

## University of Alaska – Health & Wellness

**UA's Health Costs:** UA's health costs trend lower than other Alaska public employers. The only employee benefit UA bargains is the employee/employer health cost share. Currently UA covers 82% of "net plan costs," and employees cover 18%. "Net plan costs" are paid claims plus administrative costs, net of pharmacy rebates. A recent Willis Towers Watson (WTW) study identified UA's plan as one of the more "efficient" in the state – meaning we spend less while getting better value. We can provide the WTW report to Co-Chairs office for reference. In FY17 we had a very favorable experience with large claims (claims over \$100k), which typically drive plan costs. We anticipate that employees may see a reduction in health plan payroll costs this year due to our population's lower than expected experience last year with claims, emergency room visits and pharmacy costs.

**Wellness:** UA is committed to helping our employees achieve their best health status. We use Healthy Roads as our third-party wellness provider which is an outcomes based wellness program, meaning employees qualify for incentives by meeting 3 of 5 biometric targets, such as blood pressure, waist circumference, glucose, etc. Along with a Personal Health Assessment (PHA) and biometric screenings employees can earn points for participating in wellness-oriented activities – annual dental/vision exams, wellness visit physicals, flu shots, immunizations, health coaching, tobacco cessation, participating in Heart Walks, 5Ks, etc. Participation can qualify employees and spouses for a rebate on their health care contributions. Employees can make recommendations for activities they believe should qualify for wellness program credits - the Valdez campus recently identified a community health event. We've recently developed a nutrition program that matches employees with health coaches to help customize diet/weight loss. We develop healthy life-style activities – like the Idita-Walk Challenge which sets the goal of walking 1,000,000 steps or the length of the historic Iditarod Trail; and the Maintain Without Gain Challenge which encourages healthy eating over the holiday's to prevent people from adding extra pounds. The "Wellbeing Challenge" to be held later this spring will give points for talking to your doctor about the importance of Vitamin D, and for taking a supplement and other activities.

UA participates in Department of Health & Social Services (DHSS) initiatives like the Chronic Disease Prevention and Health Promotion program and communicates those opportunities to our employees – for example the recent "TurnAround Health!" diabetes prevention program. We can work with Healthy Roads to update our upcoming wellness communications to advocate for the benefits of Vitamin D.

**Workforce:** The Board of Regents has set a goal of doubling the number of health graduates from 800+ to over 1,600 by 2025. A regional planning process is underway to achieve the Regents' goal. UA has already expanded nursing slots in almost all 14 outreach sites and plans to continue that expansion. In response to industry requests, we have just added a Surgery Technician program in Anchorage.

**Research:** UA has the ability to help policy makers develop health care costs and policy through research and analysis. The Institute of Circumpolar Health Studies (ICHS) could do meta analysis of the existing research around the efficacy of Vitamin D. We could also develop an actual Alaska specific study of the health impacts of Vitamin D as well as collect and analyze longitudinal data – on state corrections or other target populations – tailored to the state's short, medium and long-term policy objectives.

The UAF Center for Alaska Native Health Research (CANHR) and their collaborators have published several recent vitamin D related papers:

- Last year, Dr. Diane O'Brien (CANHR) in collaboration with the Alaska Native Tribal Health Consortium (ANTHC), published a study (1960-1990s) that determined the shift from traditional

fish and marine diets in the diet of Yukon-Kuskokwim (Y-K) Delta residents has resulted in vitamin D deficiencies, with all the associated health risks. In the 1960s no young women were vitamin D insufficient, whereas in the present day nearly 30% are vitamin D insufficient. This is particularly problematic for prenatal Alaska Native women and as a consequence, the Department of Health and Social Services (DHSS) changed the recommended vitamin D supplementation for pregnant women. This work was done in Dr. O'Brien's lab and at the UAF Alaska Stable Isotope Facility.

- 2016 - Alie Fohner (UW), collaborating with Bert Boyer (formerly UAF), Dr. O'Brien (UAF), Ken Thummel (UW) and others, published a study showing that traditional diet (fish) intake is a major determinant of vitamin D status in a Y-K Delta population, and that many younger participant in the study were vitamin D insufficient.
- 2015 - Ros Singleton at ANTHC/Center for Disease Control (CDC) published a paper documenting 16 cases of rickets, a disease of vitamin D deficiency that causes serious skeletal and other abnormalities, in Alaska native infants and children starting in the late 1990s. Rickets was previously unheard of in the state. The region most affected was the North Slope.
- 2014 - Bret Luick (CANHR) and Andrea Bersamin (Institute of Arctic Biology) at UAF published a study showing that locally harvested fish supplied 90% of vitamin D intake in a Y-K Delta population. While it was known that fish was a good source of vitamin D, it was not previously known the extent to which fish was necessary to supply vitamin D to that population.