

**FCBC
Minutes
February 20, 2019**

1) Follow up discussion related to meeting with President and Provost

Crichton pointed out that the provost indicated that the IPEDs data was on the table in that the Provost office agreed with the data and that it was a representation of statics related to Ohio State in comparison to other institutions. Suggests that we follow up with that somehow. It was concluded that Crichton would provide a copy of text for inclusion in the final report for discussion at the next meeting.

Stephanie Schulte pointed out that she recalled the president said something to the effect that he was interested in seeing the third part analysis. The proposal was brought to the President's cabinet. The data will come in Mid-March and the President's cabinet will have access to that when it comes in.

- Joanne pointed that the OSU Network had hired some new OB/GYN physicians.
- Stephanie pointed out that the med center had stated they were hiring 500 more folks. Joanne indicated that was to populate the new ambulatory centers and whatnot.

2) Follow up discussion from presentation at Faculty Council

Kay brought up the question about whether the resolution proposed at the last faculty council meeting was one that was forwarded by FCBC. Brent responded that no it was not, it was something he put forward with other faculty members. As a Faculty Council resolution, if it passed, it would not be binding for the university and simply would be an expression of faculty interest.

Stephanie Schulte pointed out that one issue that was brought up was that someone asked if we could have a town hall meeting so that faculty could provide feedback directly to the health plan. Joanne McGoldrick indicated that would be feasible but wanted more information on what the purpose of that would be. This led to a discussion about what such a town hall would entail.

Julia pointed out the important element that Ohio State is the issuer and provider of health care and this creates a tenuous relationship. She also suggested that it is not a bad idea to have opportunities for people to provide their input.

It was generally agreed that if a town hall were to be done, then it would be best to have it in mid-April after the quality of service analysis is but before the end of the semester.

Potential issues to discuss at a town hall

- How does the health care plan planning work
- What has happened in the last few years
- What is the narrowing the network initiative
- How do we deal with the fact that osu is the payer and provider.

It was agreed that FCBC would work with HR to consider this.

Recommended folks to be involved: Pam Doseck, Kelly Hamilton, Joanne McGoldrick

3) Final report outline

4) Salary subcommittee discussion

Stephanie Seveau provided an update on the meetings with Deans

- They have met with three Deans so far, and essentially asked two questions
 - Have the deans been monitoring the use of funds to eliminate the gender gap
 - Have they created an action plan to eliminate the inequities, have they used the composite rate savings

So far have found that there is wide variety of knowledge about the state of the gender gap across the college and even a wide variety of understanding of gender gap issues within colleges. CFAES has a relatively small gender gap. ASC has much more variety across units. There is not a clear plan for the entire college. Dana followed up with Wendy Smooth to talk about this and she also indicated that there is not cohesive set of practice in place across the college for handling gender and other equity issues. More attention needs to be paid to how the issue is addressed and making sure that Deans, department chairs and others have knowledge of the situation.

COM is the worst performer according to the data, but the Dean seems keen to work on this. Having said that, they have dramatically changed the formula for how people are paid to a new compensation plan is mostly based on the number of patients seen by clinical faculty. Julia pointed out that this formula potentially harms tenure track professors who have different obligations because they also have a research portfolio. It also likely harms individuals who do more teaching. It is not clear how this new model will affect gender equity issues in the medical college? Julia points out that gender equity may not be the most important issue in the college in the next year given the role out of this new model. There was lots of concern in the room about how this new model may affect working women and make the gender gap worse. This seems like something we should mention in the report that we would like to follow up with in the future as it could have important effects.

The subcommittee will meet with some additional deans. They have requested a meeting with the Dean of Engineering but that dean has not responded.

John Maharry has agreed to serve on this subcommittee and will meet with the regional deans

Brent had written some text in the salary section of the report. WE discussed some of the points in the salary section of the attached draft report. Brent urges committee members to review that section and write notes or comments, or just change/write text in there.

One point relates to what policies could be implemented to help reduce or eliminate the gender gap and how we could/should write about those in our report. One point for instance, would be whether we should recommend that all female faculty members get a 3% increase in salary to influence the gender gap.

- Joanne pointed out that this could be a one time fix but if there are systemic biases elsewhere we would need to also address those, i.e. there would be other policies that would need to be implemented to address those.
- Some other ideas need to be brought forward hopefully from the subcommittee's work.

Brent suggested that same fix would not necessarily be good for the compression issue because there are lots of other issues at play there and it's also a bigger issue monetarily (\$13-\$14 million versus \$3-\$4 million for a one time fix to the gender gap).

There was some discussion about the equity adjustment mechanism in OAA's salary guidelines document. Brent worried that the equity adjustment mechanism requires too much bureaucracy to accomplish large-scale and widespread changes in salaries to fix gender issues and compression. This mechanism would need to be fixed to solve the problem in a more widespread basis. Kay mentioned that this mechanism does not preclude colleges from solving these problems on their own. Kay pointed out that some colleges had improved the gender gap situation on their own, point out CFAES as an example. There was some discussion about how colleges can do that without sufficient PBA.

Brent asked folks to look at that section of the report and make comments, add ideas, revise text, make suggestions, etc. He would like to keep working on this section of the report through the end of the year in conjunction with the sub-committee.

5) Update from benefits subcommittee

Stephanie Schulte noted that the data will come out from the quality of care study in March sometime so we'll be able to discuss that at one of the next two meetings. The HPOC is supposed to schedule a meeting soon.

6) Update on other benefits

Joanne will present at the next meeting on the current status of efforts to update the retirement options for ARP, 403(b) and 457 plan members.

7) Other news

Adjourn