

BENEFITS ADVISORY COMMITTEE
MINUTES OF MEETING
JANUARY 31, 2002

[In these minutes: Welcome, Question from Retiree, Nominations for Committees of Selection, Discussion Surrounding Establishment of a Wellness Program, Presentation by Nico Pronk of HealthPartners Center for Health Promotion and Research Foundation]

[These minutes reflect discussion and debate at a meeting of a committee of the University of Minnesota Senate or Twin Cities Assembly; none of the comments, conclusions or actions reported in these minutes represent the views of, nor are they binding on, the Senate or Assembly, the Administration or the Board of Regents.]

PRESENT: Fred Morrison, Chair, Linda Aaker, David Johnson, Jody Ebert, Phyllis Walker, Nancy Wilson, Don Cavalier, Wendy Williamson, Carol Carrier, George Green, Gailon Roen, Amos Deinard, Richard McGehee, Peh Ng, Larry Thompson, Rachel Estroff, Steve Burrows, Dann Chapman, Keith Dunder, Barry Melcher

REGRETS: Pam Wilson, Joseph Jameson, Marjorie Cowmeadow

ABSENT: Gavin Watt, Carla Volkman-Lien, Frank Cerra, Susan Brorson, Barbara Van Drasek, Theodor Litman

OTHER(S): Kathy Pouliot, Tom Messervey, Linda Blake, Ed Ehlinger. Pat Urquhart

- I). Professor Morrison called the meeting to order and welcomed all those present.
- II). Professor Morrison asked if there were any issues with any of the health plans that needed to be discussed. Hearing none, Professor Morrison concluded that everything must be going well.
- III). Professor Morrison received a letter from a retiree inquiring why the University does not allow spouses to be added at each open enrollment. After speaking with an actuary, Professor Morrison learned that if spouses are permitted to stay on Medicare alone, until they reach the age when they incur heavy medical expenses, the risk sharing insurance factor is destroyed. This rule is very common in post 65 insurance; once the insurance is dropped it cannot be picked up again. Professor Morrison indicated he would follow-up with this individual and let him/her know that this rule is built into the structure of the health insurance plan.
- IV). Nominations for the Committees of Selection: The charter of the Benefits Advisory Committee stipulates that members be nominated to each of the three Committees of Selection – Dental, Retirees and Life/Other Insurance. Technically the Committee does not appoint these individuals to the Committees of Selection but rather nominates them and ultimately the administration makes the final appointments.

Union members asked to be represented in this process, however, there is a question concerning their status. Technically the union members are not full members of the Committee and also their benefits are bargained. Professor Morrison mentioned that the Committee as a whole wants union members to participate as much as possible, however, they will not be able to participate in the Committees of Selection process at this time.

The Committee unanimously approved the following nominations:

- Dental Subcommittee – Wendy Williamson and Tom Messervey
- Life Insurance Subcommittee – Larry Thompson and Carla Lien
- Retirees Subcommittee – Gavin Watt and Ted Litman

Professor Morrison will also serve on all the Committees of Selection to provide an overlap.

V). Committee members participated in a lengthy discussion concerning health promotion and the establishment of a wellness program at the University. Professor Morrison called upon Linda Aaker, chair of the Wellness Subcommittee, to explain the Committee's underlying objectives.

Ms. Aaker stated that most people intuitively believe that wellness equals physical health. However, in reality that is not the number one goal for most employers in establishing a wellness program. Typically employers are motivated by the following factors:

- Reducing medical-related costs
- Enhancing the public image of the employer
- Enhancing productivity by improving employee morale and reducing absenteeism.

In addition, an increasing number of employers have expanded their wellness programs to include such things as assisting with securing childcare or eldercare, budget counseling, assistance in locating realtors etc. Ms. Aaker recommended that the Committee first look at what they would ultimately like to accomplish and then later consider the feasibility of these offerings.

Next, Professor Morrison asked the Committee what the University's motivation should be for establishing a wellness program. Committee members expressed the following opinions and comments:

- Focus on the health-related aspects of instituting a wellness program as opposed to including other employee services such as locating childcare etc. The program will be too diffuse if the University tries to incorporate every possible service into its program. While these other services are important and worthy of consideration, for practical purposes it was recommended that the University concentrate on the health-related aspects when establishing its wellness program and address these other services separately.

- A well-done wellness program should offer a thorough screening and assessment process that would offer services that are specific to an individual's situation. In other words, a triage approach to wellness with defined parameters.
- Start by looking at all the programs the University already offers and then consider strengthening and expanding those programs. Consideration needs to be given to location of programs due to the dispersed nature of the workforce on such a large campus.
- A well-designed wellness program would simultaneously incorporate the three factors listed above – reducing medical-related costs, enhancing the institution's image, and enhancing overall employee productivity by improving morale and reducing absenteeism.
- Exploration of the 'work life' concept that is gaining more and more momentum in the workplace. "Work life" programming embodies services such as eldercare, childcare and other services that are not necessarily health related. Whereas Human Resources is looking into 'work life' programming and some of the colleges as well as EAP (Employee Assistance Program) offer some related services no formalized 'work life' programming is currently in place at the University.
- The University's customers must include not only its employees but their families as well. It is important to remember that employees are wrapped up in family system issues.
- Supervisors and managers at the University need to be trained in supporting a wellness program. An employer has a responsibility to bring information to its employees.

In summary, Professor Morrison stated that after listening to Committee members' comments that there is a wide range of opinions on how a wellness program should be structured.

Professor Morrison announced that over the course of the next two to three meetings presentations on wellness related initiatives will be conducted. Presenters will include James Turman, Assistant Vice President for Student Affairs/Director, Department of Recreational Sports and Dr. Edward Ehlinger, Director of Boynton Health Services. Professor Morrison also asked David Johnson, Director of the Employee Assistance Program, to address the Committee on services currently offered by EAP.

It was suggested that model employers who have well defined wellness programs be identified as a way to learn more about options that are available. While examples from private employers will be solicited, it was agreed that due to the unique culture of the University, it would be helpful to get examples from similar institutions. Mr. Johnson,

Director, EAP, volunteered to poll colleagues at other institutions to see what they are doing in terms of wellness initiatives/programs.

Dr. Ehlinger, Director of Boynton Health Services, stressed the importance of evaluating any program that is put in place. Currently, no data is available on the health behaviors of the University's employees and their families. While privacy issues are always a concern, identifiers can be removed from any data collected to protect employees and their families' privacy. Dr. Ehlinger suggested to start by identifying what information is known about employees and their families. Then, besides gaining information on individuals that use the system, a population based assessment or survey needs to be conducted to collect health status and health behavior information on those that do not use the system. Data collected will establish a baseline that will significantly help the University to determine what type of program should be instituted and in the long-term help evaluate the effectiveness of that program.

Agenda items for upcoming meetings include:

- Presentation by James Turman, Assistant Vice President for Student Affairs/Director, Department of Recreational Sports on February 14, 2002.
- Presentation by David Johnson, Director, EAD on February 14, 2002.
- Presentation by Dr. Ehlinger, Director, Boynton Health Services on February 28, 2002.
- Presentation by Epidemiology tentatively on February 28, 2002.
- Presentation by University Dining Services – date to be determined.
- Other presentations to be determined.

Professor Morrison raised two issues that he wanted Committee members to give more thought to because they will be discussed at future meetings:

- Privacy - Committee members concurred the University must uphold strong confidentiality guidelines in order to establish and maintain employees' trust.
- Outstate and coordinate campus implications. The workforce of the University of Minnesota is very dispersed, and the Committee needs to think beyond the Twin Cities campus.

VI). Nico Pronk, HealthPartners, Center for Health Promotion and Research Foundation, and Sue Hoel, HealthPartners, Senior Account Executive, addressed Committee members on the topic of HealthPartner's health promotion program.

The Center for Health Promotion and Research Foundation focuses on changing lifestyle issues. Efforts are conducted in a collaborative fashion with the employer to establish a successful health promotion program.

Presentation highlights included:

- Two fundamental reasons why healthcare costs are increasing are lack of health and care seeking behavior.
- Solutions to reducing spiraling healthcare costs involve improving overall health and creating empowered, informed, responsible and accountable consumers.
- Two approaches to reduce the ‘disease burden’ include:
 1. Reduce incidence of new cases of disease and disability.
 2. Manage diseases optimally to make sure resources are available.
- Health promotion at the worksite will hopefully improve performance and ultimately productivity. Performance is a function of health status.
- An opportunity for the employer can be found in changing health status and the way that care is managed.
- Cost of care exponentially rises from those consumers who are at low risk to those at high risk and eventually to those in the active disease phase.
- Consumers that are willing to participate in programs to improve their health have a higher cost associated with their care. In other words, the willingness to communicate about health improvement and medical care expenditures are associated with higher medical care costs.
- Overall studies indicate that there is a \$3.50 return for every \$1.00 invested in a comprehensive program to address health risks. These figures represent only healthcare costs, however, if the productivity equation is added in this figure could probably be doubled at a minimum.
- If an employer adds a health promotion program, access to health promotion services increases 10%-40%. This is a synergistic opportunity for employers.
- First steps that need to be taken to properly set up a health promotion program include:
 1. Establish goals.
 2. Verify target audience’s willingness to participate.
 3. Determine target audience’s health risk and health status.
 4. Ask the question is the group willing and ready to make a change.
 5. Provide systemic interventions across multiple sites i.e. workplace, clinics, the home, the community etc.
 6. Evaluation of the process.
 7. Modification of goals.
- Because a given program can’t accomplish everything, prioritization evolves around three factors. Three phases of the Risk-Interaction-Change Model include:
 1. What is the overall level of risk for the target population?
 2. Where should program interaction take place i.e. home, work, community etc.?
 3. What is the level of motivational readiness of the individuals in the program?
- The Population Outreach Model involves the following features:
 1. Accessing the population.
 2. Identify individuals with healthcare issues.
 3. Providing the necessary intervention.

- How does an employer get to the point of establishing a comprehensive program? Consideration of the following tools must be used during the assessment phase:
 1. Self-assessments to include health risk assessments and at-risk quizzes.
 2. At-risk lists, a medical management tool, which is given to the physician.
 3. Claims review by trying to pick out claims that are preventable in nature.
 4. Preventable cost analysis, a tool that helps the employer to prioritize.
 5. Prevalence indicators and trending over time.
 6. Willingness to communication.
 7. Readiness to change.
- Establishment of a health promotion program at the University will require a lot of awareness building and getting individuals to use the resources that are available.
- The successful implementation of a HRA (health risk assessment) requires an employer's support.
- Lastly, the intervention phase consists of the following steps:
 1. Make sure that intervention takes place at multiple site locations.
 2. Intervention must be multi-disciplinary i.e. medication, health education, nutrition, exercise, science, counseling etc.
 3. All parties involved must be proactive.
 4. The wellness program should have a broad reach to ensure high penetration and high participation.
 5. Provide long-term and ongoing support.
 6. Must safeguard confidentiality and establish mutual trust between an employer and its employees.
 7. Evaluation of program effectiveness.
 8. Continual modification to and improvements in the process.

VII). With no further business, Professor Morrison adjourned the meeting.

Renee Dempsey
University Senate