

GREATER TOMPKINS COUNTY MUNICIPAL HEALTH CARE CONSORTIUM

OWNING YOUR OWN HEALTH COMMITTEE MEETING

October 9, 2013 - 9:30 A.M.

LEGISLATURE CHAMBERS (121 E. COURT STREET, ITHACA)

AGENDA

- Acceptance of August 14, 2013 Minutes

- Old Business:
 - Update in information campaign of how wellness impacts away from the job activities
 - Reports on Planned Fall Benefit Fairs and discussion of cross fertilization of ideas or ways to collaborate

- New Business
 - Employees' monthly share of the premium over the next fifteen years. Or in other words "The monthly cost of health insurance will be more than the house mortgage"

- [The 2013 Kaiser Family Foundation Report on Well Programs and Health Risk Assessment](#)

- Batavia NY's Employees' Decreasing Contribution Program

Minutes
Owning Your Own Health Committee
August 14, 2013 – 9:30 a.m.
Scott Heyman Conference Room

Present: Don Barber, Board of Directors Chair; Jackie Kippola, Brooke Jobin, Chantalise DeMarco, Leslie Moscovitz; Beth Miller (via conference call)

Call to Order

Mr. Barber called the meeting to order at 9:35 a.m.

Approval of Minutes of July 10, 2013

The minutes of July 10, 2013 were approved as corrected.

Mr. Barber reviewed the discussions that took place at the last meeting and said three areas were identified that had a high number of diagnosis within the Consortium: back pain, depression, and anxiety. The group decided to focus on back pain as an initial way to reach out to members and to find information that is available, and to also look at ways of communicating with members in a way where members accept the information as not coming from the top down but as a way to help them. Ideas that were presented included management embracing and providing time and also providing information about hobbies and outside interests. Tasks assigned at that meeting included Mr. Foresti providing information on humor and hobbies that relate that to back issues. Ms. Miller was going to communicate with Worker's Compensation to see what programs might already exist and what programs and brochures are available, and Mr. Barber and Ms. Sumner were going to work with Worker's Compensation providers to try to gather information on back health.

Mr. Barber said he received information from Ken Foresti of Excellus on back health and exercises and said they are looking for ways to make these materials interesting for employees rather than having them discarded upon receipt, as well as other communication strategies. Ms. Miller suggested when something is sent to employees it have a heading such as "hey, did you know?" as a way of capturing an employee's interest. Ms. Kippola said e-mail can be sent to most employees but questioned what would be a good way to reach to dependents and spouses. Mr. Barber said since a culture is trying to created it would be hoped that if an employee finds something of interest that they would share it with family members. Ms. DeMarco asked if Excellus gathers e-mail information; Ms. Miller said they do not, however, they do gather reports and could obtain a report on how many hits the Consortium's landing page received and how long was spent on the page.

Ms. DeMarco said the Consortium is trying to create a culture of wellness amongst the insured population and not everyone is tech savvy. There is a huge spouse and dependent population that need to be reached because they impact the wellness of the entire group and may have more of an impact to bring about change, especially if those changes are to begin in the home.

Ms. Moscovitz said the solutions will not be the same for every municipality. People have to be oriented to what the strategy is for people getting wellness information so that it resonates with them; she suggested looking at places where communication methods currently work well. It will likely be more than one solution but directing them to the Excellus landing page might be one start to the orientation. Ms. Kippola suggested it be treated like a marketing campaign. Ms. DeMarco asked how the Consortium could obtain a list of two or more on policy. Ms. Miller said each health insurance clerk can obtain member enrollment information from the landing site.

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Mr. Cook said the City of Cortland will be taking advantage of ProAct's flu clinic in October and Council will pay for the full cost of employees and dependents (\$5). At that time he will be trying to capture e-mail addresses of spouses. He will assure them that communications will be limited to health and wellness information. He will also be tying the clinic in with wellness initiatives. There was a discussion about the Consortium offering a flu clinic at various locations and also capturing spouse information and disseminating information, including showing them the website. He said he would welcome other Consortium members to this and could bill back individual municipalities. He would be willing to extend hours into the evening to accommodate people who work in Tompkins County but who reside in Cortland.

Ms. DeMarco said there has been prior discussion about hosting a family-friendly health fair and to also engage some community providers. Ms. Kippola said support and encouragement from management for employees to attend flu clinics is important. Ms. Miller said one fair will not meet everyone's needs and suggested holding clinics at various locations on a regional level with a health fair atmosphere. Health and wellness and benefit information could be distributed at the clinics with Excellus and ProAct representatives in attendance.

There was a brief discussion of the logistics in billing back municipalities if a clinic were held by the Consortium. Mr. Cook said he is looking at holding the clinic in Cortland in late October. Ms. Miller said it is important to provide ProAct with an estimate of the number of vaccines that will be needed because there is a limited supply.

Ms. Kippola asked how the Consortium would get buy-in from municipalities and be responsible for paying for employees to attend a health fair. Mr. Barber said as Chair of the Board he could send out a notice that the City of Cortland will be hosting this and could let municipalities know it would be open to all Consortium members with a bill-back of \$5 per person. He likes the idea of trying to capture information on spouses and introducing them to the website and trying to deliver a message that this is a Consortium that is working for them and there are ways to improve their health.

Ms. Moscovitz said the City is in the preliminary stages of organizing a flu clinic and health fair and questioned if the City is on board with the concept can one of the options be that municipalities move forward alone or do they need to wait for others. Ms. DeMarco would support the City moving forward and would like to see it expanded to other members of the Consortium.

Ms. Jobin said for years the County has had a Benefits Day that is tied to things such as open enrollment, changes in health insurance, and flex spending accounts. She said if ProAct were invited to do a flu clinic the County would likely set the clinics up at different locations to make it convenient for employees. This year they are setting up the Benefits Day in two different locations to allow for more access by employees. She stressed these events are not only for employees but for spouses and family members and said there are times when some do attend; she said it would be possible to broadcast it more in that way.

Ms. DeMarco said she was under the impression that the Consortium would absorb the cost of flu clinics and not the individual municipality because it would be less than a claim. Mr. Barber said the Board of Directors has not made this decision but he agrees with the philosophy of everyone in the Consortium working together towards a healthier population.

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Next Meeting

Mr. Barber said for the next meeting he hopes to have more information on humor and hobbies and how to communicate with employers. Mr. Cook will provide more information about the flu clinic/health fair he is planning. There will be discussion on different facets of the fair, who is coming, how the Consortium can support it, what advertising there could be and how Excellus and ProAct can be engaged.

Ms. Moscovitz distributed handbooks on the 211 program and said at one time the Human Services Coalition was looking for worksite wellness sites to be part of a grant. The City worked with them and was provided with many resources and she suggested they may have opportunities available. Ms. Kippola volunteered to contact Beverly Chin of the Human Services Coalition to see if she can help with resources.

Adjournment

The meeting adjourned at 10:31 a.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk

EMPLOYER HEALTH BENEFITS

2013 ANNUAL SURVEY

Wellness
Programs and
Health Risk
Assessments

SECTION

12

Section Twelve: Wellness Programs and Health Risk Assessments

A majority of firms offering health benefits offers some type of wellness program, with large firms (200 or more workers) being more likely than smaller firms (3-199 workers) to do so. Thirty-six percent of large firms and 8% of small firms offering at least one wellness benefit offer financial incentives to employees who participate in wellness programs. Twenty-four percent of firms offer employees the opportunity to complete health risk assessments, with some of these firms tying financial penalties or rewards to employees who do so. Disease management programs remain common among firms offering health benefits with over half of these firms and more than three-quarters of large firms (200 or more workers) having at least one of the specified programs.

Wellness Benefits

- For a variety of reasons, including efforts to improve health and lower costs, many employers and health plans offer wellness programs. Wellness programs may range from classes in nutrition or healthy living to a wellness newsletter.
 - Seventy-seven percent of firms offering health benefits offer at least one of the following wellness programs:
 - Weight loss programs
 - Biometric screenings
 - Gym membership discounts or on-site exercise facilities
 - Smoking cessation program
 - Lifestyle or behavioral coaching, classes in nutrition or healthy living
 - Web-based resources for healthy living
 - Flu shot or vaccinations
 - Employee assistance program (EAP)
 - Wellness newsletter
 - In the 2012 survey, offering firms were not asked if they offered an “EAP” or “flu shots and vaccinations”. Excluding these two categories, 69% of all firms offering health benefits also offered one of the listed wellness programs in 2013, similar to the amount in 2012 (63%).
 - Large firms (200 or more workers) offering health benefits are more likely to offer each of the listed wellness programs than smaller firms. In addition, large firms (200 or more workers) offering health benefits are more likely to offer at least one of the listed wellness programs than smaller firms (99% vs. 76%) (Exhibit 12.2).

Exhibit 11.6
Among All Large Firms (200 or More Workers) Offering Health Benefits to Active Workers and Offering Retiree Coverage, Percentage of Firms Whose Retiree Health Benefits Cover Exclusively Prescription Drugs, by Firm Size, Region, and Industry, 2013

	Percentage of Large Employers Offering Retiree Health Benefits That Exclusively Cover Prescription Drugs
FIRM SIZE	
200-999 Workers	4%
1,000-4,999 Workers	6
5,000 or More Workers	6
REGION	
Northeast	6%
Midwest	4
South	3
West	4
INDUSTRY	
Agriculture/Mining/Construction	NSD
Manufacturing	5%
Transportation/Communications/Utilities	5
Wholesale	NSD
Retail	NSD
Finance	<1*
Service	4
State/Local Government	4
Health Care	11
ALL LARGE FIRMS (200 or More Workers)	4%

* Estimate is statistically different from estimate for all other large firms not in the indicated size, region, or industry category ($p < .05$).

NSD: Not Sufficient Data.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

Exhibit 11.5

Among All Large Firms (200 or More Workers) Offering Health Benefits to Active Workers and Offering Retiree Coverage, Percentage of Firms Offering Retiree Health Benefits to Early and Medicare-Age Retirees, by Firm Size, Region, and Industry, 2013

	Percentage of Large Employers Offering Retiree Health Benefits to Early Retirees	Percentage of Large Employers Offering Retiree Health Benefits to Medicare-Age Retirees
FIRM SIZE		
200-999 Workers	89%	66%
1,000-4,999 Workers	94	68
5,000 or More Workers	95	73
REGION		
Northeast	85%	78%
Midwest	94	53*
South	91	68
West	90	77
INDUSTRY		
Agriculture/Mining/Construction	NSD	NSD
Manufacturing	100%*	71%
Transportation/Communications/Utilities	95	85*
Wholesale	NSD	NSD
Retail	NSD	NSD
Finance	90	62
Service	87	69
State/Local Government	93	74
Health Care	84	53
ALL LARGE FIRMS (200 or More Workers)	90%	67%

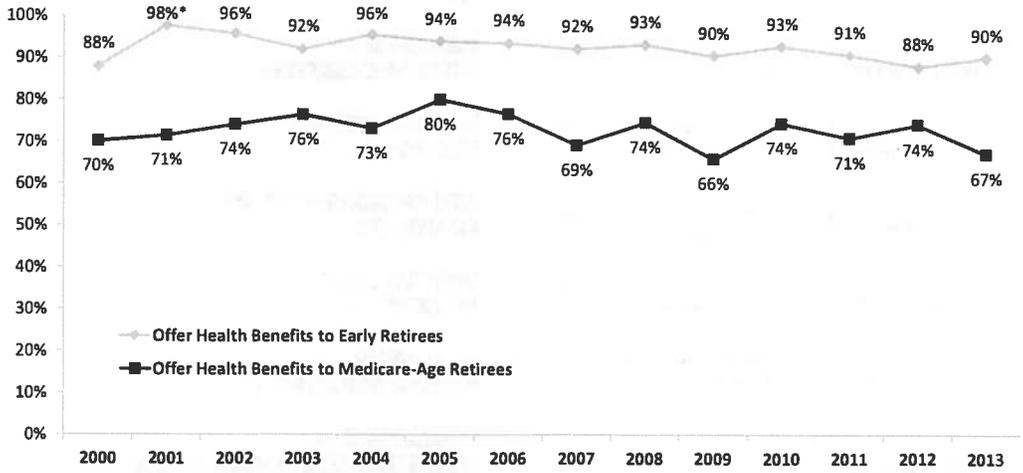
* Estimate is statistically different from estimate for all other large firms not in the indicated size, region, or industry category ($p < .05$).

Note: Early Retirees are workers retiring before age 65.

NSD: Not Sufficient Data.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

Exhibit 11.4
Among All Large Firms (200 or More Workers) Offering Health Benefits to Active Workers and Offering Retiree Coverage, Percentage of Firms Offering Health Benefits to Early and Medicare-Age Retirees, 2000–2013



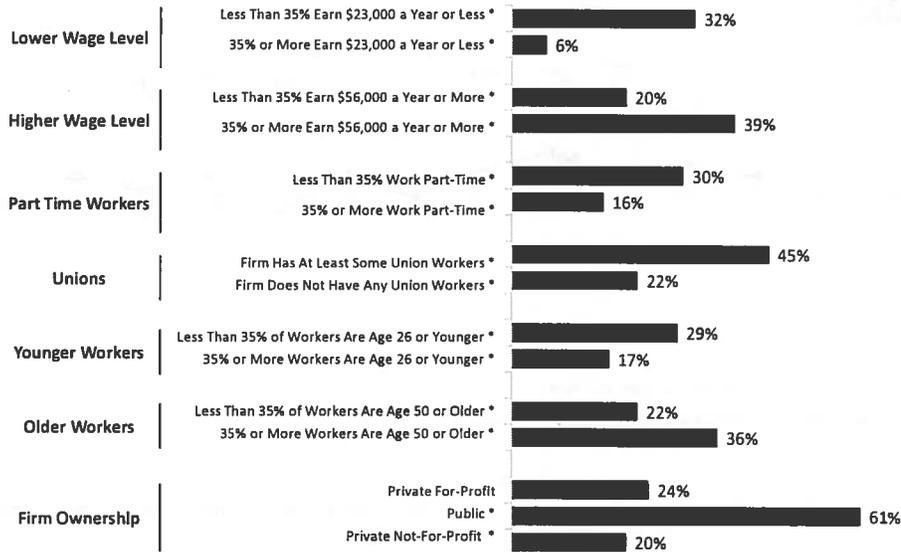
*Estimate is statistically different from estimate for the previous year shown (p<.05).

NOTE: Early Retirees are workers retiring before the age of 65.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2000-2013.



Exhibit 11.3
Among All Large Firms (200 or More Workers) Offering Health Benefits to Active Workers, Percentage of Firms Offering Retiree Health Benefits, by Firm Characteristics, 2013



*Estimates are statistically different from each other within category (p<.05).

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.



Exhibit 11.2
Among Firms Offering Health Benefits to Active Workers, Percentage of Firms Offering Retiree Health Benefits, by Firm Size, Region, and Industry, 2013

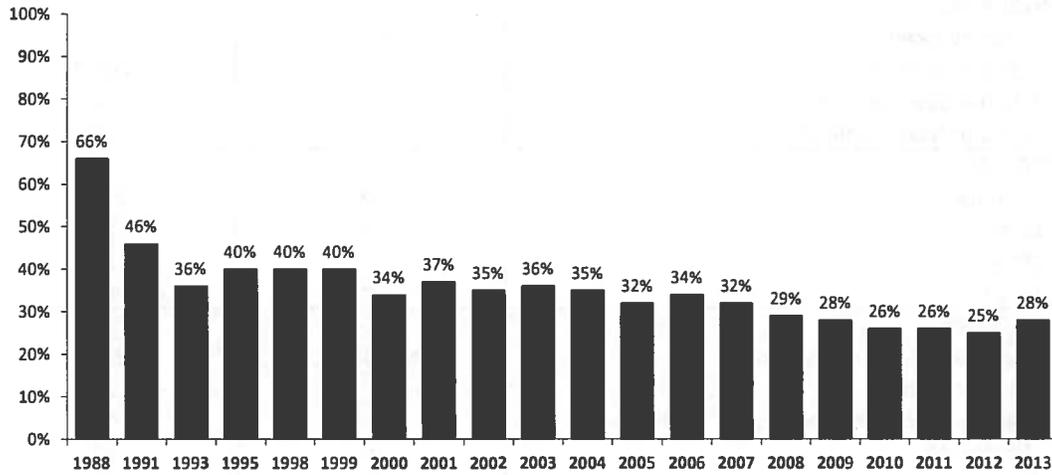
	All Small Firms (3-199 Workers)	All Large Firms (200 or More Workers)
FIRM SIZE		
3-199 Workers	5%	-
200-999 Workers	-	26%*
1,000-4,999 Workers	-	34
5,000 or More Workers	-	48*
REGION		
Northeast	9%	29%
Midwest	5	32
South	5	26
West	2*	23
INDUSTRY		
Agriculture/Mining/Construction	<1%*	29%
Manufacturing	1*	22
Transportation/Communications/Utilities	NSD	46*
Wholesale	4	6*
Retail	1*	14
Finance	5	52*
Service	5	26
State/Local Government	NSD	78*
Health Care	7	19*
ALL FIRMS	5%	28%

* Estimate is statistically different within Small or Large Firm category from estimate for all other firms not in the indicated size, region, or industry category (p<.05).

NSD: Not Sufficient Data.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

Exhibit 11.1
Among All Large Firms (200 or More Workers) Offering Health Benefits to Active Workers, Percentage of Firms Offering Retiree Health Benefits, 1988-2013



NOTE: Tests found no statistical difference from estimate for the previous year shown ($p < .05$). No statistical tests are conducted for years prior to 1999.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2013; KPMG Survey of Employer-Sponsored Health Benefits, 1991, 1993, 1995, 1998; The Health Insurance Association of America (HIAA), 1988.



retirees (Exhibit 11.4). These percentages are similar to 2012 and have remained stable over time.

- Among all large firms (200 or more workers) offering retiree health benefits, 4% offer coverage which exclusively covers prescription drugs (Exhibit 11.6).

Section Eleven: Retiree Health Benefits

Retiree health benefits are an important consideration for older workers making decisions about their retirement. Health benefits for retirees provide an important supplement to Medicare for retirees age 65 or older. Among firms offering health benefits to their workers, large firms (200 or more workers) are much more likely than small firms (3-199 workers) to offer retiree health benefits to at least some of their former employees.

- Twenty-eight percent of large firms (200 or more workers) that offer health benefits to their employees offer retiree coverage in 2013, similar to 25% in 2012. There has been a downward trend in the percentage of firms offering retirees coverage, from 34% in 2006 and 66% in 1988 (Exhibit 11.1).
- The offering of retiree health benefits varies considerably by firm characteristics.
 - Large firms are much more likely to offer retiree health benefits than small firms – 28% vs. 5% (Exhibit 11.2).
 - Among large firms that offer health benefits, state and local governments (78%) and firms in the finance (52%) industry are more likely than large firms in other industries to offer retiree health benefits. In contrast, large firms in the wholesale industry are less likely (6%) to offer retiree health benefits when compared to large firms in other industries (Exhibit 11.2).
 - Large firms with fewer lower-wage workers (less than 35% of workers earn \$23,000 or less annually) are more likely to offer retiree health benefits than large firms with many lower-wage workers (35% or more of workers earn \$23,000 or less annually) (32% vs. 6%). A comparable pattern exists in firms with a larger proportion of higher-wage workers (35% or more earn \$56,000 or more annually) (Exhibit 11.3).
 - Large firms with union workers are more likely to offer retiree health benefits than large firms without union workers – 45% vs. 22% (Exhibit 11.3).
 - Large, publicly owned employers are more likely to offer retiree benefits than large private for-profits firms or private not-for-profits employers. (61% vs. 24% and 20%, respectively) (Exhibit 11.3).
- Among all large firms (200 or more workers) offering retiree health benefits, most firms offer them to early retirees under the age of 65 (90%). A lower percentage (67%) of large firms offering retiree health benefits offer them to Medicare-age