

## **University Benefits Advisory Council**

TO: Daniel Fogel, President  
John M. Hughes, Provost

FROM: Jan K. Carney, M.D., Chair  
University Benefits Advisory Council

DATE: June 1, 2009

SUBJECT: Report of the University Benefits Advisory Council (UBAC) 2008-2009

This report, as requested in the charge to the University Benefits Advisory Council (UBAC), summarizes the work completed during the 2008-2009 academic year and ongoing work the Advisory Council will address in 2009-2010. Recommendations were discussed and endorsed at the last full meeting of the UBAC on May 7, 2009.

### **Activities for the 2008-2009 Academic Year**

During the past year, the UBAC met three times. We have 3 working groups: a Health Insurance Working Group (HIWG), as detailed in our UBAC charge, a Parental Leave and Child Care Working Group (PLCCWG), and a Retiree's Access to Benefits Working Group (RWG). Our second year combined work of the HIWG and Retiree's Access to Benefits Working Group (RWG), as priorities for these groups intersected. Each working group met several times during the year, and after discussion, formulated recommendations for the full UBAC. We continued to use our template for review of benefits and privileges, for consistency during our discussions:

#### **Template for UBAC Working Groups:**

- Guiding Principles:
  - Why benefits are important
  - Changing demographics
  - Other relevant information
- Target populations(s):
- Delivery mechanism(s) – are these working?
- Demographic and Utilization data - Trends
- Are there gaps?
- Cost(s) and Cost Issues
- Other institutions for comparison? Other approaches?
- Options/Suggestions/Recommendations

## Our Recommendations for Academic Year 2008-2009:

### Parental Leave and Child Care Recommendations:

We continue to **support action on this as a priority.**

1. We **strongly recommend** that the following practice be **formally adopted**:  
Whenever there is a new capital construction project, including renovation, the suitability and feasibility of incorporating on-site child care in that location be integrated into the planning process.
2. We strongly endorse completion of a feasibility study of administrative mechanisms to provide Parental Leave Income Protection, including but not limited to, additional paid leave, short-term disability insurance, and shared leave banks. This study should be completed by the Human Resources Services Group by January 1, 2010.
3. We strongly recommend seeking Breast Feeding Friendly Workplace Certification (Bronze or Silver level) by January 1, 2010.

*Background:* The PLCC Working Group reviewed a presentation in January 2009 of parental and family leave practices in higher education. Information about parental and family leave practices from twenty-four higher education institutions were compared to UVM in October 2008, noting 54% of these institutions appeared to have more generous parental and family leave policies than UVM.

These recommendations are made **in addition to** previous 2007-2008 recommendations for Parental Leave and Child Care:

- Support maximizing what currently exists, and connections between UVM and the child care community. The immediate priority is to remedy the severe shortage of infant and toddler spaces, and increase availability of part-time slots.
- Support proposals for new and flexible child care models, such as relationships with local child care providers, including family day care, to maximize options for faculty and staff.
- Determine all available options for faculty and staff, and make this information readily available at a single access point.

*Rationale:* As our Guiding Principle, we continue to reinforce the importance of parental leave and access to affordable and quality childcare for faculty and staff as essential to achieving the vision of the University of Vermont.

Note: Recommendations above will only provide short term and limited progress towards meeting needs for child care for our faculty and staff. In order to meet needs of faculty and staff, longer term measurable goals must be set, financing options explored, and additional proposals developed.

## **HIWG and RWG Recommendations for 2008-2009:**

The HIWG and RWG note the following **accomplishments** for 2008-2009:

- Web site for Retirees is under development, to be completed in 2009.
- Retiree access to Health Assessment (HA) - accomplished.
- Retiree access to UVM Wellness programs - accomplished. More information is still needed regarding utilization and whether specific retiree-focused programming is needed

Recommendations for 2008-2009 were made in two areas: Health Plan and Health Assessment and GASB45, priorities for committee discussions.

*Background:* A presentation by BCBSVT Health Plan Review (related to cost drivers, and chronic conditions) on January 27, 2009, highlighted the importance of: care management efforts, the impact of an aging population, chronic conditions: (33% of UVM members spending nearly 70% of dollars), pharmaceuticals, high-tech imaging, and obesity on health and health-related expenditures.

### **1. Health Plan and Health Assessment:**

The committee strongly supports increasing participation in the Health Assessment (HA; formerly called Health Risk Assessment), as a way to focus on disease prevention, “bend the curve” related to the development of chronic conditions, and help UVM faculty and staff become more “health literate” and partners in their own health. The committee recommends setting measurable goals for HA participation, consistent with our rationale and previous recommendations. The committee also recommended increased educational efforts more generally, to raise awareness, promote healthy behaviors, and improve “health literacy”.

- Double the % of initial (“ever”) participants in the HA.
  - We will rely on data provided by BCBSVT for baseline and follow-up participation rates.
  - We recommend working with BSBSVT to test new approaches to increase participation.
- Increase the % of individuals repeating their HA on an annual basis to 80%. The committee viewed annual participation as an important mechanism for an ongoing focus on wellness and prevention of chronic conditions.
- Define goals in “high-risk” populations (These groups could be by department, or by individuals with 1 or more chronic conditions, a barometer of increased health costs.)
- Develop positive incentives for participation, and especially for repeat participation. Some examples were gasoline cards, positive incentives for departments with 100% participation, and premium discounts or coupons for health insurance premiums.
- Increase educational efforts and raise awareness on health issues at UVM, especially related to prevention of chronic conditions.
  - Priority will be given to evidence-based initiatives, such as those that increase physical activity in communities.
  - The committee recommended asking President Fogel to speak about prevention and the importance of taking the Health Assessment, and also piloting (and modeling) a walking campaign to get UVM faculty and staff (and students) to

walk more around campus. Educating faculty, staff, and students about costs and environmental impact of campus busses was also suggested.

Previous Recommendations of RWG and HIWG from June 1, 2008 UBAC Report:

### **Retirees' Access to Benefits**

- Develop a “one-stop” shopping model for communication about retiree privileges. Raise awareness about currently available privileges.
- To maximize Health and Wellness and Fitness of retirees, open UVM Wellness programs to retirees. Start with access to current programs, and also assess the need for special programming for retirees. Open BCBSVT health risk assessments to retirees. Explore discounts at private facilities.

### **Health Insurance Working Group (HIWG)**

- Help our population become more “health literate” and engaged as partners in their health and health care.
- Increase the numbers of UVM faculty and staff who take the Health Risk Assessment.
- Develop creative workplace strategies to promote a culture that supports and encourages healthy behaviors, such as being physically active.
- Continue to use measurable data to evaluate utilization, trends, and cost, with an eye toward opportunities for prevention of disease and illness, and maintaining health, both short term and long term.

**Rationale:** Based on our review of utilization data, prevalence of chronic conditions, costs, and opportunities for disease prevention and health promotion, it is essential to emphasize prevention of chronic conditions in order “bend the curve” of middle-aged and older individuals who develop one or more chronic conditions.

## **2. GASB45**

*Background:* The committee reviewed the recent changes in accounting standards (GASB45), its potential impact(s) on UVM, and discussed the importance of developing goals and guiding principles as specific options are considered.

Recommended **Goal: Continue to offer health insurance for retirees** while also protecting the financial status of UVM.

Recommended considerations: Costs, Access, Equity, Competitiveness with other institutions, Sustainability, Portability (seamless), Simplicity, Responsibility of Employee/Retiree, Positive incentives

Recommended **Guiding Principles for GASB45:**

1. Preserve UVM fiscal integrity and viability
2. Protect current retirees from undue financial burden.
3. Sustain access to a retiree medical benefit for current employees.
4. Continue to offer benefits competitive with peer institutions

5. Preserve a similar cost-share structure as for current employees
6. Create a viable and sustainable retiree health care benefit
7. Educate employees and help them plan for their retirement, including medical care.
8. Consider and continuously review contracts, plan design and/or vendor changes to ensure that UVM has an efficient and effective program, including pharmaceuticals.
9. Support prevention and management of chronic health conditions.
10. Support active employee engagement in health.

For next year, the combined RWG and HIWG will review in detail:

- Options (specifics)
- Pros and cons
- Comparison to current benefits
- Comparison to other institutions
- Costs (part of our original UBAC charge)

### **Ongoing Work for the 2009-2010 Academic Year:**

#### **Parental Leave and Child Care:**

- a. Review progress on recommendations to date, in areas of child care and breast feeding friendly workplace certification. .
- b. Review options for parental leave income protection, and make recommendations.

#### **Health Insurance Working Group and Retiree Working Group:**

- a. Monitor data from BCBSVT and consider this in progress towards our recommendations.
- b. Using our Template, assess dental, vision, and hearing benefits and make recommendations.
- c. Review options and make recommendations related to GASB45.
- d. Determine employee needs related to retirement planning and “financial literacy”.

The University Benefits Advisory Council noted continuing themes of “Communication and Awareness” and “Health and Wellness and Fitness” that crossed our working groups. During the 2009-2010, academic year, we will continue to review the list of benefits, develop additional working groups if needed, monitor progress towards recommendations, and continue to make additional recommendations according to our charge.

Respectfully Submitted,

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