

BENEFITS ADVISORY COMMITTEE
MINUTES OF MEETING
FEBRUARY 28, 2002

[In these minutes: Welcome, RFP Update, Wellness Presentation by Dr. Ehlinger, Director, Boynton Health Services, Agenda Items for March 14th Meeting]

[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, Gavin Watt, Pam Wilson, Jody Ebert, Nancy Wilson, Don Cavalier, Joseph Jameson, Wendy Williamson, Carol Carrier, Gailon Roen, Susan Brorson, Peh Ng, Larry Thompson, Theodor Litman, Steve Burrows, Barry Melcher

REGRETS: Carla Volkman-Lien, Amos Deinard, Marjorie Cowmeadow, Chris Hulla, Michelle Lamere

ABSENT: David Johnson, Frank Cerra, George Green, Richard McGehee, Rachel Estroff, Dann Chapman, Keith Dunder

OTHER(S): Kathy Pouliot, Linda Blake, Betty Gilchrist

GUEST: Dr. Ehlinger, Director, Boynton Health Services

I). Professor Morrison called the meeting to order and welcomed all present.

II). Professor Morrison gave members a status update on the RFP process and indicated there would be more to report after March 29th. At the April 4th meeting various issues and questions will be put before the Committee concerning RFP vendor responses. It may be necessary for the dental, retirees and life/other insurance Subcommittees to meet prior to the full Committee meeting.

III). Professor Morrison introduced guest speaker, Dr. Ed Ehlinger, Director, Boynton Health Services. Dr. Ehlinger's presentation focused on wellness issues.

Dr. Ehlinger distributed a handout that included several PowerPoint slides. Dr. Ehlinger challenged members by asking them their first impressions of a 'college health service' because oftentimes these organizations have a negative reputation. Next, he quoted Herophilus of Chalcedon, 335-280 BC, physician to Alexander the Great, "When health is absent, wisdom cannot reveal itself, art cannot become manifest, strength cannot fight, wealth becomes useless and intelligence cannot be applied". According to Dr. Ehlinger this quote personifies the role of health at the University.

Boynton Health Service's mission is: "Healthy People, Healthy University, Healthy Community" and the services Boynton Health Service offers include:

- Medical Care/Primary Care
- Occupational Health – although the University does not have an 'official' occupational health program, it is arguing for one, and Boynton is doing some work in this arena. The University needs a more well articulated occupational health program. He feels strongly that all discussions surrounding a wellness program should include the topic of occupational health.
- Health Promotion on both an individual and community level.
- Health Education
- Student Development
- Public Health

Boynton Health Service focuses much of its efforts on public health. Dr. Ehlinger suggested the Committee use the framework of public health as it considers the design of a wellness program.

In 1918 Boynton Health Service was established as a "university health service" as opposed to a "student health service" and was funded with a capitated fee structure. Such a capitated program allowed the University to blend its medical care and public health activities. The handout outlined differences between public health and medical care; both of which are necessary in an overall system.

Public health is defined as "what we, as a society, do collectively to assure the conditions in which people can be healthy". Some of the core functions of public health include:

- Assessment – collect data to identify problem areas, resources in the community, who is being affected and risk factors
- Policy Development
- Assurance – how to guarantee an adequate level of service, access to service, and quality service delivery

Public health needs to take the following approaches:

- Health Promotion
- Disease Prevention
- Injury Prevention

Within the public health framework the goal is to go from treatment to prevention, from disease to risk factors, from individual to the population and then from population to context; and context can be defined as the community as a whole. The ultimate measure of whether Boynton Health Service is doing a good job can be quantified in terms of whether the overall health of the University population is improving.

In going from the disease and treatment phase to the risk factor and prevention phase it is apparent that official causes of death are the result of risk factors e.g. tobacco, diet/activity, alcohol, sexual behavior etc. Most of these are lifestyle related factors.

According to the American Journal of Public Health, factors influencing morbidity and mortality:

- Medical Care 10%
- Environment (physical and social) 20%
- Biology 20%
- Lifestyle 50%

As a result, 50-70% of the factors contributing to morbidity and mortality total are influenced by personal choices; personal choices have a powerful influence over one's health. While the choice may be individual, the focus of intervention needs to be wide enough to incorporate the environment that will support or undermine these personal choices.

Boynnton Health Services uses Healthy People 2000 and Healthy People 2010 in establishing its benchmarks. These references list a variety of population-based objectives to be achieved. Goals from Healthy People 2000 and Healthy People 2010 include:

- Increase the span of healthy life
- Reduce and eventually eliminate health disparities
- Achieve access to preventive services for all
- Increase the quality and years of healthy life

Boynnton Health Service uses these documents as templates for building its programs. Dr. Ehlinger suggested the Committee use them to help prioritize their wellness activities and for comparison purposes with national standards.

Besides an individual's physical and social environment, behavior, biology and accessibility to quality health care, another important determinant of overall health are policies and interventions. For example, efforts are underway to establish a policy that would make building entrances smoke-free as the next step to smoke-free buildings and residence halls. Policies are important!

Dr. Ehlinger recommends that any wellness program should interface with students and should not be focused solely on faculty and staff. The University needs to be viewed as a community and take into account where faculty, students and staff live. Professor Morrison concurred that the Committee needs to examine the distribution of the University population because it will impact how services can be delivered. University employees are becoming more and more dispersed.

Dr. Ehlinger came to the University to get it more involved in partnering with various community organizations to promote health related initiatives. He believes there may be some trust and perception issues on the part of the community as far as what the University's role is related to health and wellness initiatives. Dr. Ehlinger believes that this is an area that needs to be addressed.

Any wellness program needs to consider the special populations within the University. How will the University deal with individuals of different backgrounds, needs and approaches to life? Boynton Health Service works with the following populations and offers these services:

- Immigration and refugee health services
- HIV/STD services
- TB services
- Low income services
- Services for individuals with special health care needs e.g. individuals with disabilities, etc.

Rationale for a wellness program:

- Because over 50% of factors contributing to an individual's health are lifestyle and behavior related, a wellness program would definitely have an impact.
- Prevention and wellness programs work to reduce morbidity and mortality.
- Establishing a prevention and wellness program has shown to be cost effective.

Dr. Ehlinger urged the Committee to:

- Strongly consider a public health approach that looks at medical care and the population and community as a whole. This approach focuses on the individual as well as the community, not one or the other.
- Collect data from the data warehouse as well as population-based data from survey work that has yet to be conducted. Because a public health approach is data based and population-based a wellness program will not be able to target and evaluate resources without data.
- Link a wellness program to Healthy People 2010 because this would give the Committee a national framework to work within.
- Focus on health promotion and disease prevention.
- Collaborate with existing efforts on and off campus.
- Develop wellness initiatives incrementally.
- Incorporate wellness in all University activities.
- Build in monitoring and evaluation components because those responsible for the program need to know what is working and what is not.
- Make sure the program has a policy component.

To conclude his presentation, Dr. Ehlinger outlined how he personally would design a wellness program:

- Adopt a public health approach – consider what can be done collectively to assure the conditions in which people can be healthy.
- Conduct an assessment to assess health status, behaviors and what programs people would like to see in a wellness program. A randomized sample of the entire population needs to be conducted.
- Plan programs from data collected.
- Coordinate programs with faculty, staff and students.
- Link to Healthy People 2010.

- Provide on-campus clinical preventive services e.g. flu shots.
- Support providers the University contracts with to ensure they are conducting blood pressure screenings, flu shots, immunizations, mammograms, etc.
- Initiate a program that would benefit everyone e.g. physical activity.
- Provide everyone with a 'Digi-Walker'.

Dr. Ehlinger fielded questions from the Committee. Responses to these questions included:

- The University knows nothing about the overall health of its the faculty and staff; data needs to be collected.
- Wellness is not the responsibility of one area, but needs to be part of everything that everyone does – it needs to be part of the University's culture.
- The goal of Healthy People 2010 is to “die healthy as late as possible”. Currently, on average, there is about 13 years of less than optimal health before a person dies.

Professor Morrison recessed the Committee for 5 minutes. When the Committee reconvened it discussed the direction the Committee wants to go with a wellness program and what it needs to do to get there.

Professor Morrison posed the question, what decisions does the Committee need to make and how should those decisions be made in terms of establishing a wellness program? In Professor Morrison's opinion the charge of this Committee relates specifically to the employees of the University. This doesn't necessarily mean that students and the community will be excluded, but efforts need to be focused first and foremost on University employees.

Secondly, Professor Morrison believes the Committee needs to know more about what a health status assessment entails, how much it costs and how such an assessment would be conducted. The Committee needs to decide if all employees need to be surveyed or whether a random sampling is sufficient. Then, what will the Committee do with the information that is returned? Steve Burrows mentioned that last year the Benefits Department explored, in collaboration with the School of Public Health and the Carlson School of Management, various approaches to conducting such an assessment. He agreed to provide the Committee with a report on those findings. Professor Morrison also requested input from and a sample assessment from Dr. Ehlinger on how Boynton Health Service conducts its assessments on the student population. According to Dr. Ehlinger a sample of 3,000 students with response rate of approximately 60-70% costs about \$15,000. Professor Morrison mentioned the need to stratify the sample so there are equal proportions of Civil Service, Faculty, P & A and Bargaining Unit Representatives. Boynton Health Service conducts its own assessments in conjunction with the Office for Measurement Services. Confidentiality issues will be less of a factor in conducting this type of an assessment because it will be an anonymous questionnaire. The other type of analysis that needs to be conducted is a health risk analysis. A health risk analysis would definitely involve privacy issues.

Health risk analyses are significantly more expensive and to an extent the University would start “treading on the field” of the carriers. The following questions were raised concerning conducting health risk analyses:

- Is the University interested in pursuing this type of analyses?
- Should the University encourage the four insurance carriers to pursue conducting these analyses?
- Should the University recommend not conducting health risk analyses?

A member suggested having the carriers conduct the health risk analyses as part of their service. Carriers would then be responsible for collecting and storing these records. Professor Morrison’s concern is that the University has four very different carriers that would use different methodologies in their approach to conducting health risk analyses. The University would need to consider whether the same tool is appropriate for all plan administrators.

Professor Morrison raised a concern about when the University can expect to have adequate information stored in the data warehouse. Steve Burrows of Employee Benefits said that the University should have two calendar years of historical data by July 2002 under a former plan design. The University will have 25% worth of data by July 2002 for the current year. Analytical tools can be used at this point to interpret the data. The University is approximately 1-1.5 years away from having 3 solid years of its own data. According to Mr. Burrows there are several firms that can take the University’s current claims data and using procedural codes determine, with a fair amount of certainty, that a particular claim was influenced by a particular lifestyle. This type of analysis maintains patient privacy rights.

Professor Morrison suggested that the Committee take up a discussion on how far the University should get involved with physical fitness initiatives. Concerns include:

- Fitness initiatives for the most part are campus specific as opposed to University wide.
- Employees are approximately 1/3 of the population and approximately 2/3 of their dependants never come to campus.
- A significant portion of the campus is physically removed from the University’s fitness facilities and employees have time schedules that prohibit them from using these facilities regardless if they want to or not.

Linda Aaker, chair of the Wellness Subcommittee, recommended conducting pilot projects. Another idea is to implement a plan similar to Ohio State’s wellness program. Ohio State opened a clinic on campus that does assessments and offers alternative medicine treatments for those interested. Plans are customized to each individual’s risk factors. Don Cavalier, BAC Civil Service representative, said the Crookston campus in conjunction with United Staff Association have formed a Wellness Committee. The Committee will kick off a wellness initiative to its faculty and staff this spring. Crookston is also in the process of conducting an on-line survey to collect baseline data on its population.

Professor Morrison called on Dr. Ehlinger to speak to the risk specific assessments conducted the Boynton Health Service. According to Dr. Ehlinger, case identification is done through the clinics to identify people that, for example, smoke or are over weight and get them referred into a cessation program. Results vary with condition, case identification, readiness to change etc.

Professor Morrison raised the issue of “countervailing pressures” on employees. Whereas it may be convenient to have, for example, a smoking cessation program close to work, on the other hand, it may be embarrassing. Some people may want to be removed from their colleagues. Dr. Ehlinger stated that the most important thing is the creation of the demand for these types of services. Creating the demand is a bigger problem than actual service delivery.

Next, Professor Morrison urged members to consider preventative measures as part of any wellness program the University would establish. For example, flu shots which are proven effective, visible, easy to do and relatively inexpensive.

Closing suggestions and comments from Committee members included:

- The University should put together a portfolio of ideas that should be considered in establishing its wellness program.
- A member reiterated Professor Morrison’s earlier concern that the Committee needs to keep in mind employees’ dependants. Professor Morrison stated there may be some services which are readily and easily delivered to employees and, unfortunately, not so readily to their dependants.

IV). Agenda items for the next meeting on March 14th include:

- Continued discussion of features and services that should be incorporated into the University’s wellness program.
- Discuss creation of a wellness website.
- Discuss conducting forums so that employees can give the Committee feedback.

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

Renee Dempsey
University Senate