and every person, which is seen clearly by the slogan "We believe in the power of every individual". They believe that everyone has something to contribute to society and their mission is to create a world where everyone participates. The jobseekers that turn to DZB Leiden for work fall under the Participation Act, a law introduced in 2015 meant to offer support to anyone who cannot make it to the labor market on their own (SZW, 2019). The Participation Act should guarantee everybody's right to access work and to make sure that people with a disability can also find a job. Within the Participation Act there is a jobs agreement part, which stimulates employers like DZB in the market sector to supply work for work-disabled people (Participation Act and jobs agreement, 2020). Each individual which falls under the Participation Act is provided with a minimum wage income as long as they participate.

Sheltered workshops

According to Cambridge (2020) a sheltered workshop is "a factory, or similar place of work, specially designed for people with mental or physical difficulties to work in". As mentioned before DZB Leiden has multiple sheltered workshops. They consist of a total of 6 different services that DZB offers: assembly, chocolate, mail, catering, greenery and clean-up. These sheltered workshops are designed to provide a working opportunity for people that have mental, physical or personal limitations. While employees work for a minimum wage they are supported in executing the job at their own pace. The sheltered workshops are used for long-term unemployed employees for whom it is difficult to find a job at a regular employer. Sheltered workshops are also used to monitor first entrants to DZB to find their strengths and weaknesses in order to be able to determine at which regular company they would fit best for a guarantee job.

“**A person is considered 'work disabled' based on the existence of a medical impairment or injury that precludes substantial gainful activity**
(National Research Council, 2002)

DZB has been able to provide a workplace to 660+ people in their own sheltered workspaces. Be it in the chocolate factory, maintaining greenery, catering or even making the famous wallets by SECRID. Next to this DZB has also been successful in placing over 300 employees through secondment (detaching) and provide 560 individuals with a guaranteejob (garantiebaan) each year. The next two paragraphs will elaborate on the difference between the secondment, guaranteejob and the sheltered workshops.

Guarantee jobs

The government aims to minimize sheltered workshops through offering guarantee jobs to these employees. Therefore, the main goal for DZB is to secure guarantee jobs for their employees at regular companies. This is in accordance with the previously mentioned jobs agreement plan within the Participation Act. The jobs agreement plan aims to deliver 100.000 jobs within the private sector to work-disabled people who fall under the Participation Act by 2026 (Participation Act and jobs agreement, 2020). The municipalities have the responsibility to create these jobs. They support employers through subsidies for wage compensation, adapted workplaces and trial placement (Arnoldus, 2016). An example company for this is kringloop winkel het Warenhuis in Leiden. Next to guarantee jobs, het Warenhuis also employs people through secondment.

Secondment

Before the current Participation act a combination of different acts were in place. These acts were 'Wet werken bijstand' (WWB), 'Wet werk en arbeidsondersteuning jonggehandicapten' (Wajong) and 'Wet sociale werkvoorziening' (WsW) (UWV, 2020). Seconded employees are employees from the WsW. This group still exists within the old act and will cease to exist when the last person from this group passes away. Currently there are still more than 300 employees who exist within the WsW in the municipality of Leiden. Secondment is similar to guarantee jobs where they work at regular employers who receive subsidies to employ them.



Figure 2 Secondment jobs offered at kringloop-winkel het Warenhuis (NL)

Participation Act

In the Netherlands the central government wants to have as much citizens as possible who contribute to the employment market. Therefore, the participation act was introduced on the 1st of January in 2015 as a replacement for the previously mentioned WWB, WSW and a majority of the Wajong. The first goal of the participation act is to support as many people as possible towards employment. In short, everyone who can work but cannot make it on the job market on their own falls within the participation act. This act should provide municipalities with more responsibility as well as opportunities to help people with a distance to the labor market to find and keep employment. Every individual who falls within the participation act has the same rights. This was previously not the case when people were divided in WWB, WSW or Wajong. The second goal of the participation act is decrease the dependency on financial benefits of citizens who are able to work under adjusted conditions.

Due to the introduction of the Participation act municipalities gained a lot of extra responsibilities. They were responsible for all individuals who fall within the participation act. At the same time budget cuts were made for the municipalities. Making it difficult for the municipalities to take on the extra responsibilities. These responsibilities were often moved to the municipal reintegration companies like DZB.

In November of 2019 the 'sociaal en cultureel planbureau' evaluated the participation act (van Echtelt, P. 2019). Their findings show that the goals that were set for the participation act have not been achieved. The participation act offers instruments which hardly help employers over the threshold for offering employment to the target group. Work that is found for the target group is often temporary in nature and often don't surpass the one year mark. For the most part the chance of finding employment was and remains low for people who fall under the participation act. Due to this people falling within the participation act often find themselves return to the municipal reintegration companies' employment process.

Wet werken bijstand (WWB)

The WWB is an act that supports labor integration by the municipality and provided aid for citizens with low or no income and financial capital. With the introduction of the participation act all individuals in the WWB transferred to fall within the participation act. This resulted in hardly any greater chance for work for this group. The job opportunity for these individuals raised with only 1 percent in four years (van Echtelt, P. et al., 2019).

Wet werk en arbeidsondersteuning jonggehandicapten (Wajong)

Young handicapped people with the capacity to work fell within the Wajong. These young people received financial support from the UWV (Uitvoeringsinstituut Werknemersverzekeringen). Most of this changed with the introduction of the participation act. These young people aren't eligible for financial support anymore when they find employment. The Participation act also had a positive influence on these people. The amount of young handicapped people who were supported in finding employment increased from 29% to 38%.

Wet sociale werkvoorziening (WsW)

Certain individuals with a mental or physical disability are only able to be employed under adjusted labor circumstances. These individuals fall within the 'Wet sociale werkvoorziening'. The WsW supported the individuals in finding adjusted labor circumstances as well as providing financial means for the companies who accepted an employee from the WsW. According to van Echtelt, P. et al. (2019) for most of these individuals the introduction of the participation act meant no change. However, for individuals on the waiting list for a WsW-employment a lot changed. Where these individuals first would have been protected by the WsW act. Now they are the responsibility of the municipalities. This would prove to be difficult for municipal reintegration companies who had to adjust for these individuals. Before the participation act around 55% of the individuals from the WsW were able to find employment, however after the introduction

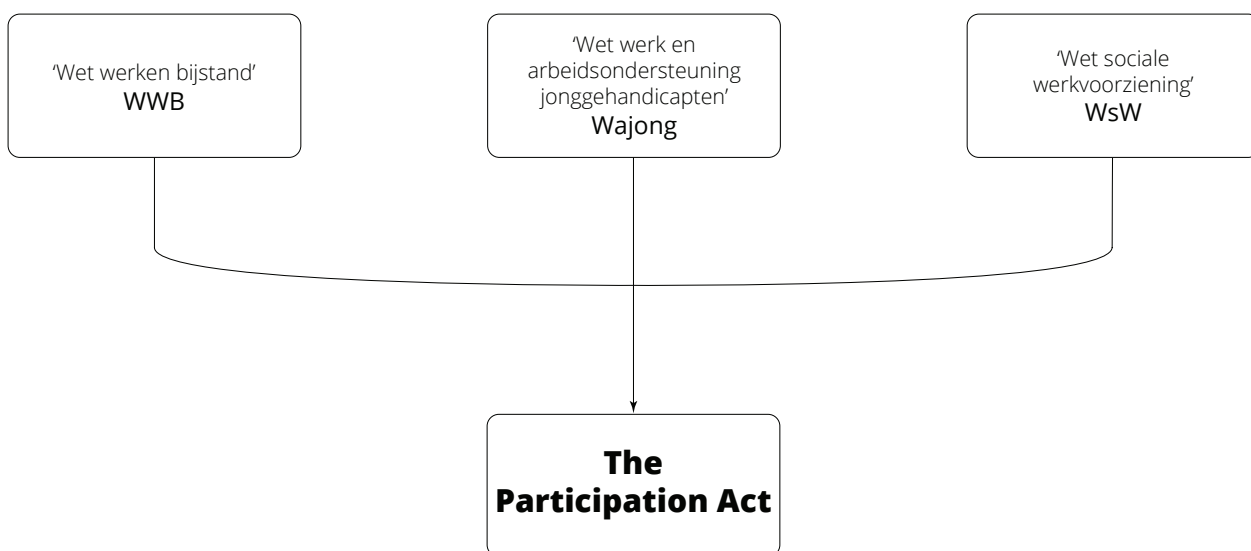


Figure 3 Combination of law to the Participation act

LOW SOCIOECONOMIC STATUS (SES) EMPLOYEES

The majority of employees at DZB with a distance to the labor market fall under a broader umbrella: people with a low socioeconomic status. Material circumstances; skills, capacity & knowledge; and the status and power of his/her social networks are three determinants for the socioeconomic status (SES) of someone (Kompas Volksgezondheid, 2020). It isn't possible to measure the socioeconomic status of an individual directly. Instead it is a cumulation of indicators from the three before mentioned determinants.

Material circumstances is estimated by the income and capital of a household. An income lower than the current low income threshold is needed to be categorized as low SES. As of 2020 the low income threshold is fixed at €30.846 savings capital and a yearly income of below €23.000 (Normen en grenzen huurtoeslag, 2020). The capacity & knowledge of an individual is estimated by the level of academic degree of the individual. Individuals with a primary education or at most preparatory vocational education can be categorized as low SES. The power of the individuals social network is difficult to measure as it is always relative to the rest of the country. An exact estimation of this is therefore difficult. Generally speaking a person with low SES falls on the low end of all three of these determinants.

Low SES and Health

A low SES is often related to an unhealthy lifestyle through poor food choices, reduced physical activity, and smoking habits often resulting in poor mental health. Lack of knowledge, motivation, self-esteem and social surroundings are possible contributors to the trouble the target population of low SES experience towards a healthy lifestyle. An unhealthy lifestyle has negative implications for the people with low SES as well as for the company they work for. Contributing towards a healthy lifestyle is therefore paramount to prolong the life expectancy, years that they live in good health, quality of life, as well as being a more desirable employee. The life expectancy can be 7 years longer for people with a high SES and the amount of years they live in 'good health' is almost 18 years longer (RIVM, 2020b). One of the reasons lifestyle interventions have been introduced is to decrease the gap between the differences in personal health as a consequence of the difference in lifestyle between citizens with high and low SES.



Figure 4 sheltered workshop of low SES employee

THE PROJECT BRIEF

DZB Leiden recognizes that an unhealthy lifestyle for their employees is detrimental to both the low SES employees and the organization itself. According to Kamphuis et al. (2007) having an unhealthy lifestyle makes you more vulnerable to illnesses and can cause more problems at work. These illnesses lead to absenteeism at work, which costs money for DZB as well as making the employee less desirable (Cooper & Dewe, 2008). DZB Leiden aims to bring positive change to these unhealthy lifestyles not only from a fiscal perspective, but also to give a meaningful contribution to the health of their employees.

With the use of lifestyle interventions we can support the group of low SES and help them in the right direction to a healthier lifestyle. Little information on the effectiveness of lifestyle interventions on low SES can be found. However, two articles have pointed out that lifestyle interventions have little impact on people with low SES (Mulderij, L. et al 2019; RIVM, 2020a). The RIVM (2020a) proposes that lifestyle interventions should be designed with an integral approach. Meaning a balanced approach striving to take in the most important considerations (integral), will offer a way to create comprehensive and effective lifestyle interventions. Therefore, to increase the effectiveness of lifestyle interventions there is a need for exploration of the ecosystem surrounding people with low SES.

The Goal

The goal of the graduation project is to improve the effectiveness of lifestyle interventions for people with low SES through an integral approach, by mapping the ecosystem surrounding people with low SES. This graduation thesis will focus on the organizational side of implementing these lifestyle interventions. Research has been performed to identify what the necessary preconditions are for implementing lifestyle interventions within municipal reintegration companies like DZB. The necessary preconditions are translated to design criteria and will be made tangible through a company strategy guided by a future vision. This company strategy will be tailored specific to DZB Leiden as a strategy to successfully implement future lifestyle interventions.

The approach

This graduation project has been structured with the use of the double diamond method by the English Design Council (2004). The double diamond method is commonly used within strategic design processes as a framework for innovation and consists of the following phases: discover, define, develop and deliver. The double diamond refers to the diverging and converging nature of a design process.

This graduation project has an iteration on the discover and define phase where the first iteration ends with a redefinition of the scope of the project. Due to the iterative process of the define and discover phase, the project structure is seen as the Triple diamond method. A visual representation of the project phases within the triple diamond design process can be seen in figure 5.

Strategic design perspective

According to Calabretta, Gemser and Karpen (2016) "strategic implies being able to influence innovation decision-making by jointly and explicitly taking into account the desirability, viability and feasibility of a decision outcome, be that it in a vision, a business opportunity or a new product." Therefore the graduation project will be evaluated in the end on its desirability, viability and feasibility.

DESIGN PHASES

A brief explanation of the different design phases this graduation project has gone through is given below. See figure 5 for a visualization of the design phases.

Discover_One

The goal of this phase is to gain a better understanding of the company DZB, the employees and the scope of the graduation project. Literature study through desk research, pilot interviews and observations gave valuable insights and created a foundation for the project.

Define_One

During this phase the data and information gained from the first discover phase were synthesized to create a conceptual framework in which the conducted research was performed. Two research scopes were determined and through discussion with the stakeholder and graduation committee the project was redefined towards one of the scopes.

Discover_Two

The second discover phase goes in-depth into the organization of DZB. During this phase semi-structured in-depth interviews are performed.

Define_Two

The second iteration ends in the second define phase. During this phase the data acquired from the second discover phase is translated into a power-interest matrix and a stakeholder map.

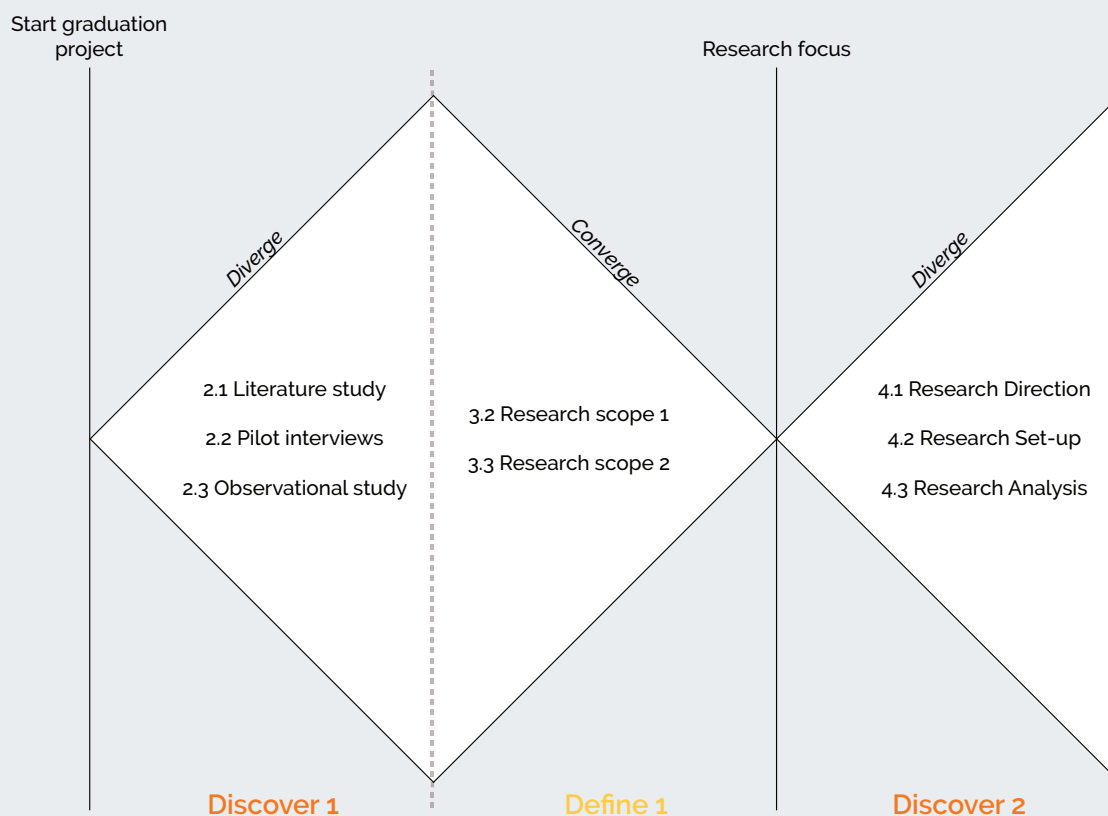


Figure 5 Triple Diamond design phases

Develop

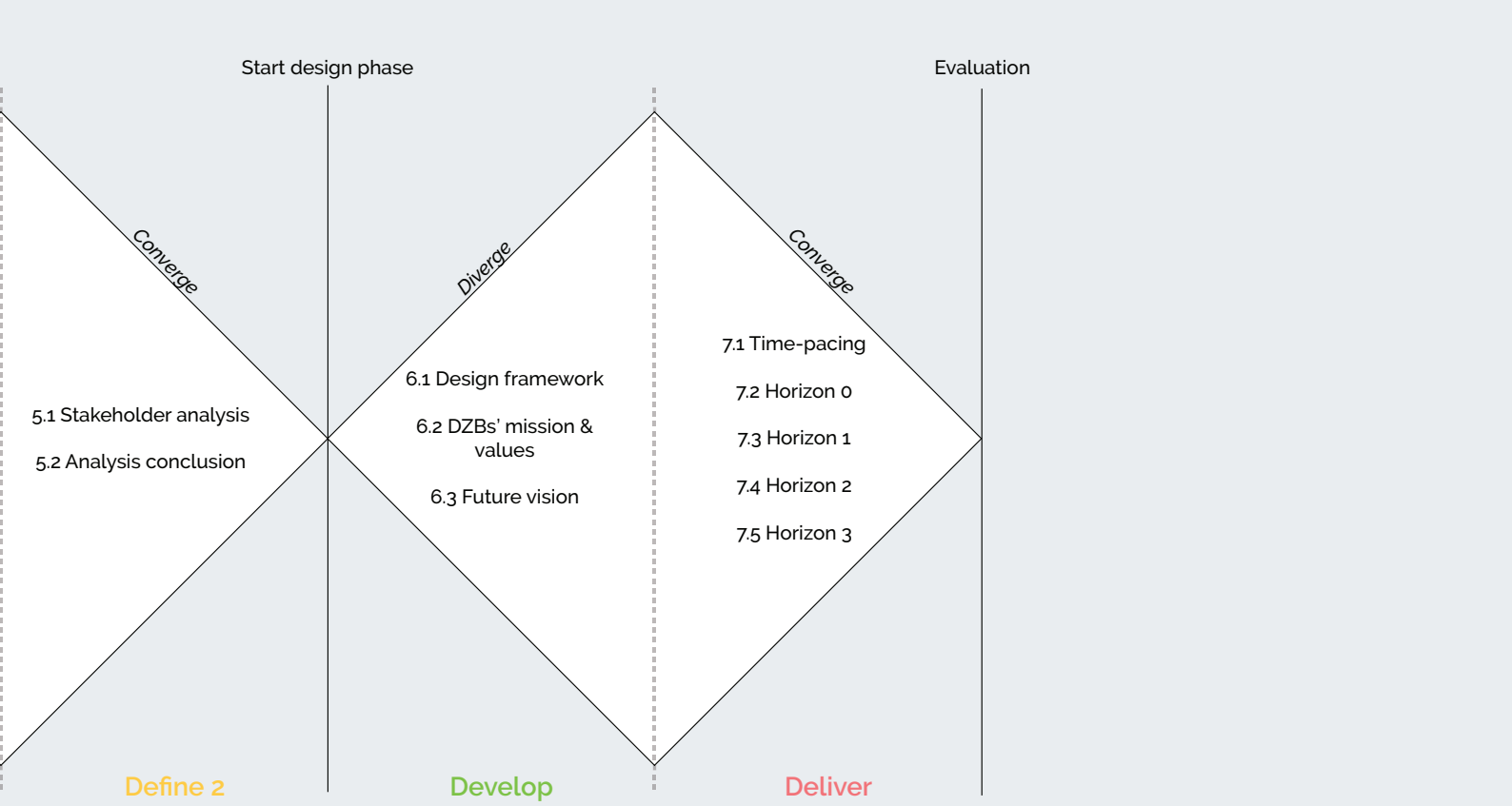
During the development phase an ideation has been performed individually through brainstorming and a creative session. The insights which resulted from the second iteration were converted into a future vision for DZB.

Evaluate

The roadmaps of the previous phase were evaluated on its desirability, viability and feasibility of the plan.

Deliver

In the delivery phase a strategic and tactical roadmap were created to give a tangible course of action towards the future vision. During this phase the roadmaps are elaborately discussed and eventually evaluated on its desirability, viability and feasibility.



2 Discover_One

The context of the graduation project is explored in this chapter. Through a literature study, pilot interviews and an observational study a better understanding of the Health in context, lifestyle & interventions and DZB as an organization is formed. Through a literature study this chapter explores the field of health, lifestyles & interventions and how they are perceived by people with low SES. The pilot interviews and observational study give insight on the importance of health for DZB as well as if and how DZB currently incorporates lifestyles and interventions. This chapter is the input for the first define phase of the design process.

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SCOPE

The goal of this phase is to gain a better understanding of the company DZB, the employees and the scope of the graduation project. The scope of this graduation project exists of health, lifestyles, interventions and DZB as an organization. Since this is quite a broad scope, research will be conducted to determine what is known and where extra research is needed. Literature study through desk research, exploratory interviews and an observational study gave valuable insights for the foundation for this graduation project. The insights from the literature review show what is known in general about the topics of health, lifestyles and interventions. The insights from the exploratory interviews and observational study gives information on a surface level of how health, lifestyles and interventions are perceived at DZB. In the first define phase these insights are used to determine research areas which are translated into research scopes for the second discover phase.

Methods

LITERATURE REVIEW

A literature review has been performed to create a knowledge foundation of methodological and theoretical contributions about the topics of health, lifestyles and interventions. The information and references found are distilled into summaries on these topics. Finally the main insights about these topics are discussed and a initial scope for further research is determined.

EXPLORATORY INTERVIEWS

During the first few weeks at DZB exploratory interviews were conducted in an open-ended structure. To get a better understanding of DZB as an organization and how vitality is perceived within DZB. In total two interviews were conducted with staff employees of DZB Leiden. In this chapter the most interesting takeaways from these pilot interviews are discussed. These interviews are exploratory in nature leaving room for a good discussion with the interviewees about what they think is important. I tried to discuss the topics of health, lifestyles and interventions to determine the current mindset of employees of DZB towards these topics. These interviews have been recorded and notes have been made during the interview about the discussed topics.

OBSERVATIONAL STUDY

An observational study was performed at DZB parallel to the pilot interviews in the first few weeks of this graduation project. Insights received from the observational study often only scratch the surface and do not determine what the underlying causes are. This method of research has been used to gain insight on how DZB is perceived to an outsider and what role vitality already plays within the organization. Associations made during the observational study help to formulate hypothesis and areas for further research (University College London, 2020).

The observational study was performed as an exploration to observe how the topics of health, lifestyles and interventions were adapted within DZB. For this study it was also important to determine what the main internal message of DZB is. Photographs of the different observations at DZB have been made and were translated into insights. These insights will be discussed further on in this chapter, accompanied by the photographs that illustrate these insights.

HEALTH IN CONTEXT

People with low SES are often related to a unhealthy lifestyle through poor food choices, reduced physical activity, smoking behaviors and poor mental health. These unhealthy lifestyle choices have negative implications for people with low SES (van Dam, Spiegelman, Franco & Hu, 2008). In the literature study a deeper understanding is formed of what being healthy means for people with low SES, how lifestyle interventions could steer them towards a healthier lifestyle and how health psychology ties into this.

The current formulation of health was defined by the WHO in 1948 and is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (Huber, Knottnerus, et al., 2011). Huber et al. (2011) adds to this that health should also be seen as the ability to adapt and self-manage. The definition of health for this graduation project is a combination of the two.

Health is defined as:

“ A state of complete physical, mental and social well-being with the ability to adapt and self-manage ”

To gain a better understanding of what this means, the definition has been dissected in the following paragraphs.

PHYSICAL HEALTH

According to Huber et al. (2011) "a healthy organism is capable of allostasis". Allostasis is the maintenance of physiological homeostasis through changing circumstances (Schulkin J., 2004). This means that a physically healthy organism is able to protect itself from potential harm. A healthy individual is therefore able to restore his own body to its equilibrium. If the body is not capable of this it could finally result in an illness.

MENTAL HEALTH

Antonovsky (1979) describes mental health as "a successful capacity to cope, recover from strong psychological stress, and prevent post-traumatic stress disorders". He mentions that the sense of coherence is an important factor which contributes to the described mental health (Antonovsky, 1984). The sense of coherence includes the ability to comprehend, manage and see the meaningfulness of a difficult situation.

SOCIAL HEALTH

In social health multiple dimensions can be identified. These dimensions are (1) the capacity to fulfil someone's potential and obligation and (2) the ability to participate in social activities. Social health consists of a dynamic balance between limitations and opportunities, which shift throughout the life of an individual. These limitations and opportunities are affected by external factors from social and environmental challenges (Huber, Knottnerus, et al., 2011).



ADAPTATION & SELF-MANAGING

Adaptation is about the ability of an individual to adapt their lifestyle to an illness as a result from failure of either physical, mental or social health. People who learn to cope with their illness and manage their life around this illness have improved self-rated health, more energy, less fatigue, less distress and fewer perceived disabilities and limitations during social activities (Huber, Knottnerus, et al., 2011).

This adjusted definition of health, often referred to as Positive Health or Vitality, is trending in the world of Healthcare. According to Flinterman et al. (2019) the concept of positive health is commonly used among care professionals in the Netherlands. The concept of positive health should stimulate the use of integral and tailored care to individuals. The focus of care shifts to the resilience and autonomous of an individual.

In order to make the concept of positive health measurable Huber et al. (2015) performed a combination of a qualitative study, with 140 participants, and a survey, with 1938 participants. The results of this study were categorized into six dimensions which should represent positive health. The six dimensions are as follows:

1. Bodily functions
2. Mental functions and perception
3. Spiritual/existential dimension
4. Quality of life
5. Social and societal participation
6. Daily functioning

A total of 32 aspects of health were divided into these six dimensions. Together they make-up the entirety of the concept of positive health. See figure 7: Six dimensions of health and the 32 indicators.

POSITIVE HEALTH AND LOW SES

The definition of positive health is from a generalized context of the entire population. For this graduation project the focus is on people with low socioeconomic status (SES). A study performed by Flinterman et al. (2019) gives insight on how positive health is perceived by people with low SES. His study was conducted through 9 concept mapping sessions organized in 5 different municipalities of the Netherlands. This should give a good indication of how positive health is perceived.

According to Flinterman et al. (2019) people with low SES have a broad definition of positive health which is mostly inline the previous mentioned concept of positive health. There are some differences however which are specific for people with low SES. Most of these differences are within the aspects for which they define the different dimensions of positive health. With the adjustments to the aspects for positive health in mind, Flinterman et al. (2019) created a spider chart to measure the positive health of an individual with low SES. This spider chart (seen in figure 8) can be used by DZB to determine the current positive health of an employee as well as help the individual with setting goals on where to improve to. For further the application of the positive health spider chart see chapter 7: Horizon 0.

The study performed by Flinterman et al. (2019) also determined what the largest determinants are for the different aspects as seen in the spider chart. The determinants stated by Flinterman et al. (2019) are Lifestyle, access to healthcare, and their physical and social surroundings (see figure 9). The figure makes clear that the lifestyle of the individual is the most influential determinant for their positive health, followed by their access to healthcare and least affected by the influence from their physical and social surrounding.

The following paragraph will expand in on what healthy or unhealthy lifestyles are and how interventions are a possible tool for adjusting the lifestyles of people with low SES.

<i>Bodily functions</i>	<i>Mental functions and perception</i>	<i>Spiritual/existential dimension</i>	<i>Quality of life</i>	<i>Social and societal participation</i>	<i>Daily functioning</i>
▶ Medical facts	▶ Cognitive functioning	▶ Meaning/meaningfulness	▶ Quality of life/well-being	▶ Social and communicative skills	▶ Basic ADL
▶ Medical observations	▶ Emotional state	▶ Striving for aims/ideals	▶ Experiencing happiness	▶ Meaningful relationships	▶ Instrumental ADL
▶ Physical functioning	▶ Esteem/self-respect	▶ Future prospects	▶ Enjoyment	▶ Social contacts	▶ Ability to work
▶ Complaints and pain	▶ Experiencing to be in charge/ manageability	▶ Acceptance	▶ Perceived health	▶ Experiencing to be accepted	▶ Health literacy
▶ Energy	▶ Self-management		▶ Flourishing	▶ Community involvement	
	▶ Resilience, SOC (sense of coherence)		▶ Zest for life	▶ Meaningful work	
			▶ Balance		

Figure 7 Six dimensions of health and the 32 indicators

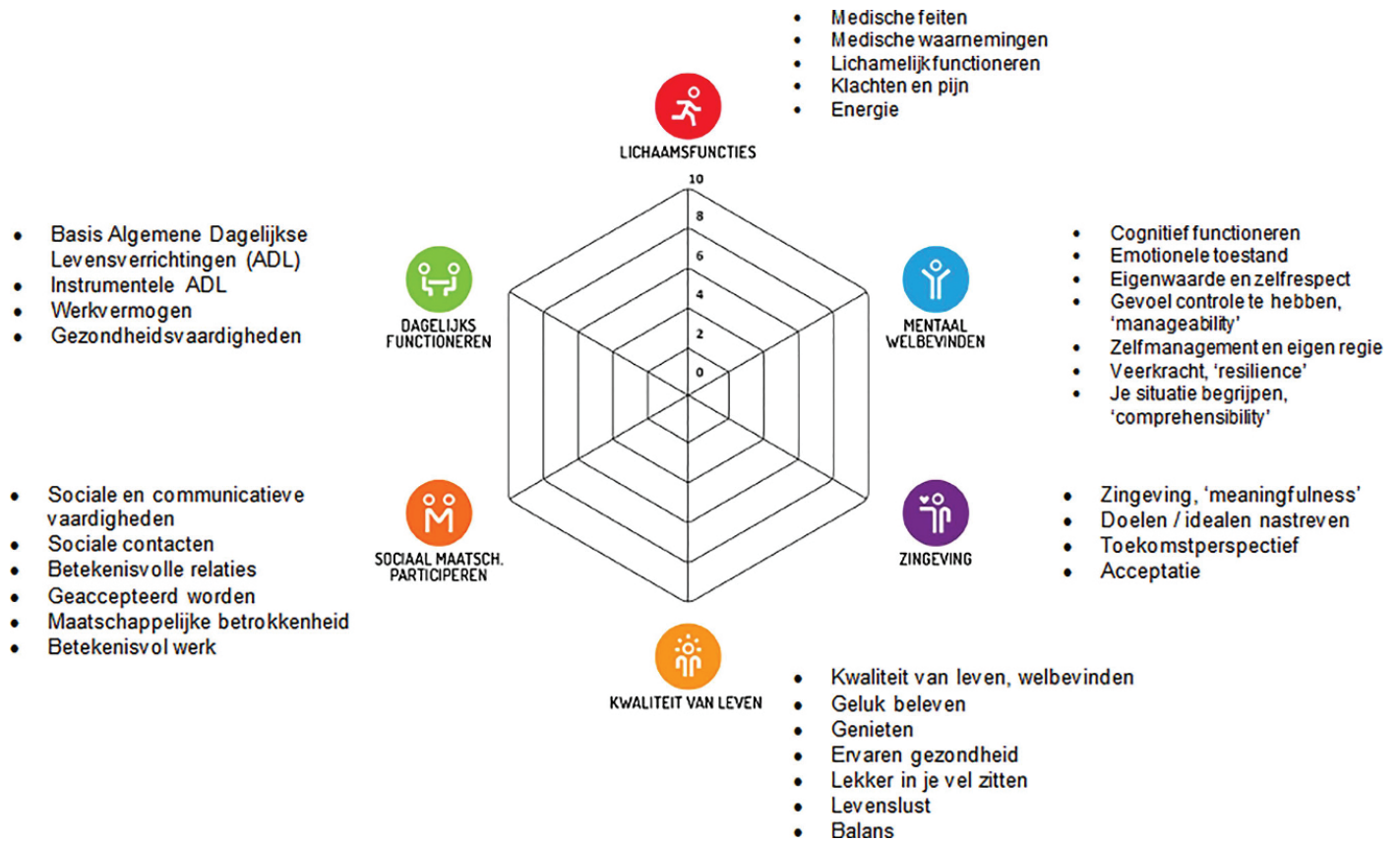


Figure 8 Spider chart to measure positive health of an individual created by Flinterman et al. 2019

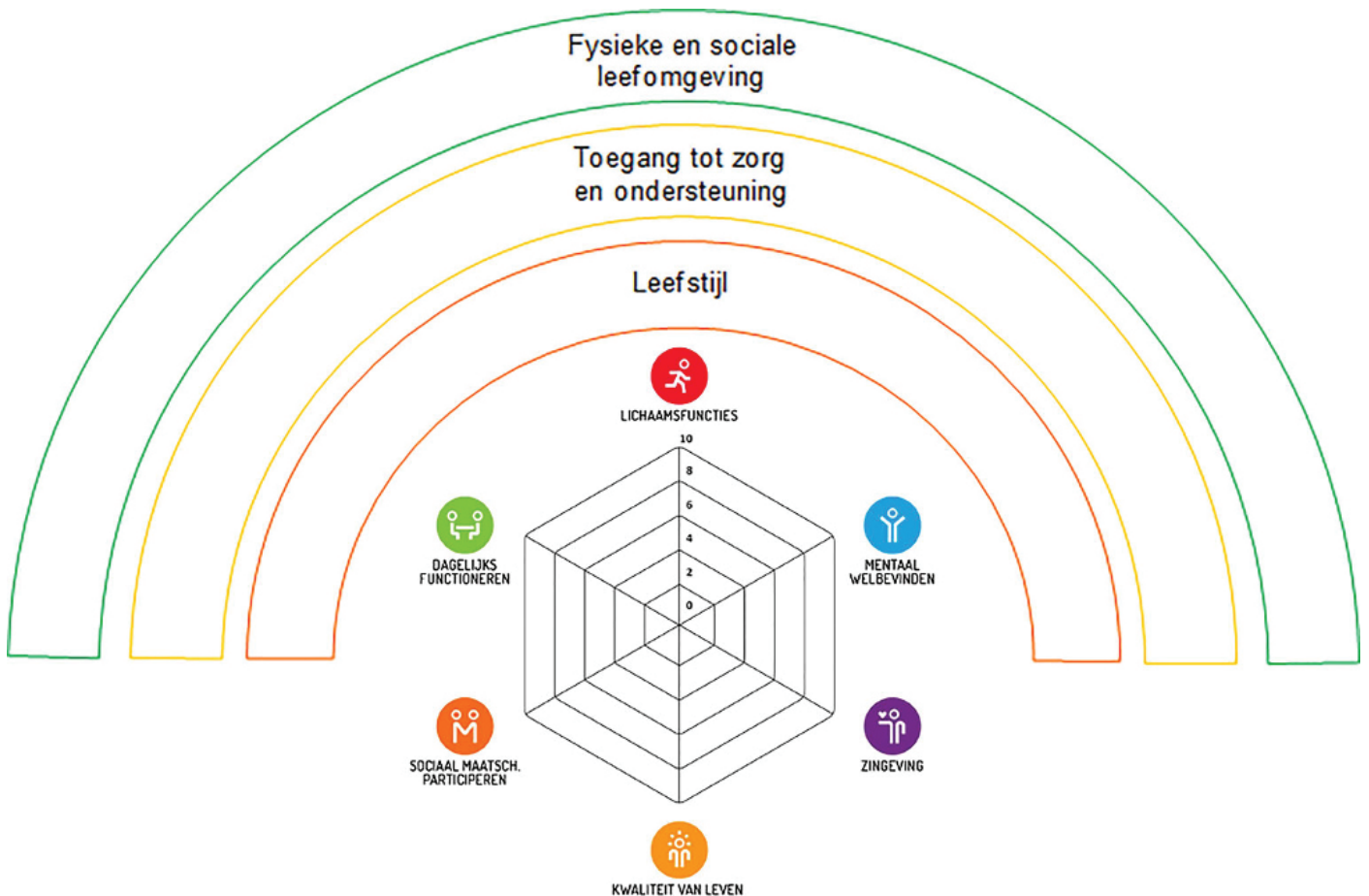


Figure 9 Three most influential determinants of positive health for people with low SES.

LIFESTYLE & INTERVENTIONS IN CONTEXT

A lifestyle can be described as a set of adjustable behaviors and choices that a person has to retain a feeling of security in their life (Jensen, 2007). The behaviors and choices an individual makes influences their health and well-being (Sharma, Biedenharn, Fedor & Agarwal, 2103). Low SES individuals often cope with unhealthy behaviors and therefore an unhealthy lifestyle. Lifestyle interventions have been introduced as an endeavor to adjust their unhealthy lifestyle. In this paragraph a deeper understanding of lifestyles is established through a study into what a healthy lifestyle is, what the consequences of an unhealthy lifestyle are and how people with low SES view a healthy lifestyle. Afterwards the effectiveness of lifestyle interventions on people with low SES is explored.

What is a healthy lifestyle?

To determine if someone's lifestyle can be considered a healthy lifestyle, lifestyles first need to be measured. Harvard Medical School conducted a study on the impact of behaviors on life expectancy. Their study reported the following behaviors to have the most influence on having a healthy lifestyle (Tello, M. 2020):

- **HEALTHY DIET** - which was calculated and rated based on the reported intake of healthy foods like vegetables, fruits, nuts, whole grains, healthy fats, and omega-3 fatty acids, and unhealthy foods like red and processed meats, sugar-sweetened beverages, trans fat, and sodium.
- **HEALTHY PHYSICAL ACTIVITY LEVEL** - which was measured as at least 30 minutes per day of moderate to vigorous activity daily.
- **HEALTHY BODY WEIGHT** - defined as a normal body mass index (BMI), which is between 18.5 and 24.9.
- **SMOKING** - there is no healthy amount of smoking. "Healthy" here meant never having smoked.
- **MODERATE ALCOHOL INTAKE** - which was measured as between 5 and 15 grams per day for women, and 5 to 30 grams per day for men. Generally, one drink contains about 14 grams of pure alcohol. That's 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled spirits.

Mental and social health can be difficult to measure. The spider chart by Flinterman et al. (2019) shows a checklist which Dutch people with low SES should adhere to. There is a checklist for both the social as well as the mental health.

Consequences of an unhealthy lifestyle

In the previous paragraph healthy lifestyle behaviors have been determined. This paragraph covers how we define unhealthy lifestyle behavior and what the consequences of unhealthy lifestyle choices are.

If the criteria of healthy lifestyle behaviors is not met, that behavior will be categorized as an unhealthy lifestyle behavior. In short unhealthy lifestyle behaviors are defined as follows:

1. Unhealthy diet
2. A physical activity of less 30 minutes per day
3. A body mass index (BMI) below 18.5 or above 24.9
4. Smoking behavior
5. Excessive alcohol intake of more than 15 grams per day for women and 30 grams per day for men.

These unhealthy lifestyle behaviors can have major consequences for an individual's quality of life and their quality as an employee. An unhealthy lifestyle can contribute to the development of non-communicable diseases. Some commonly known examples of this are: diabetes, cardiovascular diseases, cancer and a high blood pressure. Each of these examples can cause early mortality of the individual (Kamphuis et al., 2007; van Dam et al., 2008). According to Harvard Medical School (2018), when all healthy behavior criteria are met people lived approximately 13 years longer and when at least one of the criteria is met people lived 2 years longer.

There is limited literature to be found on the consequences of unhealthy lifestyles on absenteeism, work disabilities and productivity. The National Institute of Public Health and Environment (RIVM) concluded this in a literature study. The literature study was performed to identify gaps for initiate future research. From the literature study the RIVM (Eysink, Hamberg-van Reenen and Lambooj, 2008) indicated that international studies conclude that unhealthy lifestyle behaviors like smoking, excessive alcohol intake and low physical activity influence the health of employees and have a direct relation to the skills of the employee. They state that an unhealthy lifestyle can lead to increased absenteeism, increased work disabilities and decreased productivity. In the table below a summary of the influence of the unhealthy lifestyle behaviors on labor can be found:

The introduction of lifestyle interventions for DZB shows great promise, if this would decrease absenteeism, decrease work disabilities and increase the productivity of DZB's low SES employees. In this case higher productivity means that an individual is able to produce more with less errors.

BRAVO

BRAVO stands for Physical activity (beweging), Smoking (Roken), Alcohol, Diet (Voeding) and Relaxation (Ontspanning). The BRAVO themes have been developed as a tool for employers to focus their vitality policies. By incorporating policies that focus unhealthy lifestyle behaviors surrounding these themes employers are able to improve the sustainable employability of employees (SBCM, 2020).

Unhealthy lifestyle behaviors	Effect on work	Literature
DIET	Possible reduction of concentration time	Not substantiated by current existing literature
PHYSICAL ACTIVITY	Statistically physical activity is only significant for employees who perform intense physical activity. However too much physical activity could also lead to more injuries. Conclusion: Frequency, intensity and duration should be tailored to the individual.	Van Amelsvoort et al., 2006 Proper et al., 2006 Van den Heuvel et al., 2003 Van Deursen et al., 2007 CBS, 2007
OVERWEIGHT	1.8x more absenteeism on work days, 1.3x more often absenteeism	CBS, 2007 Jans et al., 2007
SMOKING	Increased absenteeism, incapacity for work, reduced employee performance	Osinubi & Slade, 2002 Fisher et al., 1990 Eriksen et al., 1998
ALCOHOL INTAKE	Alcoholics are less responsible and this leads to increased absenteeism and job loss. There are 40% more cases of alcohol related absenteeism than non-alcoholic cases.	Žuškin, E., 2006

Figure 10 Overview of unhealthy behaviors their consequences and references to literature

HOW DO PEOPLE WITH LOW SES VIEW HEALTHY LIFESTYLES?

According to a research performed by Heutink, H. et al. (2010), people with low SES think quite differently about a healthy lifestyle. Heutink et al. distinguishes these differences with the help of real-life accounts of how people with low SES perceive healthy lifestyles.

Live by the day

People with low SES often cope with multiple problems each day. Chronic diseases, debt, worries about relationships and upbringing of their children, poor living arrangements, physically straining jobs and criminal activity in their neighborhood are a few examples of these problems. Because of these problems people with low SES have the tendency to live by the day (Heutink, H et al. 2010). They prefer the short term positive effects above the long term health benefits. For instance, a cigarette offers them stress release to cope with the day. Even though it is commonly known that cigarettes have a deteriorating effect on your body and physical health.

Much is required, but little is allowed

According to the respondents of the research performed by Heutink et al. (2010) being healthy is experienced as a lot of musts and requirements while at the same time little is allowed. This limits them to enjoy the 'now', even though everybody needs to enjoy life every once in a while. This is strengthened by the knowledge that people with low SES often don't have the means to go on vacation or little excursions and often live in unpleasant neighborhoods. They need to be able to release some of the tension that they have to cope with every day.

Rules

Health messages from interventions are often delivered imperatively and the short term benefits of these interventions are also difficult to understand. People with low SES often experience these interventions as patronizing. This invokes an aversion to health interventions in general. Another aspect that came to light, was that people with low SES don't see the difference between health messages and commercials. The sources for information are seen as equal.

Peace of mind

Heutink et al. (2010) also mention that for people with low SES to be able to practice a healthy lifestyle they need peace of mind and personal space. They mention that it might be better to aim lifestyle interventions towards preconditions for this peace of mind and personal space, so that they are psychologically more accepting of working towards a healthy lifestyle. This might be an interesting approach to lifestyle interventions for the case of DZB Leiden

BARRIERS TOWARDS A HEALTHY LIFESTYLE

As mentioned in the previous paragraph, the ability to pursue a healthy lifestyle can be difficult for people with low SES. This is in part due to the daily issues people with low SES have to cope with are different in nature from people with a higher SES. The following are a few examples of what daily issues people with low SES cope with:

Poor living conditions

People with low SES often have poor living environments like living in unsafe or unpleasant neighborhoods. This weakens their desire to leave the house, which results in low physical activity. Apart from this, people with low SES often don't have the financial means to buy fruits, vegetables or join sports clubs as they are expensive (Bukman et al., 2014).

Negligent upbringing

A negligent upbringing can be a contributor to a multitude of unhealthy behaviors. Such an upbringing can influence an individual's desire for physical activity negatively, contribute to an early smoking addiction or be a source of poor food education. People with low SES might not know better than these unhealthy lifestyle behaviors as they were raised with them (Bukman et al., 2014).

Negative social influences

People with low SES are easily influenced by their surroundings and are especially prone to peer pressure. The social connections of people with low SES often live in the same conditions with the same poor living conditions or negligent upbringing. The social norms which are created between these individuals often influence their eating and drinking behavior negatively (Ball, Jeffrey, Abbot, MCNaughton & Crawford, 2010).

Low health literacy

Health literacy is needed in order to take appropriate health care decisions in daily life. Low health literacy can be defined as a lack of skills to obtain, understand, process and apply information about health (Heijmans, Barbers & Rademakers, 2018; Sørensen, 2015). People with low health literacy are more likely to have a low SES and vice versa (Stewart, 2014).

Due to these issues common unhealthy lifestyle behaviors like smoking and drinking alcohol are seen as moments to enjoy life. They often think in the short term instead of in the long term and health usually isn't their number one priority. One common misconception that people with low SES have is that you are healthy if you feel good. This strengthens their stand on smoking and alcohol as they feel better or good in the moment.

Knowing this how can we change an individual's unhealthy lifestyle behaviors? Lifestyle interventions have been introduced as an answer to this question. In the next paragraph a study of lifestyle interventions is performed where we take a look at what lifestyle interventions are, what the current lifestyle interventions offered through basic healthcare are and how effective they are on people with low SES.

LIFESTYLE INTERVENTIONS

First we must answer the question: "What are lifestyle interventions?", to gain insight on how lifestyle interventions can help steer people with low SES towards a more healthy lifestyle. According to the RIVM (2019) a lifestyle intervention is an advice intended to encourage people to adopt a more healthy lifestyle and devise measures to help them do so.

Effectiveness of lifestyle interventions (integral approach)

With the use of lifestyle interventions we can support the group of low SES and help them in the right direction to a healthier lifestyle. According to RIVM (2020a) an integral approach towards lifestyle interventions is paramount for their success. An integral approach for lifestyle interventions for people with low SES should focus on their home environment, social life and work environment. Currently there are three lifestyle interventions offered in basic healthcare insurance. According to Mulderij, L. et al. (2019), the three lifestyle (CooL, Slimmer and BeweegKuur) interventions offered are usually the insurance of choice for people with low SES. They state that little information on the effectiveness of lifestyle interventions on low SES can be found. However, two articles about these lifestyle interventions have pointed out that these lifestyle interventions have little impact on people with low SES (Mulderij, L. et al., 2019; RIVM, 2020a). Mulderij, L. et al. (2019) state that the three lifestyle interventions, provided through basic healthcare, are not specifically tailored to people with low SES. The RIVM also states that as long as people with low SES have debt or are unable to find a job, personal health is often of low importance. A description of these lifestyle interventions is given in the paragraphs below.

SLIMMER

The SLIMMER intervention is meant for adults between the 40 and 70 years old. This intervention also focusses on the participants overweight, since

this group of people have a higher risk to contract type 2 diabetes. This intervention aims to improve the participants diet and exercise patterns in order to reduce potential obesities. Reducing this risk should improve the participants quality of life and social participation. SLIMMER starts with an exercise program lasting six months which focusing on nutrition and exercise. Afterwards an 18-month outflow program starts, in which participants are guided to local sports centers supported by return- and monitoring moments. ("SLIMMER", 2020)

CooL (Coaching op Leefstijl)

CooL is one of the three lifestyle interventions offered through basic healthcare in the Netherlands. The intervention focusses on overweight adults and adults with obesities, who have an increased risk of diabetes mellitus type 2 or cardiovascular disease. The participant's current lifestyle is the starting point for the CooL program, where the participant is in control. With the support of a lifestyle coach he or she sets personal goals and links them to corresponding actions with regard to behavioral change. Together they aim to identify unhealthy behaviors and replace these behaviors by healthier alternatives. During the program, these actions are monitored and adjusted where necessary. As soon as an objective has been achieved, new actions are formulated so that the participant gradually shifts towards healthier behavior. The intervention also gives attention to possible relapse making participants aware of this possibility within the change process. Participants learn to recognize a relapse and learn how to reverse the relapse. The

diabetes
voorkomen
SLIMMER

EEN EFFECTIEVE AANPAK!



end goals are achieving weight loss, improving physical fitness, realizing health benefits and improving quality of life. ("CooL", 2020)



CooL
COACHING OP LEEFSTIJL

Important to notice is that all three interventions are focused on reducing the weight of the participants. However, as mentioned before people with low SES often have other unhealthy lifestyle behaviors. Currently it seems that lifestyle interventions offered by the municipality mainly focus on improving their diet and physical activity lifestyle behaviors. According to Bukman, A. J. et al. (2014) the focus of lifestyle interventions on the topics of diet and physical activity is logical. The need for people with low SES to change their lifestyle is often prompted by feedback from their bodies. When experiencing health complaints people with low SES seem to be motivated to change their lifestyle. They conclude that to increase the motivation of people with low SES to change their lifestyle, awareness should be increased about the consequences of unhealthy lifestyle behaviors.

Beweegkuur

Beweegkuur is another intervention focused on high weight-related health risks. The target participants are people with a BMI between 25 and 40 and/or with comorbidity. The aim to increase the health of the participants through increased physical activity, healthy diet and the persistence of a healthy lifestyle through behavior change. In the intervention, three programs are distinguished that differ in the degree of guidance by a physiotherapist. In the nutritional program, participants receive individual consultation and group workshops. For behavioral change, the lifestyle advisor monitors progress and coaches and guides the participant on generic and personal goals. In addition, there is guidance for appropriate exercise activities in the regular exercise offer (i.e. public gyms, sports teams, hiking club). ("Beweegkuur", 2020)

Beweeg Kuur

MEER BEWEGEN EN GEZONDE VOEDING

SAFEGUARDING VITALITY INTERVENTIONS WITHIN AN ORGANIZATION

Safeguarding vitality interventions within an organization is an important measurement to for realizing effective lifestyle interventions. Without the safeguarding of vitality interventions within an organization there is no guarantee an intervention will be as effective as possible. Which is the goal of this graduation project. First, it is established what it means to safeguard a lifestyle intervention and second literature has been found on how to safeguard lifestyle interventions within an organization.

What does it mean to safeguard lifestyle interventions?

To safeguard means to take a measure to protect someone or something to prevent something undesirable. In the past DZB has tried to implement interventions which were not always successful (i.e. Expeditie EQ). This raises the question why certain interventions were and certain interventions weren't successful. Finding out what did and didn't work can have its benefits for trying to implement interventions in the future. For now, we will incorporate the preconditions for safeguarding lifestyle interventions in organizations as mentioned by Robroek, S. (2015).

How can an organization safeguard lifestyle interventions?

Robroek, S. (2015) states that there are a few preconditions for organizations in order to be able to safeguard lifestyle interventions within the organization. They are focused on what is necessary for health interventions to be able to succeed within organizations. The preconditions are as follows:

- **VISION** – The organization must convey that a healthy lifestyle is important
- **SUPPORT** – Interventions need the support of the organization. Management and leading roles within an organization should support the interventions. The intervention should also be embedded in the vision and core values of an organization.
- **COMMUNICATION** – Communication about the interventions should be positively and personally formulated. Targeted messaging with the term 'you' instead of broadly speaking 'they' or 'people'. The message should also be clear and uniform.
- **COACHING LEADERSHIP** – Employees should be approached in a coaching manner. A coaching leadership should be appointed who is personally involved with the employees.

Aspects for successful implementation of lifestyle interventions

A study performed by Teuscher, D. et al. (2018) evaluated the implementation of the MetSLIM lifestyle intervention. MetSLIM is an adjusted form of the SLIMMER intervention, focusing on adults from 30-70 years of age with an increase stomach circumference who live in disadvantaged neighborhoods. Their analysis shows that recruitment of participants should be a flexible process. Trust in the recruiter is an important factor for the recruitment of low SES participants.

Teuscher, D. et al. (2018) emphasize that interventions are not fixed entities but instead take on the form of a social interaction. Creating a learning cycle of the interventions through evaluating the process and their deviations should increase the effectiveness of the interventions itself.

SOCIAL ECOLOGICAL MODEL

The social ecological model is a proposal by Bronfenbrenner (1977) for an approach on how to research human development, focusing on progressive accommodation, between man and the ever changing environment he lives in. He proposes that the changing relation between man and the environment can be conceived in terms of multiple systems. These systems are divided into individual, interpersonal, organizational, community and public policy. Figure 11 shows the different categories of the different ecological systems. A study by Golden & Earp (2012) shows that in the past 20 years most interventions focus on the individual and interpersonal characteristics rather than the organizational, community or public policy characteristics.

Individual

The individual system includes the knowledge, attitudes and skills of the individual. This includes the beliefs and values of that individual that influence their perception of risk and benefits. (McCormack, L., Thomas, V., Lewis, M. A., & Rudd, R., 2017)

Interpersonal

The interpersonal system encompasses the social circle of the individual. This includes their friends, families and social networks. They drive factors like communication skills and social support. (McCormack, L., Thomas, V., Lewis, M. A., & Rudd, R., 2017)

Organizational

The organizational system values the influence of organizations and social institutions. For the case example of this graduation project this would encompass DZB Leiden and other social institutions that influence the behavior of the individual. Determinant factors are infrastructure planning, implementation and coordination of the interventions by the organizations and social institutions. (McCormack, L., Thomas, V., Lewis, M. A., & Rudd, R., 2017)

Community

The community system describes the relationship between the different organizations. In example, community-based programs and the integration of public health and healthcare systems. (McCormack, L., Thomas, V., Lewis, M. A., & Rudd, R., 2017)

Public Policy

Within public policy we understand the different laws and regulations which influence the individual. The participation act (see Introduction: Participation Act) is one of these laws that influences a person with low SES. (McCormack, L., Thomas, V., Lewis, M. A., & Rudd, R., 2017)

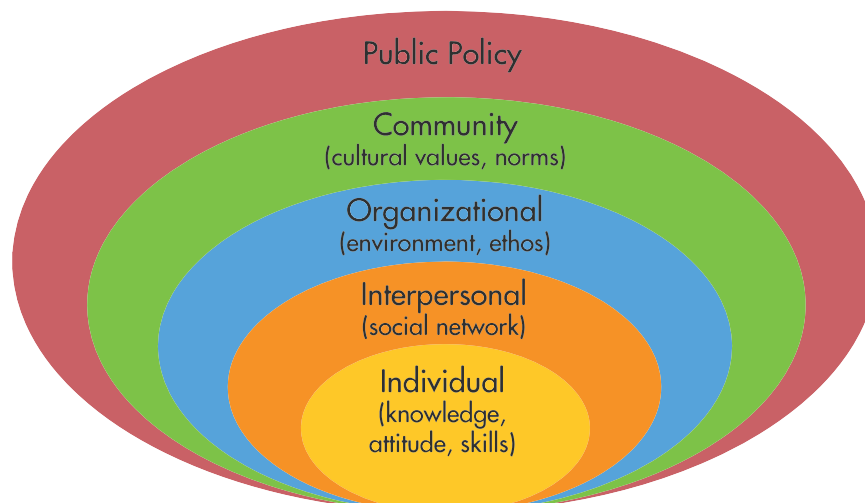


Figure 11 Visual representation of the Social Ecological Model by Bronfenbrenner (1977)

MAIN INSIGHTS LITERATURE REVIEW

The literature study explored the field of health, lifestyles & interventions and how people with a low socioeconomic status perceive them. The field health psychology has been explored at the beginning of this graduation project. At the end of the first define phase a choice is made towards the organizational ecosystem defined in the social ecological model (see Chapter 3: Define_One). See appendix B: Health psychology, for a summary of the literature explored in health psychology. This paragraph summarizes the main insights gained from the performed literature study.

Health in context

In this graduation project positive health is defined as a state of complete physical, mental and social well-being with the ability to adapt and self-manage. Flinterman et al. (2019) designed a spider chart which can be used to measure the positive health of people with low SES. He distinguishes 6 major categories to measure positive health. They are:

- Bodily functions
- Mental well-being
- Meaning
- Quality of life
- Daily functions
- Social participation in society

Flinterman et al. (2019) also analyses that lifestyle, access to quality healthcare and the social surroundings are the three main determinants for the health of a person with low SES.

Lifestyle in context

For this graduation project a person's lifestyle will be considered healthy when, they show the behaviors described by Tello, M. (2020) and when they check all the attributes of the mental well-being and social participation in society introduced by Flinterman et al. (2019). However, a healthy lifestyle is often perceived quite differently by people with a low SES. People with low SES often live day by day as they have to cope with multiple problems each day. Short term positive effects of unhealthy behaviors like smoking or drinking are therefore used as stress release to cope with the day. Living a healthy lifestyle is accompanied by lots of rules. These rules are seen as patronizing invoking an aversion to health messages. Due to the sheer amount of rules they also feel like much is required and are only allowed a few pleasures in life.

There are also quite a few barriers for people with low SES towards a healthy lifestyle. Negligent upbringing, poor living conditions, negative social influences & low health literacy are a few of these barriers that restrict these people towards pursuing a healthy lifestyle.

Pursuing a healthy lifestyle is desirable for people with low SES due to the consequences of unhealthy lifestyle behaviors. Some of these consequences are:

- An unhealthy diet can cause reduction of concentration times at work
- Overweight can result in 1.8 times more absenteeism on work days and employees being 1.3 times more absent
- Smoking can result in increased absenteeism, reduced employee performance and an incapacity for work
- Alcoholism has effect on the responsibility of employees are at work. In 2006 there were 40% more cases of absenteeism which were alcohol related vs non-alcohol related.

Interventions in context

Interventions have been introduced as a possible solution for adjusting unhealthy lifestyle behaviors of people with low SES. Currently most of the interventions offered to people with low SES focus on overweight. For instance, all three interventions offered in the basic health insurance (most common insurance for people with low SES) SLIM, CoolLer, Beweegkuur all focus on reducing overweight. This would fall within the bodily functions of positive health. There are however 5 more major categories which all contribute to the health of a low SES individual. This points to the necessity of introducing lifestyle interventions which focus on other aspects towards a healthy lifestyle.

The BRAVO themes have been introduced as a means for organizations to focus their vitality policies. By incorporating the BRAVO policies that focus on unhealthy lifestyle behaviors surrounding, organizations are able to improve the sustainable employability of employees.

Current lifestyle interventions have been pointed out as having little impact on people with low SES (Mulderij, L. et al., 2019; RIVM, 2020a). This due to the interventions which are not tailored to the target group of low SES. Tailoring of lifestyle interventions toward people with low SES is paramount for realizing their effectiveness. Safeguarding interventions is also important for realizing the effectiveness of lifestyle interventions. Robroek, S. (2015) introduces four preconditions to safeguard lifestyle interventions about health within organizations:

- The vision of the organization should convey that health is important
- Organization wide support for the intervention is necessary
- Communication surrounding the interventions should be positively formulated
- Coaching leadership which interacts with the target group in a coaching manner is needed

A study performed by Teuscher, D. et al. (2018) adds two more aspects which are important for the effectiveness of lifestyle interventions. He mentions that (1) recruitment works best when the target group trusts the recruiter and that (2) a learning cycle of the interventions through evaluating the process and their deviations should be created.

MAIN INSIGHTS EXPLORATORY INTERVIEWS

This paragraph describes the main insights gained from each of the exploratory interviews. These insights are used in the first define phase to establish research scopes for the performed research in the second discover and define phase of this graduation project.

Interview 1

The first pilot interview is conducted with the senior Team leader of Assembly. This interview gave many insights to the perception of vitality within employees of DZB. The main takeaways are as follows:

- First of all, the interviewee described a similar vision as the vision people with low SES have for vitality as described by Heutink et al. (2010). They described that being healthy is equal to feeling good.
- The interviewee had difficulty with explaining what healthy behaviors are, however when asked what unhealthy behaviors are the interviewee quickly mentioned a few examples: smoking, drinking alcohol, not exercising, and a bad diet. These examples coincide with the unhealthy behaviors described in the literature study (see Discover 1: Literature study).
- The short term benefits of the interviewees actions were deemed more important than the long-term effects. This also coincides with the mindset of people with low SES (Heutink, H. et al., 2010)
- According to the interviewee the financial situation of people with low SES is the largest barrier towards healthy eating behaviors. The interviewee stated that to eat healthy one must buy biological products and these are too expensive. This could point to an insufficient education towards vitality.
- There have been successful interventions that took place at DZB. One example of this is intervention about sexual comments and sexual harassment. Important to note is that this intervention was done in a group effort. The interviewee stated that group interventions are most common and most successful.
- The interviewee mentioned that being healthy is about building an internal resistance to everything. An interesting quote was: "Being healthy is having a good internal resistance, that is why the most people get sick in a Hospital."

Interview 2

The second pilot interview was conducted with the financial advisor of Middelen & Control. This interview gave more insights into the inner workings of a municipal organization like DZB. The main takeaways are as follows:

- The in-house production and assembly of DZB are only a small portion of the earnings made by DZB. Subsidies that DZB receive through secondment and guarantee jobs (see Introduction) generate more fiscal earnings.
- The municipality of Leiden would like more grip on the undertakings of DZB to the social development of low SES employees.
- Vitality is an interesting subject, but isn't a priority for the management of DZB. The interviewee mentioned two possible reasons. Firstly, benefits for DZB as a result of improved vitality of its employees is difficult to measure and secondly, an investment is needed to improve vitality.
- There is a culture within DZB where every spent euro needs to be justified. Due to this projects are often 100% completed before they are presented to a manager for consent to execute the project.

MAIN INSIGHTS OBSERVATIONAL STUDY

In this paragraph the main insights of the observational study are described. As mentioned in the methods paragraph of this chapter, the observational study was an explorative study and offers mostly surface level information. The preconditions explained by Robroek, S. (2015) gave direction for the observational insights made during this study.

Vitality

Vitality doesn't play a prominent role in the image of the company. The visuals used in and outside the building focus around hard work.

Brand image

Brand image almost always goes above the wellbeing of the employees. An example of this is the replacement of the allowed smoking area. This used to be in front of the company at the entrance, however this is now moved to the side of the building on the biking route towards the bike parking. This could make it difficult for people who either want to quit smoking or have recently quit smoking.

Interventions & DZB

Some efforts have been made to give incentives for healthier options in the canteen. For example smileys have been placed on glass near the food to display if something is healthy (green happy smiley), however when something is not healthy, i.e. deep fried snacks, no unhappy smiley is visible. This could be due to the unhealthy food being discouraged to buy, which would have an impact on the sales. The happy smileys however don't really stand-out and are placed in easy to overlook places. In the photographs it is clearly visible that the unhealthy food is nearly sold-out while the healthy food is overflowing. This could suggest that significantly more healthy food is being produced, however I believe that the real reason is that amount of unhealthy food sold is much more than the amount of healthy food.

Influence of Covid-19

When it comes to personal hygiene there is a good focus. Mainly due to the current situation surrounding the Covid-19 virus. This shows interventions are possible within DZB. As the focus on personal hygiene can also be seen as an intervention.



Zo doe je veilig je mondkapje op

1. Was eerst goed je handen.
2. Roek het mondkapje tijdens het dragen niet aan, alleen het elastiek of touwtje.
3. Plaats de elastieken of touwtjes achter je oren.
4. Zorg dat het mondkapje over je neus, mond en kin zit.
5. Verwijder het kapje en berg het schoon op.
6. Is het mondkapje wasbaar? Was het dan op 60°.

Wanneer draag je een mondkapje?

WEL

- bij beweging binnen het pand
- bij toiletbezoek
- in de pauze
- in de lift

NIET

- op je werkplek
- tijdens het eten

DZB Leiden iedereen werkt

CONCLUSION

Both the exploratory interviews as well as the observational study give surface level knowledge of mainly the organizational ecosystem. When reflecting the interviews and observational study on the literature some interim conclusions can be made.

- First of all none of the preconditions by Robroek, S. (2015) to safeguard vitality interventions within organizations are currently met at DZB.
- Literature shows different motivations for the introduction of lifestyle interventions, however current motivations for DZB to introduce these interventions a side from 'good intentions' is currently unknown.
- It is largely unknown what influences the home and social environment have on the employees with low SES of DZB.
- How positive health or vitality is perceived by employees of DZB coincides with the research performed by Heutink, H. et al. (2010). However, the interviewed employees are not considered to have low SES. This shows that pre-existing knowledge about vitality is more or less of the same level as employees with low SES.
- Current and previously implemented interventions at DZB often fail. This warrants further research on why that is the case.
- A large portion of the income of DZB is through the secondment guarantee jobs of its low SES employees. The participation act (introduced in the introduction) currently has negative influence on the placement of these employees. Currently these employees often have unhealthy lifestyles which also influence their employee desirability. The effectiveness of lifestyle interventions developed at DZB should be improved for the employees' own quality of life as well as the desirability of the employee.

Through a literature review, exploratory interviews and an observational study a theoretical foundation has been established on the field of health, lifestyles and interventions. From the literature review it can be concluded that an integral approach to the development of lifestyle interventions is necessary to increase their effectiveness. The social ecological model by Bronfenbrenner (1977) translates the home, social and work environments into the interpersonal and organizational ecosystems. For this graduation an integral approach will therefore be seen as taking into account the individual, interpersonal and organizational ecosystems surrounding low SES employees when developing lifestyle interventions.

Initial research scope

The scope for the graduation project is the individual, interpersonal and organizational system. As mentioned in the introduction, this graduation project is partly in collaboration with another graduator. The focus for the co-graduator is on the individual aspect of the social ecological model. This leaves the interpersonal and organizational ecosystems that need further research. In the following chapter a choice is made to redefine the scope for this graduation project.



Figure 12 Focus: Initial research scope (Organizational + Interpersonal systems)

3

Define_One

The goal of this chapter is to synthesize the data and results from the first discover phase. Two research scopes are presented from data collected through the literature research and insights gained from the pilot interviews and the observational study. For an integral approach towards interventions for people with low SES both scopes should be explored. A choice was made to focus on one of the research scopes. This chapter describes the research scopes and a choice for one of the research scopes is made in agreement with stakeholder DZB.

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Research Scope 1: Safeguarding Vitality interventions	p. 42
Research Scope 2: Implementating Vitality interventions	p. 42
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RESEARCH SCOPES

Two research scopes have been established from the first discover phase. In this chapter these two research scopes will be presented and a choice will be made to continue with one of these research scopes.

In the previous chapter a theoretical foundation has been established through a literature study, pilot interviews and an observational study. As the amount of research that can be performed is extensive, two research scopes are proposed in this paragraph. The combination of both of these scopes should ensure an integral approach towards vitality interventions within the case of DZB Leiden. Mind maps have been made to reflect on the researched literature and further narrow the scope towards the two research scopes proposed in this chapter. See pages 42 & 43 to view the mind maps.

The home environment and social life is positioned within the interpersonal system of the social ecological model, while the work environment is positioned within the organizational system. The scopes are established with the social ecological model in mind (see Chapter 2: Discover_One). They focus on the organizational and interpersonal systems within the social ecological model.

The scopes proposed in this chapter are as follows:

1. **Safeguarding vitality interventions by creating a stimulating environment at the home environment and in social circles of people with low SES**
2. **Preconditions for implementing vitality interventions within the organizational system of municipal reintegration companies**

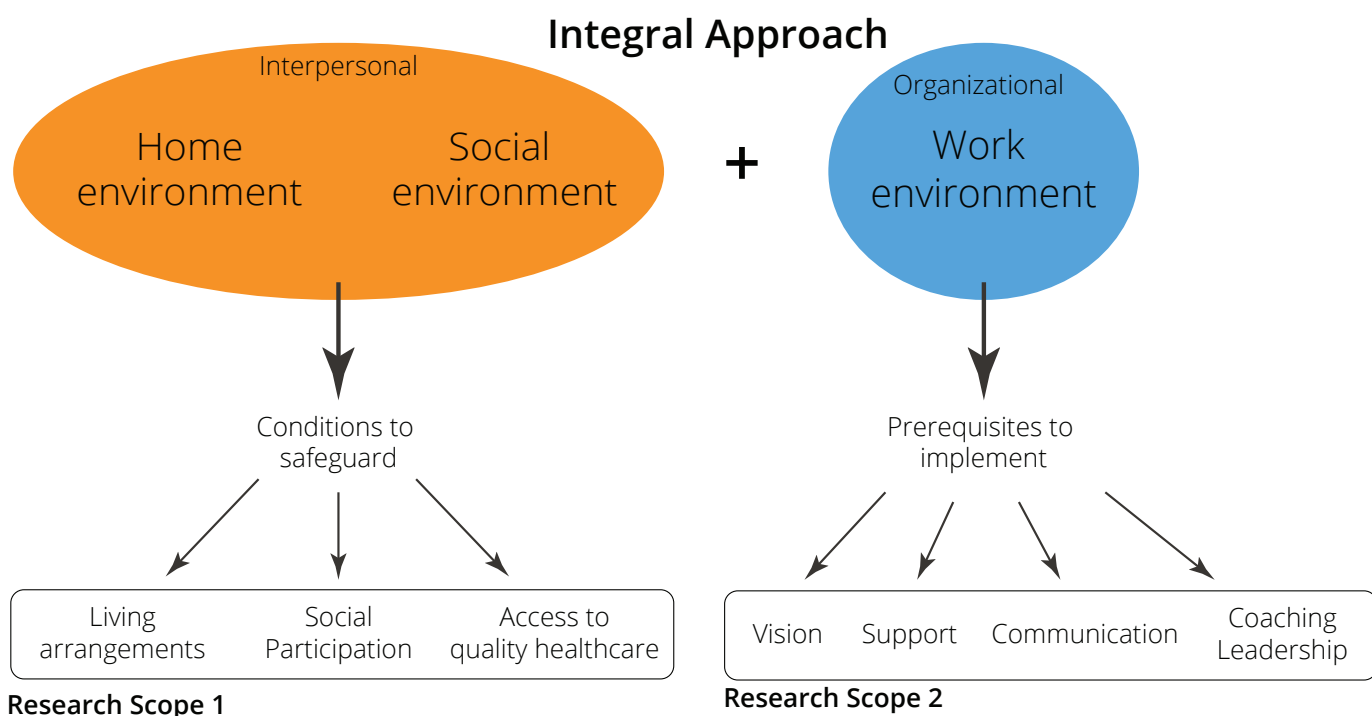


Figure 13 Visual representation of research scopes

RESEARCH SCOPE 1: SAFEGUARDING VITALITY INTERVENTIONS

The first established research scope focuses on safeguarding vitality interventions by creating a stimulating environment for people with low SES at home and in their social circles. Research performed in this scope should focus on the interpersonal system of the social ecological model.

Heutink's theory for peace of mind can be added, since peace of mind is the result of the cumulation of: a safe and clean living environment, a sufficient & approachable offer of social participation and the access to quality healthcare. When these conditions are met an individual can achieve a stable psychological state to be able to take responsibility for their own life. It creates the space for the individual to work on their own personal health on a daily basis.

An user centered research approach should be conducted to gain insight in the following conditions for employees of DZB with low SES:

- The current living environments
- The quality and amount of social participation offered
- The access to quality healthcare

RESEARCH SCOPE 2: IMPLEMENTING VITALITY INTERVENTIONS

The second research scope focuses on the preconditions for the implementation of vitality interventions within municipal reintegration companies like DZB. This scope views the organizational system of the social ecological. In the first discover phase Robroek, S. (2015) was introduced. He mentions four preconditions for organizations to be able to implement interventions within organizational systems. These preconditions are the starting point for this research scope and are the following:

1. Vision
2. Support
3. Communication
4. Coaching leadership

These preconditions are generalized for all companies. However, DZB Leiden is not a regular company as it is a reintegration company with ties to the municipality of Leiden. The preconditions mentioned should therefore be checked to hold true for municipal reintegration companies before they can be accepted. Further research is needed to identify which preconditions DZB already incorporates within the organization and which preconditions should be established or strengthened.

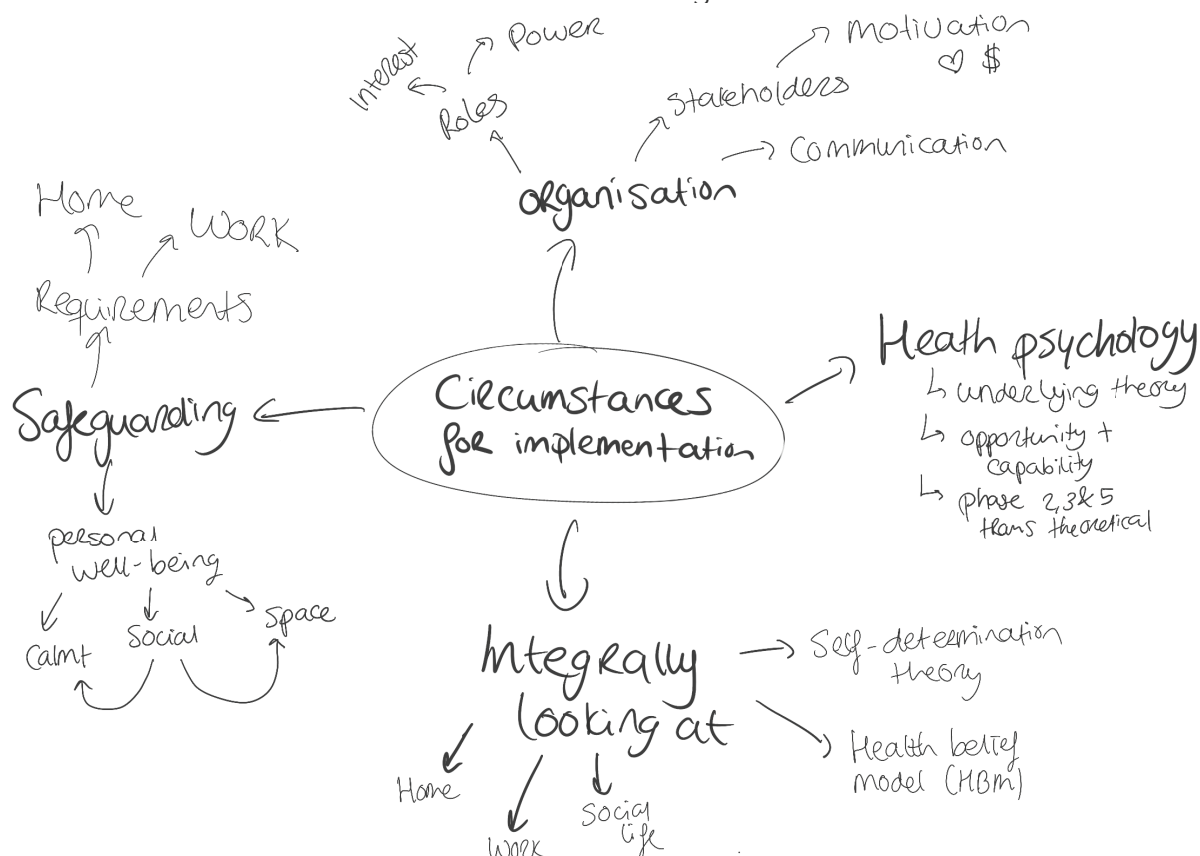


Figure 14 Mindmap 1 of exploring research scopes

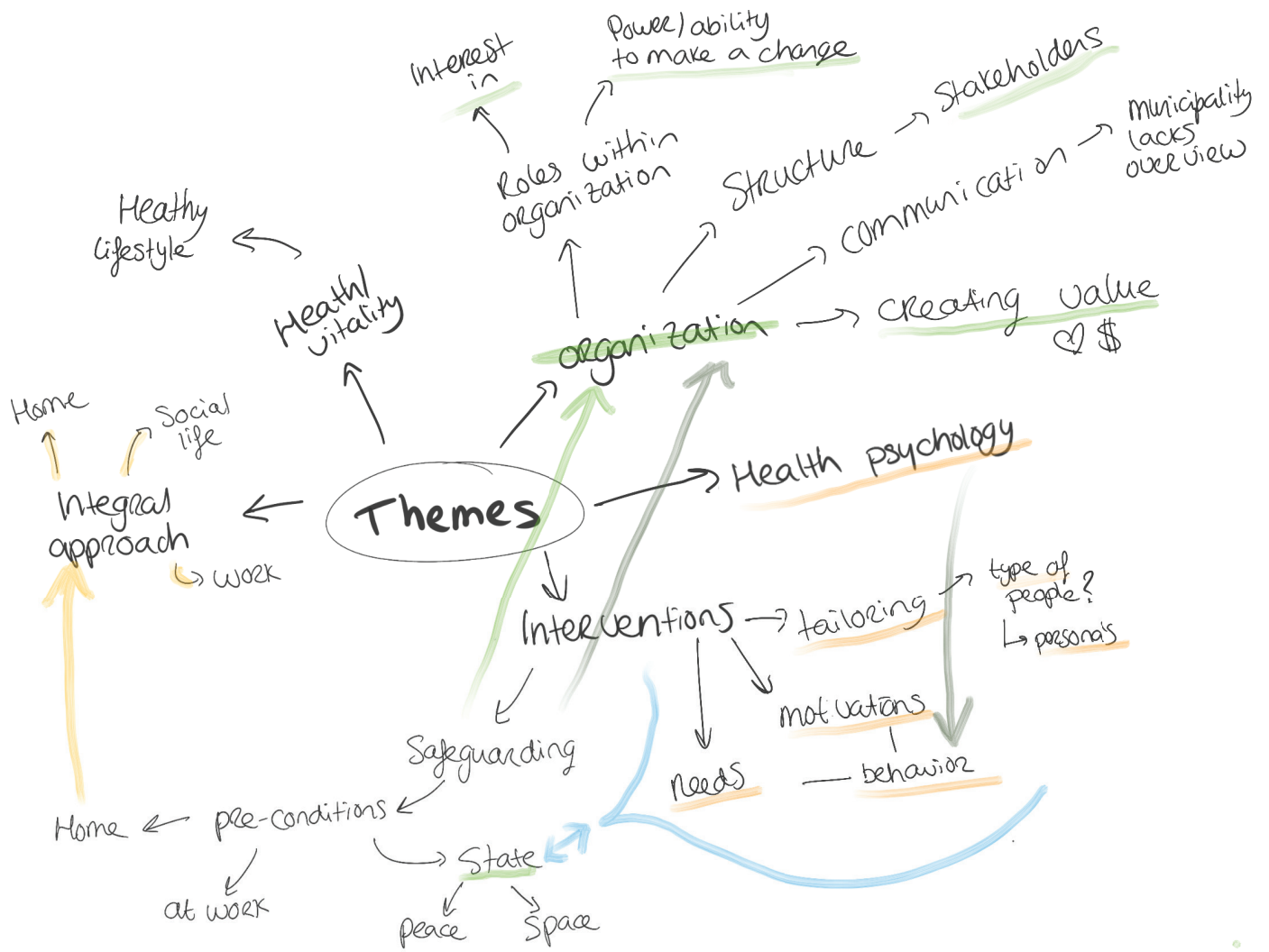


Figure 15 Mindmap 2 of exploring research scopes

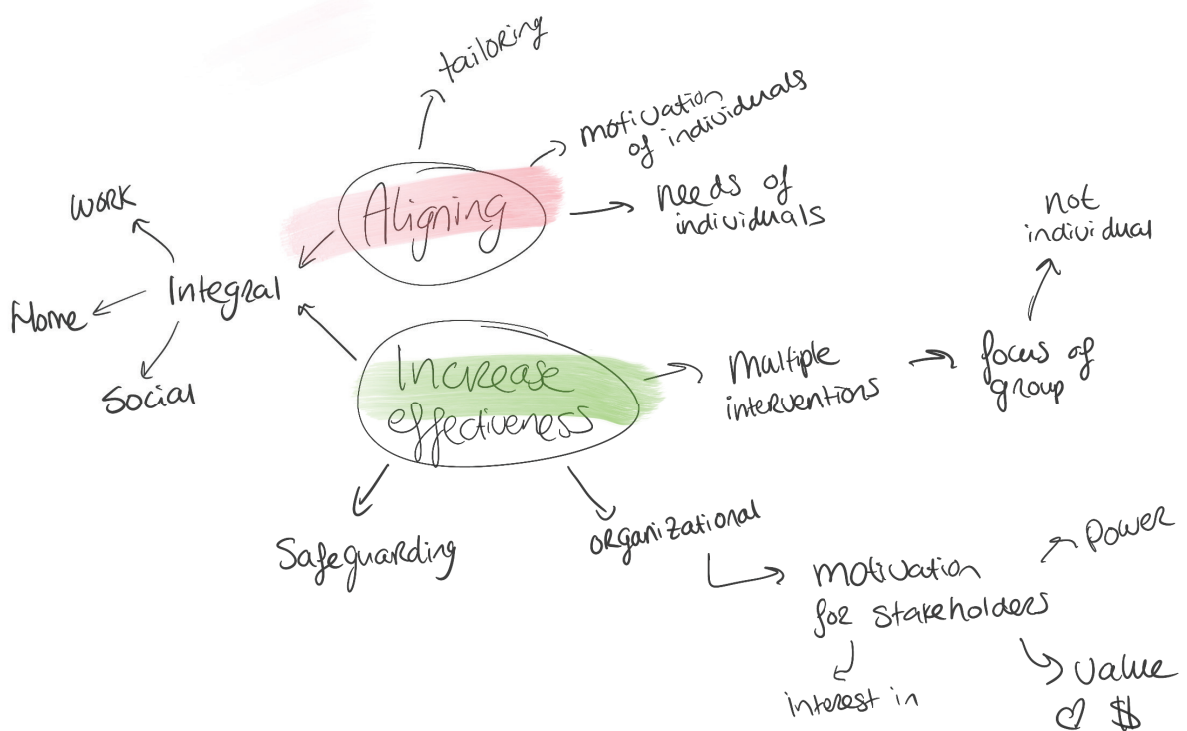


Figure 16 Mindmap 3 of exploring research scopes

CONCLUSION

To research both defined research scopes two research protocols should be established. However due to the graduation nature of the project and the time scope of 20 weeks, a decision needs to be made to focus on one of these scopes for further research. The choice has been made to focus on the second research scope: Preconditions for implementing vitality interventions within the organizational system of municipal reintegration companies. This choice has been made in collaboration with DZB as well as the graduation committee. The choice for the second scope can be supported with three reasons.

First, due to the CoVid-19 pandemic in which the world finds itself in. It is difficult to research the target group of low SES employees in their own environment. Most of the communication for this graduation project has to be done digitally, which is a barrier for people with low SES to participate.

Second, the graduator has a preference for the organizational system within the social ecological model, because of the business pillar in which strategic design is located. See introduction (industrial design approach).

Lastly, the stakeholder DZB prefers the research for the organizational system. This is due to the fact that this is the system in which DZB has the most influence. They are able to make changes necessary, according to the outcome of the research, in their organizational practices.

Consequences

The choice made to continue with the second research scope has some consequences as well. First of all this means that the first research scope which focusses on the home and social environment of the low SES employee will not be taken into account. As mentioned before for an integral approach home, social and work environment need to be taken into account. This means that the end result for this graduation project will never fully be an integral approach. Instead additional follow-up research is needed for further research. See Chapter 8: Evaluation for further information on necessary follow-up research.

4

Discover_Two

A decision has been made to focus on the research scope implementing vitality interventions within municipal reintegration companies. This research scope is explored through a stakeholder analysis performed through in-depth semi-structured interviews. This method was chosen to obtain a deeper understanding of the different stakeholders and their attitude towards vitality. The results of the in-depth interviews have been analyzed into six different themes. The results of these themes are described will be used for input in the power-interest matrix and stakeholder maps of chapter 5 as well as the Design phase afterward.

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APPROACH

After performing the literature study, pilot interviews and observational study two research scopes were defined. A choice was made to redefine the scope to focus on the organizational system of the social ecological model. The direction was chosen through a discussion with the stakeholder (DZB). The decision was made to focus on the organizational system as this is the most relevant system for DZB. The organizational system of DZB has been explored through a stakeholder analysis of internal stakeholders of DZB. The method of in-depth interviews was selected for the stakeholder analysis.

As mentioned in chapter 3: Define_One, the scope for the performed research is in the organizational system of the social ecological model. The scope was redefined to focus DZB as an organization. The redefined scope tries to establish what organizational preconditions are necessary to successfully implement vitality interventions within municipal reintegration organizations like DZB. The main research question is therefore stated as follows.

MAIN RESEARCH QUESTION

“What are the preconditions for implementing vitality lifestyle interventions within organizational systems of the municipal reintegration organization of DZB?”

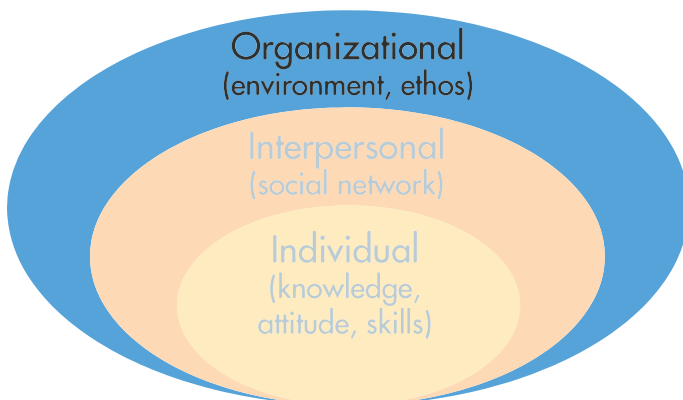


Figure 17 Focus of organizational system for research

Implementing vitality interventions within organizations like DZB

In this graduation project the organizational system focusses on the influence of DZB and the social institutions where seconded employees or employees with guarantee jobs are placed. In the literature study some preconditions on a surface level have been determined by Robroek, S. (2019). By answering the main research question a deeper understanding can be gained of the preconditions for implementing vitality interventions within municipal reintegration companies like DZB.

From the conclusions made of the preliminary literature study, exploratory interviews and observational study within the defined scope were created. These search areas are as follows:

- Motivations for municipal reintegration companies to embed lifestyle interventions
- Barriers & opportunities for implementing interventions
- Stakeholders that DZB collaborates with within the organizational system
- The different internal stakeholders within DZB
- The perception towards vitality of these different internal stakeholders

RESEARCH QUESTIONS

The search areas have been translated to research questions for further exploration. They are translated into the following research questions:

1. **What are the motivations for DZB to embed lifestyle interventions?**
2. **How is the communication between the different internal stakeholders?**
3. **What are the barriers for implementing vitality interventions?**
 - A. What barriers are there to implement vitality interventions for DZB?
 - B. What barriers are there to participate in vitality interventions for employees with low SES?
4. **What are the most important internal stakeholders for the implementation of vitality interventions within the reintegration company of DZB?**
 - A. How invested are the stakeholders on the topic of Vitality?
 - B. How much power do they have to create change within the organization?
 - C. Who has the most power to create change within the organization of DZB?
5. **What other external stakeholders do municipal reintegration companies have to take into account?**
 - A. What are their motivations for collaboration with DZB?
 - B. How do they collaborate with DZB?
6. **How can the different internal and external stakeholders support the implementation of vitality interventions?**

Through in-depth interviews we can generate rich qualitative data to answer research questions 2.1, 2.2 and 2.3. To determine an answer to the other research questions, the data generated through the interviews will need to be synthesized into a power-interest matrix and stakeholder maps (see Chapter 5: Define_Two).

METHOD

To be able to answer the proposed research questions qualitative data is accumulated. To obtain this data in-depth interviews were conducted with employees of DZB. An interview guide was used to structure the topics covered in the in-depth interviews. An example for the interview guide can be found in Appendix C1: Interview guide. The method of semi-structured interviews was used to maintain the freedom for the interviewer and interviewee. This retained the freedom to elaborate on what was important (Patton, 2015). The audio of the interviews have been recorded and memos have been made from these records afterwards. The quotes from the memos were coded and analyzed. The results of the analysis is formed via the clustering of interesting findings (codes) into themes. The analysis is elaborated on further in this chapter.

The goal was to interview at least one employee of all major sections of the organization of DZB. In order to have a clear overview of how many employees to interview an organization chart has been made.

The organization chart clearly shows 7 major departments of DZB. These are: Mens & Ontwikkeling (HR), Middelen & Control, Leerwerk Bedrijven, R&W, Marketing & Communicatie, Directie Secretariaat and Ondernemingsraad. The target is to conduct an interview with at least one member of each of these departments as well as conducting 5 extra interviews from the different remaining yellow departments. Therefore, optimally 12 interviews should be conducted during the graduation project at DZB Leiden.

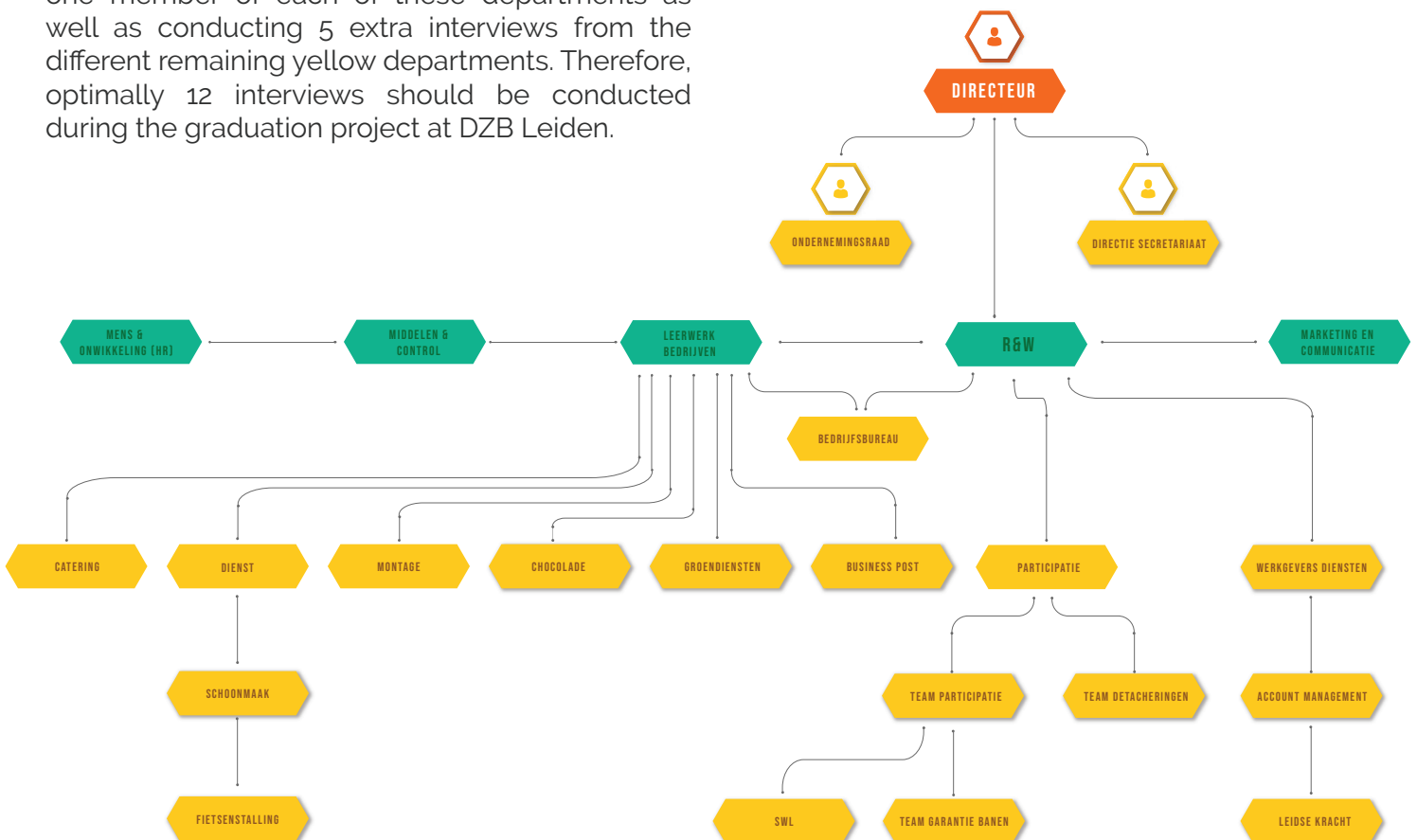


Figure 18 Organization chart of DZB Leiden

Semi-structured interviews

Semi-structured interviews will offer a more complete picture of practice. The interviews will be used to gather perspectives of the different types of employees within DZB. An advantage of this method is that the provided information is much more detailed than other data gathering methods such as questionnaires, participant observations or focus groups. As the interviewees are seen as experts of their experiences. The goal is to accumulate rich and extensive qualitative data. A disadvantage of this research type is that the interview responses might be prone to bias. Effort will be made to ensure minimal bias in the interviews. Bias can mostly be avoided with the use of an interview guide and standardized questions. A second negative aspect is that open interviews are quite time consuming. To conduct, transcribe and analyze the results a lot of time will have to be reserved. The general rule is that when there is repetition in the themes, stories and issues a sufficient size has been reached (Boyce and Neale, 2006). According to Boyce, C., & Neale, P. (2006) this usually is the case around 12 participants. This is consistent with the amount of interviews that should be conducted in the most optimal case. In practice repetition of themes and stories occurred within 9 interviews.

During the first interviews at DZB a first insight surfaced about the seconded employees. They mentioned that these seconded employees currently don't benefit from interventions of DZB and that it is unclear if the organizations where they are seconded at offer any form of support for vitality. This will be elaborated on in the following chapter. This insight was the motivation to conduct extra interviews at one of the companies where employees are seconded to. A total of 3 interviews were conducted at thrift shop 'Het Warenhuis' in Leiden. Two of the interviews were with the seconded employees themselves and one interview was conducted with their HR manager.

The semi structured interview allows the interviewee to react to answers of the participants and be more reactive than a structured interview. The interviews aren't completely open in order to maintain some consisting data of all the interviews. The face to face aspect of the interview ensured emotions and body language can be read. The interviews have been conducted at the workplace of the interviewee. This ensured that interviewees will feel most secure and comfortable. The interviews and the interview protocol have been conducted in Dutch as this is the native language of all interviewees. This allows them to express themselves the best. Key data was summarized immediately after the interview with the help of memos (Birks et al., 2008).

INTERVIEW PROTOCOL

As mentioned before the interviews are semi-structured in-depth interviews. A total of 9 interviews were conducted with employees of DZB and thrift shop 'Het Warenhuis'. In this paragraph the interview protocol is described. First the details of the interview will be described and second the different topics that are discussed during the interview will be explained.

The interviews will be conducted face-to-face as much as allowed due to the CoVid-19 pandemic that the world is facing. The interview is around 1 hour in length and will take place in a known location for the interviewees in order to make them feel at ease. The interviews are conducted with one individual at a time. Together with the known environment this should give the participant the comfort of speaking freely without repercussions.

The interview will consist of 4 parts;

1. The introduction

The interviewer gives a short introduction about himself and about the topics to be discussed during the interview. During the introduction the interviewee is asked to give consent for the use of quotes and data generated from the interview in accordance with the AVG regulations of the EU ("Algemene verordening gegevensbescherming (AVG)", 2020).

2. The organization,

This part is divided in two. First questions will be asked about the role of the interviewee and second the interviewee will be given an organizational chart of DZB in which the interviewee is asked to illustrate the communication with the different parts of the organization, see Appendix C5: Organograms. As the three participants from 'Het Warenhuis' do not work for DZB they were instead asked about their experience with the communication towards DZB. Example questions:

- i. **Wat is uw rol/functie binnen DZB? Kunt u toelichten wat dit inhoudt?**
- ii. **Hoe ziet een typische dag er voor u uit?**
- iii. **Met welke afdelingen binnen DZB komt u voor uw werk in aanraking?**

3. Vitality

In this part the interviewee will be asked about his/her attitude towards vitality. Example questions:

- i. **Hoe ziet je leven eruit als je super gezond/100% gezond bent?**
- ii. **Hoe belangrijk is gezondheid voor u?**

4. Interventions

during this part the interviewee will be asked about known interventions that have been conducted within DZB. The aim of this part is to gain insight in the potential barriers for interventions within DZB. One such intervention that was poorly received by employees of DZB was called expedition EQ. This intervention will be used as an example for interviewees to focus their answers about potential barriers (see Appendix C3: Expeditie EQ). Also, during this part the interviewee will be asked how they would feel about supporting vitality interventions and in what capacity they see themselves helping. For the employees of 'Het Warenhuis' this part was adjusted to gain insight in if they are performing or have performed interventions. Example questions:

- i. **Kunt u een voorbeeld van een interventie op DZB noemen?**
- ii. **Is de interventie geslaagd denkt u?**
- iii. **Wat ging er goed?**
- iv. **Wat ging er fout?**



Figure 18 logo Expedition EQ

ANALYSIS

This paragraph describes the analysis of the in-depth interviews. First, the protocol for analysis is described. Second, the results of the analysis is explored. In the next paragraph these results are interpreted in a discussion.

Analysis protocol

Each of the interviews has been recorded and memos have been created immediately after the interviews were conducted, see Appendix C4: Interview memos. First the interviews conducted with DZB employees will be analyzed. After, the interviews conducted with the employees at 'Het Warenhuis' are analyzed. The analysis is based on the grounded theory method (Glaser, B. et al. 1967). First, quotes have been made with the use of the memos. These quotes convey messages from the most important aspects of the interviews. Next, general codes have been created and the quotes have been linked to these codes. The process of creating codes and linking quotes is an iterative process (Glaser, B. et al. 1967). After, the coded quotes have been sorted into clusters. The clusters collect a broad range of answers given in the interviews. These clusters represent the themes presented in the paragraph: Analysis results.

	A	B	C	D	E	F
	Quotes	Personal Interpretation	Code	Cluster	Sub-cluster	
1						
158	3 Team fit is Club van mensen enthousiast zijn over het uitdragen van gezondheid	No	Team Fit			
159	3 Team fit bestaat uit 5 personen: Hebben een voorbeeld persoon (rolmodel)	No	Team Fit			
160	3 Zit in idee verzamel fase	No	Team Fit			
161	3 Paar zaakjes in de uitvoering	No	Team Fit			
162	3 Voornamelijk ligt alles nu op z'n gat	No	Team Fit			
163	3 Alle risico gevallen zitten nu thuis ivm corona	No	Team Fit			
164	3 Zoeken naar communicatie met elkaar, dit komt niet goed van de grond	No	Team Fit			
165	3 Rol in teamfit: Trekker om team samen te stellen en juiste mensen bij te halen	No	Team Fit	Roles		
166	3 Rol in teamfit: Zorgen dat er regelmatig bij elkaar gezeten wordt	No	Team Fit	Roles		
171	3 Team Fit zit nog niet in fase van invoering maatregelen, voornamelijk nog in onderzoeksfase	No	Team Fit			
176	3 Team fit over 5 jaar: Alles met op een leuke manier gebracht worden	No	Team Fit	Future		
177	3 Team fit over 5 jaar: Langzamerhand als een olie vlek uitbreiden	No	Team Fit	Future		
178	3 Team fit over 5 jaar: Werkgever moet gezondheid faciliteren	No	Team Fit	Future		
179	3 Team fit over 5 jaar: Goede bekendheid voor ondersteunende faciliteiten die beschikbaar zijn voor mensen bij DZB	No	Team Fit	Future		
180	3 Team fit over 5 jaar: Gezondheids ondersteuner bijv. Dieetist (laagdrempelig)	No	Team Fit	Future		
189	3 Team fit zou de macht moeten hebben om gezondheidsveranderingen in te brengen	No	Team Fit	Power		
190	3 Voordat een plan uitgevoerd mag worden wordt dit voorgelegd aan het MT (managers team)	No	Team Fit	Power		
191	3 Commitment creëren binnen DZB voor een plan is lastig	No	Team Fit	Barrier		
192	3 Stijn van Huijstee heeft meeste macht binnen Team Fit	No	Team Fit	Power		
193	3 Michael Tirion en Hans schreuder moeten nu de go ahead geven. Hoogste personen voor activatie	No	Team Fit	Power		
194	3 Faciliteren van team fit gaat via MT	No	Team Fit	Barrier		
200	4 Lid van team Fit	No	Team Fit	Roles		
254	4 Huidig interim directeur heeft team Fit opgezet en vind vitaliteit een belangrijk thema	No	Team Fit	Priority		
255	4 Team Fit opgezet om BRAVO thema's periodiek aandacht te geven	No	Team Fit	Priority		
256	4 Geinterviewde is aangehaakt omdat het een goed initiatief is. ARBO achtergrond helpt hierbij	No	Team Fit	Priority		
257	4 Geinterviewde moet veel aan de kar trekken en pushen om acties uit te zetten en te ondernemen	No	Team Fit	Priority		
258	4 Acties van Team Fit zijn te kort en hebben weinig impact	No	Team Fit	Priority		
259	4 Er was geen geld beschikbaar voor Team Fit in het begin	No	Team Fit	Priority		
260	4 Team Fit krijgt ondertussen klein bedrag om acties mee op te zetten, dit bedrag is echter nog steeds niet genoeg	No	Team Fit	Priority		
261	4 Team Fit over 5 Jaar: Onder werktijd werkt net om iets in vitaliteit te doen	No	Team Fit	Future		
262	4 Team Fit over 5 Jaar: Meer geld beschikbaar	No	Team Fit	Future		
263	4 Team Fit over 5 Jaar: Hopelijk niet meer nodig, doordat gezondheid in bedrijfscultuur zit	No	Team Fit	Future		
264	4 Team Fit over 5 Jaar: Moeten voldoende prikkels over het jaar heen aanwezig zijn met de juiste thema's	No	Team Fit	Future		
265	4 Team Fit over 5 Jaar: DZB is boegbeeld voor de gemeente tegenover andere SW bedrijven m.b.t. gezondheid werknemers	No	Team Fit	Future		
266	4 en fysieke handicaps	No	Team Fit	Future		
267	4 Team Fit bezit een ambassadeur, maar is 1 genoeg?	Yes	Team Fit			
268	4 Wie niet voldoende mensen functioneren betrekking bij Team Fit	No	Team Fit	Barrier		

Figure 19 Example of excel sheet with quotes, codes and clusters

ANALYSIS RESULTS

In this paragraph the results from the analysis of the semi-structured interviews will be discussed. The results have been clustered in different recurring themes during the interviews. The most interesting results within these themes will be discussed. The clusters are categorized (1) Vitality, (2) Barriers & Opportunities, (3) Responsibility, (4) Organization, (5) Roles, (6) Communication.

Vitality

One of the topics discussed during the semi-structured interviews is vitality. Within this topic there was some variance in answer given by participants. However still some conclusions can be made according to the conversations. The following are the most interesting conclusions

EDUCATION ABOUT VITALITY SEEMS TO BE LACKING WITHIN DZB EMPLOYEES

As mentioned in chapter 2: Literature study, one misconception for people with low SES is that you are healthy if you feel good. During the interviews when asked what their view on being healthy is, feeling good was a common answer. Next to this there were some connections made with vitality that are interesting. Vitality was connected to sustainability, bio products and personal immune system.

“
Is a healthy life even fun? You're no longer allowed to eat delicious things.
- interviewee 5

SECONDED AND GUARANTEE JOB EMPLOYEES

During the interviews an interviewee mentioned something interesting. Currently vitality interventions of DZB are only for employees working on location at DZB. Secoded employees and employees with guarantee jobs fall by the wayside for any of the interventions.

“
Reaching people outside of DZB is very difficult. They are only reached if they have a supervisor from DZB, once every few months.
- interviewee 3

FAMILY AND SOCIAL LIFE IS RANKED HIGHER ON PRIORITY THAN VITALITY

Interviewees see their family and social life as more important than their vitality.

People with low SES are vulnerable for addictions. Everyone is susceptible for addictions, but for people with low SES this is even more so. People with low SES are a vulnerable target group and very susceptible to peer pressure. Some people even started smoking at the age of 6 due to peer pressure.

“
Family is my top priority, then health. This is because health can be very restrictive.
- interviewee 4

Barriers & opportunities

Barriers and opportunities were also a broadly discussed theme during the interviews. Most of the results about this surfaced scattered throughout the interviews.

TIME AND MONEY (BARRIER)

When asked directly most interviewees mentioned time and money being the main barriers. They mention that the amount of work they have is more than the time that is reserved for the execution of that work. The interviewees responded negatively to the notion of spending some of their own time to support vitality interventions and stated that they would only help if they are paid to do so. From the perspective of DZB as an organization time and money were also mentioned as the largest barriers. Interviewees mention that DZB has to pay for employees to work on vitality interventions and that the interventions themselves cost money i.e. materials used during the intervention. Up to now most vitality interventions are declined by the management of DZB due to the costs.

“
At this moment I don't have enough time to help with setting up interventions.
- interviewee 1

This gave the incentive to perform extra interviews with secoded employees and the organization which they are secoded to.

TEAM FIT (OPPORTUNITY)

Team Fit is a committee within DZB that focuses on the vitality of DZB and its employees. The committee consists of 5 people, who are all committed to vitality in some way or form. Together they try and find opportunities to promote vitality within DZB. For instance, they are trying to activate more employees of DZB to come to work via bike or walking, depending on whether they live within biking or walking distance of DZB. Team Fit is voluntary and performed on the side next to their official work.

However Team Fit is unknown to most of the employees of DZB. One of the interviewees mentioned that it might be a good idea for Team Fit to have ambassadors from the different departments within DZB. These ambassadors could promote vitality within the different departments more easily than outsiders would.

“ ”

I've heard about Team Fit, but I have no idea what they do.

- interviewee 5

CHANGE (BARRIER & OPPORTUNITY)

People with low SES find it difficult to deal with change. According to # of interviewees they cherish their rituals and consistency throughout the week. When change is afoot it can make it hard for people with low SES to stop smoking.

“ ”

Dealing with change is a stumbling block for people working in the sheltered workshops.

- interviewee 4

Responsibility

One interesting recurring theme during the interviews was responsibility. Questions like "who is responsible for the vitality of the employees with low SES?" were stated. Usually the answer was that DZB as an organization cannot tell them how to live their lives and what people with low SES are and aren't allowed to eat. The responsibility for the health of the employees was put at the employees themselves and in some cases at the supervisor of the employees who live in supervised housing.

PRIORITY

Responsibility also ties in with priority. DZB at this time mostly feels a responsibility towards their clients. This responsibility takes form in having a high as possible production rate and the lowest possible error margin. The vitality of its employees comes after this.

“ ”

Amazing that the impact of health is so low within DZB when so many people die from lung cancer, throat cancer or other consequences of unhealthy life choices.

- interviewee 4

WHO IS RESPONSIBLE?

Within the interviews interviewees mentioned that where the responsibility for certain projects lay is unclear. They mention that this should be communicated more clearly towards the employees involved in the projects.

“ ”

For me it is unclear who/which party is responsible.

- interviewee 2

Organization

During the interviews with the employees of DZB interesting results about the organization of DZB were found.

BUREAUCRATISM

Interviewees note that because DZB is a municipal organization it is prone to bureaucratism. Money that DZB receives is tax payers money. Meaning that every euro needs to be well substantiated before it can be spent. According to multiple interviewees money spent always needs to be related to the performed work at DZB.

“ ”

Before a plan can be carried out it needs to be approved by the MT. Only fully completed plans can be presented to the MT.

- interviewee 3

RECRUITMENT OF CLIENTS

Traditionally recruitment of clients is via social media and fairs. However nowadays clients reach out to DZB on their own more and more. They come to DZB because of the good ratio between production rate and production error margin.

“

DZB differentiates via the ratio production speed & quality.

-interviewee 4

”

RESPONSIVE VS PROACTIVE

Most of the interviewees mentioned that DZB is very responsive as an organization. Not just on the side of vitality. They believe that DZB is too responsive and that regulation in the form of laws will eventually surpass DZB's vitality efforts. Another interviewee mentioned that if DZB wants to be in the forefront of vitality, where they would be a leading example in the sector, then adjusting DZB from being responsive towards being proactive is paramount.

“

By improving internal communication to be more proactive processes can proceed faster.

- interviewee 1

”

POLICY CLASHES

Interviewees mentioned that there are policy clashes within DZB that make it difficult to understand what the direction of vitality DZB wants to take is. They give the example of adjusting the smoking area for covid-19. One interviewee justly questions, "why is it still allowed to smoke on DZB grounds when we know the consequences of corona for smokers?".

“

That is double work, people have to do their work safely at DZB, but we do facilitate smoking. Weird signal from DZB.

- interviewee 1

”

DILUTION OF VITALITY INITIATIVES

During the interviews interviewees mentioned that most of the vitality initiatives dilute within DZB. Some of the reasons mentioned for this are:

- Interest is lost after the first iteration of a vitality initiative
- Due to vacations initiatives dilute as the attention for them diminish or are forgotten
- Internal communication about vitality initiatives is lacking, people don't know what initiatives there are or have been
- Initiatives have to be performed in employees' their own time, which they don't want to give up

“

Initiatives dilute quickly, often during holiday periods. Possibly because not enough compliments are received about it. It's extra work and no gratitude, so why should I still do it?

- interviewee 4

”

Communication

One theme that surfaced during the interviews was communication. According to 7 of the 12 interviewees communication can greatly be improved upon. There are two interesting findings which will be elaborated on.

DIVISION BETWEEN STAFF AND SHELTERED WORKSHOPS

Communication between the staff and the employees working at the sheltered workshop is difficult. There is a clear division where people from the office rarely communicate with people working at the SW and vice versa.

“

Someone is then simply sent away because he is not smart enough to contribute to the conversation.

- interviewee 9

”

COMMUNICATION MEDIA TOWARDS LOW SES

Interviewees mentioned that the current communication media is not adequate enough to reach people with low SES working at the sheltered workshops. They often don't read the DZB newspaper (Trots) and don't notice the different informative posters throughout DZB.

“

”

There is a need for some kind of intranet. Not everyone is reached through current communication channels.

- interviewee 3

DISCUSSION - INTERVIEWS

This paragraph discusses the results of the in-depth interviews. Own interpretations of the results is made via the connection between the factual results of the interviews and the literature.

Vitality

There are multiple shared misconceptions of health between employees with a low SES and the staff of DZB. 8 out of 9 believed that being healthy is feeling good and 2 out of 9 people believed that vitality is connected to sustainability, bio products and personal immune system. It is true that vitality is connected to a person's immune system, however eating sustainable and bio products is not a necessity for eating healthy. Apparently the misconception being healthy is feeling good isn't just for people with low SES. This shows a traditional stance on what vitality is. The conclusion is made that education about vitality seems to be lacking within all employees of DZB.

That interviewees see their family and social life as more important than their own vitality is understandable. This is especially common in the Netherlands, as the saying goes 'liever te dik in de kist, dan een feestje gemist' which means: 'I'd rather be overweight than miss a party'. This implies that the social life has a large impact on unhealthy habits, like smoking, alcohol, and unhealthy consumption rituals. Unhealthy consumption rituals are for instance Friday Fries-day. This coincides with described literature from Bukman, A. J. et al. (2014). During the interviews one thing that came to mind was that it seems that addictions and rituals are intertwined and employees find it hard to see the difference.

Barriers & Opportunities

Currently it seems that DZB as a municipal organization is understaffed. Most of the employees (5 out of 9) mentioned that time and money are the main barriers for them to work on vitality or interventions within DZB. An employee understandably expects to be paid for the work that they deliver for DZB. The interviewees also mentioned that currently they have no spare time in their work, due to the amount of work they have to deliver is more than the time that is reserved for the task. The combination of understaffed and employees expecting to deliver more work than the time required can be a barrier for the development and implementation of vitality interventions within DZB.

The Team Fit committee has been introduced to tackle the subject of vitality within DZB. They are able to invest work-time into work for the committee. This committee also shows potential as a catalyst for more attention towards vitality. Currently Team Fit has 1 vitality ambassador that works as a unit leader in the chocolate department. One interviewee mentioned that Team Fit should expand on these ambassadors as they are able to promote vitality more easily than outsiders would. This could especially be useful for the people who work in the sheltered workspaces of DZB, as they are often difficult to reach.

Change can be seen as a barrier and an opportunity. It is seen as a barrier, because people with low SES find it difficult to deal with change. However change can also be seen as an opportunity as currently there is change happening within DZB. Due to the covid-19 pandemic the world finds itself in, companies and organizations need to make changes and adjustments towards the so-called 1.5m society. Which is especially important for people with low SES as they are a frail target group. Due to the various changes that DZB is undergoing, it might be a good idea to try and embed more vitality in the company. Supporting employees with dealing with change could also be an opportunity to make it easier for the employees to change when the dust around the transition towards the 1.5m society has settled.

Responsibility

Being responsible is to have control and authority over something or someone and the duty of taking care of it, him or her (Cambridge Dictionary, 2020). It is expected that if DZB feels responsible for the vitality of its employees, the priority of vitality would be higher. However this does not seem to be the case. All of the interviewees know of the importance of vitality. However, vitality currently doesn't seem to be a priority for either the employees or for DZB as an organization. This is reflected in the fact that it is unclear where the responsibility for vitality currently lies. Most of the interviewees assume that DZB thinks that everyone is responsible for their own vitality. However this is not completely true, as DZB does feel some form of responsibility for the vitality of its employees. Knowing who is responsible for what and how to clearly communicate this could make it easier to streamline the process of vitality initiatives within DZB.

Organization

Because DZB is a municipal organization they are prone to bureaucratism. This means that it takes a lot of time to get things done and to get initiatives of the ground. This is due to the nature that municipalities pinch their pennies. Meaning every penny spent needs to be spent worthwhile. This leads to plans needing to be 100% completed before they are delivered.

DZB shows that they care for the dangers of covid-19 to make adjustments throughout the whole organization. However, DZB also suffers from policy clashes. Interviewees mention that it is difficult to understand the direction DZB wants to take with regards to vitality. The example of the smoking area sends a mixed message, because most people know about the consequences smoking habits have for people who contract CoVid-19.

Vitality plays a much more prominent role in the younger generations, which is often the opposite for the older generations. Values are often more traditional, i.e. ratio production rate vs error margin. Due to this it could be difficult to educate the older employees even though this might be necessary.

Communication

Current communication methods are not sufficient for targeting employees with a low SES working in the sheltered workshops. As seen in figure 21: example poster at DZB, there is a good initiative to help people with a problem. However, stating that someone has a "problem" can be confrontation enough for employees with low SES to deter from speaking with someone who can help them. Next to this, the division existing between the staff and sheltered workshops adds another barrier for employees in the sheltered workshops. Together they make it difficult to promote health initiatives within DZB to all employees.



Figure 21 Example poster at DZB

CONCLUSION

In the previous paragraph the results of the analysis of the interviews are discussed. In this paragraph the connection of literature and results of the analysis is made to answer the first three research questions. Design criteria have been determined with the use of the insights and the discussion of the first research questions. These design criteria will be used in the development phase of this graduation project and onwards.

SQ 1 What are the motivations for DZB to embed lifestyle interventions?

In the literature study it was determined that absenteeism is a problem for municipal reintegration companies and that lifestyle interventions could offer a solution to decrease the amount of absenteeism and people with work disabilities as well as increase work productivity (Eysink, Hamberg-van Reenen and Lambooi, 2008). The interviewees mention that the ratio between production speed & error margin, where a high production speed and low error margin is preferred, is their main selling point towards clients. This information can be used to our advantage by convincing the managers team of DZB to exert more effort into vitality because this would either increase production speed, decrease error margin or both. Together they form the three major motivations for DZB to embed lifestyle interventions:

- Decreased absenteeism
- Decreased work disabilities
- Increased productivity

SQ 2 How is the communication between the different internal stakeholders?

The results from the analysis of the interviews show two important insights for the communication between the different internal stakeholders of DZB. First of all, there is a division between the offices and people working at the sheltered workshops. One interviewee suggested that "SW ambassadors" could offer a solution to this. This will be elaborated further on in chapter 7. Secondly, the internal communication media aren't adequate for the employees of the SW. The design of the informative posters and the newspaper aren't aligned with what attracts the employees of the SW.

Both of these insights point to an underlying problem within DZB. Employees working in the sheltered workshops aren't incorporated in the development of internal communication media, even though these same media are often targeted to these employees.

One important aspect to also keep in mind is the method of communication towards the employees with low SES. As mentioned by Robroek, S. (2015) and confirmed by the interviews is that the communication should be positive. However, targeting the employees individually with terms like you is undesired as it gives the feeling of confrontation. The same goes for the term 'intervention'. This term is experienced as confronting and harsh by the interviewees. For communication within DZB it is therefore recommended to use the term initiatives. This term has less of a negative stigma associated to it, but has more or less the same meaning. The term initiatives will therefore be used instead of intervention during the later developed vision and strategies. (see chapters 6: Design and 7: Deliver)

SQ 3 What are the barriers for implementing vitality interventions?

The analysis of the interviews show different types of barriers towards implementing vitality interventions within DZB. Interviewees mention that time and money are the largest barriers for them to support vitality interventions. One interviewee mentioned that time and money are one of the regular excuses. This raises the question if these are the actual barriers. The answer of time and money, being the main barriers, could indicate that vitality isn't a priority for most of the interviewees.

From the perspective of DZB as an organization time and money were again mentioned as the main barriers for implementing vitality interventions.

When we combine these insights with the insights about responsibility a connection can be made. It seems that DZB doesn't currently feel responsible for the vitality of its employees working in the sheltered workshops. Instead the responsibility of vitality is put at the employees themselves, however as previously mentioned these employees often don't have the means, skills or ability to be responsible for their vitality.

Design criteria gathered from interviews

Some design criteria have been created as a result of a combination of the interviews and preconditions determined by Robroek, S. (2015).

- The communication gap between the staff and SW employees should be narrowed.
- Awareness about vitality should be increased throughout the entire organization of DZB.
- A group of team leaders and unit leaders should be appointed as coaching leaders that have an interest in vitality and are approachable by employees with low SES.
- The management team should be convinced and activated towards improving the effort on vitality and reducing current barriers for implementing vitality interventions.
- Method of communication should take into account the target group of employees with low SES.

Information has been gathered on the relevant search areas for implementing vitality interventions in municipal reintegration companies. The results for these relevant search areas have been given within 6 explored themes. A connection between the results and the literature has given the foundation to answer the first three research questions. To further synthesize the results, the following chapter will provide a power-interest (PI) matrix and stakeholder map. The PI-matrix and stakeholder maps give insights to answer the remaining research questions.

5

Define_Two

The goal of the second define phase is to synthesize data gained from the in-depth interviews. The data is synthesized into a power-interest matrix and a stakeholder map.

First an introduction towards the different internal and external stakeholders DZB is given. Secondly, the power-interest (PI) matrix shows which internal stakeholders are the most interested in the topic of vitality and which stakeholders have the most power to enact change within DZB Leiden.

A stakeholder map has been made to gain more insight into the supportive functions the different internal and external stakeholders could have. From the PI matrix and stakeholder maps insights are translated into design criteria for the future vision and strategy to implement vitality interventions in municipal reintegration companies like DZB.

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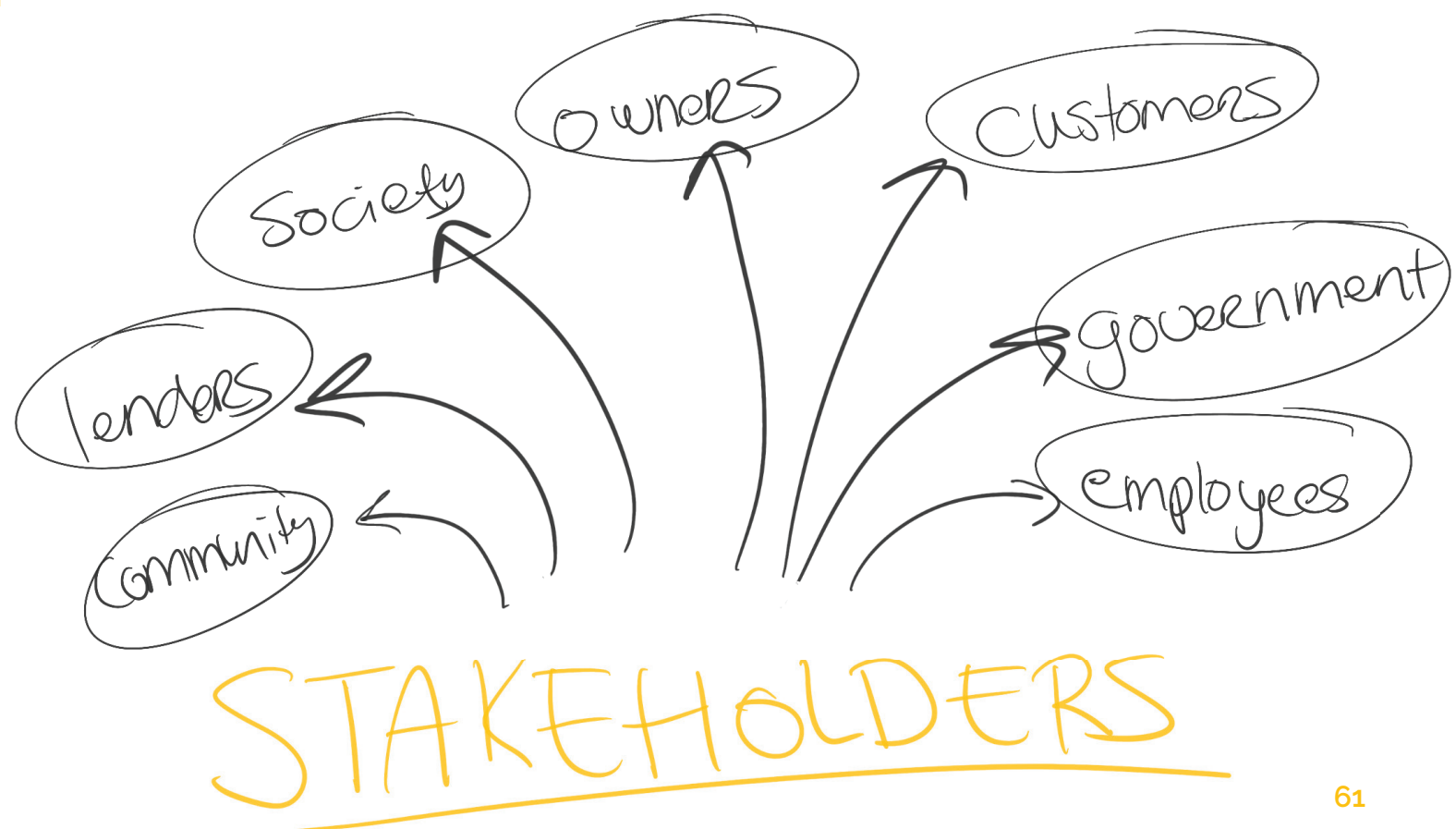
STAKEHOLDER ANALYSIS

This chapter translates the insights and data gained into a power-interest (PI) matrix and a stakeholder map in order to answer the remaining research questions (2.4, 2.5 & 2.6) established in chapter 4: Research questions.

First, the different internal and external stakeholders of DZB are explained. The internal stakeholders are then positioned within a PI-matrix to gain insight in the most important internal stakeholders in regards to implementing vitality interventions.

Second, a stakeholder map showing different forms of support surrounding Team Fit has been made. As mentioned in the analysis results Team Fit is an opportunity for DZB to use as catalyst for the implementation of vitality interventions. From the stakeholder map insights are gained which are translated into criteria for the future vision and strategy to implement vitality interventions in municipal reintegration companies.

Lastly, the insights from the PI-matrix as well as the stakeholder map are translated into recommendations and important criteria that should be considered for the future vision and strategy in the design phase.



INDEX STAKEHOLDERS

During the interviews conducted in the second discover phase multiple stakeholders have been highlighted by the interviewees. An overview of these stakeholders is given below.

Internal



SW Employees

Sheltered Workshop (SW) Employees - These are the employees working in the sheltered workshops provided by DZB Leiden. These sheltered workshops are located internally on sight. They work in the catering, chocolate, greenery, assembly and cleaning departments of DZB. See figure 16: Organization chart of DZB Leiden in chapter 4.



Unit Leader

Unit Leader - Every department of DZB which work with SW employees has a unit leader. Unit leaders steer the SW employees and oversee them in their daily work. Usually there are multiple unit leaders per department.



Team Leader

Team Leader - Each department also has one or two team leaders. They lead the team of unit leaders and SW employees. They oversee the entire department in a managing capacity.



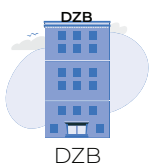
Staff

Staff - The staff consists of all the employees who don't directly work for each individual SW department. They focus on all the supportive work to keep the company running smoothly. They consist mainly of civil servants for the municipality of Leiden.



Managers Team

Managers Team - The management team is the controlling organ of DZB. They determine the direction of DZB and make all major decisions. Their approval for initiatives is needed before money can be spent.



DZB Leiden - This is the organization of DZB Leiden seen as a whole. The organization of DZB Leiden is steered by the management team and the municipality of Leiden.

External



Seconded Employees

Seconded Employees - The seconded employees are the employees who obtained a job either via secondment or guarantee jobs. They are external stakeholders as they don't work for DZB Leiden but for 3rd party organizations.



Friends & Family

Friends & family - These are the friends and family of the SW employees and seconded employees.



Living Supervisor

Living Supervisor - A large group of the SW and seconded employees have a living supervisor. The living supervisor coaches these people in their daily life.



Insurance Company

Insurance Company - This stakeholder represents the different insurance companies like the 'Zilveren kruis Achmea' and 'Zorg en Zekerheid'.



3rd Party Organization

3rd Party Organization - These are the organization where seconded employees are seconded to via either secondment or guarantee jobs. An example of such a 3rd party organization is the thrift shop 'Het Warenhuis'.



Municipality of Leiden

The Municipality of Leiden - As DZB Leiden is a governmental organization, DZB needs to adhere to all governmental policies. Money received by DZB Leiden is therefore tax money.



Hospitals

Hospitals - This group represents the hospitals in the Netherlands.



Government

The Government - The government determines most of the governmental policies which the municipality of Leiden needs to follow. They determine the amount of money the municipality of Leiden receives for their endeavors.

POWER-INTEREST MATRIX

The Power-interest (PI) matrix is a map of the different internal stakeholders within DZB plotted on a graph with power and interest as x- and y-axis respectively. This map gives an overview of who the important people are. External stakeholders are not taken into account when creating the PI-matrix.

Using the PI-matrix it can be determined who has the most power to make actual change within DZB and how interested they are in vitality. It will pinpoint who needs to be convinced of the importance of vitality before they become interested and, if they're interested, how they can help to stimulate or create change within DZB.

The performed interviews in chapter 4 provided the data for the creation of the PI-matrix. As mentioned, interviewees were asked what their role within DZB is, who they communicate with and what their attitude towards vitality is. This cumulated in the PI-matrix shown on the following page. A cheat sheet to understand the PI-matrix can also be found on the next page.

Insights PI-matrix

The PI-matrix visualizes the relative importance of each of the internal stakeholders to implement vitality interventions. The internal stakeholders are divided into four segments: Manage closely, keep satisfied, keep informed and monitor. The cheat sheet provided on the previous page shows how to interact with the four different segments.

By visualizing the relative importance of each of the internal stakeholders an answer can be given to the research question: "What are the most important internal stakeholders for the implementation of vitality interventions within the reintegration company of DZB?"

The stakeholders in the manage closely segment are the group of internal stakeholders with the most power and highest interest towards vitality. The current interim director of DZB has the highest power of DZB and his interest towards vitality is medium high. The other members within this segment are two interviewed members of Team Fit (introduced in Discover 2: Barriers & opportunities). These three internal stakeholders are the most important stakeholders for the implementation of vitality interventions.

Team Fit

Two members of Team Fit have been interviewed and visualized PI-matrix. The PI-matrix confirm the insight from the interviews that Team Fit can be a catalyst for vitality within DZB. The two interviewed members of Team Fit both have relative high power to enact change within DZB and they have relative high interest towards vitality. Team Fit will be paramount for implementing vitality interventions. A criteria determined from this insight is that Team Fit should be drivers for vitality within DZB. In order to let Team Fit succeed they will need support from other internal and external stakeholders mentioned in the interviews.

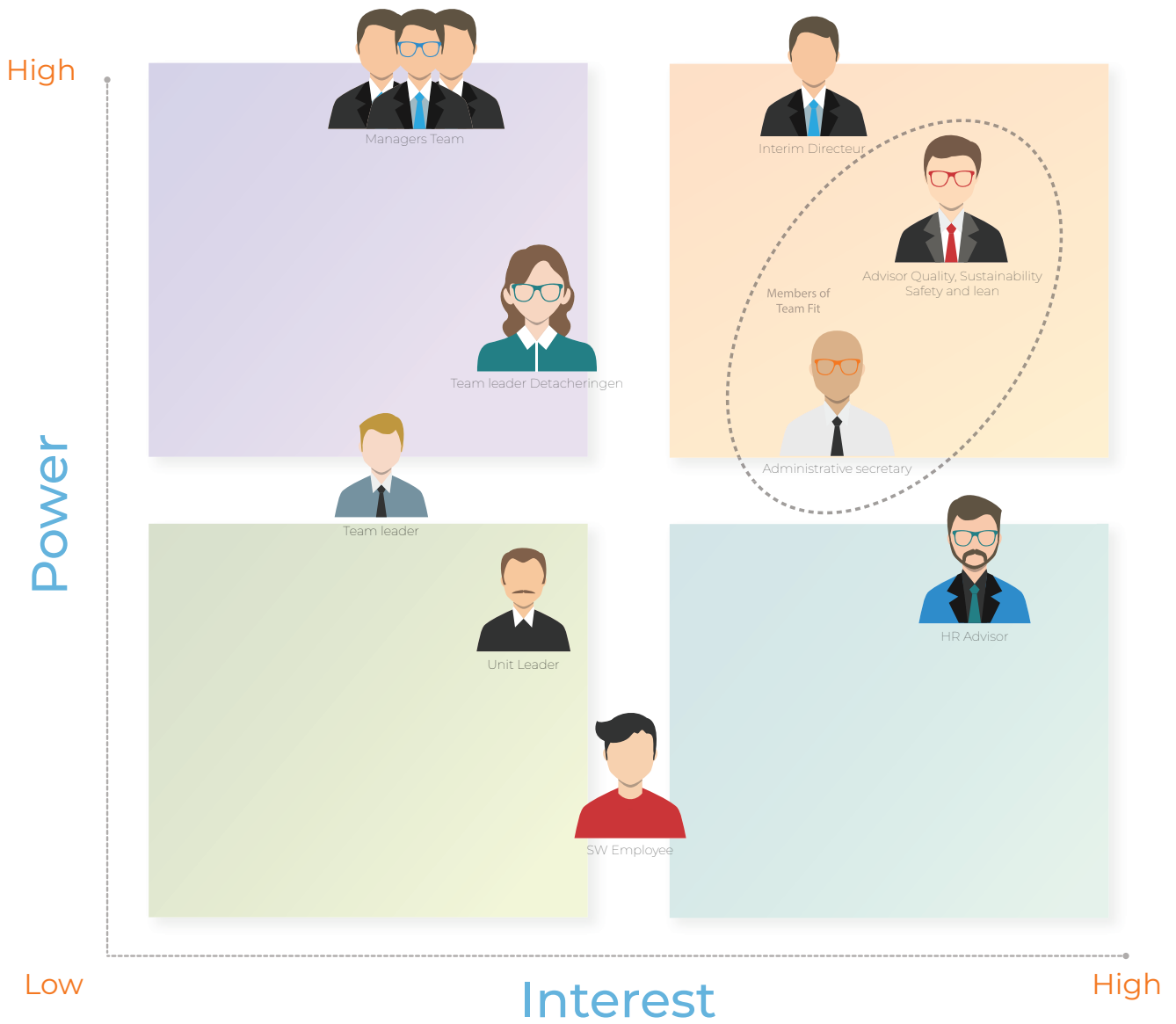


Figure 22 Power-Interest Matrix of internal stakeholders



Figure 23 Cheat sheet to understanding the Power-Interest matrix

TEAM FIT

In the previous paragraph Team Fit has been identified as a possible catalyst for vitality within DZB. This paragraph gives a short introduction on Team Fit and some examples of vitality efforts they have performed over the years. Information on DZB has been gathered during the in-depth interviews. See appendix C4: Interview memo's

Team Fit is a committee within DZB which focuses on health and vitality improvements. They are a group of 6 employees of DZB positioned throughout different departments of the organization. Team Fit was formed by the current interim director of DZB, due to a personal interest in vitality.

A committee

Currently Team Fit has a low budget and is not considered an official part of the job. Team Fit can therefore best be seen as a committee within DZB with employees who are enthusiastic for vitality and have time to spar from their daily work practices.

Team Fit has proposed several different vitality interventions at DZB over the years. The two most known interventions are shortly explained.

Cafeteria snacks

One intervention that caused quite some commotion within DZB is the reduction of deep fried cafeteria snacks to one per day. Instead of having a choice for which ever snack you would like, each day only offers one kind of fried snack. This would demotivate people from eating fried snacks everyday, since there will always be snacks that a person does not like.

Zip code study

A recent zip code study was performed by Team Fit with all the employees of DZB. They analyzed where the employees of DZB lived, how far away this from the building and what their preferred mode of travel is. With this study they hoped to receive support from the management team to invest in bicycles for employees of DZB who lived close enough (within 7.5 km) to travel by bike, see figure 20.

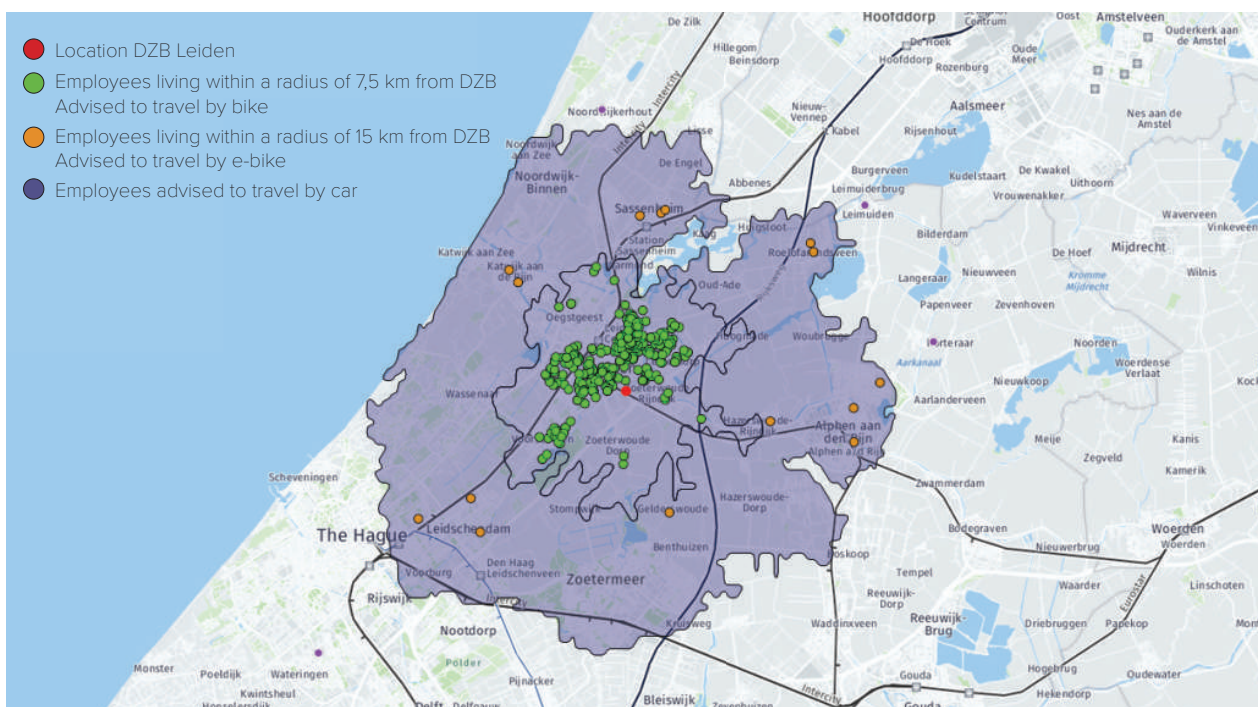


Figure 24 Zip code study performed by Team Fit



STAKEHOLDER MAP - SUPPORT FOR TEAM FIT

“Stakeholder maps visually consolidate and communicate who the key stakeholders of a design are and how they interact with each other. Stakeholders may be identified by general roles (e.g., students) and may change over the course of a project.” (Kim, E., 2020) The stakeholder map looks beyond just the organization of DZB. It tries to map out all relevant stakeholders and what the exchange between the stakeholders is.

In the analysis of the PI-matrix Team Fit emerged as the best catalyst to implement vitality interventions within DZB. Two stakeholder maps have been created. Both of these stakeholder maps focus on support. Where the one focusses on support for interventions, the other focusses on support for Team Fit. The stakeholder maps have been created through knowledge gained from semi-structured interviews and an explorative study performed at DZB Leiden. Due to many similarities between the stakeholder maps a choice has been made to focus on the stakeholder map – support for Team Fit.

By mapping out the stakeholder maps on support for Team Fit insights are gained on the 5 different types of support that are important to implement vitality interventions within reintegration organizations like DZB. The types of support have been stated as follows:

- Implementation
- Knowledge
- Financial
- Social
- Vitality

Implementation

Support for implementation describes the different ways stakeholders can support the implementation of vitality interventions. Set-up, promotion and execution are examples of implementation support.

Knowledge

Knowledge support is seen as support in the form of exchangeable knowledge to be used by Team Fit for the development of vitality interventions.

Financial

Money is needed for Team Fit to develop and set-up vitality interventions. In turn the vitality interventions should create healthier employees, which should reduce absenteeism and increase productivity. Both create financial benefits for DZB.

Social

Social support is an important aspect for the success of health initiatives. This is reflected by the interpersonal system of the social ecological model (McCormack, L., Thomas, V., Lewis, M. A., & Rudd, R., 2017).

Vitality

Team Fit aims to offer vitality to the SW employees through vitality interventions. Even though the vitality interventions should be focused towards the SW employees not only SW employees should be allowed to benefit from the vitality interventions.

Stakeholder map – Support for Team Fit

Figure 21 shows the support for Team Fit stakeholder map in total. To gain a better overview the stakeholder map has been separated into stakeholder maps for each different type of support. In the stakeholder map arrows are drawn to show the direction the support is given. Filled lines show which support is already offered and dotted lines show support that is desired. Insights are gained from each stakeholder map and documented below. The numbers in the stakeholder maps correspond with the insights stated below.

SUPPORT FOR TEAM FIT

Types of support

-  Implementation
-  Knowledge
-  Financial
-  Social
-  Vitality

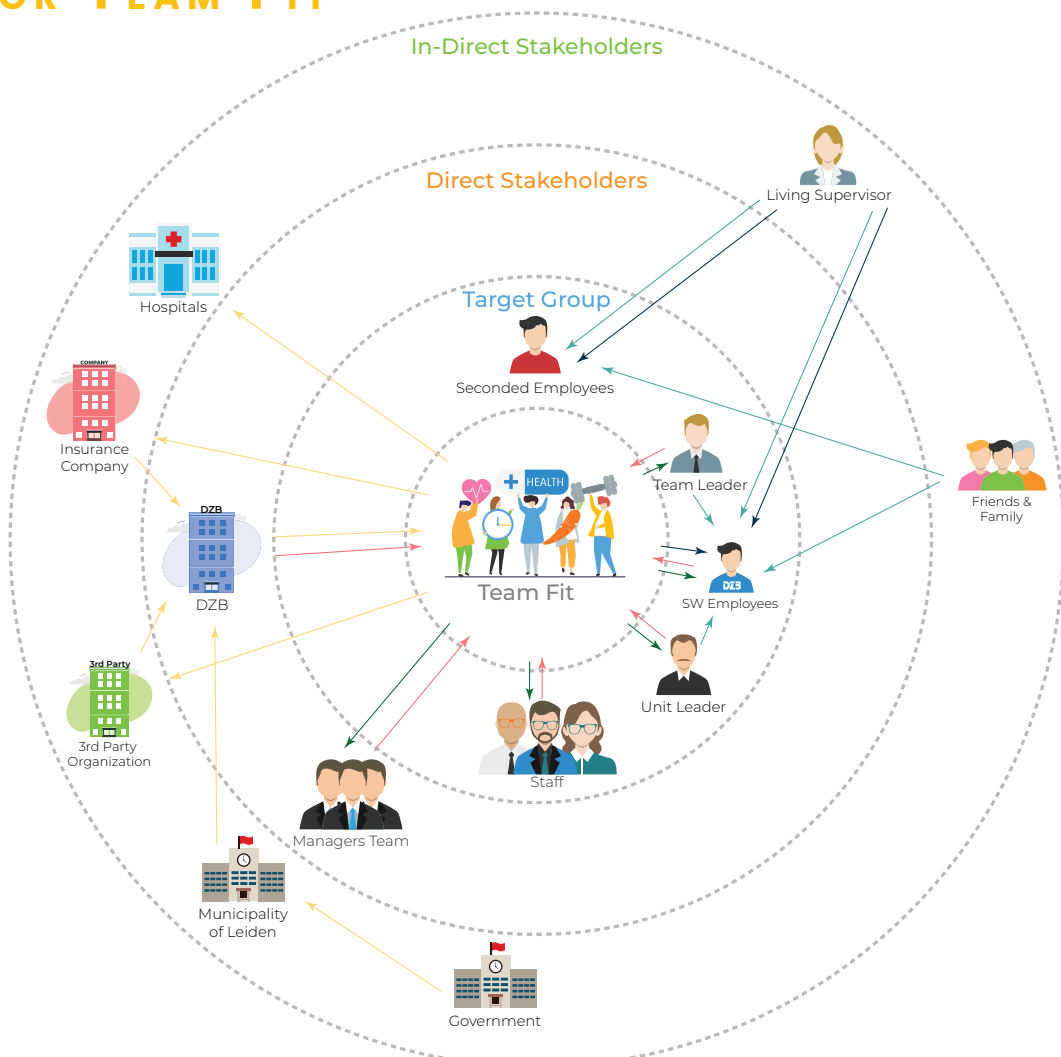


Figure 25 Support for Team Fit (total)

STAKEHOLDER MAP - IMPLEMENTATION SUPPORT

Lifestyle interventions are implemented by employees of DZB through all layers of the organization. DZB consists of 7 layers, with the following stakeholders: SW employees, Unit Leader, Team Leader, Staff, Management Team (see organization structure). A total of 5 insights are found within this stakeholder map.

To improve

1. The Unit & Team Leaders help with active recruitment of participants for the health initiatives. However they keep their hands off the setup of these initiatives.
2. Hospitals, Insurance companies and 3rd Party organizations currently don't offer support on the implementation of these health initiatives. They financially benefit from the health initiatives by Team Fit
3. Most of the target group of Team Fit can also help with the implementation of the health initiatives. Seconded and SW employees don't support with implementation of these initiatives. Involving them with the implementation could help fill the gap currently between the seconded-, SW employees and DZB.

Going well

4. The management team determines if initiatives by Team Fit will be executed. They offer support for implementation through employees that they assign to the initiatives.
5. The staff also supports through active recruitment of participants. However unlike the Unit & Team Leaders they also offer support in setting up the initiatives (i.e. administration, brainstorming, organizing).

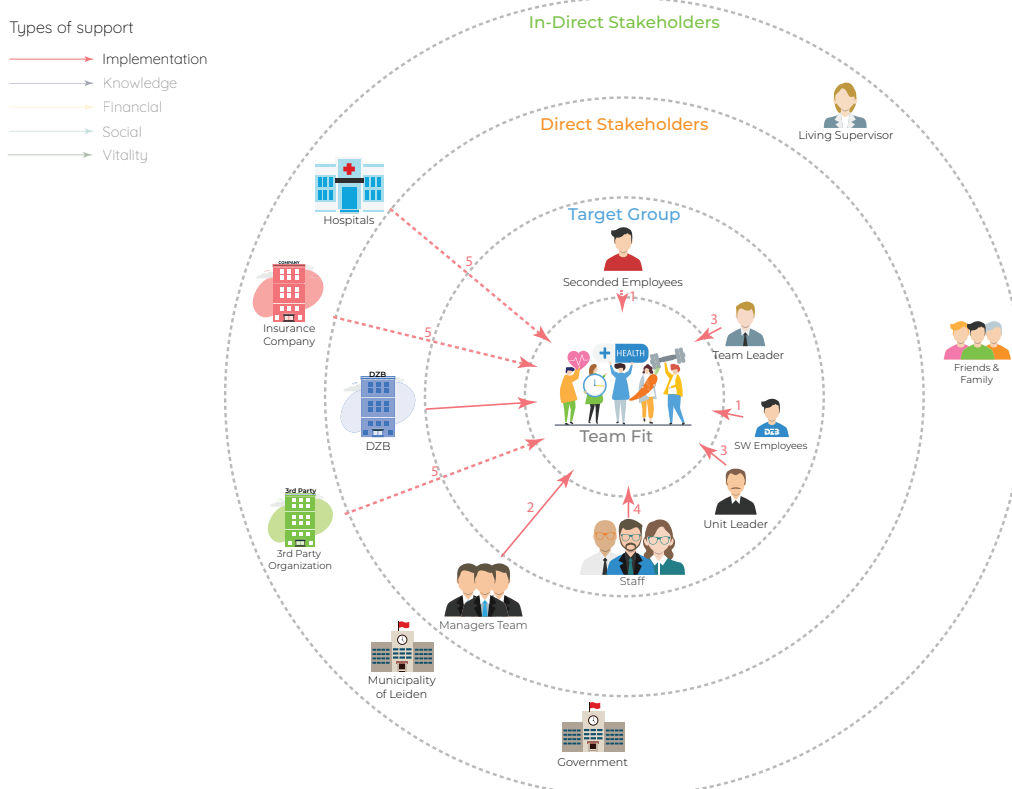


Figure 26 Implementation support

STAKEHOLDER MAP - KNOWLEDGE SUPPORT

Knowledge to support Team Fit comes from all employees of DZB. Knowledge in the area health and vitality is limited as Team Fit is something the employees do on the side. It is noteworthy that most of the knowledge support lines go towards Team Fit, but from Team Fit only to the SW employee. This means that knowledge is currently a one way stream.

Opportunities

1. Seconded employees currently offer no support in the form of knowledge. However they could have valuable insights for Team Fit on what health initiatives are important.
2. Team Leaders, Unit leaders, Staff and the management team currently don't offer support in the form of knowledge towards SW employees. Knowledge can be in the form of experience or education.
3. SW employees currently don't offer knowledge to Team Fit on what important themes are for health initiatives. SW employees are experts of their own experience and therefore have valuable knowledge to share.
4. The living supervisor of the low SES employees can offer their knowledge as support to both Team Fit as well as the employees with low SES. The living supervisor has valuable insight into the home situation of the low SES employees. This knowledge could help focus Team Fit with the vitality interventions.
5. Hospitals and insurance companies currently don't offer knowledge to DZB about lifestyle interventions. This is actually quite common for hospitals and insurance companies to do. Exchange of knowledge between Team Fit and the hospitals & insurance companies is an opportunity.

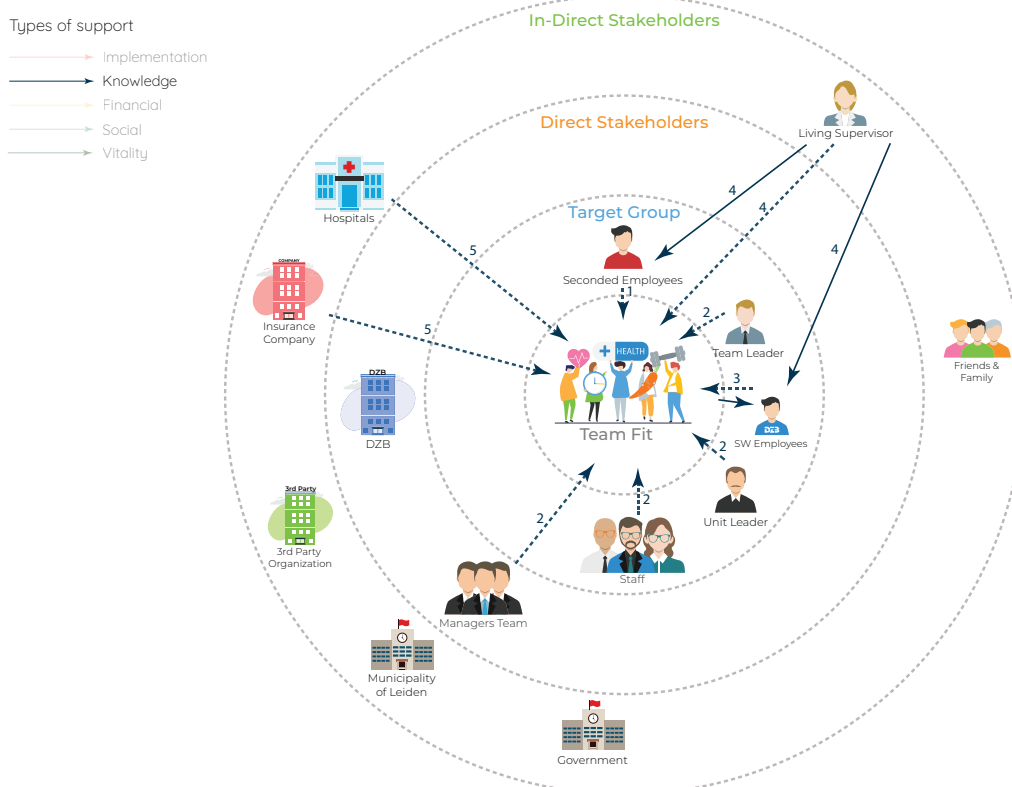


Figure 27 Knowledge support

STAKEHOLDER MAP - FINANCIAL SUPPORT

Health initiatives by Team Fit create financial benefits for almost all organizations involved. These benefits are usually in the form of cost reduction due to the health benefits Team Fit should offer. For DZB these health benefits are reduced absenteeism, decreased work disabilities and increase productivity. Currently interventions have to be developed at very low costs. Plans are often denied or requested that they are performed 'free'. With 'free' it is meant that resources that are already currently at DZB should be used.

To improve

1. DZB financially supports Team Fit within its organization. It is able to do so with the money received from the municipality of Leiden and 3rd party organizations. Currently Team Fit must have a complete plan with budget estimate before the management team will approve financial support. This should be adjusted towards a fixed budget for Team Fit. This allows for exploration, experimentation and faster development cycles.
2. From the interviews it became clear that there is little money made available for Team Fit by DZB. However the amount of stakeholders who financially benefit from health initiatives should warrant more investment into Team Fit. DZB and 3rd party organizations benefit directly from the health benefits due to vitality interventions.
3. Both the hospitals and insurance companies financially benefit indirectly from health initiatives within DZB. However the insurance company only offers financial support to DZB in the form of insurance.

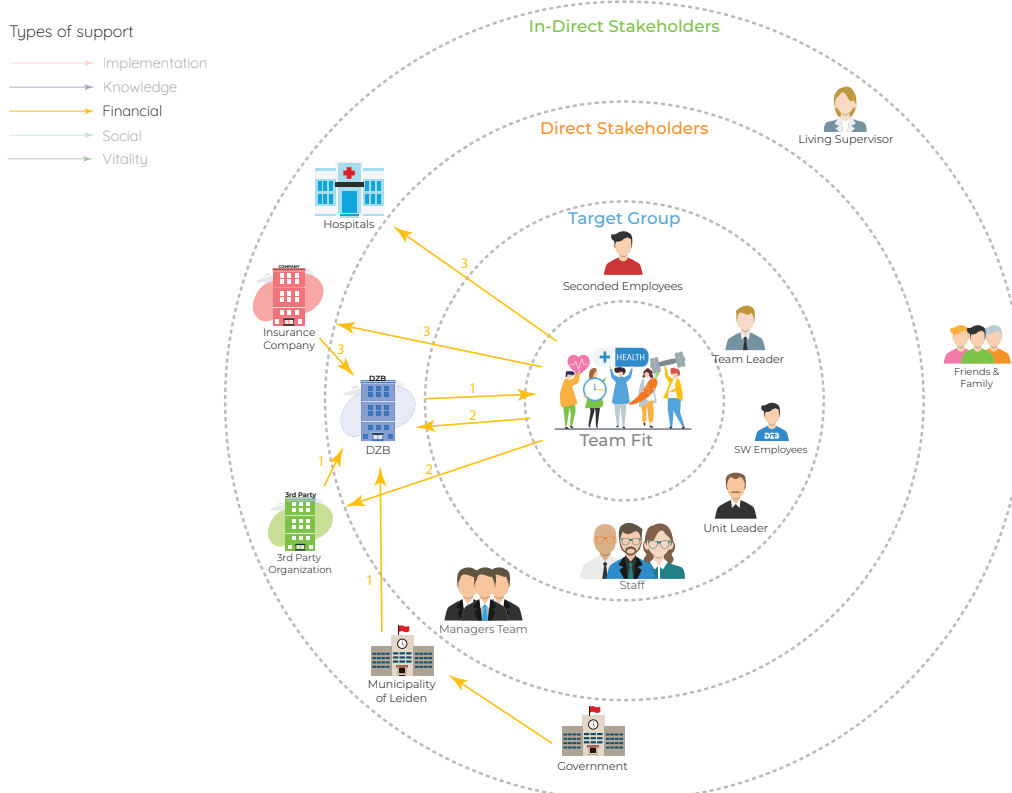


Figure 28 Financial support

STAKEHOLDER MAP - SOCIAL SUPPORT

Social support is an important aspect for the success of vitality interventions. Social support is found in the interpersonal system of the social ecological model. Though the interviews weren't focused around social support, interviewees still mentioned enough information to use as data for this stakeholder map. Team Fit doesn't benefit from the social support, because social support is aimed at the SW and seconded employees. Some interesting insights were gained from the stakeholder map.

To improve

1. There is no social support from the Staff, Team leader or Unit leader to the seconded or SW employees. Indicating that there is a communication gap between the staff and the sheltered workshops.
2. Seconded employees are currently only supported via social support. In the future the government aims to second almost all low SES employees. Therefore DZB, a government organization, should broaden their focus of providing support from just SW employees to also include seconded employees.
3. Team Fit should offer a form of social support towards seconded and SW employees. Currently this is not the case.

Going well

4. Friends & family and living supervisors offer social support to both the SW employees as well as the seconded employees.

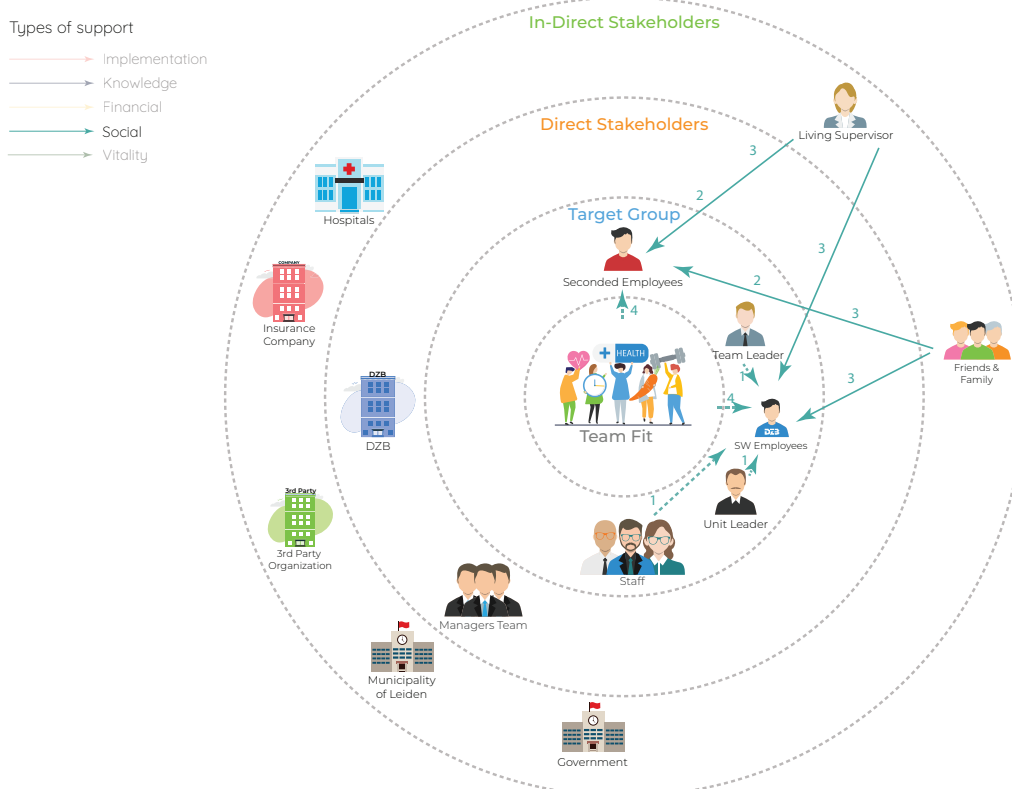


Figure 29 Social support

STAKEHOLDER MAP - VITALITY SUPPORT

Vitality interventions from Team Fit are meant for all employees of DZB. Currently the vitality interventions are focused for SW employees with low SES.

To improve

1. Seconded employees fall short of benefitting from the health initiatives by Team Fit. Once an employee is seconded communication is almost immediately stopped as they are seen as the responsibility of the 3rd Party Organizations they are seconded to.

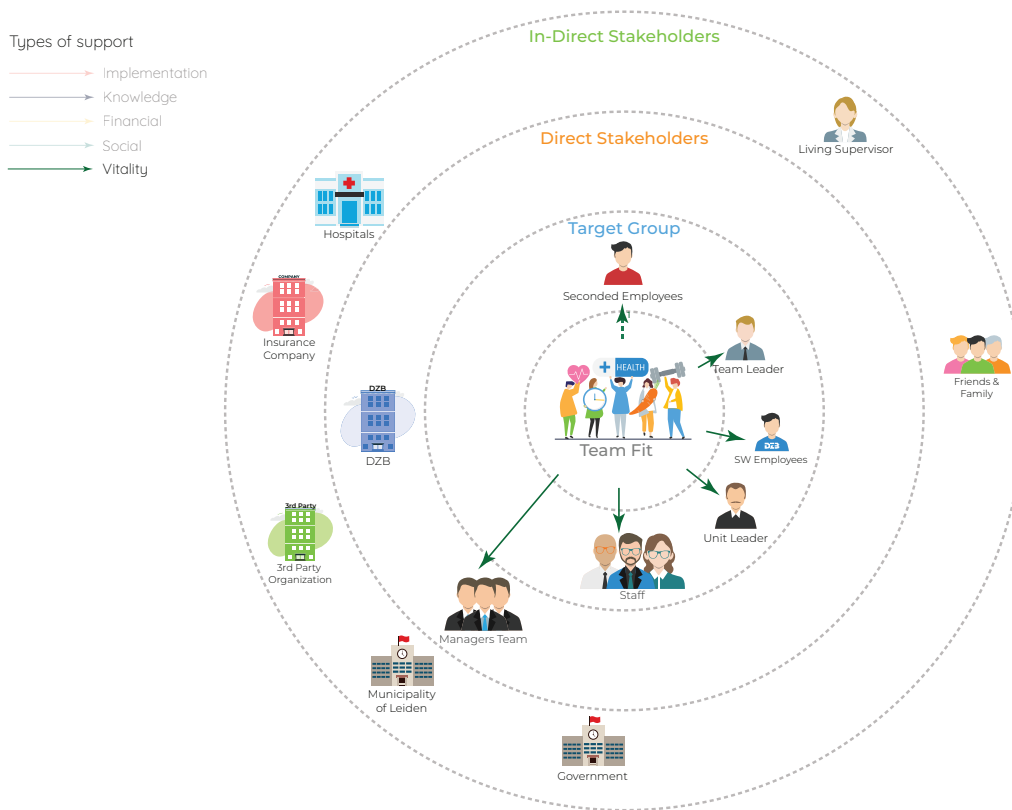


Figure 30 Implementation support

CONCLUSION

The PI-matrix shows the importance of Team Fit as a catalyst for vitality within DZB. Their interest in vitality is relatively high and the members of Team Fit are mostly positioned in advisory or management positions within DZB. The PI-matrix also shows that currently the team leader and unit leader have the least interest in vitality and relatively low power to enact change. The employees working in the sheltered workshop have the most contact with the unit and team leaders working for the different departments of DZB. They are often part of the social circle of low SES employees at work. As mentioned in the first discover phase people with low SES are easily affected by their social surroundings. This means that the current attitude of the team and unit leaders towards vitality will rub off on the employees with low SES. This ties in with the preconditions determined by Robroek, S. (2015), which states that coaching leadership is an important precondition for the success of vitality interventions. Therefore, adjusting the interest of the leaders positively towards vitality is important.

The stakeholder maps show how the different internal and external stakeholders can support Team Fit in the development and implementation of vitality interventions. Currently not enough stakeholders are included in the process of both the development and implementation. The most important stakeholders that should be included are the employees of the SW and seconded employees.

First, they can offer valuable insight into relevant topics for vitality interventions. This could be done through co-design with the employees. Second, to safeguard the effectiveness of the interventions they should be evaluated on. Employees working in sheltered workshops should reflect on the interventions themselves. They can pinpoint what worked and what didn't. This way vitality interventions are able to evolve over time to best fit to the needs of the employees working in the sheltered workshops. Last, seconded employees fall completely by the wayside of any vitality interventions. It shouldn't be the case that once employment outside of DZB is found they aren't allowed to participate in vitality interventions anymore.

Another important insight that arose from the stakeholder maps is the involvement of hospitals and health insurance companies. Both types of organizations have much knowledge on vitality and interventions which DZB could very well use for development and implementation. The RIVM (2020c) also mentions that cooperation between municipality and healthcare providers (hospitals and insurance companies) is essential. As both parties are responsible for the financing of health and wellbeing of individuals.

Answering research questions

Overall the power-interest matrix and the stakeholder map contain many valuable insights. These insights can be translated to answer the research questions and to create design criteria for the design phase of this project. The design criteria have been used to give focus to the brainstorming sessions for the developed roadmaps discussed later on in the thesis. The roadmaps were eventually evaluated on if and how they met the proposed design criteria. The evaluation of this can be found in chapter 8: Evaluation.

SQ4 WHAT ARE THE MOST IMPORTANT INTERNAL STAKEHOLDERS FOR THE IMPLEMENTATION OF VITALITY INTERVENTIONS WITHIN THE REINTEGRATION COMPANY OF DZB?

The PI-matrix shows the relative importance of DZB's internal stakeholders. From the PI-matrix can be concluded that the management team of DZB needs to be convinced of the importance of vitality. Without the support of the management team, it will be difficult to enact change within DZB for the better. Currently the interim director and the two members of Team Fit, who participated in the interviews, show the most promise to create change within DZB. Their interest in vitality and their ability to create change is high. Because the interim director is also part of the management team of DZB, he could start the discussion about vitality in the hope to convince the rest of the management team.

SQ5 WHAT OTHER EXTERNAL STAKEHOLDERS DO MUNICIPAL REINTEGRATION COMPANIES HAVE TO TAKE INTO ACCOUNT?

The interviews resulted in a selection of external stakeholders that could provide valuable support for the implementation of vitality interventions. These stakeholders have been mapped out in the stakeholder maps and they have been analyzed on the different types of support that could be offered. The most important insight we can take away from the stakeholder maps is that seconded employees aren't taken into account for vitality interventions. Since 3rd party organization like 'Het Warenhuis' rarely offer any form of support for vitality seconded employees completely fall by the wayside for any vitality interventions.

SQ6 HOW CAN THE DIFFERENT INTERNAL AND EXTERNAL STAKEHOLDERS SUPPORT THE IMPLEMENTATION OF VITALITY INTERVENTIONS?

Multiple internal and external stakeholders have been mapped out in the stakeholder maps of support for team fit. Looking at the insights gained from the stakeholder maps, there are many lines of support currently not in place to help Team Fit even though both internal and external stakeholders could offer support to Team Fit.

Design Criteria

Criteria have been created from the insights gained about both internal and external stakeholders. The criteria are as follows:

DESIGN CRITERIA GATHERED FROM THE PI-MATRIX

A few criteria for the design phase can be concluded from the insights of the PI-matrix. They are the following:

- Team Fit are the drivers for vitality within DZB and thus support for the implementation of vitality interventions should be focused around them.
- The strategy in the design phase should convince the management team to support the implementation of vitality interventions.
- Interest in vitality should be increased for staff, team leaders and unit leaders.
- Staff, team leaders and unit leaders should be educated on the importance of vitality.

DESIGN CRITERIA GATHERED FROM THE STAKEHOLDER MAPS

Some criteria determined from the insights from the stakeholder maps can be concluded. The following criteria have been created for the design phase:

- Seconded employees should be included in future vitality interventions.
- DZB should reach out to hospitals & insurance companies. They can offer financial, implementation and knowledge support beneficial for vitality interventions.
- The support of the management team should at least consist of a budget for Team Fit.
- Living supervisors should be engaged for their knowledge and expertise about the target group. They could identify problems that seconded and SW employees might not be able to do.
- Seconded and SW employees should be incorporated in the development of vitality interventions. They are the experts of their own experience and can offer valuable insight in current vitality problems. Their input is important for the effectiveness of the interventions.

6

Develop

This chapter provides a structured overview of the design process for this graduation project. The design framework will be introduced based on the MiVaViSOTO method by BenHub (2018). This design framework is used for the develop and deliver phase of this graduation project. The current mission and values of DZB and how vitality fits is explored within the develop phase. This phase ends with a proposed future vision and the conceptualization of the strategic and tactical roadmaps described in chapter 7: Deliver.

Design framework	p. 79
DZB's mission and values	p. 80
Future vision	p. 82
Conceptualization	p. 84

DESIGN FRAMEWORK

The MiVaViSOTO method was introduced in 2018 by BenHub as a set of management principles to provide a structured overview of what is important. The MiVaViSOTO method is an acronym that stands for: Mission, Values, Vision, Strategy, Objectives, Tactics and operationalization. The principles provided by the MiVaViSOTO provides focus and structure to business. They answer questions like: What is in scope? What is out of scope? What does the business stand for? What is the added value? Where is the business headed? How can we get there? What should we do?

Figure 30 shows a visualization of the MiVaViSOTO method. An explanation of the different principles is given below. The next paragraph gives a summary of the current mission and values of DZB.

Mission

The mission of a company is the fundamental reason for existence. The purpose of DZB is made clear here.

Values

The values of a company are capture through the guiding principles of the company. It defines what is truly important for DZB. The value is often implicitly captured in the vision.

Vision

The vision depicts the desired future of DZB that supports their mission. It shows an ambition that drives the organization.

Strategy

The strategy consists of a set of objectives or actions to accomplish a vision. It shows the growth strategy and focus of DZB to achieve the defined vision.

Objectives

The objectives define the course of action for DZB. They are the measurable goals needed to achieve the strategy. SMART is a common used acronym to evaluate for good objectives. SMART stands for Specific, Measurable, Actionable, Realistic and Time-bound.

Tactics

The tactics describe what DZB needs to do in practice to make the strategy work and to be able to execute the objectives.

Operationalization

The operationalization exists of the actions that are needed to be performed to be able to implement the strategy. For DZB these are the actions that Team Fit should perform.

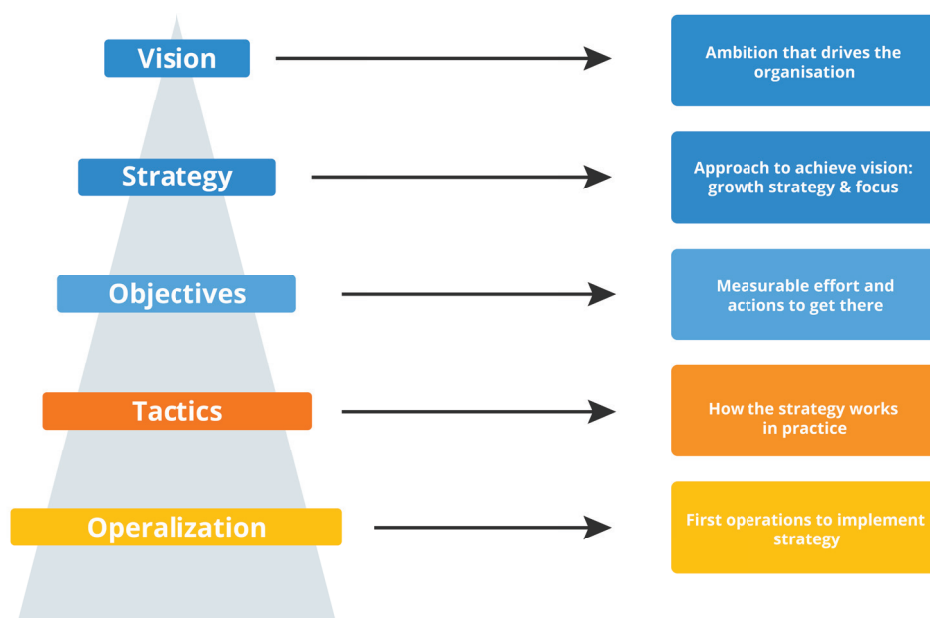


Figure 31 Visualization of the MiVaViSOTO method

DZB's MISSION AND VALUES

DZB already has established a clear mission and their values for the company. In this paragraph a quick summary of both the mission and values is given. A translation is given on how vitality can fit within the mission and values. The mission and values of DZB have been gathered from the internal Marketing Communication plan of 2019 (Kraaijeveld, R. (2019)).

Mission

The current mission of DZB is: "Working together on a world where everyone participates." See figure 31. DZB is committed to create a world where everyone participates. Where we have an eye out for each other and see each other for what we are worth. Above all, DZB aims for people to bring out the best in each other. The figure 31: Mission of DZB, shows a banner which can be found on the website of DZB clearly stating the current mission of DZB.

So how does vitality fit within this mission? First of all, as mentioned before improving vitality of employees could have beneficial effects for absenteeism, work disabilities and productivity. These three effect can easily fit within a world where everyone participates. Participating is defined as "the action of taking part in something" (Oxford languages, 2020). Less absenteeism and decreased disabilities will increase the time an individual is actively involved. Secondly, having an eye out for each other and bringing out the best in each other is a way of saying that we help each other. Vitality interventions do just that. With vitality interventions DZB can help its employees in their personal health. All in all, vitality has an easy fit with the current mission of DZB.

Values

DZB values the individual development and contribution of each and every person. This is clearly seen by their slogan, "We believe in the power of every individual". Every individual has his or her own strengths and DZB tries to contribute to this, by helping the individual in exploring their own strength. Figure 32 gives an example of external communication of these values.

Vitality also plays an important role in helping each and every individual at DZB with exploring his or her own strength. Logically speaking, an individual is only able to explore his or her own true strength when they are as healthy as they are capable of being. Part of exploring the strength of an employee at DZB is helping them achieve that level of healthiness. Without it, it is impossible for them to explore their own true strengths.

**Samen werken
aan een wereld
waarin iedereen
meedoet.**

DZB
LEIDEN | Iedereen werk



Figure 32 Mission of DZB (DZB, 2018)

**De leergierigheid
van Robert
bij Infotheek
Group**



**De zorgvuldigheid
van Henk
bij Postbezorging
DZB Leiden**



**Het enthousiasme
van Angela
bij Schoonmaak
DZB Leiden**



Figure 33 Values of DZB (DZB, 2018)

FUTURE VISION

A future vision is created to show an ambition towards vitality within DZB which is in line with their current mission and values. This future vision is necessary to give direction to DZB's future plans and endeavors. The future vision describes a desired future which the strategy tries to achieve.

The future vision for DZB states where DZB is headed in regards to vitality and should go hand-in-hand with the current mission and values of the organization. It is important to keep the current mission and values of DZB intact if the goal is to convince the management team to incorporate more vitality. Currently DZB is undergoing multiple changes partly due to CoVid-19 and partly due to the search for a new director. Completely changing the current mission and values could create an extra barrier for the management team to agree with the proposed strategy of this graduation project. The proposed strategy is explained in the deliver phase.

The designed future vision statement is as follows

“DZB Leiden aims to offer **vitality**, in the form of **health and happiness**, to **all employees in sheltered workshops** in the Netherlands, through **vitality initiatives** that are supported by a **vitality network of municipal reintegration companies and healthcare providers**.”

What became clear from the second define and discover phase is the lack of awareness for vitality within most of DZB's employees. The vision should therefore focus on vitality. Creating a clear vision is the first step to increase the awareness for vitality within DZB. Also, it became clear that if you are not working on site at DZB you fall by the wayside for any of the vitality initiatives. The vision should include more employees with low SES apart from just the employees of DZB.

The stakeholder maps revealed that communication is missing between DZB and healthcare providers like health insurance companies and hospitals. Creating a connection with these companies could provide useful knowledge and investments for health initiatives.

Future Vision statement

The future vision should be concise, memorable, clear and inspirational. The future vision describes the goal of the strategy in the long term, considering learnings and criteria from the second define and discover phase. See chapter 5: Design criteria for the established criteria.

Vitality

Vitality in the future vision statement is defined as health and happiness which coincides with positive health describe in the literature research.

Employees in sheltered workshops

Employees in sheltered workshops entail more than just low SES employees working in municipal reintegration companies like DZB. Third party organizations like the thrift shop 'Het Warenhuis' are also incorporated within this phrase.

Vitality initiatives

The term vitality initiatives is used instead of vitality interventions. This is due to the previous defined negative stigma that surrounds interventions. Initiatives sound more positive and is something that can get people excited instead of deterred.

Vitality network of municipal reintegration companies and healthcare providers

Since there is little to no communication with health insurance companies or hospitals it is crucial that a network is created with these healthcare providers. Other municipal reintegration companies and 3rd party organizations should also be included in the same network. Any knowledge that is gained can therefore easily be shared between municipal reintegration companies, 3rd party organizations and healthcare providers. It is unnecessary for each reintegration company to reinvent the wheel in a manner of speaking.

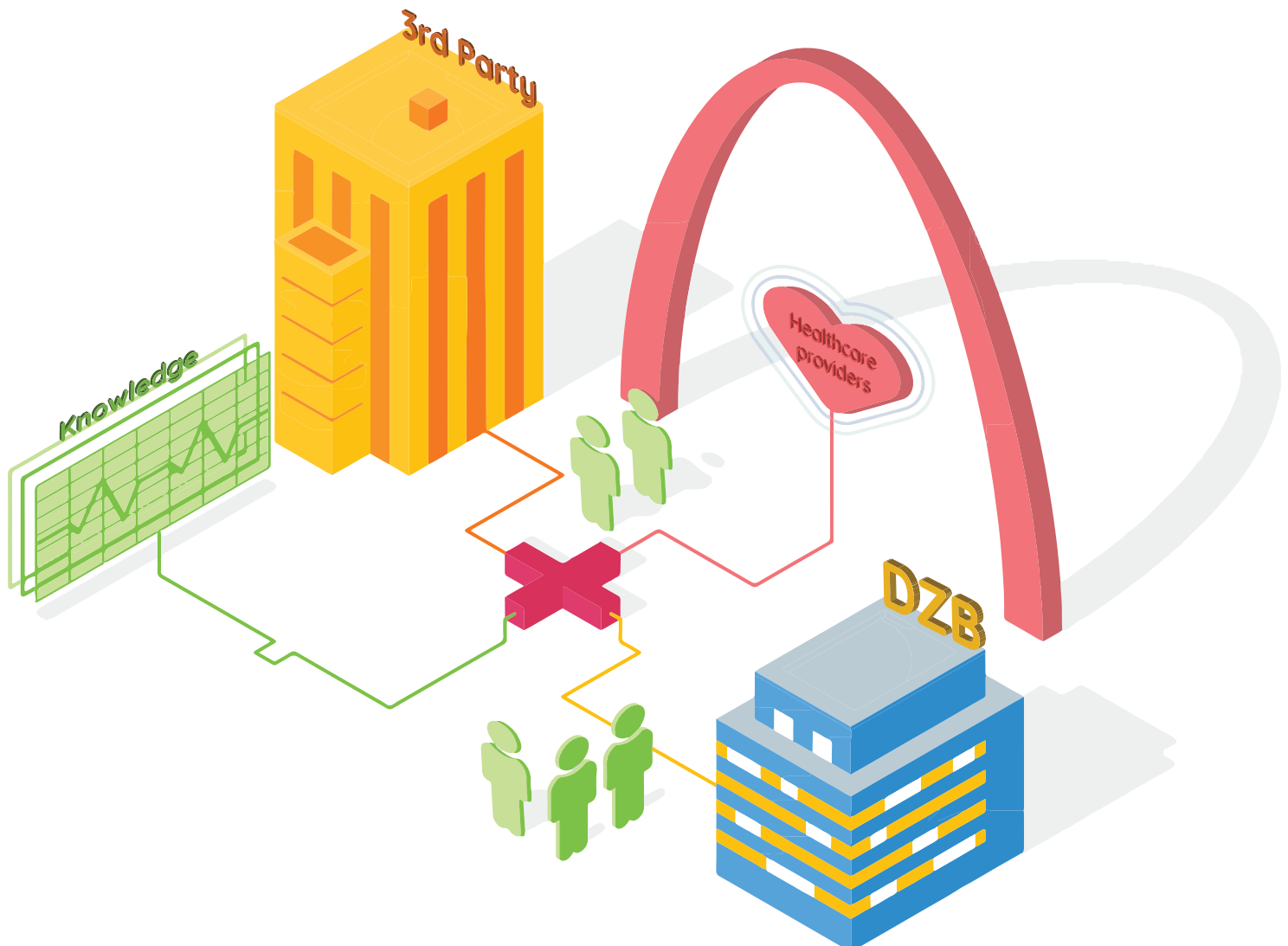


Figure 34 A visualization of the vitality network (center) connecting DZB, 3rd Party organizations and healthcare providers tapping into shared knowledge.

CONCEPTUALIZATION

The criteria determined from the in-depth interviews, PI-matrix and stakeholder maps together with the created future vision formed the basis for the conceptualization of the strategic and tactical roadmaps. Brainstorming for the roadmaps has been performed individually via the brain dump and brain writing methods (Vasudevan, V. 2020).

Brainwriting is an idea generation method related to brainstorming, however instead of sharing ideas verbally ideas are written down silently. The benefit of brain writing is that ideas are well thought out and more complex. As this method was performed individually it gave me the feeling of comfort to easily and freely express my thoughts.

The brain writing quickly led to a framework for the roadmaps. The design criteria determined in chapter 4 (Discover_Two) and 5 (Define_Two) where used to give focus to the performed brainwriting. The developed framework was further conceptualized over the course of weeks. The focus of the roadmaps was first on creating a third horizon when the future vision would be reached. Afterwards, a first iteration of the vitality network was created. In that moment in time this was still called the Health Service. The role of Team Fit and their goals was explored. Next, the first and second horizon were created as stepping stones to reach the third and final horizon.

Expert feedback meetings have been planned with the interim director of DZB and Team Fit to evaluate the proposed strategy and its roadmaps. Due to the very limited time the interim director of DZB & Team Fit have available, both meetings were planned almost a month ahead of time. This resulted in the creation of a medium fidelity strategic roadmap and a low fidelity tactical roadmap, which could be used for evaluation in the expert feedback meetings. These first iterations of the strategic and tactical roadmaps can be found in Appendix F1 & F2. The expert feedback meetings resulted in a second iteration of the roadmaps. The final iteration is described in chapter 7: Deliver and the evaluations with the use of the expert meetings are documented in chapter 8: Evaluation.

Horizon 3 → Health fully integrated
DZB = expert

Individual

Health education → all employees DZB
Health part of the culture

Interpersonal

Fun work → How?
Make health fun
Use family, friends & supervisors
No division between office & SW

Organizational

Health part of image
Plant Runer in health → European example
Expert on health for low SES
Constructed network with knowledge institutions
Content for questions from 3th parties
stimulate health initiatives of 3th parties
→ Knowledge, Contacts, financial

Health initiatives

BRAVO themes in yearly cycle
Throughout the year 1 expert approachable (1 person/BRAVO)
4/year sport day for all employees of DZB
Health midday - Friday after 12 o'clock

Resources

1. Knowledge → expert on field of health with low SES
2. Time → 1 person full time health expert + team fit: orga BRAVO
3. Money → Health insurance company investment + increase hourly rate of secondment
+ placement ↑ therefore subsidie ↑
+ investment hospital + financial benefits visible for employees
4. Contacts/Network → created a network for health initiatives: food, sport, addictions, Relaxation

Figure 35 Brainstorming example 1

Health Service

First Horizon

- Year round vitality support
- BRAVO themes as 10 year cycles
- DZB focussed
- Setting up vitality focussed network
- offers → Health initiatives & Support

Second Horizon (possibly ask small contribution)

- Start incorporating seconded employees
- Proactive communication with 3rd party organisations
- focus = DZB + seconded employees
- End of Second horizon: Expert in healthy employees
- offers → guidance for health initiatives to 3rd party (knowledge + network)

Third Horizon (doesn't need to be free)

- focus → guidance & expertise provider to all organisations with low SES employees in The Netherlands
- Expert in healthy & Happy employees with low SES
- Complete Health network

Figure 36 Brainstorming example 2

Roadmap

Individual

Interpersonal

Organizational

Community

Figure 37 Brainstorming example 3

7

Deliver

In this chapter a strategy is made for the implementation of vitality initiatives within DZB. A strategy will be explained with its objectives. The tactics needed to achieve the strategy and objectives is described and finally the operationalization for this will be explained. All of these management principles are supported by the mission, values and future vision of DZB.

Roadmap design	p. 88
Strategic Roadmap	p. 90
Tactical Roadmap	p. 92
Horizon 0: Initialization phase	p. 94
Horizon 1: Vitality initiatives focused on DZB employees	p. 96
Horizon 2: DZB the vitality expert for low SES employees	p. 98
Horizon 3: Vitality experts for happy & healthy employees	p. 100

ROADMAP DESIGN

According to BenHup (2018) a strategy is a set of objectives or actions around a unifying theme to accomplish a vision. He states that an organization can have multiple strategies that support the created vision. In this chapter we will take a look at how the strategy for DZB manifests to reach the vision created in the previous chapter. This chapter describes the final version of the proposed strategy and the roadmap towards the future vision stated in chapter 6: Develop.

The strategy and its objectives are developed using strategic roadmapping introduced by Simonse, L. (2017). A strategic roadmap shows the set of objectives in a visually tangible way. A tactical roadmap has been created to envision what needs to be done to be able to reach the objectives set in the strategic roadmap. Lastly, the operations to be able to implement the tactical and strategic roadmap are explained.

It is important to note that strategies aren't set in stone. They offer guidance and inspiration to the company and should be adjusted according to adjustments of the vision made in the future.

The strategy has been visualized with a strategic roadmap. According to Simonse, L. (2017) a roadmap is a visual portrait of design innovation elements plotted on a timeline. The strategic roadmap is used to visualize the different steps needed to reach the future vision. These steps are divided into three phases for DZB. Each phase has its own horizon which is worked towards during that phase. A time-pacing for these horizons is set and the amount of time set for each phase increases. This is due to the amount of uncertainties the future holds. The further you go into the future the more uncertain things are. First the time-pacing for each of the phases is determined and afterwards the strategy for each phase will be elaborated on. The full-size strategic roadmap can be found on pages 88 & 89 and the full-size tactical roadmap can be found on pages 90 & 91.

Time-pacing

The time pacing of a strategy is difficult to determine for a municipality organization like DZB due to bureaucratism. Bureaucratism ensures that the time needed for projects is longer than with regular companies. Currently DZB is undergoing a reorganization and they are still searching for the new director of DZB. Due to this and the current CoVid-19 pandemic projects are put on hold for the time being. It is expected that most projects will be able to resume from mid-2021. This is where the time-pacing for the roadmap will start. Starting in mid-2021 also gives time for operationalization to start in horizon 0. This will be elaborated on in the end of this chapter (see paragraph 7.3 Operationalization).

HORIZON 0 (0.5 YEARS)

Horizon 0 is the initiation phase of the strategy. This starts before the actual first phase in mid-2021. The pre-phase consists of tasks that should be started with immediately to make DZB and Team Fit ready to achieve the objectives set in horizon 1. Since the first horizon starts in mid-2021 there is little over half a year left at the time of writing.

HORIZON 1 (2 YEARS)

The first horizon should be achieved at the end of the first phase starting in July of 2021. The first horizon will focus on establishing company wide support for vitality and developing the vitality initiatives focused on the employees with low SES. An estimation of 2 years is made for the first phase to be completed and to have achieved horizon 1. The first horizon should therefore be reached around mid-2023.

HORIZON 2 (3 YEARS)

The second horizon is focused on establishing a network where all employees with low SES are included. The network should be created to make a connection with 3rd party organizations within the same municipality as DZB (municipality of Leiden) and health care providers. This phase should take longer than the first phase. Setting up a network and then convincing the needed external stakeholders to join the network can take some time. Therefore, a time-pacing of 3 years is estimated to be needed to complete the second phase and reach horizon 2. The second horizon should be reached around mid-2026.

Horizon 3 (5 years)

The last horizon is achieved at the end of the third phase and focusses on expanding the reach of the network established in the second phase. The transition to a nationwide health network with all municipal reintegration companies and healthcare providers is expected to take a lot of time to create. Due to this the last horizon will have a time-pacing of 5 years. At the end of this third horizon the established future vision should be achieved. This should be around mid-2031. Due to the uncertain nature of the future, precise tactics and operationalizations aren't created. Instead a direction the tactics and operationalization could take is given.

In the following chapters the strategy, objectives, tactics and operationalizations for each of the horizons will be explained. A strategic roadmap is made to convey the strategy and objectives for each of the horizons. For the complete visualization see pages 88 - 91. The strategy encompasses the approach and focus to reach the different horizons. Objectives for each of the horizons are created according to the SMART criteria 'specific, measurable, actionable, realistic and time-bound'. A summary for the tactics for Team Fit can also be found in this roadmap. This shows how many members for Team Fit are needed and how responsibilities should be divided.

A tactical roadmap has been made to visualize the tactics and operationalizations of each of the horizons. This roadmap shows what DZB as a whole needs to do to execute the determined objectives and the operations are the actual tasks that are needed to be performed. Within the tactical roadmap a visual summary of the approach for the strategic roadmap is given for the approach. The operationalizations that influence each other are linked together.

Strategic Roadmap

Vision Statement
for 2030

DZB Leiden aims to offer **vitality**, in Netherlands, through **vitality initiatives**

for DZB Leiden evolution of vitality interventions

Approach

Horizon 0

Horizon 1

Preparing DZB for implementing vitality initiatives

Vitality initiatives focused on DZB employees

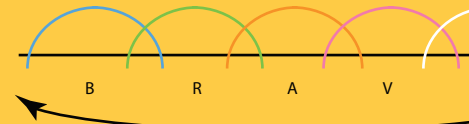
January
2021

June
2021

July
2021

Before implementing vitality initiatives some actions need to be taken. These actions are set-up as objectives for horizon 0. The goal of this horizon is to convince the management team (MT) of DZB about the benefits of increasing the vitality of its employees. A test group will be used to generate data specific to DZB through vitality initiatives set-up as experiments. Awareness for Team Fit as facilitator of vitality should be increase within DZB and workshops should be given to the staff of DZB to update their knowledge of vitality towards positive health.

Starting from January 2021 vitality initiatives will be according to the BRAVO themes. The BRAVO themes in 10 weeks per theme, ensuring that vitality is a constant DZB all year round. At the end of this horizon the vitality should be accessible for all employees of DZB.



BRAVO = Beweging, Roken, Alcohol, Voeding, O...

Focus



Objectives



Vitality initiation phase:
What can we get started with now?



Establish company wide support for vitality

- Educate
- Increase awareness Team Fit
- Set-up vitality experiments
- Generate DZB data from experiments
- Develop business case for MT

- Start discussion with healthcare providers
- Increase reach of vitality initiatives
- Close communication gap SW & Staff

Team Fit

OPERATIONALIZATION

START AS 5 MEMBERS

CONTINUE AS 5 MEMBERS
1 MEMBER RESPONSIBLE PER BRAVO THEME

Develop business case

Team Fit Leader

Internal promotion of team fit

Internal promotion of vitality initiatives

Participant recruitment & organize workshop

Ambassador recruitment

Set-up vitality experiment

Start discussion with healthcare providers

in the form of **health and happiness**, to all **employees in sheltered workshops** in the **activities** that are supported by a **vitality network** of **reintegration companies and healthcare providers**.



Horizon 2

Horizon 3

DZB transforms into a Vitality expert for low SES employees

DZB is an expert in supporting vitality initiatives for Healthy & Happy low SES employees

June 2023

July 2023

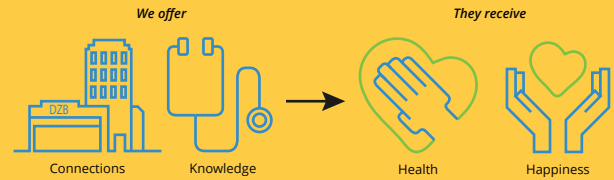
June 2026

July 2026

June 2031

DZB starts with proactive communication towards organizations within the municipality of Leiden where seconded employees are stationed. Same vitality initiatives should be offered to seconded employees. Any vitality initiative started by these organizations should be encouraged and DZB's vitality expertise should be offered to the organizations. A collaboration will be started with SPARK to create a vitality network.

Starting from January 2026 DZB is a vitality expert for Healthy & Happy low SES employees. DZB aspires to improve health & happiness for all low SES employees within the Netherlands. DZB's services are offered nationwide to encourage and support reintegration companies in their vitality endeavors for low SES employees.



SPARK



Vitality



Establish network for inclusion



Establish nationwide health network for reintegration companies



Align DZB policies



Include seconded employees



Proactive communication



Encourage health



Create network



Health expert low SES



Expand to health network



Support for reintegration companies

THEME

EXPAND TO 6 MEMBERS

1 MEMBER RESPONSIBLE PER BRAVO THEME



Team Fit Leader



Internal promotion of vitality initiatives



External promotion of vitality initiatives



Discussion with healthcare, 3rd party organizations & SPARK



Advisor Vitality

Figure 38 Strategic roadmap

Tactical Roadmap

● First step

● Following steps

● Connected

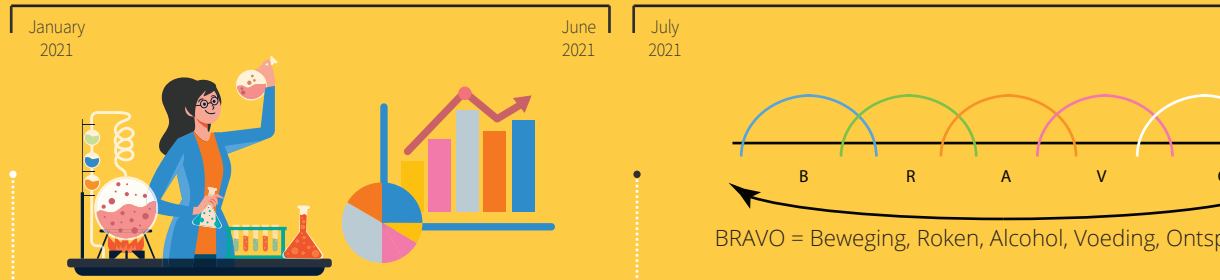
for DZB Leiden evolution of vitality interventions

Approach

Summary of approach

2021 | Pre-phase: Preparing DZB for implementing vitality initiatives

2021 | Phase 1: Vitality initiatives focussed on DZB employees



Organizational

Organizational prerequisites

Communication

Internal

- Word of mouth
- Promotional Videos
- Promotional Posters
- Social media

External

Support

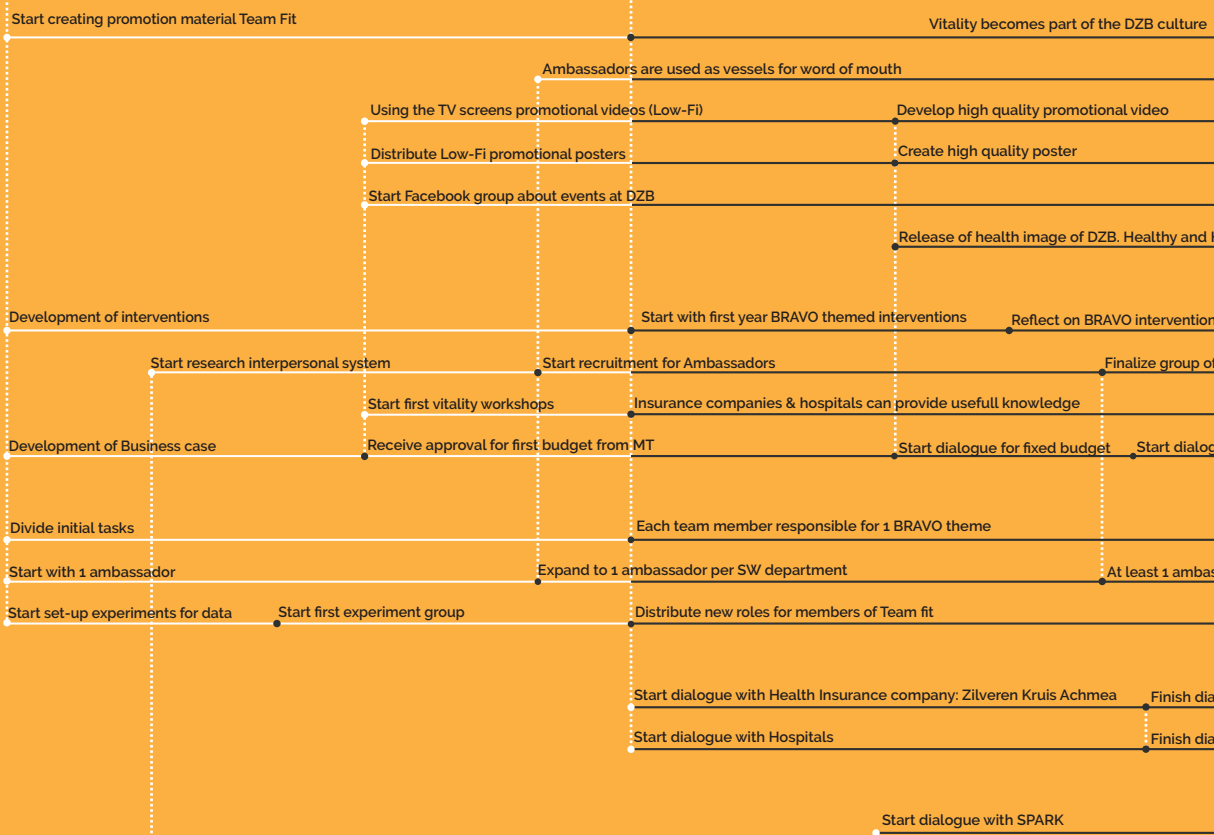
- Implementation
- Social
- Knowledge
- Financial

Team Fit

- Team Members
- Ambassadors
- Tasks

Partners

- Health Insurance
- Hospitals
- 3rd Party Organizations
- SPARK



Interpersonal

Social actors

For the desired integral approach extra research is needed on how the social actors can support vitality interventions. Further research into the following social actors is needed:



Friends

Individual

The 10 intervention criteria



1. Design for action



2. Increase self-efficacy



3. Create safe surrounding



4. Consider social norms



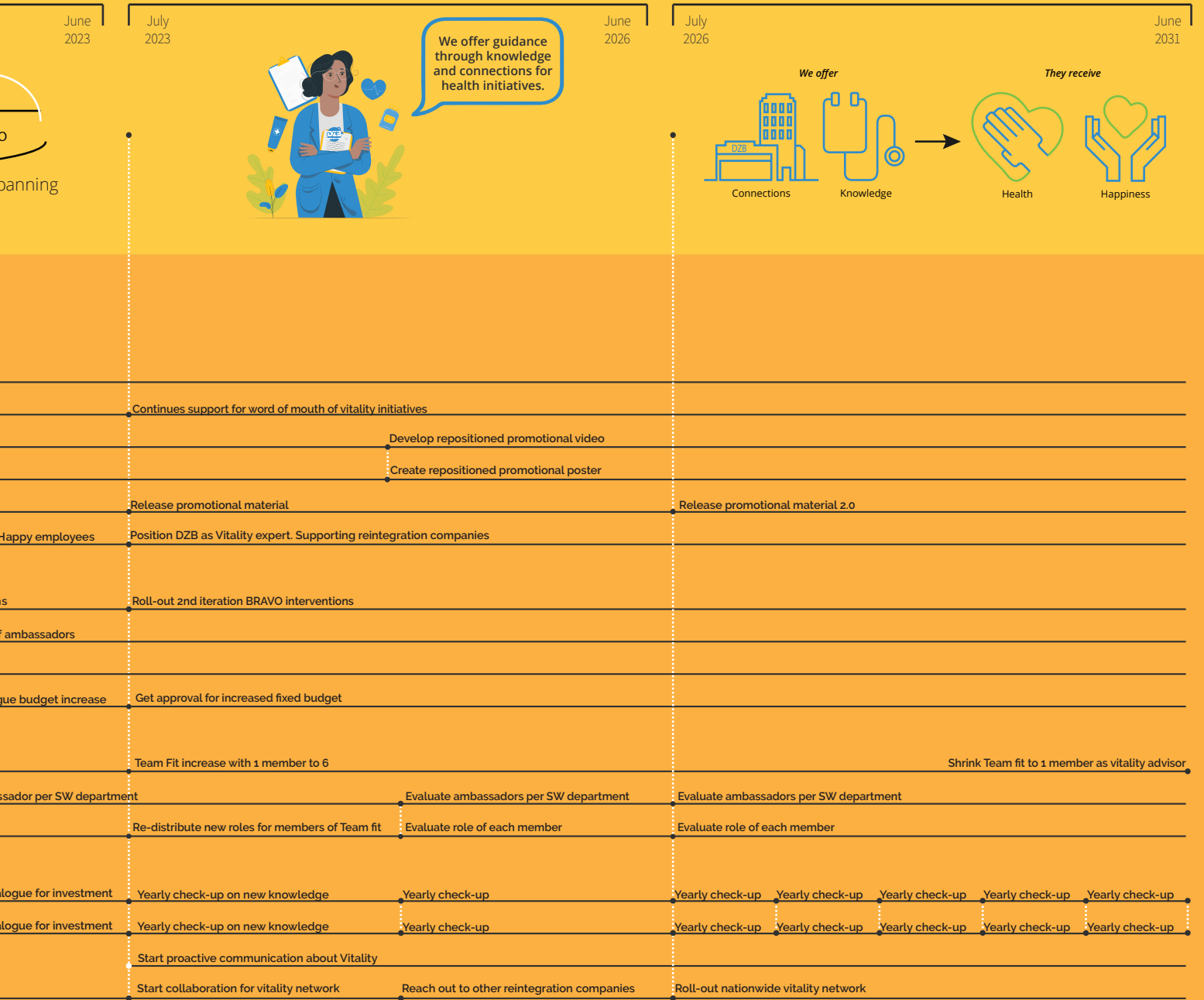
5. Education

employees

2023 | Phase 2: DZB transforms into a Vitality expert for low SES employees

2026 | Phase 3: DZB is an expert in supporting vitality initiatives for Healthy & Happy low SES employees

2031



Family



Living Supervisor



Communicate about benefits



6. Provide reward



7. Enhance togetherness



8. Set time frame



9. Provide clear rules and visuals



10. Make it voluntary

Figure 39 Tactical roadmap

HORIZON 0: INITIALIZATION PHASE

Strategy

Horizon 0 describes the pre-phase of the roadmap towards the vision. During this phase the necessary steps to prepare for phase 1 are performed. A test group will be created of employees from the SW who are interested in improving their vitality. Data about the individuals will be collected during the time that they participate in vitality initiatives. By doing this DZB can start to generate their own data about the positive and beneficial effects of vitality initiatives. During the pre-phase the awareness for Team Fit and vitality will be

increased throughout DZB. Both the staff and employees of the SW should see a growing focus for vitality within the organization. Workshops will be held at DZB for the staff to update their knowledge of vitality towards positive health.

Focus

The focus of the pre-phase is on creating an experimental group of employees of the SW in order for DZB to start generating their own data on the positive effects of vitality.

Objectives

The pre-phase consists of 2 main objectives to be achieved. They are:

- Increasing the awareness for employees of DZB about vitality and Team Fit
- Activate management team (MT) into action for vitality

Tactics

For each of the objectives tactics are created in order to be able to reach the objective. In this paragraph the tactics for each of the objectives is explained.

INCREASING AWARENESS

In order to safeguard vitality and authority of Team Fit within DZB awareness for both will need to be increased. Internal communication will be used for the promotion of Team Fit and vitality. Educating the staff of DZB should also help in increasing awareness. In order to educate the staff of DZB about the modern view on vitality: 'positive health', workshops & training will be held. There will be a mandatory workshop for each member of the staff of DZB as well as additional workshops and training for interested employees.

ACTIVATE MT INTO ACTION FOR VITALITY

In order to activate the MT into action for implementing vitality within DZB, the MT should be convinced of the benefits of vitality. Convincing the MT should be done in two steps. First, a business case needs to be made around vitality interventions for DZB. This business case should show that there is a positive business to be found for DZB through increased vitality of its employees. Second, data should be generated giving tangible evidence on the benefits of improving vitality of DZB employees.

Operationalization

There are some operations that need to be performed by members of Team Fit. The operations can be seen in the tactical roadmap. These operations should be performed during the time they have reserved for Team Fit.

The following operations will need to be performed:

- Development of a business case
- Development of internal promotion material
- Organization of vitality workshops
- Recruitment of SW ambassadors
- Development of experimental interventions

DEVELOPMENT OF A BUSINESS CASE

The development of a positive business case should convince the MT of DZB that there are financial benefits for investing in the vitality of its employees. A business model canvas can be used to visualize the positive business case. Creating a visual of the business case makes it more tangible and increase the perceived credibility of it (Joyce, A. & Paquin, R. 2016).

DEVELOPMENT OF INTERNAL PROMOTION MATERIAL

Internal promotion material should be created that is coherent with the design language that should be used towards employees with low SES. The internal promotion should be positively formulated and not confrontational. Internal communication material here should be low-fidelity as Team Fit does not have a fixed budget to use yet. The following are examples of promotional material that can be used:

- Promotional videos
- Promotional posters
- Social media (i.e. facebook groups)

ORGANIZATION OF VITALITY WORKSHOPS

To educate the staff of DZB vitality workshops will be organized. At least one workshop should be mandatory, where participants learn about the modern view on vitality 'positive health'

RECRUITMENT OF SW AMBASSADORS

Currently Team Fit, has a vitality ambassador that works as a unit leader at one the SW departments of DZB. Ambassadors can be useful tools for increasing awareness about vitality to employees with low SES. Therefore, finding participants who would want to be such an ambassador will help with increasing awareness.

DEVELOPMENT OF EXPERIMENTAL INTERVENTIONS

A focus group should be created where interventions can be experimented on their effectivity. Data can be generated on the participants of this focus group to create relevant data for DZB on the positive effects of vitality interventions. The goal of these experiments is to see improvement both the health of the participant as well as the productivity of the participants. After each of the performed experimental interventions the interventions should be reflected on with the participants. It is important to incorporate their experience of the vitality interventions in order to match the interventions with the expectations of the participants and ensure that these interventions are relevant. To measure the vitality of the participants for the experimental interventions, Team Fit can use the spider-chart of positive health by Flinterman et al. (2019). Mapping out the positive health in this spider-chart after each intervention can give insight on the improvements. Ten criteria have been established by the research of Suzanne (the co-graduator) which need to be taken into account for the development of these interventions. They are: (1) Design for action, (2) Increase self-efficacy, (3) Create safe surrounding, (4) Consider social norms, (5) Educate about benefits, (6) Provide a reward, (7) Enhance social relations/togetherness, (8) Set time frame, (9) Clear rules and visuals, (10) Voluntary. For in-depth explanation of these criteria see Appendix E: Choices for the game.

At the end of the pre-phase at least one intervention per BRAVO theme should have been developed. They will be rolled-out during the first phase of the strategy.

HORIZON 1: VITALITY INITIATIVES FOCUSED ON DZB EMPLOYEES

Strategy

Starting in the first phase vitality initiatives will be introduced according to the BRAVO themes for all employees of DZB, with the focus on employees with low SES. Each 10 weeks the focus will shift from one of the BRAVO themes to the next. By doing this a year-round focus for vitality will be created within DZB ensuring that the awareness for vitality does not dilute over time. When low SES employees are consistently confronted with vitality, this will trickle down into their normal lives. Making vitality more and more a normal part of their lives.

DZBs' strategy is to become the reintegration company with the most vital employees working in the SW. DZB will build their knowledge on interventions for people with low SES in preparation for the second horizon.

Focus

The focus will shift from just the experimental group towards the entirety of DZB. Employees of all departments are encouraged to participate in the vitality interventions offered, but never forced.

Objectives

The objectives set for the first horizon consist of:

- Gain support healthcare providers
- Increasing impact vitality initiatives
- Closing communication gap between SW & staff
- Communicating a clear vision towards vitality

Tactics

This paragraph explains the tactics used to reach the four objectives set for the first phase to reach horizon 1.

GAIN SUPPORT HEALTHCARE PROVIDERS

Gaining the support from the healthcare providers (health insurance companies & hospitals) is crucial for the success and improvement of vitality interventions. Healthcare providers have knowledge and financials which they can offer in support of these vitality interventions. If DZB can get the support of these healthcare providers they won't need to reinvent the wheel, in a manner of speaking. Healthcare providers see the benefits of preventive healthcare and are nowadays willing to invest in preventive healthcare practices like vitality interventions. Healthcare providers also support other vitality interventions and have much knowledge on the development of interventions, which DZB can use.

INCREASING IMPACT OF VITALITY INITIATIVES

During the first phase the objective is set to increase the impact of vitality initiatives. By increasing the reach of the vitality initiatives to the whole of DZB the impact will be increased as well.

CLOSING COMMUNICATION GAP BETWEEN SW & STAFF

Closing the communication gap between SW & staff helps with the perception of vitality for people with low SES. Heutink, H. et al. (2010) mention that vitality is often seen as a privilege of people with high SES. By closing the gap between staff & SW the staff will be humanized towards the employees with low SES. The perceived difference between the individuals can be narrowed and thus the idea of vitality will be seen as an achievable goal by employees of low SES. Starting the dialogue between employees of the staff and employees of the SW can offer a solution to narrowing the existing gap.

COMMUNICATING A CLEAR VISION TOWARDS VITALITY

The communication of a clear vision towards vitality is necessary to communicate the importance of vitality to employees with low SES. Currently they don't perceive vitality as important as it should be. Through clear internal communication focused on vitality the importance of vitality can be increased for employees with low SES. When employees with low SES see the importance of vitality they are more willing to participate in the offered vitality initiatives.

Operationalization

This paragraph explains the different tasks that need to be performed by the members of Team Fit to reach the objectives set as goals towards the first horizon. The tasks to be performed are:

- Development of internal promotion
- Continued ambassador recruitment
- Reach out to healthcare providers for dialogue
- Starting dialogue about collaboration with SPARK
- Distribute responsibilities BRAVO

DEVELOPMENT OF INTERNAL PROMOTION

Continuing on the development of the internal promotion within DZB be regularly updating promotional material conveys the importance of vitality to all employees of DZB. A fixed budget from the MT of DZB and investments from healthcare providers should help with the development of higher quality promotion material.

CONTINUED AMBASSADOR RECRUITMENT

As described in the pre-phase ambassadors lead to the increased awareness for vitality within low SES employees. Recruitment for these ambassadors should continue until there is at least one ambassador per SW department.

REACH OUT TO HEALTHCARE PROVIDERS FOR DIALOGUE

To get knowledge and investment from healthcare providers the dialogue with them should be started. One way to reach out to the healthcare providers is through SPARK. SPARK can provide an entrance to healthcare providers who they are already associated with like Achmea (health insurance company).

STARTING DIALOGUE ABOUT COLLABORATION WITH SPARK

SPARK is a MVO-platform (Maatschappelijk Verantwoord Ondernemen or Social Corporate Responsibility) set-up by DZB and provides an entrance to healthcare providers already associated with SPARK. Currently vitality isn't one of the focusses of SPARK, however the importance of vitality is becoming more and more apparent within the municipality of Leiden.

The dialogue should be started to get DZB and SPARK ready for collaboration in the creation of a vitality network for horizon 2.

DISTRIBUTE RESPONSIBILITIES BRAVO

By making each member of Team Fit responsible for one of the BRAVO themes, we can distribute the workload evenly. It also provides a contact point for people who have questions about certain subjects of each of the themes. It is recommended that each member of Team Fit becomes a 'expert' on of the themes of Physical activity (B), Smoking habits (R), Alcohol intake (A), Nutrition (V) and Relaxation (O).

HORIZON 2: DZB THE VITALITY EXPERT FOR LOW SES EMPLOYEES

Strategy

During the second phase of the strategy to implement vitality interventions DZB will reach out to the 3rd party organizations where seconded employees are placed. The seconded employees are included in the communication about vitality initiatives organized by DZB. Together with SPARK they offer guidance in the form of knowledge and connections for the 3rd party organizations to implement their own vitality initiatives. This vitality network focused on the municipality of Leiden is the starting point for the nation-wide network established for horizon 3. The second horizon bridges the gap between the first and third horizon.

Focus

The focus of this horizon is on expanding vitality to outside of DZB. Together with SPARK they will focus on improving vitality for all companies who employ people with low SES.

Objective

The main objective for this phase of the strategy is to expand DZBs' reach for improving the vitality of low SES employees.

Tactics

In order to improve the reach of DZB for improving vitality of low SES employees, a vitality network is created in collaboration with SPARK. DZB can use the network of SPARK to establish more connections within the municipality of Leiden. Through pro-active communication, companies who employ low SES employees will start to recognize DZB as an expert for vitality of low SES employees. DZB should encourage these companies by helping them with the development of their health initiatives by creating connections with relevant parties.

Operationalization

Some tasks will need to be performed by members of Team Fit to realize the second horizon. These tasks are as follows:

- Expand team fit to 6 members
- Development of external promotion
- Intensify current collaborations with healthcare providers & SPARK
- Continuations interventions based on BRAVO themes

EXPAND TEAM FIT TO 6 MEMBERS

In this phase Team Fit should expand to 6 members. Due to the intensifying of the current collaboration an extra member for Team Fit should be appointed. The new team member should focus on the external communication towards other organizations with low SES employees. Due to the collaboration with healthcare providers and SPARK being intensified an extra member of Team Fit should help with the collaboration. As ambassador recruitment should be finished by now, the team member responsible for this should adjust towards supporting the before mentioned collaboration.

Development of external promotion

As mentioned in the previous paragraph a new team member for Team Fit should focus on the external communication towards organization with low SES employees. This team member will develop the external promotion of DZB as vitality expert within the municipality of Leiden.

INTENSIFY CURRENT COLLABORATIONS WITH HEALTHCARE PROVIDERS & SPARK

The collaboration with SPARK and healthcare providers should be intensified. Intensifying this collaboration can create more investments for DZB and SPARK for the further development of their vitality network. In the third horizon this vitality network should roll-out nationwide, therefore the vitality network should be ready to do so. Intensifying the collaboration could also spark interest in other healthcare providers who aren't currently associated with DZB and SPARK expanding the reach of the vitality network.

CONTINUATIONS TASKS OF PHASE 1

In the second phase of this strategy certain tasks will remain. The development and iterations of the BRAVO themed interventions and the internal promotion of these interventions should continue. Vitality ambassadors should also be evaluated and replaced if necessary. This could be due to the ambassador quitting employment at DZB or possibly losing interest in being an ambassador.

HORIZON 3: VITALITY EXPERTS FOR HAPPY & HEALTHY EMPLOYEES

Strategy

At the end of the third horizon DZB and SPARK have created a nation-wide vitality network with all municipal reintegration companies, healthcare providers and 3rd party organizations. The vitality network supports the development and implementation of vitality initiatives for all employees in sheltered workshops. Increasing the vitality of these employees results in happy and healthy employees, where every organization can benefit off of. DZB will stay keep supporting the vitality network however maintaining the network and its connections should become the task for SPARK.

Focus

The focus shifts from the municipality of Leiden to nation-wide. Where all municipal reintegration companies and 3rd party organizations with low SES employees in the Netherlands can collaborate in the vitality network.

Objectives

The main objective for the last horizon is for vitality to be a normal part of the daily lives of people with low SES throughout the Netherlands.

The final phase DZB works towards realizing the established future vision:

“ DZB Leiden aims to offer **vitality**, in the form of **health and happiness**, to all **employees in sheltered workshops** in the Netherlands, through **vitality initiatives** that are supported by **a vitality network of municipal reintegration companies and healthcare providers**. ”

Tactics

The tactic is to finalize a network where all municipal reintegration companies, 3rd party organizations and healthcare providers collaborate to improve the health and happiness of all low SES employees within the Netherlands.

Operationalization

In the last phase DZB should continuously grow the amount of involved parties in the vitality network. This would create a continuous exchange of support in the form of knowledge and implementation between the involved parties. Healthcare providers keep the network up-to-date on new and relevant innovations and changes within the field of vitality. Some tasks will still be necessary, they are as follows:

- Transitioning tasks performed by DZB to SPARK
- Keep DZB up-to-date on developments within the vitality network

TRANSITIONING TASKS PERFORMED BY DZB TO SPARK

Tasks currently performed by members of Team Fit should be transitioned to SPARK. At this point in time DZB will take a step-back from the maintenance of the vitality network they helped set-up. They will stay connected and continue to support the vitality network, however since DZB is still a reintegration company the vitality network is not their primary business. This is not the same for SPARK which is primarily a networking platform.

KEEP DZB UP-TO-DATE ON DEVELOPMENTS WITHIN THE VITALITY NETWORK

DZB will need to stay up-to-date on future developments introduced by the vitality network in order to not fall behind. This task can be completed by the remaining member of Team Fit. This team member will become the vitality advisor within DZB. The vitality advisor will be responsible for the continuation of interventions based

8

Evaluation

This chapter describes the evaluation on the basis three key attributes: feasibility, desirability and viability. Two expert feedback sessions have been performed with the current interim director of DZB and Team Fit to give insight on the key attributes from DZB's perspective. This chapter first gives an introduction towards the key attributes. Second the approach for the evaluation is explained. Third the input from the expert feedback is discussed by reflecting the insights upon the evaluation attributes. An answer is given to the main questions of each of the evaluation attributes and these answers will be reflected on known literature. Recommendations for further research and development are made for DZB and for the field of research. The graduation report ends with the conclusion and personal reflection on the graduation process. In the conclusion the research question of this graduation project will be answered.

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Reflecting on design criteria	p. 112
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APPROACH

Expert feedback meetings have been performed with both Team Fit as well as the current interim director of DZB. These expert feedback meetings are used as input to answer the main questions of each of the three attributes for valuable design. The answers to these questions are reflected on the literature study performed in the first discover phase of this graduation project. First, each of the values will be introduced with their respective questions which need to be answered. The questions proposed by Hunsaker, B. et al. (2017), Gedeon, C. (2019), Skillicorn, N. (2019) and Lamp, A. (2013) have been adjusted to fit this graduation project. Second, an answer will be given to these questions with the input from the expert feedback meetings. Lastly, the answers will be reflected with the design criteria established in the second discover and define phases. The evaluation will result in recommendations for DZB as a case study as well as gaps in existing literature.

The designed strategy for DZB will be evaluated on the attributes of viability, feasibility and desirability. Multiple researchers have introduced evaluation models based on these three key attributes. Models like the viability triad introduced by Hunsaker, B. & Thomas, D. (2017) or the balanced breakthrough model by Skillicorn, N. (2019) are examples of this. Each of these models are based on the foundation of Design Thinking. According to Brown, T. (2020) of IDEO design thinking is a human-centered approach to innovation that draws from the designer's toolkit to integrate the needs of people, the possibilities of technology, and the requirements for business success. In other words design thinking lies in the balance of viability, feasibility and desirability where the most valuable design is created, see figure 39. Be it in the form of a product, service or strategy.

The viability, feasibility and desirability is usually determined by answering three main questions all focused on one of the three key attributes. Due to variance in main questions for each of the attributes by different researchers a choice has been made to continue with the following:

- Does it address the user's values and needs? (Desirability)
- Can it be done? (Feasibility)
- Will it survive on a longer term? (Viability)

During the evaluation of the strategic and tactical roadmap some insights arose which have been incorporated in the final strategic and tactical roadmap presented in this thesis. These insights are highlighted in corresponding frames.

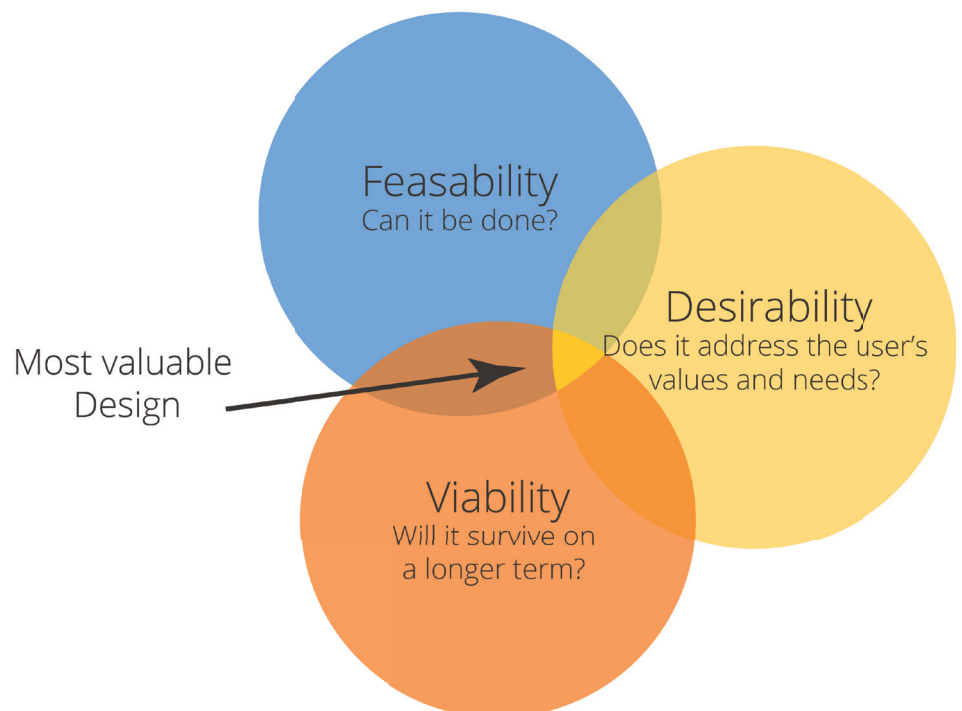


Figure 40 Key attributes for most valuable design

Desirability

Decisions must be based on the current consumer and behavior trends. The main question for desirability is: 'Does it address the user's values and needs?'. If the strategy isn't valued, resources and investments will likely be diluted. A municipal reintegration organization only has a finite number of resources, in the form of money & time, at their disposal. When these resources are invested in a strategy which isn't valued then an organization like DZB will have less available resources for other projects.

To ensure that the developed strategy in chapter 7: Deliver is valued, the following questions will need to be answered:

1. Does the developed strategy fill a need?
2. Does the strategy create value for the low SES employees, DZB and beyond?
3. Will low SES employees working in the sheltered workshops actually want this?
4. Is there currently a competing solution? And if so, what is preventing DZB from using this solution?

Feasibility

The answer to the question if the strategy is feasible attempts to determine if the goal is possible within the pre-determined period of time. When the feasibility of a strategy is not determined decision makers will face difficult choices in the future. The main question to be answered for feasibility is: 'can it be done?' To determine the feasibility of the strategy, the strategy will be reflected on a set of questions. Combined the questions give an answer on if the strategy is feasible.

The questions are as follows:

1. Is it possible for DZB to actually accomplish this challenge?
 - Do we have the staff to develop the proposed vitality network?
 - If not, can we hire someone or outsource the work?
2. How long will it take to get the developed strategy up and running?

Viability

Determining if the strategy can last over time will give insight on if the strategy is viable. Sustainable efficiency and productivity should be goals for the strategy. Increased productivity will result in higher profit margins and processes which will be embedded within the organization's core. Apart from this Hunsaker, B. T., & Thomas, D. E. (2017) argue that setting a good example matters for an organization. The main question that will be answered is: 'Will it survive on a longer term?'. The main question will be answered through the combined answers to the following questions:

1. Will it result in sustainable profit?
2. Can it be repeated and is it responsible?
3. Is the potential market large enough to be attractive?
4. Does the current strategy fit with DZB's current business?

EXPERT FEEDBACK

In total two expert feedback meetings were conducted. The first feedback meeting was conducted with the current interim director of DZB and the second was conducted with Team Fit. Since, the interim director is the current head of the management team his input is valuable to determine whether or not the developed strategy resonates with DZB. The meeting with Team Fit was planned to gauge how they feel about the proposed vitality network. Since, Team Fit is central to the strategy as the catalyst for vitality within DZB. It makes sense to ask feedback on how they value the designed strategy. Eventually both parties would have to agree to continue forward with this strategy if the creation of the vitality network were to succeed.

Procedure – Interim Director

The feedback meeting conducted with the interim director of DZB lasted about an hour. In which around 45 minutes was spent on my graduation project. The meeting started with greetings and formal introductions. After the introductions a presentation was performed for the interim director showcasing the process of the graduation project and what the results achieved were. At the end of the presentation the resulting developed strategy of a vitality network was presented with the medium fidelity version of the strategic and tactical roadmaps, see Appendix: F1 & F2. After this presentation questions were asked to stimulate a discussion. Due to limited time of the meeting a choice had to be made on what questions to ask for the discussion. The questions and answers will be elaborated on further in this chapter.

Procedure – Team Fit

The meeting with Team Fit took around 2 hours and had two goals. The first goal of the meeting was to receive feedback on the proposed vitality network and the role of Team Fit within the set-up and execution of the strategy towards this network. The second goal was to activate Team Fit to start working on the tasks set-out in the initialization phase of the strategic roadmap. For both of these goals 1 hour was reserved.

The first goal was executed in the same manner as the feedback meeting with the interim director. First introductions, then a presentation and finishing in a discussion supported by feedback questions. The presentation was tailored to the role of Team Fit within the strategic roadmap and what the strategy means for them. Specific emphasis was put on the tasks which Team Fit will need to perform in each of the different horizons.

The second goal was executed via a creative session with all present Team Fit members and both gradutors. One of the tasks proposed in the strategic roadmap is the development of interventions related to the BRAVO themes. The goal during the creative session was starting with developing an intervention for the R (smoking) of BRAVO. The decision to start with the second theme was made, because an intervention based on the first theme B (physical activity) was the result of the co-gradutors graduation project. For more information see Appendix F: Creative session Team Fit.

Both feedback meetings were conducted with the co-graduator as both Team Fit and the interim director only had limited time.

RESULTS

In this paragraph the results of the feedback meetings are presented and discussed. Adjustments to the strategic and tactical roadmaps have been made according to the expert feedback meetings. These adjustments are listed separately.

Results – Interim director

A total of 5 questions were chosen to ask the interim director of DZB to create room for a discussion. The questions chosen to discuss were as follows:

- Are the insights resulting from the second discover and define phase familiar?
- What do you think of more priority for vitality?
- Do you think the future vision is feasible?
- Does the strategic plan tie in with DZB's future plans?
- What do you expect to be the largest barriers to achieve the proposed future vision?

During the meeting the interim director expressed interest and enthusiasm for the future strategy which would give more priority for vitality. Even though the insights from the second discover and define phase were never documented within DZB, they seemed familiar and resonated with him. However, he expressed that, due to his position within the organization, he has multiple perspectives in which he views the strategy.

From a financial perspective he immediately noticed that there is a positive business case for investing in vitality. He stated that exploring this business case would be a useful tool to convince the rest of the management team of the viability for the developed strategy.

From the management perspective the interim director was unsure if the future vision ties in with DZB's future plans. Currently a reorganization is taking place at DZB and the plans for the future have not been finalized yet. The director did agree with the notion that this would be an excellent moment to insert vitality into the future plans for DZB as change is already happening. The reorganization also has influence on the time pacing of the roadmaps. He proposed that the roadmaps should start half a year later. Previously the roadmap started in January of 2021. The finalized version of the roadmaps documented in the deliver phase are modified to adjust for the half year delay.

He also mentioned if vitality would not be inserted into future plans for DZB, than he could see SPARK taking on the responsibility of vitality as well. DZB could help with the development of the vitality network initially. However, SPARK would have the final responsibility for the vitality network.

Lastly, the expected barriers for achieving the proposed future vision were discussed. The following three barriers were mentioned:

1. Convincing the MT to invest into vitality
2. Who is responsible for the initiation of the plans & tasks expressed in the roadmaps.
3. Preparing DZB to have enough capacity and competence within the company

The following advices have been processed into the final strategic roadmap presented in the previous phase of this graduation thesis. These adjustments were applied before the second feedback meeting with Team Fit.

- *Creation of a business case to convince the MT of the strategic roadmaps viability*
- *Extra tasks like setting up the first interventions as experiments to generate data have been added to the strategic roadmap.*
- *A cooperation with SPARK, a corporate social responsibility platform, to develop the vitality network*
- *A pre-phase has been added to the roadmap to bridge the time between the initial start of the roadmaps and the adjusted start. This pre-phase eventually gave room for preliminary tasks which can be performed immediately as described in the strategic roadmaps i.e. the creation of a business case.*
- *A leading role has been added to Team Fit in the form of a vitality advisor responsible for the execution of the roadmap.*

Results – Team Fit

For the discussion with Team Fit a total of 5 questions were chosen. The questions chosen to discuss were as follows:

- What are your first impressions?
- What do you think of more priority for vitality?
- Are you willing to participate in the execution of the developed strategy?
- Do you think that the future vision and roadmaps are feasible?
- Do you think that the future vision and roadmaps are desirable?

The first impression of the present Team Fit members was that the horizons shown within the presentation resonated with them. They deemed the recommendations made for the different horizons useful and expressed that the tasks within the horizons was something they could immediately start with. They liked that the tasks were practical and useful. Team Fit also agreed that there is a need for a leader of Team Fit as a driving force. Up to now Team Fit resembles an easy going committee and lacks commitment from the current team members. This was also reflected in less than half of the members of the committee being present. They also full heartedly agreed that there should be more priority for vitality. This was an expected answer as the current members of Team Fit volunteered. Unsurprisingly the current members of Team Fit expressed a willingness to participate in the execution of the developed strategy. However, it is unknown if the absent members are willing to do the same.

Team Fit expressed their concerns of the feasibility of the future vision and roadmaps noting that if DZB expands to providing vitality to all low SES employees within reintegration organizations throughout the Netherlands. Then this will probably exceed Team Fit's current goal of providing vitality for DZB's employees. However, they did express that it could strengthen DZB's reputation by cooperating with the development of a vitality network for low SES employees.

Team Fit also touched upon the desirability for this vitality network for low SES employees. They proposed two concerns regarding desirability:

1. Not everyone wants to be associated with Team Fit in any way, shape or form.
2. Not everyone is conscious about the fact that they need to improve their vitality. This is especially the case for employees with a low SES.

The following advices have been processed into the final strategic roadmap presented in the previous phase of this graduation thesis.

- *The cooperation with SPARK is changed. The goal for the third horizon will be to reduce involvement of DZB as an active developer of the vitality network to a passive participant in the vitality network.*
- *Team Fit should become an official part of the job. Employees with enthusiasm and commitment should be appointed to Team Fit.*

DISCUSSION

In this paragraph answers to the questions for each of the key attributes, where possible, are given. The answers are given using the feedback from the expert feedback meetings. The answers to the questions are reflected upon the explored literature during the first discover phase of this graduation project. When necessary, extra research has been performed to formulate answers for un-answered questions within the evaluation of desirability, feasibility and viability.

Desirability

DOES THE DEVELOPED STRATEGY FILL A NEED?

During the course of this graduation thesis, needs for multiple stakeholders have been identified:

- Need for more priority into vitality (DZB)
- Need for support of low SES towards a healthier lifestyle (target group of low SES)
- Need for sharing of knowledge (3rd party reintegration organizations)
- Need to increase effectiveness of lifestyle interventions (Scientific)

Currently both the interim director and Team Fit feel a need for more priority towards vitality. They also express a need for commitment and a direction in regards to vitality. This strategy fulfils the need for more priority towards vitality by giving vitality a prominent and fixed place on the agenda of DZB. Via the initialization phase of horizon 0 tools are created to convince the management team to invest into vitality.

Vitality interventions according to the BRAVO themes will be introduced by Team Fit which should support employees with a low SES towards a healthier lifestyle. The knowledge gained from the interventions are inserted into the vitality network created together with SPARK. This ensures that other reintegration organizations, municipal or not, can benefit from the gained knowledge and provide support towards their own employees. In turn this will hopefully increase the all-round effectiveness of lifestyle interventions for people with a low SES.

DOES THE STRATEGY CREATE VALUE FOR THE LOW SES EMPLOYEES, DZB AND BEYOND?

To answer this question a value proposition canvas has been created. On the right of the value proposition canvas the target group of employees with a low SES is visualized. The jobs they perform, what kind of pains they face and what kind of gains they can achieve with the help of vitality interventions are stated in the different segments. On the left-side the service that DZB will offer is described. This side also explains how the pains of employees with a low SES are relieved and how the gains are created (Strategyzer.com, 2020).

As figure 40 shows, value is created mainly for employees working in the sheltered workshops inside and outside of DZB. However, some of the gains that these employees receive can also be seen as gains for DZB Leiden. DZB benefits from an improved employee desirability as these employees are easier to place via secondment. Improving the physical, mental and social health also increases the placement rate for seconded employees. A research by Renshaw, P. et al. (2013) states that happy employees are more productive and productive employees are easier to place.



Figure 41 Filled in value proposition canvas

IS THERE CURRENTLY A COMPETING SOLUTION? AND IF SO, WHAT IS PREVENTING DZB FROM USING THIS SOLUTION?

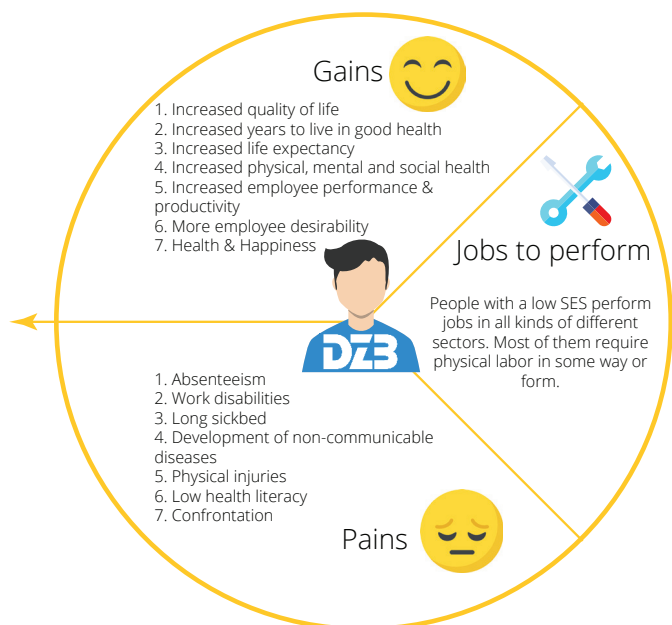
Currently the market segment offering lifestyle interventions on vitality is growing. Healthcoin and Go Velo are examples of recently surfaced start-ups focusing on these vitality interventions. These new interventions however often don't focus on people with a low SES, but focus on the general population. Currently a single vitality network can be found that connects the government, science agencies and the labor market. This vitality network named Vitaliteitsnetwerk (<https://vitaliteitsnetwerk.nl/>) also focusses on the general population and not specifically on people with a low SES. As described in the literature review, there are differences in how people with a low SES perceive vitality. Also people with a low SES have different barriers that need to be taken into account when developing interventions. This is where the vitality network developed by DZB and SPARK can fill in the void. By focusing mainly on people with a low SES, they can provide useful knowledge and advice.

WILL LOW SES EMPLOYEES WORKING IN THE SHELTERED WORKSHOPS ACTUALLY WANT THIS?

The expert feedback meetings with the interim director, Team Fit and literature review gave insights to answering this question. First of all the literature states, that the need to change a person's lifestyle comes from negative feedback from the body. If a person does not have this feedback, they will rarely realize that their lifestyle needs to be changed. Increasing the awareness for Team Fit and vitality within the initialization and first phase of the roadmap could stimulate people with low SES towards reflecting on their own vitality. The goal here is for employees with a low SES to realize themselves that change is needed.

Team Fit also mentioned that not everyone wants to be associated with DZB. Due to this a transition of responsibility towards SPARK is put in place. Because SPARK is positively known throughout the municipality of Leiden, employees with a low SES don't have the same negative associations.

All in all, I expect that employees with a low SES will be hesitant at first towards this program. However, I believe that over time the enthusiasm will grow. This will likely be the case due to the implementation of iteration cycles on the interventions involving feedback from these employees.



Desirability

IS IT POSSIBLE FOR DZB TO ACTUALLY ACCOMPLISH THIS CHALLENGE?

- Do we have the staff to develop the proposed vitality network?
- If not, can we hire someone or outsource the work?

DZB alone does not have the current infrastructure to create a vitality network between municipal reintegration organizations and healthcare providers. Yes DZB has connections with reintegration organizations throughout the municipality of Leiden when someone from DZB is seconded to that company. However, currently DZB only has ongoing connections with healthcare providers Zilveren 'Kruis Achmea' and 'Zorg & Welzijn'. DZB has an ongoing contract with these insurance companies where employees of DZB can make use of.

This is why the collaboration with SPARK is important. As seen in figure 42, SPARK already has a network setup with multiple organizations. Not every organization in the current network of SPARK is as useful for the vitality network. Connections with Achmea, University of Leiden and UWV, for instance, are a good start.

HOW LONG WILL IT TAKE TO GET THE DEVELOPED STRATEGY UP AND RUNNING?

The time-pacing for the roadmaps has been defined in the deliver phase of this graduation project. It will take half a year before the initialization phase is finished and the first phase to work towards horizon 1 can begin. Each of the phases lasts 2, 3 and 5 years respectively. It is desired that the future vision is reached at the end of the third phase which will be in June of 2031, ten and a half years from now.



Figure 42 Current collaborations of SPARK

Viability

WILL IT RESULT IN SUSTAINABLE PROFIT?

Currently it is unknown whether the developed strategy will result in sustainable profit. Discussed literature suggests that profits will be made in the form of increased productivity, decreased absenteeism and decreased healthcare costs. Additional research resulted in a paper by Baicker, K. et al. (2010). Baicker, K. performed a meta-analysis of literature on costs and savings associated with employer-based wellness promotion policies. Her study concludes that a return on investment of \$3.27 in reduction of medical costs and \$2.73 in reduction of absentee costs is saved for every dollar that is invested. This would mean that in total there is a \$6 return on investment for every dollar spent. Though this sounds very promising, it does not mean that this would also be the case for every euro spent on vitality at DZB. Instead DZB is advised to generate their own data on the return on investment via the experimental interventions developed in the initiation and first phase of the roadmap.

CAN IT BE REPEATED AND IS IT RESPONSIBLE?

This question can be answered with a short 'yes the strategy can be repeated'. The first two phases of the strategy could be performed by other municipal reintegration organizations as well. They will need to form their own Team Fit or a committee similar to Team Fit. However, I don't expect that it will be a bad thing if other municipal reintegration organizations would develop a roadmap for their own organization to give more priority to vitality. This could actually save a lot of time for the final phase working towards the future vision. Instead of expanding the vitality network of DZB and SPARK throughout the Netherlands, the network could be fused with other existing vitality networks.

If we use the same definition of being responsible as before (see Discover 2: Discussion responsibility), then we can determine that the developed strategy and future vision actually pushes DZB towards being more responsible. Through the developed strategy, DZB takes on the duty of taking care of the employees with a low SES.

IS THE POTENTIAL MARKET LARGE ENOUGH TO BE ATTRACTIVE?

The potential market is as large as the combination of all reintegration organizations, municipal or not, together with all healthcare providers throughout the Netherlands. If a vitality network could be set up with all of these organizations combined this would certainly be an attractive market.

DOES THE STRATEGY FIT WITH DZB'S CURRENT BUSINESS?

The performed in-depth interviews in the second discover phase and the exploratory interviews have analyzed the current business of DZB. This business exists of the combination of production through assembly line work, services i.e. catering & greenery, and the placement of employees via secondment and guarantee jobs. The developed strategy works well in addition to DZB's current business, however it cannot fit within DZB's current departments. The setup of a vitality network falls outside of DZB's current comfort zone they work in. The collaboration with SPARK therefore is a necessary one. SPARK has experience with the setup of a network, as this is their current core business, which DZB can make use of.

REFLECTING ON DESIGN CRITERIA

Design criteria have been gathered from the performed interviews and via the PI-matrix and stakeholder maps. Below a table can be found with the design criteria and if they have been met via the developed strategy.

Most of the design criteria have been met in the developed strategy. However some of the criteria are still missing and need to be addressed. First of all the creation of coaching team and unit leaders should be incorporated in the developed strategy. Secondly, research should be performed on what living supervisors and family members can provide to improve the proposed vitality network. This research can be combined with research which explores the home and social environment of people with a low SES (see Define 1: Research scope 1) Lastly, the development of learning cycles for the interventions should be added to the current developed strategy (Teuscher, D. et al, 2018).

Design criteria from interviews	Have they been met? (Y/N)
<i>The communication gap between the staff and SW employees should be narrowed.</i>	(Y) The developed strategy closes the gap between staff and SW employees via the introduction of multiple vitality ambassadors.
<i>Awareness about vitality should be increase throughout the entire organization of DZB.</i>	(Y) This is one of the objectives covered towards horizon 1.
<i>A group of team leaders and unit leaders should be appointed as coaching leaders that have an interest in vitality and are approachable by employees with low SES.</i>	(N) The appointing of coaching team and unit leaders has not been taken into account yet.
<i>The management team should be convinced and activated towards improving the effort on vitality and reducing current barriers for implementing vitality interventions.</i>	(Y) One of the objectives towards the first horizon is convincing and activating members of the MT. This will be done via data generating and creating a positive business model.
<i>Method of communication should take into account the target group of employees with low SES.</i>	(Y) One of the operationalizations in the developed strategy is the creation of internal promotion material. The criteria for the internal promotion is that it should be positively formulated and not confrontational.

Figure 43 Reflection on design criteria from interviews

Design criteria from PI-matrix

Have they been met? (Y/N)

<i>Team Fit are the drivers for vitality within DZB and thus support for the implementation of vitality interventions should be focused around them.</i>	(Y) The entire developed strategy focusses around Team Fit as catalyst for vitality.
<i>The strategy in the design phase should convince the management team to support the implementation of vitality interventions.</i>	(Y) See criteria from interviews.
<i>Interest in vitality should be increased for staff, team leaders and unit leaders.</i>	(Y) This is done via organizing vitality workshops where employees of DZB have to take part in.
<i>Staff, team leaders and unit leaders should be educated on the importance of vitality.</i>	(Y) This is also done via organizing vitality workshops for the employees.

Figure 44 Reflection on design criteria from PI-matrix

Design criteria from Stakeholder maps

Have they been met? (Y/N)

<i>Seconded employees should be included in future vitality interventions.</i>	(Y) Horizon 2 works towards the inclusion of all employees with a low SES in the municipality of Leiden. Horizon 3 continues this trend towards all employees in the Netherlands.
<i>DZB should reach out to hospitals & insurance companies. They can offer financial, implementation and knowledge support beneficial for vitality interventions.</i>	(Y) The vitality network focusses creating a network between reintegration companies and healthcare providers.
<i>The support of the management team should at least consist of a budget for Team Fit.</i>	(Y) The tasks performed in the phases towards horizon 1 should convince the management team to assign a budget for Team Fit.
<i>Living supervisors should be engaged for their knowledge and expertise about the target group. They could identify problems that seconded and SW employees might not be able to do.</i>	(N) Currently living supervisors and the family of people with a low SES have not been researched on what they can offer to strengthen the developed strategy.
<i>Seconded and SW employees should be incorporated in the development of vitality interventions. They are the experts of their own experience and can offer valuable insight in current vitality problems. Their input is important for the effectiveness of the interventions.</i>	(Y & N) For the experimental interventions a group of employees from the sheltered workshops is chosen. These interventions will be evaluated and improved via the feedback received from the employees. However currently no learning cycle for the interventions has been developed.

Figure 45 Reflection on design criteria from Stakeholder maps

CONCLUSION

From the expert feedback meetings can be concluded that the future vision and strategy resonate with both Team Fit and the current interim director of DZB. They both feel a need to increase priority for vitality within the organization. However, both parties have concerns with regards to how the vision will fit within the future plans of DZB as they are still unknown. Due to the current reorganization within DZB it also unknown what the focus on vitality will be for DZB in the future. The reorganization is cause for commotion within DZB. Until the dust has settled it is unlikely that vitality will receive more priority even though multiple internal and external stakeholders have voiced a desire for a vitality network giving more priority to vitality within reintegration organizations. The vitality network should fulfil the desire to increase the effectiveness of lifestyle interventions introduced to support employees with a low SES towards a healthier lifestyle. It is unclear however if these employees actually want this vitality network.

Together SPARK and DZB have the capacity to create the proposed vitality network. The time frame of 10.5 years should be enough for DZB and SPARK to develop the vitality network throughout the Netherlands. The collaboration between the two organizations is essential for the feasibility of the vitality network.

If the developed strategy is viable and will survive in the long run remains still to be seen. The developed strategy does show potential to be viable. Working on the developed strategy allows DZB to take an active stand towards being responsible for the health of its employees. However, it does require DZB to come out of its current comfort zone.

The initialization and first phase of the roadmap will determine if the strategy will result in sustainable profit. Generating data from the experimental interventions will give DZB insight in the effects of improving the vitality for its employees. A return on investment of \$6 per \$1 spent in the form of reduction of absentee costs, healthcare costs and increase productivity sound promising. However, the same results for DZB cannot be guaranteed. The strategy for DZB can be repeated by other municipal reintegration organizations and is even desired as it will speed up the process of the third phase of the roadmap, working towards a collaboration between all reintegration organizations and healthcare providers.

It can be concluded that the developed strategy and future vision is both desirable and feasible for all involved stakeholders. If everything is viable remains to be seen, however there are positive indications for its viability. The tasks performed in the initialization and first phase of the roadmap should give substantiation to the viability of the developed strategy. Finally, most of the design criteria developed for the development of the strategy and its roadmaps are met. However three of the established design criteria fell out of scope for this graduation project. It is advised that extra research and development should be performed to include the remaining design criteria into the developed strategy.

RECOMMENDATIONS

Prevent vitality fading to the background

Due to the current commotion at DZB surrounding the reorganization of DZB, vitality is prone to fading to the background. An example for this is the current dilution of vitality interventions due to the issues that arise during the day. It is therefore recommended that Team Fit starts with the tasks of the developed strategy immediately. The sooner Team Fit has data from the experimental interventions as well as created a positive business proposal, the sooner the management team can be convinced of the importance of vitality.

Evaluate current members of Team Fit

Currently there is not enough commitment by the members of Team Fit. For Team Fit to be taken more seriously by employees and management of DZB committed members with a passion for vitality should be searched. It is recommended that tasks for Team Fit become an official part of the work members perform at DZB. This allows members of Team Fit to put sufficient amount of time into the tasks that need to be performed.

Develop a learning cycle for the interventions

Learning cycles for the interventions should increase the effectiveness of the interventions themselves (Teuscher, D. et al., 2018). It is recommended that the development of these learning cycles should be included in roadmaps. It is also recommended that the employees with a low SES are included in the learning cycles. This could be done via co-design for instance. Participation of employees with a low SES is important for the effectiveness of the interventions.

Research the effects of home and social influences

In the first define phase of this graduation project a choice was made to research the work environment or organizational system of the social ecological model. This means that the home and social environments of employees with a low SES has not been researched yet. The literature defined that health is determined via the physical, mental and social well-being of a person. It was identified that the home and social environment have an impact on the effectiveness of vitality interventions. It is recommended that research is performed on what that effect is and how large the effect is for employees working at DZB.

Research the role of living supervisors and family

One of the insights of the interviews and stakeholder maps was that living supervisors and family of employees with a low SES have the capability to support Team Fit with the development of vitality interventions. It is recommended that research is performed on what the role of living supervisors and family can have for the development of vitality interventions. It is expected that they can offer knowledge about what ails the target group outside of work and can also offer social support to the target group. Allowing people with a low SES to better cope with changes due to the offered interventions.

9

Conclusion

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CONCLUSION

The exploratory research performed in the first discover phase resulted into two research scopes for further research to be performed in. The choice was made to perform an in-depth analysis on the research scope focusing on the organizational ecosystem of DZB. The main research question was therefore stated as follows:

“What are the preconditions for implementing vitality lifestyle interventions within organizational systems of the municipal reintegration organization of DZB?”

A total of six sub questions were established in order to answer the main research question. In-depth interviews and a stakeholder analysis have been performed to both answer three of the sub questions. The resulting pre-conditions have been translated to design criteria, which have been implemented in the development of a strategy working towards a future vision.

There are several preconditions necessary to implement vitality interventions within organizational systems of municipal reintegration organizations like DZB. First of all, a general awareness for the benefits of vitality should be incorporated within municipal reintegration companies. Employees with low SES should have leaders which they can approach within these organizations. These leaders should be trustworthy in order for employees to feel free to discuss sensitive matters without prejudice.

Next to this, the management of such organizations should actively pursue efforts for improving the vitality of their employees. Their focus should be on reducing current barriers for implementing vitality interventions.

The method of communication is also relevant and should take into account their target group of employees with low SES. Positive formulation and non-confrontational messages about vitality are therefore key.

Reintegration organizations should also provide a clear authority on vitality. They need to own their responsibility for the vitality of their employees. An advisor or manager should be appointed to safeguard that vitality receives enough priority within reintegration companies. Otherwise, vitality is prone to being set aside for 'more' important matters.

Lastly it is important to include the low SES employees in the process of development and evaluation of the vitality interventions. This can be done via, for example, co-design or co-creation. These employees are the experts of their own experience and can offer valuable insight in what did and what did not work with the vitality interventions. They can also offer insights in what current vitality problems are trending within the sheltered workshops.

A future vision and strategy have been devised to take into account these criteria and create a plan to improve the organizational system of DZB. Though the strategy is not perfect (yet), it provides a valuable first guideline for DZB to work with. This strategy is a foundation for Team Fit to work upon, towards creating more priority for vitality within DZB.

LIMITATIONS OF RESEARCH

Extensive research has been performed during this graduation project and resulted in many fruitful insights. However, despite this some limitations in research have to be mentioned. First of all, the goal of interviewing at least one employee from all major departments of DZB, resulting in at least 12 participants, has not been achieved. Due to the commotion surrounding the re-organization of DZB, the measures DZB has taken due to CoVid-19 and the graduation taking place during the holiday, not all employees were as forthcoming as I would have liked. A total of 9 interviews were eventually performed and of these 9, 3 interviews were with employees of 'Het Warenhuis'. This leads to missing out potential insights from 6 other employees of DZB.

Second, employees of only one 3rd party organization have been interviewed. The insights resulting from these interviews have been generalized and applied to all possible 3rd party organizations. However, this does not mean that every 3rd party organization has the same desires.

Third, both Team Fit and the interim director had a short amount of time available for the expert feedback meetings. The interim director had a total of an hour available for two gradulators combined and with Team Fit nearly half of the team did not show up for the feedback meeting. The evaluation is therefore subject to limitations on its extensivity.

Finally, there are some limitations of design. The proposed strategy has been designed in a relatively short time period. This is partly due to the delays and moving of many meetings and interviews. The other reason is the fixed timeframe of this graduation project. The graduation project had a somewhat strict timeframe which needed to be upheld.

ACKNOWLEDGEMENTS

This graduation project has been conducted to conclude my academic career at the Technical University of Delft. The graduation project has been a challenging, but fun experience. In this section I would like to express my gratitude to several people who have supported me in the making the most of my final project for the master Strategic Product Design.

First of all, I would like to thank MSc. Stijn van Huijstee for providing me with the opportunity to perform my graduation project at DZB Leiden. You have given me valuable input and insights on the inner workings of municipal companies and for frequently making yourself available for any questions or concerns I might have had. It has been a blast to let myself be surprised by everything that DZB has to offer and I hope that many more students have the pleasure of being coached by you.

I would also like to express my gratitude to my TU supervisors for all your guidance, input and feedback. I enjoyed our meetings, which only once took the planned amount of time. This was due to the interesting conversations in which we could build upon each other and we almost always lost track of time during. I really appreciated the professionalism you guys portrayed and I often felt as an equal during our meetings not just as the student. This was especially welcome due to the many online meetings we have had, due to the current corona pandemic we are in, and it often helped me find renewed energy when I needed it.

Next to this, I would like to take a moment to express my appreciation to all my friends and family who have supported me during my graduation project. I could always count on you to help relieve some of the graduation stress.

Lastly, I would like to thank Nadine who had to cope with me during my entire graduation project. Our small apartment wasn't always the best place to work and I might not have always been the most fun person to be around due to the graduation stress. Without her support and patience for me, graduating would have been much more difficult.

I have enjoyed working on this graduation project and I hope that you have enjoyed reading the thesis as a result of this. Thank you all.

Jorn Koot
The Hague, December 2020

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Image references

The icons in this thesis are based on icons from www.flaticon.com.

The future vision visual, strategic roadmap and tactical roadmap are created with vectors from www.freepik.com.

Image reference figure 31 & 32:

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