



COOPERATION INITIATIVE OF THE
ÜLEMISTE CITY BUSINESS CAMPUS AND
UNIVERSITY OF TARTU

BUSINESS CAMPUS'S HEALTH MODEL

2020

Compilation of the initial model based on literature review and random fieldwork

2021

Testing and elaboration of the model based on employee survey and employer feedback

Initiation of services and collaboration networks according to the logic of the model

2022

Search of the indicators, tools, and activities to measure the outcomes of the model

In the team: psychologists, sociologists, sports scientists, anthropologists.

Contact us:

Andero Uusberg
University of Tartu, Institute of Psychology
associate professor
andero.uusberg@ut.ee

The principles of Business Campus's Health Model

Ülemiste City business campus and University of Tartu in Estonia have developed an innovative **health model for business campuses**. Its goal is to unite the wisdom and resources of regionally close employers and service providers **for the good health of their employees**. In this cooperation initiative health is viewed as an interconnected physical, psychological, and social phenomenon that is in the best interests of employees as well as employers.

The model incorporates employees' and employers' personal health aspirations and **supports both players in such health issues that are difficult to address individually**. For example, it is difficult for an employer to add soothing greenery to the neighbourhood, shape the menu of a nearby canteen or address the personal health needs of each unique employee. **The model addresses good physical shape, mental wellness, and healthy social relations of the employees instead of the lack of illnesses**. Employees with such qualities support efficiently also the achievements of their employers.

The evidence-based model involves **the major actors of the business campus** (the administrator of the campus, service providers and employers) and **a toolbox that helps to trigger diverse factors** that affect the health behaviour of employees. For example, development programs and trainings for managers, supportive ICT solutions, public events, personal consultation of employees, catering, public training facilities, surroundings that support interaction and mental health, pricing of services, public information.

Employees need support in varying degrees, and they respond to different factors. Therefore, **the model incorporates diverse factors (norms, skills and competences, tools and physical environments, incentives)**.

Healthy behaviors are shaped by four groups of factors:

- incentives that make people take healthy actions
- tools and environments that enable people to take healthy actions
- training of healthy skills and competences
- norm-building to shape the understandings about the importance health

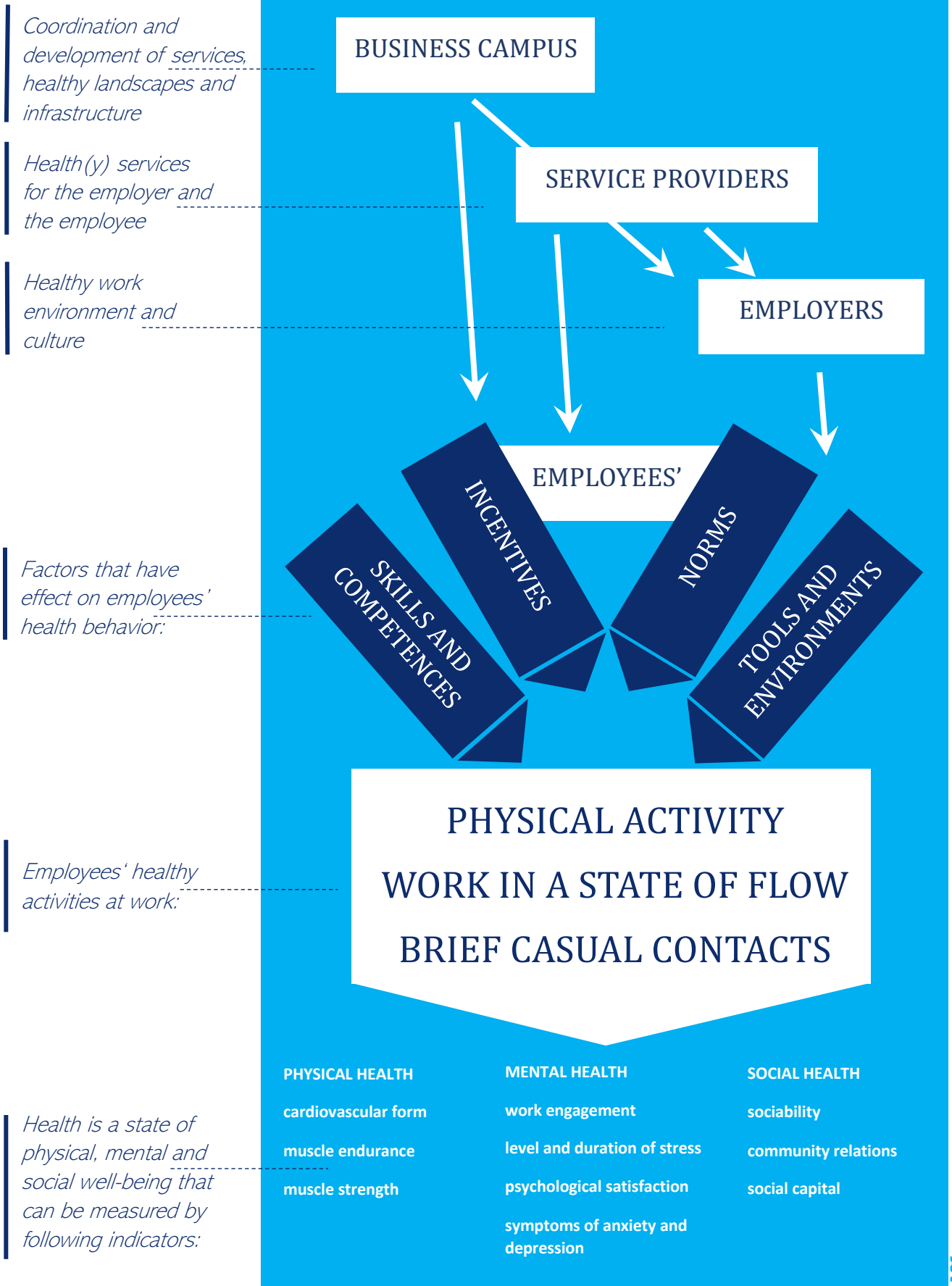
The activities that are promoted among the employees have a central position in the achievement of positive health indicators. These are **physical activity, working in the state of flow and brief casual contacts with people in the community**. To measure the effect of these activities on health, among the plurality of **health indicators** these ones are chosen that help evaluate health efficiently and predict other similar indicators well. Health indicators are listed in the graph of the health model (following page).

We believe that effective health promotion strategies in business communities involve:

- smooth cooperation between counterparts, wise use of individual and collective resources
- * addressing of employees' diverse incentives and involvement of diverse tools
- involvement of employees in the planning of health promotion

The health model for business campuses is visualized in the following graph:

ILLUSTRATION OF THE HEALTH MODEL



Feedback collection from employers and employees

EMPLOYEES	EMPLOYERS
<p>Research questions: What kind of employee groups are there in ÜC? What are the employees' health concerns? What have been their efforts to improve their health? What are the employees' health promotion needs? What should be done in ÜC to improve health?</p>	<p>Research questions: What kind of healthy activities need to be supported at the workplaces? What kind of help do employers need to promote workplace health? How to divide the roles in the health model? How can employers share information about their health promotion activities?</p>
<p>Survey of 253 questions, 227 respondents</p>	<p>14 qualitative interviews among employees and service providers</p>
<p>The questionnaire:</p> <ul style="list-style-type: none"> o Physical health: physical activity (incl. means of transport, physical activity at work), workout habits, evaluation of own physical health, health complaints, sleep, screen time, eating and snacking habits, absence of disease o Mental health: work in a state of flow, work engagement, psychological well-being, stress, anxiety and depression symptoms, place attachment o Social health: sociability, social engagement, participation in events o Other issues important in the health model: working conditions, impact of the COVID-19 pandemic, individual pursuits to improve health, relationship with the campus, experience of health improving incentives, environments, trainings, and norms in ÜC. 	<p>Discussion topics: We discussed theoretically constructed cases of health promotion that differed in the distribution of roles between the city, the employer, and the service provider. These health promotion cases involved approaches that...</p> <ul style="list-style-type: none"> o presupposed the free will or intention of the individual and, conversely, also those that imposed people to make "right" choices, were elitist (demanding, suitable for a few) and also those that were egalitarian (widely available, equitable)

Conclusions from the employee survey

The physical health of ÜC employees is generally good, but the results indicate hidden dangers. E.g. although two thirds of the respondents evaluate their own health to be good and are absent from work mostly due to regular colds, as much as 62% have a poor or rather poor cardiovascular fitness, 60% suffer from at least one chronic disease and 40% report daily health complaints. Therefore, health concerns limit the work performance of many employees in ÜC. Stressful events may cause health to deteriorate and cause the employee to work less or take a break from work.

Physical health. Compared to the Estonian average, ÜC employees spend a lot of sedentary time behind screens, but they exercise more during their free time. They have no other motivations for physical activity than exercising.

Mental health. There are more employees in ÜC than in the Estonian working population who work in a state of flow. However, one in five people show an alarming level of depression or anxiety symptoms. ÜC employees' experience of a collaborative and supportive working atmosphere is not as good as the Estonian average, but they find more meaning in their work and experience better opportunities to learn and apply skills and expertise. **Social health.** Respondents perceive that there is a norm and opportunities for to be social, but a lack of incentives and skills.

The analysis does not reveal a link between physical activity and better physical health outcomes. This is due to complex causes of health problems, but also to the fact that health problems deteriorate slowly (e.g., musculoskeletal disorders as a cause of a sedentary lifestyle) and therefore only longitudinal approaches could reveal the effect of a lack of physical activity on health outcomes.

One of the goals the Ülemiste Health Model is to find ways to integrate the practices of physical activity, sociability, and flow. Combined interventions can target several health outcomes and may allow to use more factors which influence employees' health behavior, which may be more effective to reach a wider audience.

The three main healthy activities of the Ülemiste health model: physical activity, work in a state of flow and sociability are currently not significantly related to one another. Those who are more physically active may use exercise to reduce their stress, but they do not work more in a state of flow, nor do they experience more work engagement. Sociability and flow are weakly correlated, and they are both correlated to place attachment (employees' emotional bond with Ülemiste City) indicating that a pleasant and emotionally meaningful work environment is one factor that allows social interactions and encourages flow. However, the specific activities of being social, physically active and working in a state of flow do not seem to be related or support each other. This shows that health issues are poorly integrated into everyday work.

Physical activity can be increased, and stress reduced (which encourages more flow) with a multilevel approach. In the first stage, more socially active employees could be encouraged to find incentives, opportunities, and norms of the three target behaviors. In the second stage, more passive employees will be encouraged to join existing activities and are influenced by the new norms. Of course, an intrinsic incentive or motivation to take care of own health is necessary, but to develop and maintain sustainable health practices, external support is necessary (norms, skills & knowledge, incentives, and a supportive environment).

Based on the results of the survey analysis, we recommend the following courses of action for the practical implementation of the Ülemiste City health model:

1. Interruptions to reduce prolonged screen time (at present 5 hours or more) with physical activity or exercises that do not require to break a sweat. Someone who goes to work by bike or by walking can achieve the same cardiovascular fitness as someone with long sedentary hours but who works out regularly. In ÜC, it is possible to promote physical activity through social activities, especially among those who do not exercise or have not found suitable conditions to exercise. Among those who do not exercise and sit a lot, 42% are moderately and 20% highly social. Thus, sociability might be the key to encourage them to be more physically active. Ülemiste City can promote screen-time breaks through educational communication, enable walking outside by developing walking paths and encourage their use through campaigns.
2. Raise awareness about the state of flow as a healthy behavior. The drivers of flow state are a meaningful, challenging, and well-organized work that allows autonomy, the opportunity to put the employees' best skills into practice and develop them further. Psychological well-being, supportive relationships and a lack of anxiety and depression help to achieve the state of flow. This can be done by information sharing, but also with the help of employee and middle-level manager trainings.
3. Supporting combinations of social and physical activity in ÜC to increase place attachment and to expand the circle of people engaged in healthy practices. For example, setting up walking paths for outdoor meetings and telephone calls; add easy-to-use exercise equipment in public indoor spaces, campaign and offer incentives for walking meetings or walking during lunch breaks (e.g., crossing the walking path gives a discount for lunch that day), offer more diverse options to be physically active in ÜC with the family, bring together those interested in specific activities (wall climbing, volleyball, ping-pong etc.) and provide them with opportunities to exercise together.

Conclusions from the employers' feedback

Employers saw various ways of collaboration with the Business Campus Health Model. Their approaches were:

1. the less capable employers are due to several reasons unable (lack of human resources, lack of funds, other urgent needs) to promote employees' health themselves are willing to delegate it to the city.
2. more capable employers are willing to supplement their employee benefits with what the city has to offer
3. enthusiastic and capable employers are willing to intervene in each other's activities and create new mutually beneficial cooperation structures if the campus provides a coherent framework for this

Earlier quantitative surveys of employers reveal that there is plenty of the first type of employers, a moderate number of employers of the second type and few employers like the latter.

The needs of the employers and their expectations to the roles in the Business Campus Health Model:

		NEEDS	ROLES
Health service providers		<p>Good visibility to clients</p> <p>Return to the pre-COVID state (financial recovery)</p>	<p>Open to beneficial cooperation ideas, but not willing to contribute to the development of health service system</p>
EMPLOYERS	Employers in the service sector	<p>Able to ensure minimum health promotion standards to the employees</p> <p>Not willing to contribute to extra workplace health promotion</p> <p>Experiences of employees' indifference to healthy working culture</p>	<p>Health promotion needs specific solutions, as working conditions vary widely among organisations</p> <p>Employees are expected to use the public services of the campus on their own initiative, the employer does not pay for them</p>
	Small employers, white collar jobs	<p>Able to ensure minimum health promotion standards to the employees</p> <p>Is not able to burden himself with additional tasks in the field of health</p>	<p>Able to mediate campus's services to their employees</p> <p>Employees are expected to use free services of the campus</p>
	Big employers, white collar jobs	<p>Often offer an employee a rich health promotion toolkit</p> <p>Are interested in extra health promotion support for their employees</p>	<p>Willing to buy health services that serve unique or unsatisfied health needs of the employees that otherwise demand too much attention from a single employer</p> <p>Enjoys support from the campus network to bold and risky health initiatives that match the employer brand values</p>

The employers propose several principles for allocating the costs of the services of the health model:

For free: public facilities and services that facilitate visits to the campus and are usually free also in other areas of the city (for example, dog walking area, outdoor exercise machines).

Shared between the campus and the employers: services for which there is competition and need reservation (such as an emergency reception of a clinical psychologist, outdoor space meeting rooms).

The employee contributes to the costs: rather personal services.

Discount on the price of the service: if the person works in the city.

As employees' health services are taxed from certain limit, the campus's health promotion services compete with other health services (**for the limit of untaxed services**). To enable employer to buy additional services from the campus, there is an option to hide the costs in the rental costs.

The employers feel that the health model should especially address such groups of employees that are often unnoticed by employers or difficult to reach:

1. New immigrants without a family or local social network. Their need for help is greatest, and a campus-wide support program can help to solve the needs of many employers.
2. Employees of small employers who are unable to commit to health promotion.
3. Employees who work on a scheduled basis and are unable to leave their jobs during work to attend health events. Also, the service sector workers who have often little motivation for health promotion activities.
4. Employees whose workplace health promotion toolkit is exemplary but whose needs are so specific (e.g. highly athletic, with rare hobbies, disabled people) that they are usually overlooked by the employer.
5. Employees who work for the employer located in the campus but work in other locations. They may not need help in health promotion but may feel unequally treated compared to their colleagues who work in the campus.
6. Introverts and lonely people who can't find a person with matching interests from their own workplace but are open to social interaction.

Reports of the cooperation initiative (in Estonian)

Ülemiste City Health Model: https://tartuulikool-my.sharepoint.com/:b:/g/personal/ro_ut_ee/EWHY1Jx2LM5Kj45tq2Tnh9gBXfG8Gn-a63-PJPr6aHxU0A?e=c3uwIO

Proposals for Implementing the Health Model: https://tartuulikool-my.sharepoint.com/:b:/g/personal/ro_ut_ee/EaU3ifxZU-JMivcdK-tsFMBDQ5p17Eo5e4RjLqgeq3XQ?e=7CRssG