SWICE Wellbeing Workshop Report 06-2023

This document summarizes the Wellbeing Workshop held at the Suurstoffi-Areal (suurstoffi.ch, CH-6343 Rotkreuz) on Day Two (Friday 23.06.2023) of the 2023 Annual Conference of the SWICE project (Sustainable Wellbeing for the Individual and the Collectivity in the Energy transition), sweet-swice.ch.

The executive summary (p.2) can be used as a stand-alone document.

1. Executive summary - SWICE Wellbeing Workshop 06-2023

On 23.06.2023, during the [SWICE 2023 Annual Conference](#), a wellbeing workshop was organized, covering this central topic of SWICE (Sustainable Wellbeing for the Individual and the Collectivity in the Energy transition), focused on three main topics: **understanding wellbeing**; **measuring wellbeing indicators** (health, autonomy, participation); and **distinguishing health-related satisfiers from needs**.
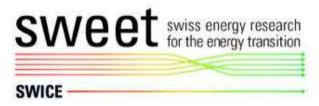
Overall, 40 people participated in the 90-min workshop, in six groups, each led by an experienced facilitator. Participants did not specifically prepare, and most did not have much prior experience working with wellbeing.

The results are very interesting and represent a good basis to develop recommendations for SWICE teams (WPs, LLs) to **operationalize the measurement of wellbeing**, the next key step.

Main topics covered and insights developed:

1. **A holistic understanding of wellbeing is key**, as multidimensional, complex, partly subjective, mostly beyond material, with some socio-cultural specificities, hard to limit to a single definition
2. **Measurement complexity**, involving objective and subjective measures, outputs and outcomes, offers a wide choice of meaningful measurements, but is challenging to translate to a robust comparable score which could work across contexts, in real life, with imperfect data
3. **Health, autonomy, and participation**, the main proposed measurement dimensions, are at the same time distinct and strongly linked
4. **Challenges in liberal / individualistic societies**, where in the dominant culture, satisfiers and provisioning systems tend to ignore or underemphasize social and immaterial needs
5. **A participatory approach**, as shown in numerous workshops including this one, is an effective way to understand and develop concepts and methods around wellbeing

In summary, the workshop provided a good opportunity for the SWICE community to engage with and reflect on wellbeing, highlighting a number of significant insights, and identified many dimensions and methods to measure wellbeing. Operationalizing this measurement process should be the next step. A remarkable diversity of topics were meaningfully discussed in a short time, producing interesting and important insights, and the support of experienced facilitators was key.

2. Goal, organization, participants

Wellbeing is central to SWICE, and this workshop was the second event on the topic for the whole consortium, after an introductory webinar on wellbeing on 15.02.2023.

The main goal of this workshop was to inspire and engage the broader SWICE community on wellbeing, beyond the regular exchange within the smaller wellbeing group, which has around 15 active members.

It aimed also to help operationalize the measurement of wellbeing by recommending a subset of common indicators, to ensure a minimum of methodological coherence and comparability across the different approaches of each living lab (LL), without being prescriptive.

The workshop lasted 90 minutes and took place in a large classroom at the Lucerne University of Applied Sciences and Arts (hslu.ch) at the Suurstoffi-Areal. After a short plenary introduction, six teams were formed, each with a facilitator and note-taker, and 4-6 other participants, with a total of 6-8 people per team. In total, 40 people participated, representing a large majority of conference participants on Day Two. The work in teams was organized around three questions, 20 min each, a short wrap-up in each team, and a brief plenary conclusion.

Team facilitators: Evelyn Lobsiger (ZHAW), Florinel Radu (HEIA-FR), Julia Steinberger (UNIL), Marlyne Sahakian (UNIGE), Marta Brkovic (EMPA), Vivien Fisch-Romito (UNIL).

3. Workshop questions and analysis method

The three workshop questions were designed to incite participants to reflect on wellbeing, its link to needs and satisfiers, and share ideas and experience on measuring wellbeing in their context:

1. What does wellbeing mean to you?
2. How do you, or would you, measure health, autonomy, participation?
3. Can you distinguish satisfiers from needs related to health?

In question two, the specific dimensions (health, autonomy, participation) were proposed as a common basis for evaluating wellbeing across SWICE.

Each team had its own dedicated shared online document, pre-filled with the workshop questions and instructions, copy in Appendix 7.4.

The analysis followed the workshop structure (brainstorming and reflection / conclusions for each workshop question). In several iterations, the statements (individual lines or parts thereof) were grouped in main topics, which were adapted to improve consistency; the process was repeated 2-3 times, depending on the workshop question.

The draft analysis report was then sent to all six team facilitators for feedback and validation, and their suggestions included.

4. Results

This section follows the workshop structure; broader conclusions are in the discussion section.

Below is a summary of the main topics identified and discussed, and the main supporting ideas.

4.1. What does wellbeing mean to you?

1. **Needs, wellbeing dimensions, and enabling factors**: basic material needs; agency and capabilities; the importance of awareness, family and social connections, and job satisfaction
   a. Topics: food, sleep, security and feeling safe, eustress, social exchange, knowledge gain, comfort, healthy conditions, social recognition, empowerment, expressing emotions, belonging to a community, career progression, impact, meaning, adventures
   b. Distinction and links between individual, social / community, societal levels of wellbeing
   c. What are the specific challenges of wellbeing in a liberal society?
2. **Measuring wellbeing**: subjective and objective approaches; time-frame (from momentary happiness to long-term life satisfaction); how to include expectations and adaptation
3. **Wellbeing and environmental sustainability**: environmental sustainability (ex. clean air and stable climate) are prerequisites for wellbeing; also (with today's satisfiers and provisioning systems) possible tradeoffs between wellbeing and environmental sustainability
4. **Subjectivity and cultural perspectives**: caution against a single view of wellbeing, include perspective of different cultures; consider adaptation (to comfort, noise, other external factors)

4.2. How do you / would you measure health, autonomy, participation?

1. **Defining health, autonomy, participation**:
   a. **Health:** includes both physical and mental health; environmental impact and stress levels; inequalities tend to cumulate; access to and trust in healthcare; goes beyond absence of harm towards an environment enabling thriving; perception of health differs across cultures and income classes
   b. **Autonomy:** the ability to act, make choices, and exercise rights
   c. **Participation:** participation is one's engagement in various activities or opportunities within a society or community. It includes both what is offered to people and the choices they make to engage in those offerings. Participation levels can vary widely, influenced by personal stakes, interests, and societal structures.
2. **Which objective and subjective measures to use**:
   a. **Health:** collective measures (life expectancy, infant mortality, years of life lost, DALYs); measures for vulnerable groups; individual and collective medical data (checkups), use of medical services (doctor or hospital visits, medication); burnouts; subjective surveys, perceived stress levels; health-related habits; access to services needed for a healthy life (food shop, community center, public transport)
   b. **Autonomy:** surveys on mental health, opportunities for participation, confidence to act, freedom to choose lifestyles, social and emotional skills; survey based on capabilities (vs functionings); discretionary time and income; political participation and democracy

    c. **Participation:** beyond counting participants, understand the scale of participation, which opportunities are offered and individual decisions to participate or engage; stake and motivation play a significant role

3. **Links between health, autonomy, participation**: health is the foundation for autonomy and participation; health and autonomy are prerequisites for participation; participation is both an outcome of autonomy and a measure of it
4. **Cultural specificity of participation and autonomy**: individualistic societies emphasize personal autonomy, collective societies family or community autonomy

4.3. Can you distinguish satisfiers from needs related to health?

Brainstorming

In this part of the workshop, the brainstorming generated over 90 concepts (full list in Appendix 6.3), which can be grouped in four categories:

1. **Physiological and health needs:** subsistence, sleep, physiological functioning, breathing, health protection
2. **Social and emotional needs**: social interaction and possibility of silence / intimacy, stable relationships, trust, recognition / status, support, economic stability, love
3. **Environment**: no pollution, suitable thermal and light conditions, green and recreational spaces, low conflict and stress, aesthetics and beauty, walking / biking conditions
4. **Personal choice**: time availability, leisure / culture, work-life balance, personal skills, lifestyle

Note: Satisfiers have been systematically identified and labeled only for #1 (physiological and health needs): healthy food and clean water, sleeping, physical activity, air and environmental quality, access to physician and medicine, health literacy, shelter. For #2-3-4, needs and satisfiers are mixed.

Reflection and team conclusions

- Depending on situation it is often hard to distinguish desire and need
- In rich individualistic countries like Switzerland, material needs are mostly satisfied; social needs are often ignored or not adequately satisfied
- Our living labs are about changing satisfiers and questioning desires
- We need more work on measurements and operationalization; several participants would be willing to be a part of the measurement discussion

5. Discussion, limitations, implications

The workshop covered three main topics: understanding wellbeing; measuring health, autonomy, and participation; and distinguishing health-related satisfiers from needs. The results per topic are described in the previous section "Results".

Overall the workshop covered a lot of ground on understanding and measuring wellbeing, which is notable for a short, 90-min event, for which participants did not specifically prepare. However, all six facilitators and many participants had extensive experience of related topics, which was essential.

The main **limitations** are linked to **operationalizing the measurement of wellbeing**. The main conceptual categories around subjective and objective measurements in each of the three areas (health, autonomy, participation) were identified but not defined. For example, which objective health data to use? Which subjective questions? How to translate such subjective or objective results into a comparable score, especially if different partial data is available in each context or LL? How to include cultural or socio-economic differences in perception, and how to account for adaptation? Our recommendation is to initiate a **wellbeing measurement discussion** and invite all SWICE WPs / LLs.

Significance and implications: the workshop highlighted several important insights:

1. **A holistic understanding of wellbeing is key**, as multidimensional, complex, partly subjective, mostly beyond material, with some socio-cultural specificities, hard to limit to a single definition
   - → Keep multiple approaches to wellbeing in SWICE, discourage purely hedonic approaches
2. **Measurement complexity**, involving objective and subjective measures, outputs and outcomes, offers a wide choice of meaningful measurements, but is challenging to translate to a robust comparable score which could work across contexts, in real life, with imperfect data
   - → Propose common measurement tools/methods for SWICE, share best practice
3. **Health, autonomy, and participation**, the main proposed measurement dimensions, are at the same time distinct and strongly linked
   - → Allow multiple measurement approaches, but ensure comparability across WPs and LLs
4. **Challenges in liberal / individualistic societies**, where in the dominant culture, satisfiers and provisioning systems tend to ignore or underemphasize social and immaterial needs
   - → This point requires a separate discussion and workshop
5. **A participatory approach**, as shown in numerous workshops including this one, is an effective way to understand and develop concepts and methods around wellbeing

In summary, the workshop provided a good opportunity for the SWICE community to engage with and reflect on wellbeing, highlighting a number of significant insights, and identified many dimensions and methods to measure wellbeing. Operationalizing this measurement process should be the next step.

6. Impressions

7. Appendix - full notes of all teams

Anonymized, typos corrected, but otherwise unedited notes from the six teams

7.1. What does wellbeing mean to you?

Key discussion points
- When you achieved a certain level of basic needs (e.g. food, money) to allow you to go beyond that
- Different reference points in each culture, but it always gets higher and we can never meet
- Subjective component: do you feel well?
- Objective with certain criteria to feel well (or where you should feel fell)
- Connection between well-being and happiness (different approaches) → difficult to keep apart
- Might not feel well but you're not aware of the comfort you have until you don't have it anymore
- Happiness vs. content: happiness feels stronger and content is more regarding satisfaction with life
- A lot of aspects are crucial for well-being (e.g. job satisfaction, family, social, etc.); how much influence do we have on the well-being of others?
- Impact of external aspects such as noise, which has a negative effect on health but doesn't necessarily impact subjective well-being
- Well-being is relative (depending on reference point)
- Sustainable well-being: regarding SDGs to include social aspects; well-being is e.g. having the possibility to travel all over the world, sustainable well-being would be more leisure activities in area, and more focus on the social value
- Figure out needs and how they can be met within planetary boundaries
- Food, Sleep, Social Exchange, Knowledge gain
- Comfort, healthy conditions (air, pollution, temperature …)
- Social recognition, empowerment
- Ability/space to express emotions, no (low) stress factors
- Living belonging/supporting in a community, social, career (progress + personal contribution), having an impact
- Meaning and impact
- Discovery, adventures
- Happiness
- In general good life; qualitative life
- Security & feeling safe
- Some aspect are remaining important over time (health), some other are evolving in importance over time (importance of career)
- Macro-level aspects (financial, climate warming, social institution) generate an atmosphere for well-being at the micro-level
- Work-life-balance / comfort / limited stress / overall health (mental / physical)
- Zone of comfort where adaptation is not stressful
- Psychology background, stress-related. WB is reacting to stresses with enough resources to be able to deal with it in constructive ways.
- Comfort, many aspects of comfort, the whole living environment. Freedom to arrange comfort differently. Freedom in ways to act.
- Social sciences, capabilities and capability theories. Potential to fulfill wishes in wide arrays of domains. Link to needs theories as well. Capabilities vs functionings. Potential, options vs realization. → Wellbeing is about choice too.
- Hard to answer simply when working on the domain. Connection with others, environment. Built environment, social, natural environments. Objective perspective on wellbeing possible, also subjective. Wellbeing provision as part of our role. Our role is to provide satisfiers.
- Core aspect of WB: the goal of society has to include decent living arrangements for all people in this society. Otherwise very disturbing and stressful.
- Easy and affordable access to various services (housing, mobility…)
- Thermal comfort in the broader sense as wellbeing. Need to separate health from wellbeing or is it under the same umbrella? There is an overlap for sure, but maybe there is

- Health is part of wellbeing in the broader sense
- Safety might be another topic; food and nutrition
- Freedom of thought
- Wish to be balanced; finding your way in a super stressful situation.
- General acceptance of life and the world. Is well-being also happiness?
- On the physical dimension (salubrité!) a safe, clean environment, with clean air… although this might be subjective: we might be happy in a polluted environment, but from a long-term perspective have health issues
- Difference between the discussion on individual and collective well-being/ form subjective and collective perception
- A stable environment which allows to project yourself in the future
- Social relations: living in a social environment which allows for support and interaction and a physical space which allows for interaction
- Possibility to choose between privacy and interaction
- Thinking of well-being in terms of other cultures might help to broaden the concept. Do you aim to define well-being from the Swiss perspective alone?
- We discuss to minimize the risk to come with pre-defined conception of what well-being is
- Healthy environment
- Being safe, being healthy (mentally, physically…)
- Social aspect
- Creation of value
- Combination of individual and societal factors
- Be cautious towards anyone imposing the one and only definition
- Set of categories
- Is there a universal notion of wellbeing, but different ways to achieve it
- Wellbeing has Measurable and unmeasurable parts
- Maslow with a sequential approach is very dangerous, there is no a-priori priority
- Survival is different from wellbeing
- Wellbeing is a feeling
- How that feeling is provoked can be discussed
- Comfort can change fast, even during day, wellbeing is more stable (weather vs climate)
- Happiness is a linked feeling, it can be discussed whether it's synonymous or not.
- Wellbeing is happiness over time
- Happiness and health, to be measured separately
- Aspect of Life satisfaction
- We want to talk about circumstances that make people happy(ier)
- The feelings and conditions that > determinants are different depending on the person
- Individual vs collective conditions
- National and world happiness reports have a set of definitions
- Wellbeing is living a good life
- Does the concept of good and bad work? The same person has good and bad sides
- Conditions to cover the needs that lead to live a good life
- It is risky to predefine what good life means
- There is always a trade-off between options, you make the choice
- What are the blocks that we trade off? This depends on the subject. Dwelling has different criteria than work etc.
- There is no universal set that works everywhere
- We want to reduce environmental impact BUT maintain a good life
- We cannot just impose restrictions and hope that the level of wellbeing remains stable
- Material conditions that can offset the reduction of growth
- Build a map from one assumption to the next one based on the feedback of the previous one
- Living lab is the place to test, but it's difficult to scale the results. LLs are contextually very much bound.
- Balance in mind, mental health, no external pressure…
- Easy daily life…
- And academic concepts to be defined, an equilibrium people are looking for, eustress, not bored…
- Good relationships, contentment, sufficiency, inner peace…

- State of inner balance, that is influenced by external factors, physical and mental health…
- The temporal dimension - over a life stage, over a week, how feelings of wellbeing can change
- Ability to participate in and get engages in society, to have a say in the life that you live
- Being able to plan for and provide for services making life easier, capability; how wellbeing can be planned for collectively
- Avoiding negative factors, dis-stress
- A good feeling of speed of/in life
- Climate change can reduce wellbeing for some people, there can be losers; but in reality, things play out differently than expected
- Needs versus expectations: to experience something else can get us over barriers
- Social justice component to wellbeing - the good life of some must not be detrimental to the good life of others
- Libertarian understanding of how things should be organized: the wellbeing of one person should not infringe upon another's wellbeing
- How to include diverse people in our understanding of wellbeing (elderly, young, etc.)
- Well-being has a certain responsibility; you can enable wellbeing but not happiness, as a society
- Consider different forms of capital, both economic and cultural

Main conclusions, definitions, perspectives
- Social aspect of well-being that it's always relative to social influence
- Well-being can be adaptive, but isn't always good for all aspects of life (e.g. adaption to noise)
- Differences between subjective and objective well-being (top-down vs. bottom-up) and how do we bring these together? Needs vs. satisfiers (how are needs met differently and what kind of impact do they have?)
- How liberal is society? Can the subjective needs be met in society?
- Physical needs; food, sleep, security
- Social inclusion: Bonds, justice, equity
- Personal development: Flourishing, (higher/endless) education/knowledge
- Societal aspects (institutions, political participation, etc.)
- Physical needs have to be satisfied to be able to satisfy the other but connection between needs: e.g community exclusion will have impact on
- Potential compensation between needs? Ex : Someone who is sick would need stronger relationships and support
- Personal/community well-being
- Intergeneration well-being (putting aside personal well-being for the one of the future generations)
- Individual, social and societal levels
- Approaches mentioned include capabilities, needs, subjective, objective, responses to stress.
- Wellbeing as a goal, and also constraint. Aspects of changing existing wellbeing configurations, lifestyles.
- Trade-offs between well-being and planetary boundaries in western societies.
- Physical environment: a safe, clean physical environment with clean air and thermal comfort which also allows for privacy and interaction
- Health and well-being: overlapping elements, but not totally the same thing
- Social interaction: a safe and stable social
- Wellbeing is a feeling and perception, determined by conditions
- It is an average feeling over time
- Coverage of needs
- A notion of balancing positive and negative aspects (varying individually and culturally)
- Subjective vs objective definition
- Material and spiritual conditions
- Mental and physical health, a sense of balance, combined with a sense of agency in society
- The link between individual and collective wellbeing, and question of social justice; increasing wellbeing for one group must not be detrimental for other people
- Threats to wellbeing should be considered in relation to the transitory nature of change; change can be experimented with, to gauge how people live changes in relation to wellbeing
- Well-being is mostly a capability to….

7.2. How do you / would you measure health, autonomy, participation?

Key discussion points

- Autonomy as indicator for health
- It's interconnected, if you can participate you feel autonomous but you also have to be autonomous to participate.
- You need to be healthy (physical and mental), then you need the ability to act (autonomy) and then you can decide to participate
- Health: physical health could be assess with objective data from a check-up, survey on subjective health, healthy habits
- Autonomy (ability to act): survey on mental health, possibilities to participate (e.g. citizenship, impact it can have → is it worth it?), notion of trust/belief in institutions to participate; knowledge where to participate and how
- Locus of control/perceived behavioral control
- Indicator of quality of life (BFS): also assess health on societal level (e.g. working doctors), not individual; Monet indicators
- Participation: engagement in community events, etc. and reasons why they don't participate (e.g. negative feedback, no energy)
- Asking people
- Comparing for autonomy and participation
- Number of times went voting
- Subjective indicators: needs to define the extremes
- Two measures: possibility to do smth versus doing smth; outputs versus outcomes
- How many hours per week do you spend for others (at work, hobbies, family, …)
- Health: how many doctors do you have (generalist or specialist), how often do you visit them
- Number of extra working hours, level of stress, work-life-balance
- From 1-10 level of satisfaction in each aspect
- For thermal comfort a practical approach is: asking people in a systematic way, quantifying the elements which influence the thermal comfort and then comparing them with measurements and then you combine the data from these sources.
- Autonomy: capability of people to act
- Use of spaces: how many people are using, who are they, how often… but also number of non-human species found in an open area
- Conflict of uses is a sign of a good level of participation
- Being able to act upon systems or processes put in place is a matter of autonomy
- Use of internet for autonomy for instance; tracking use of social media
- Type of housing is a type of indicator for autonomy regarding on whether you rent or own
- Example: 3-30-300 rule (3 trees in view from your house, living 30m away from a green space and living within 300m from a parc is an indicator or a healthy environment- spanish study)
- Could things like: how many times people see their doctor, how many medicines they take, be relevant…? Turnover : how many burnouts, etc…
- How we would measure autonomy: the ability people have to act; to understand, to act, to participate, in a way that is inclusive; cross-cultural learning; Participation is the result. We could have a survey that asks people.
- How would we measure health: asking people in a survey weight and height (BMI), associated with transportation use; standard questions about how people judges their health; access to quantitative data, like use of hospitals, medication; but must go beyond BMI; gauging how many people walk more than 30 min per day, active mobility; strong correlation vs how we describe health
- Well-being as the possibility to live a healthy life; differentiate what is provided to enable wellbeing, versus how people respond, and what we should consider as factors that we agree influence wellbeing
- What services should be provided to live a good life? Access to a healthy supermarket, public transport, community center, etc.

Health

- Absence of sickness? Mobility, life indicators in a good range
- Is there a medical definition? > medically defined ranges, for physical but also for mental health
- Can we break physical and mental health apart? We can measure them separately but they are connected
- Catalog of mental illnesses
- Socially infracted current agreement of society
- Level of (declared) stress can be measured
- Talking about being depressed etc. goes into the determinants of mental health
- We can ask people or measure single aspects separately (like Gallup does)

Autonomy (autonomy of agency)

- Very important in individualistic societies, other societies define rather on the level of families or other communities
- Social and emotional skills, measured how you react to triggers
- Opportunity to participate: you have the time, knowledge etc.
- We can easily measure how much we participate but not how much we could participate, although the possibility is much more important
- Autonomy is about capacity and rights
- Capacity to communicate and collaborate
- 4 types of competencies: personal, social, methodological, professional
- Autonomy > framework to use your skills
- Why is autonomy necessary for wellbeing? > depending on social structures and constructions (subjective vs objective)

Participation

- Measuring participation by number of participants is tricky
- The scale with the 5 different level
- What is offered to you vs what the individual persons decide to use
- People who have a high stake are more likely to participate, this is also linked to the method

Health	Autonomy	Participation
Recent paradigm shifts away from absence of harm, towards health as an environment enabling thriving, need to work towards. **Measurement: aspects of environment enabling thriving**	Capabilities, agency. Individual determination ability. How to measure? **Survey based on capabilities (vs functionings).**	Political participation, democracy.
Environmental health concept, considering **factors with impact on health in the environment.** People cumulate inequalities in exposure to different dimensions. WHO gradient in health.	Percentage of household budget that is flexible (not needs related). Not covering all dimensions, but **market-based autonomy.**	Difficult differentiating autonomy-participation.
Qualitative data, **perception of respondents on health**. Important point: perceptions of health itself differ based on income classes.	**Time autonomy**. Time apart from work, family duties, sleep …	Social capital ? Not sure we like that one. Pretty reductive, leaves out personalities, needs, introversion.
Built environment: unhealthy levels of air pollution …	**Political autonomy**, choice of lifestyle. Fundamental human rights respected.	Different types of participation. Quality vs quantity vs power-unequal relations.
LCA measurement of health : **years**	Freedom to choose and change	Network analysis in sociology.

of life lost, DALYs.	living and working space.	
Life expectancy, infant mortality. Measurement: analyze particularly vulnerable groups (infants, pregnant women, elderly, etc.) and define problems on this basis.	Freedom over the way one lives and works.	How involved is a person in decision-making? How interested is that person in changing things in society? Quantitative and qualitative mixed methods approach. Training towards participation, cooperation, building connections towards action.
Aspects of health impacts on others due to "imperial" lifestyles.	Restrictions due to laws and regulation.	

Main conclusions, definitions, perspectives

- Subjective assessment through survey
- Objective: participation through e.g. attendance on events, workshops, political engagement, etc., health data
- Might also need a framework for objective data → could have a contrast between subjective and objective
- Separating measures of outputs vs outcomes
- Sets of different indicators
- Quantitative vs qualitative indicators
- Cultural context- choosing indicators within cultural context
- Catchy rules
- Taking into consideration the capabilities of the interviewees/ residents/ participants
- Well-being is more than the sum of health, participation and society; you can have reduced mobility and health, but still participate
- Need to come up with the 5 questions we always use, as variables; but find a way to balance the analysis of what is wellbeing
- There should be some kind of threshold around certain indicators; sense of agency/autonomy; health (mind and body); participation is an outcome.
- Make a triangle - with health and autonomy at the base, and participation at the top. Each can be measured, but health and autonomy also tell us something about participation.

7.3. Can you distinguish satisfiers from needs related to health?

Brainstorming + classification

- Social interactions (need but also desire)
- Relationships (satisfier)
- Sexual relationship (can be a need, but doesn't have to be)
- Chronic low stress level (need)
- Physical activity (satisfier)
- Green areas (satisfier)
- Environment / surroundings / conditions (noise, lights, greenery) (satisfier, desire)
- Nutrition
- Entertainment / leisure
- Living situation
- Trust in goodness
- Immersion
- Recognition
- Support / community
- Social security
- Financial security
- Safety
- Accommodation
- Healthy food and water [satisfier of hunger and thirst]
- Sleeping [satisfier of the need of sleep]
- Physical activity [satisfier of physiological functioning]
- Pollution/Air quality [satisfier of the need to breathe]
- Safety (no accident)
- Stress level,
- Happiness [need]
- Psychological health [need]
- Sportive
- Access to physician and medicine
- No conflicts (family conflicts)
- Level of chronic pains
- No broken legs
- No illness
- Social contacts
- Nature, fresh air
- Future security
- Career
- Leisure time
- Wealth
- Mobility ability and use object (interfere with environment) [satisfier]
- Need: physical activity/ Satisfyer: a bike (you can bring everywhere) and more importantly a safe and appropriate infrastructure (to bike/ move)
- Need: social interaction/ Satisfyer : a lively bar in the neighborhood, inclusive infrastructure
- Socio-economic status, economic stability (some interactions are just not possible because you do not have the same amount of economic status…)
- Access to green areas, clean air: 3-30-300 rule
- Access to fresh food / Farmers market, money (maybe need for social programs), tracking food production (a certain connection between the producer and the consumer)
- Access to small green areas, access to nature elements and more importantly proximity to nature (green spaces, water features, …)
- A shelter with optimal conditions (steady structure, clean air, stable rental contract where you know you won't be evicted from one day to another…)
- Silence and intimacy, a space to get back to yourself/ a cocoon
- Cultural activities/ Access to theaters (european bauhaus- access to beauty)

- Beauty matters! Aesthetic qualities are important to engage emotionally users and inhabitants
- High density of doctors
- Access to healthcare
- Ability to access the doctors
- Zero pollution > need
- Healthy food
- Quality of water
- Level of knowledge about your own health (autonomy thing)
- Preventive care options
- Personal skills and knowledge to live healthy, health literacy
- Stable relationships, social environment
- Work-life balance
- Physical activities, sports
- Possibility to choose to live unhealthy, in know of the costs (e.g. risky sports)
- Leaning towards risk
- Wellbeing can include leaning to (health) risk
- Enough & quality of sleep
- Absence of personal conflicts
- Love > need
- Having money (satisfier)
- Health system in place (satisfier)
- Walkable infrastructure / the built environment (satisfier of multiple needs, health and participation); not having it will be detrimental to more people
- A non polluted environment (noise, particles)
- Social integration, participation
- Enough light
- Access to nature
- Not too much stress at work
- Healthy food
- Education / knowledge
- Skills and competencies
- Gym membership…. TV, car, etc. (desire?)

Universal need	Needs satisfiers: Depends on context, individuals	Desires
Sleep Food Reproduction (for community not personal need) Security Minimum physical activity	Leisure: High physical activity+social inclusion	career

Affecting health	Classification
Bodily integrity	need
Food, water, air	Satisfiers related to subsistence need
Healthcare system	satisfier
Physical environment, thermal & other aspects Different types of physical environment, man-made and natural.	Satisfiers related to safe physical environment

Social environment	Satisfiers related to social relations
Stress	Physiological-mental response
Ability to play, leisure	
Fun, laughing	
Pandemics	
Healthy activities, sports	
School	
Education	

Main insights
- Depending on situation it's hard to distinguish desire and need
- In Switzerland hardly any needs to be satisfied because of high level of life (take it for granted) except for social needs (especially in individualistic countries), which are often ignored
- Regarding basic needs: they shouldn't be forgotten because we can't be sure that they will always be met in the future
- Hard to think through needs and satisfiers.
- Distinguish needs, satisfiers, resources.
- Desires are something that are not essential to meeting needs; desires are created for something you don't need
- We need to consider the co-benefits of changing to more sustainable ways of living (going away from the car might be about health, money, convenience, etc.)
- Quite easy to distinguish needs from satisfiers
- Our living labs are about changing satisfiers and questioning desires
- We need to agree on and clarify what are the essential needs
- There's no clear agreement in the scientific literature on the question of wellbeing
- We need more work on measurements and operationalisation
- … and … would be willing to be a part of the measurement discussion

7.4. Workshop Instructions

SWICE Wellbeing Workshop 2023, Day Two 11:00-12:30

Goal: Inspire, engage, and inform the SWICE community on wellbeing
Process: teamwork in small groups, topics:
- What does wellbeing mean to you?
- How do you, or would you, measure health, autonomy, participation?
- Distinguishing needs and satisfiers

Benefit to you: meet people reflecting on the same issues you may have, share your experience of wellbeing with the SWICE community

0. Getting started
   A. Form a team, min 5, max 7 people. If more or less, please combine / move to other teams.
   B. This number includes the facilitator and note-taker, who can participate in the discussion.
   C. Appoint a facilitator, and write name here: …
   D. Appoint a note-taker, and write name here: …
   E. Write names of all other team members: …
   F. Write the total number of people in the team: …
   G. Timing: 5 min to get started, 3x20 min for the topic discussions, 5 min wrap-up in groups

Overall workshop timing: 10' plenary introduction, 70' teamwork, 10 plenary conclusions

1. What does wellbeing mean to you?
Note key discussion points here (be specific, main ideas in short, not who said what)
- …
- …

Note main conclusions, definitions, perspectives here
- …
- …

2. How do you, or would you, measure health, autonomy, participation?
Note key discussion points here (be specific, main ideas in short, not who said what)
- …
- …

Note main conclusions, definitions, perspectives here
- …
- …

3. Can you distinguish satisfiers from needs related to health?
Instructions:
- Brainstorming, 5 min: list factors, things, services, activities, conditions, institutions, social arrangements materially affecting human health. Please list at least 20-30 words / concepts, do not criticize other in this brainstorming phase
- Classification, 10 min: next to each element, write what it is (need, satisfier, desire which is not a need; if something else, please explain)
- Process evaluation, 5 min: please reflect critically about the classification process - What was easy or difficult? Clear or not? Led to (dis)agreement in the group? Any other comments?
- Please write everything in this document, everyone can read, but please only note-taker writes

Note brainstorming list + classification here (see instructions above)
- …
- …

Note main insights here (see instructions above)
- …
- …