UBAC Meeting

December 8, 2010

Davis, Sugar Maple Room 400

Attended: Jan Carney, Chair, Claire Burlingham, Kelly Circe, Deane Dudley, Jackie Gribbons, Michael Gurdon, Larry Kost, Gary Mawe, Beth Mintz, Tim Murad, Claude Nichols, Carmyn Stanko, Deb Stern

Non-voting: Richard Cate, Barbara Johnson, Greg Brown

Unable to attend: David Shiman, Elizabeth Haggart, David Maciewicz, Dustin Evatt, Sharon Patenaude

Jan Carney reviewed the text of the post-retirement medical benefits statement in the President’s report to the Board of Trustees, noting his five main points:

- Wants to be mindful of the current and future retiree and currently eligible to retire
- No definite time frame for a decision...possibly after the holiday
- Reinforced the significance of the work done by our group
- Desire is that no one covered by benefits will run out of coverage
- Desire is to provide access to a policy for future retirees and new employees

It was noted that the President came to a recent College of Medicine faculty meeting where he made it clear that the specific options described in the UBAC Report would not be the final outcome, but that they informed the determination of the University’s upcoming proposal.

Richard Cate reported that the Trustees have begun to review some options and that we should have more information by the time of the next UBAC meeting.

Jan Carney provided an overview of the UBAC FY2010 report, as submitted to the President and Provost in June, 2010:

1. The UBAC and HIWG worked with BCBS to identify key health issues, based on utilization as well as major cost drivers. It was agreed that health promotion and disease prevention are important tools to reach the dual goals of a healthier University population and well-managed health care premium costs.

2. The HIWG recommended a combined approach of expanded health literacy, performance goal setting and social marketing, specifically:
   a. Upgraded health assessment, with the roll out happening in January 2011.
   b. Posters of UVM faculty and staff testimonies to promote preventive screening were displayed on campus in October and will continue as a series.
   c. The President and Vice Presidents were contacted to solicit leadership support for kickoff of January health assessment.
   d. Work Life Team is looking into team-based incentives with a competitive element
   e. Will develop a proposal for HIWG
Jan commented that the health assessment is a good educational tool, when combined with clinical prevention and behavior modification (alcohol, smoking, weight).

The Parental Leave/Childcare working group will continue its work to define the feasibility of short term disability insurance, and it will work from last year’s research to consider the particular needs of Graduate Student and Postdoctoral Student parents.

General Discussion

- Investigate discount passes for health clubs (the Edge offers discounts) and exercise equipment discounts
  - Patrick Gym offers great programs
- Financial barriers, smoking (can be a cultural thing), learning activities are time consuming, and non-exempt staff need to make up the time, so participation may be less appealing
- Get creative with existing resources
- Social marketing that includes “buddies” going to the gym is strong incentive
- Have a lot of literate and computer literate people that are not motivated to develop a healthy life style
- Perhaps Medical students can provide support for smoking cessation awareness
- Finding like interests to entice groups to get together (skating, family sledding, something new)

Discussion of Priorities for Working Groups in 2011:

Food labeling in on-campus cafes...approach Sodexho to move the issue along

- VTrim promotes one meal daily by providing ingredients on labels through Sodexo (we can ask them to expand)
- Not a huge variety of meals so would not take great effort
- Nutrition classes and student internships could be offered
- Make food labeling a requirement for a future new contract with campus food vendor(s)
- Invite Sodexo and Jean Harvey Berino (VTrim) to the HIWG

Smoke free campus:

- FAHC comes to UVM to smoke because they are “smoke free”
- Custodians end up doing FAHC butt clean up
- Would be great to have the custodians participate in the conversation as they are directly affected
- Smoking under older windows is an avenue for second hand smoke
- How do we enforce no smoking?
  - Education
  - Make sure to have accessible cessation programs without judgment. Shift the culture. Outdoor smoking is more difficult to control
  - Change from a 25 ft. smoke free distance to 100 feet?
  - Cost of cleanup is huge...the smoking receptacles catch on fire
  - No smoking is easier to enforce than 100 foot restriction
  - Students are the largest population of smokers. We need to get them on board to make it work

Generic Prescription Drugs:

- Do we have data on the incremental benefits of new drug vs. the cost?
- Can we get information to doctors at FAHC re: concerns in our population?
- Preauthorization is required for new drugs.
Vermont’s use of generic drugs is higher than most states because drug reps are no longer welcome/allowed to leave samples.

**Age appropriate tests for preventative care:**

- Is there an accurate checklist of age-appropriate tests?
- US Preventive Service Task Force has one
- The UVM health assessment could integrate the check list
- At times, doctor recommended inoculations that can’t be found
- Still very interested in hearing and vision testing being covered by our insurance
- Would like to look into Mental health and counseling coverage

**Retirees:**

- Fitness programs at UVM….WorkLife group to come in to speak on that
- Working group to visit the web site
- Work with Emeriti Group on a survey

**Parental Leave & Childcare Working Group:**

- Grad students & post docs
  - Research with deans’ support other colleges’ policies and funding outside of grants

**Data from Childcare Resource Services (CCR)**

- Most of VT childcare is home-based, not center based. **STARS** program’s focus is to register home care providers based on meeting a set of quality standards
- Student Trainees as assistants could enhance possibilities for in-home infant care
- VT State Apprenticeship program has money

**Other**

- Individuals often lack data on self. The Swiss have medical cards with smart chips imbedded. No potential for error. Can we move toward a system that is similar?
  - PRISM has been adopted by FAHC. “My chart” is a program that will be available. It is in the testing mode right now
- Can we have a demo of “My Chart” for awareness and promotion?

**Public Comment:**

- What about alternatives to general medicine? Was diagnosed with slightly elevated blood pressure and medication was prescribed. Decided to take long walks instead of medication, and blood pressure is controlled.
- Health literacy and high quality web resources could be used to compile a resource guide. We do a lot of education, and this would be a good use of our time.