TO: Daniel Fogel, President
    Jane E. Knodell, Interim Provost

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

DATE: June 1, 2010

SUBJECT: Report of the University Benefits Advisory Council (UBAC) 2009-2010

This report, as requested in the charge to the University Benefits Advisory Council (UBAC), summarizes the work completed during the 2009-2010 academic year and ongoing work the Advisory Council will address in 2010-2011. Recommendations were discussed and endorsed at the last full meeting of the UBAC on May 4, 2010.

Activities for the 2009-2010 Academic Year

During the past year, the UBAC met three times. We have the following 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). We combined the work of the HIWG and RWG, as priorities for these groups continued to intersect. Each working group met several times during the year, and after discussion, formulated recommendations for the full UBAC. We continue 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 population(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 2009-2010:

HIWG and RWG Recommendations:

1. GASB45

*Background:* The committee again revisited changes in accounting standards (GASB45) and its potential impact(s) on UVM. Given the importance and timeliness of our goals and guiding principles, we reaffirmed our goal and set priorities for our guiding principles, as specific options are being considered for UVM. In addition, during the discussion on May 4, nearly all committee members expressed the sentiment that: “Our goal and guiding principles are grounded in the committee’s belief that the University of Vermont has an enduring commitment to the maintenance of health care benefits for its retirees.”

The Committee reaffirmed our Goal: Continue to offer health insurance for retirees while also protecting the financial integrity of UVM.

Guiding Principles for GASB45:

- Protect current retirees from undue financial burden.
- Sustain access to a retiree medical benefit for current employees.
- Preserve a similar premium-sharing structure as for current employees.
- Educate employees and help them plan for their retirement, including medical care.
- Support active employee engagement in health, emphasizing prevention and management of chronic health conditions.
- Consider and continuously review contracts, plan design and/or vendor changes to ensure that UVM has an efficient, effective, and high-quality program, including pharmaceuticals.
- Continue to offer benefits competitive with peer institutions.

For next year, the combined HIWG and RWG will review, in detail, specific proposals under discussion as compared against our Goal and Guiding Principles.

2. Health Promotion and Disease Prevention Recommendations:

- Use social marketing approaches to change our culture at UVM to promote health and prevent disease
- Continue to support strategies to increase participation in the BCBSVT Health Assessment (HA)

The committee strongly supports continuing our efforts to increase 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 has previously set measurable goals for HA participation, consistent with our rationale and previous recommendations. However, after reviewing available research and data on HA participation from BCBSVT, the committee recommended additional strategies to increase awareness of evidence-based health promotion and clinical prevention strategies and to promote healthy behaviors, using social marketing approaches, that reduce risks for chronic diseases. Such messages and marketing approaches would be developed by BCBSVT, reviewed and endorsed by the UBAC.

*Background and Research:* The Committee reviewed 2009 Health Assessment (HA) questionnaire data from BCBSVT covering the period January 1 to December 31, 2009. For this period a gas card incentive program was used, along with some on-site biometric screening, and a marketing campaign. Participation rate for the HA was about 10% (532 active and retired employees participated: 71.8% were women, average age 45.1 years, 75% have 0-2 risks, and average wellness score was higher than the national average.) Half of the respondents said they would participate in a program to change health behaviors. The committee concluded that the current HA program is reaching individuals with low risk, and not reaching men. It is not clear that the incentive offered increased HA participation.
Additional data related to health promotion opportunities was also reviewed, comparing UVM results to BCBSVT overall. While UVM mammography rates (84%) and cervical cancer screening rates (86%) were high, and colorectal cancer screening rates at UVM (75%) exceeded BCBSVT overall (65%), gaps remain, especially in colorectal cancer screening.

From review of data and discussions, the committee concluded that broader social marketing approaches were needed to increase awareness of evidence-based clinical prevention (such as colorectal cancer screening) and changing health behaviors (tobacco use, nutrition and physical activity, and alcohol use) that reduce risks for chronic conditions, and that both a message and communication strategy are needed over the coming year. The committee concurred that President Fogel would be an excellent spokesperson for the importance of this initiative. A message(s) would need to be developed. A communication strategy would include identifying target audiences, such as men, and communication channels already available at UVM. For example, utilizing faculty meetings, department meetings, faculty and staff orientation, Staff Council, Faculty Senate, existing newsletters and electronic communications might serve as potential ways to broadly reach the UVM community. Simple evaluation strategies, such as evaluating numbers of “web site hits”, before and after, as well as continued review of BCBSVT data can assist the committee in assessing progress towards our goals.

The committee continues to endorse practical ways to increase participation in the HA:

- 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 BCBSVT 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.
- Continue to develop positive incentives for participation, and especially for repeat participation.
- Increase educational efforts and raise awareness on health issues at UVM, especially related to prevention of chronic conditions, with priority given to evidence-based initiatives, such as those that increase physical activity in communities.

**Rationale:** Based on our continued 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. Raising awareness about the proven benefits of health promotion and clinical prevention as well as social marketing approaches to promote behavior change is needed across UVM. Over time, this cultural change can reinforce individual behavior change, encourage healthy behaviors and promote access to clinical preventive services.

**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 continued:
   Whenever there is a new capital construction project, including renovation, that is potentially suitable, the feasibility of on-site child care in that location is integrated into the planning process. Specifically, in addition to proposals for a stand-alone child care facility; consideration should be given to the following:
   a. The College of Education project
   b. Athletic facilities
   c. The Center for Health and Well Being

2. We strongly endorse completion of a feasibility study of short-term disability (STD) plans to provide parental leave income protection, that would include administrative costs. After our review of peer and aspirant institutional practices, we recommend that criteria include eligibility similar to other benefits, 90 day waiting period, benefit amount relative to pay (2/3), offsets for related benefits, and pricing options both paid by
employees and cost-sharing options. The Human Resources Services Group should complete this study by January 1, 2011.

3. We recommend reducing vacancy rates in existing childcare facilities through increasing the percentage who have achieved quality recognition. Although demand for childcare continues to exceed capacity in Chittenden County, modest improvements are possible, especially in family childcare homes, with further improvements in quality recognition. Our goal is to reduce the vacancy rate in family childcare by increasing the number of quality recognized facilities. We recommend creative approaches, such as utilizing expertise in UVM Continuing Education, and other local institutions to determine if additional education and training could facilitate further increases in the percentage of available child care facilities with quality recognition.

4. We recommend developing and implementing a policy on parental leave for funded graduate students and post-doctoral trainees. The goals would be protection of their status during time off including consideration of basic income protection, maintaining student status, health insurance, and “stopping the clock” on their academic requirements. Human Resource Services professional staff would work with leaders in the Graduate College to develop the policy.

Background and Committee Research: The PLCC Working Group met with the Director of Capital Planning and Management in December 2009 to review potential future capital projects, in follow up to our previous recommendation, in order to provide more specificity in our recommendations. We also reviewed the status of childcare in Chittenden County (prepared by Child Care Resources). There are currently about 10,000 children under age 6 in Chittenden County; nearly 70% are in households in which all parents are working outside the home, and 45% are enrolled in childcare for part of the week. There are about 12, 600 children 6-12, with 77% in households in which all parents are working outside the home, and about 20% enrolled in child care part of the week. Available data on child care capacity showed an overall decline by 3%, larger in family childcare homes. Vacancy rates were highest in family childcare homes, and lowest in those facilities with quality recognition, despite higher costs. From this data, there seemed to be opportunities to maximize present capacity by further improving quality of family childcare.

In the area of parental leave, short-term disability (STD) benefits were reviewed generally and specifically for selected comparison institutions, in order to assess feasibility of this approach to provide parental leave income protection. Our committee also reviewed policies for parental leave for graduate assistants. Our research showed that there was no current policy, and practices of peer and aspirant institutions were mixed.

The recommendations above are made in addition to previous 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.
Ongoing Work for the 2010-2011 Academic Year:

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

a. Review specific proposals related to GASB45, against our goal and guiding principles.
b. Monitor data from BCBSVT and consider this in progress towards our recommendations regarding development of a “culture of health”.
c. Conduct an inventory of existing UVM communication channels to disseminate evidence-based prevention information broadly throughout UVM.
d. Review, develop, and endorse specific social marketing approaches from BCBSVT. These will be based on evidence-based health promotion and disease prevention approaches, as well as clinical preventive services, and include a new communication strategy. Our focus will be on information for self, family, and community.
e. Find and make available high-quality educational resources related to changes in the health care system occurring as a result of passage of the Patient Protection and Affordable Care Act of 2010.
f. Use our Template, continue to assess dental, vision, and hearing benefits and make recommendations.

**Parental Leave and Child Care:**

a. Review progress on recommendations 1-4 and recommendations to date.
b. Review specific options, including cost, for parental leave income protection, (short term disability) and make recommendations.

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 2010-2011 academic years, 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, all according to our charge.

Respectfully Submitted,

Jan K. Carney, M.D., M.P.H.
Chair, University Benefits Advisory Council
Research Professor of Medicine
Associate Dean for Public Health