University Benefits Advisory Council

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

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

DATE:  June 27, 2011

SUBJECT:  Report of the University Benefits Advisory Council (UBAC) 2010-2011

This report, as requested in the charge to the University Benefits Advisory Council (UBAC), summarizes the work completed during the 2010-2011 academic year and ongoing work the UBAC will address in 2011-1012.

Advisory Report on Post-Retirement Medical Benefits, September 29, 2010
In 2010, the UBAC conducted a special summer project, assisting the University by providing research and recommendations as decision-support for Post-Retirement Medical Benefits. In May, 2010, President Fogel asked the University Benefits Advisory Council (UBAC) to convene a special study project culminating in an advisory report to review and discuss the projected long-term impact on the UVM budget of our existing post-retirement medical benefits program, and to identify and examine options for adjustments to the program that reasonably balance financial impact on the University and the needs of future retirees. This work was completed and an Advisory Report on Post-Retirement Medical Benefits was submitted on September 29, 2010.

Throughout the study process, the UBAC provided a variety of opportunities for input from faculty and staff, through representatives serving on the Council, as well as through public comment periods during all meetings, a dedicated web page, e-mail comments, and two informational sessions. Council members’ goal was to ensure that their research and advisory report would help in future discussions and decisions related to Post-Retirement Benefits at UVM.

Activities for the 2010-2011 Academic Year
Due to the Council’s summer and fall work related to Post-Retirement Medical Benefits, the UBAC conducted its regular work during the second semester, in 2011, and met three times. We continue to 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 have combined the work of the HIWG and Retiree’s Access to Benefits Working Group (RWG), as priorities for these groups continue to intersect. Each working group met during the year, and after discussion, formulated recommendations for the full UBAC. We have opportunities for public comment at Council meetings. For consistency during our discussions, we continue to use our template for review of benefits and privileges:

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 2011-2012:

HIWG and RWG Recommendations:

1. Health Promotion and Disease Prevention Recommendations:
   - Continue to support strategies to increase participation in the BlueCross BlueShield of Vermont (BCBSVT) Health Assessment (HA)
   - Use social marketing approaches to change our culture at UVM to promote health and prevent disease
   - Support additional food labeling initiatives and strategies to connect these to BCBSVT health education.
   - Support the goal of a smoke-free UVM campus

The committee strongly supports continuing 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” 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. These were expanded to include strategies to promote healthier choices, such as food labeling in on-campus eating facilities and studying feasibility of a smoke-free campus.

Background and Research: The HIWG reviewed its current work related to the web-based Health assessment. The goal was to double participation in 2011, from 400 to 800 participants. As of April 5,
2011, there were 30 teams of 10 participants. Committee members noted that participants need to know their own personal health information (cholesterol, blood sugar, height and weight) for best results. WorkLife Services continued to encourage people to complete the Health Assessment, through emails urging participation, employee “story-board” posters that are in the lobbies to start conversations, and BCBSVT sponsored four nurses to do biometric testing on April 28, 2011 during the Benefits Fair, with two computers available for people to complete the Health Assessment. The value of providing on-site biometric testing was demonstrated with the addition of more than 100 additional HA participants during and immediately following the Benefits Fair.

The committee continued to acknowledge that broader social marketing approaches are 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 strategies are needed on an ongoing basis. The committee felt that having individuals, including Deans, VPs, and employees at all levels, lead by example, to promote physical activity would be an effective strategy to reach faculty and staff at UVM. The committee still would like BCBSVT to create a check-off sheet that explains what tests people need at a certain age based on evidence-based clinical prevention recommendations. In addition, it is essential to “close the loop” with primary care providers. The FAHC electronic health record includes “MyChart” software to help ensure patients will have access to their own health information. Biometric test results would be available to the patient as well as all of the physicians who care for that person. Continued efforts to ensure availability to second and third shift employees were endorsed, and distribution of pocket cards with health information, available from BCBS, was also discussed. In public comments, it was noted that health literacy and high-quality web resources could be used to compile a resource guide; UVM is an educational institution so this is a good fit with our expertise.

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 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.
- 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 individuals and communities.

In addition, at the December 2010 meeting, food labeling in on-campus cafes and discussion with Sodexo was identified as a priority, as well as making food labeling a requirement for future contracts with campus food vendor(s). Connecting this discussion with VTrim was also suggested because of their progress to date.

Discussion of the possibility of a smoke-free UVM campus was discussed as a way to support a culture that promotes healthy behaviors. It was noted that FAHC employees come to UVM to smoke because FAHC is “smoke free” and UVM custodians are responsible for clean up. It is important to have custodians’ perspective as part of this discussion. In addition, smoking under older windows is a
potential source of environmental tobacco smoke exposure. Enforcement is potentially challenging, reinforcing the importance of shifting the culture to one that promotes non-smoking, and includes additional education. As students represent the largest population of smokers, they must be involved in these discussions. To date, health issues do not seem to be a sufficient catalyst to go smoke free, and UVM would need a policy to achieve this goal. The University of Michigan has a website that documents their process for becoming smoke free. It was a 2.5 yr process, involving students. We would need a campus-wide working group, and actively involve our robust governance body: faculty senate, graduate student senate, SGA, student and campus life, and others. The UBAC could help define the process. Additional research showed that when cities in which Universities are located have gone smoke free, it has supported campus efforts, when combined with education, smoking cessation support, and therapy; this topic is currently under discussion in the city of Burlington.

Additional committee discussion topics included generic prescription drugs, supporting age-appropriate tests for preventive care, and completing our discussion of dental, hearing, vision, mental health and counseling benefits. Vermont’s use of generic drugs is higher than most states, but committee members questioned whether data was available on the incremental benefits of new drugs vs. cost, and urged better ways to communicate these concerns to area physicians. In the area of age-appropriate tests for preventive care, it was suggested that the US Preventive Services Task Force list of age-appropriate tests could be used, and the UVM health assessment could integrate evidence-based preventive services.

**Rationale:** The committee believes, based on 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 and environmental approaches to promote behavior change are needed across UVM, on an ongoing basis. Over time, cultural change can reinforce individual behavior changes, encourage healthy behaviors, promote access to clinical preventive services, and promote a healthy campus environment. Connecting the work of BCBS, Sodexo, and other UVM programs seems a practical way to connect our goals and priorities.

**Parental Leave and Child Care Recommendations:**

We continue to support action on this as a priority.

1. The Council continues to support combining the Trinity and UVM childcare programs in a single, expanded faculty.
2. We **strongly recommend** that the following practice be continued: In new capital construction projects, including renovation, examining the feasibility of on-site child care should be integrated into the planning process. In addition to proposals for a stand-alone child care facility; consideration should be given *specifically* to such projects within any new Athletics facility.
3. We continue to recommend efforts to reduce vacancy rates in existing childcare facilities by increasing the percentage who has achieved quality recognition.
4. We recommend continued efforts to develop and implement 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 will continue discussion and work with leaders in the Graduate College.
Background and Committee Research

Based on last year’s recommendations, a short term disability insurance review was conducted. The review found that short term disability (STD) benefits the employee only, income level is less than using sick pay, insurance must be purchased and a past carrier dropped UVM because of lack of interest. When looking at practices of other institutions, it was noted that when a generous short-term disability policy is offered, many companies reduce the sick leave accrual policy to offset costs. UVM sick time can be used for self and family, which is better coverage than other STD benefits. Access to coverage such as that offered by AFLAC is provided by some universities, but pays bills and not wages. Although initially attractive, use of STD does not appear to have substantial advantages over current benefits, but providing access to coverage could be further explored.

In initial research on graduate student benefit needs, Dan Harvey and Ida Russin, representing the Graduate College, provided some demographics of the graduate students and a description of their current benefits, noting Parental Leave stops the clock. Guidelines will be reviewed again and the PLCCWG offered assistance. In addition, it was noted that post-doctoral status depends on the type of stipend and income source. Discussion of these topics will continue.

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 2011-2012 Academic Year:

Health Insurance Working Group and Retiree Working Group:

a. Monitor data from BCBSVT and consider this in progress toward our recommendations regarding development of a “culture of health.”
b. Conduct an inventory of existing UVM communication channels to disseminate evidence-based prevention information throughout UVM.
c. Continue to review, develop, and endorse specific social marketing approaches from BCBSVT. These will be based on evidence-based health promotion and disease prevention (habits and behaviors) approaches, as well as clinical preventive services, and include a new communication strategy. Our focus will be on information for self, family, and community.
d. Continue efforts to promote food labeling on campus, and connect this information to health education provided by BCBS.
e. Define a process and next steps to support the goal of a smoke-free UVM Campus.
f. Continue to support practical steps to increase use of generic pharmaceuticals.
g. Using our Template, continue to assess vision, hearing, dental, mental health and counseling benefits and make recommendations. Continue to discuss how national and Vermont health reform efforts impact our work.

Parental Leave and Child Care:

a. Review progress on recommendations.
b. Continue discussions related to graduate student benefits and recommendations.
The University Benefits Advisory Council’s continuing themes of “Communication and Awareness” and “Health and Wellness and Fitness” crossed our working groups. During the 2011-2012 academic years, we will continue to review the list of benefits, monitor progress toward recommendations, and continue to make additional recommendations, all according to our charge.

Respectfully Submitted,

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