

Compensation & Welfare Committee Report June 2014

The committee met electronically to elect C Lynn Carr as Chair.
The committee met in person on 6/2/14.

The committee focused on 3 issues, though others are pending for discussion and action in the Fall.

1. Summer Teaching Stipends

Summer pay schedule was changed without informing faculty so that some faculty are being paid a month later than expected. Summer Session 1 and graduate business courses changed from a payment date of May 21 to June 30. Senior Associate Provost Guetti stated there will be two payments processed over the summer: one for teaching occurring between May 20 to June 30 and the other for July 7 to August 8. The reason for this is that it causes more work for the payroll office to process payments at different times.

The committee drafted a resolution for the Senate to express disapproval of the payment schedule change without advance notice to the faculty. The Compensation Committee has acceded to an Executive Committee request that the resolution be withdrawn in order to address this issue in the Fall in the wider context of payroll issues more generally.

2. Adjunct Survey Data

The committee discussed the data from the Survey of Contingent Faculty and a list of actions suggested by the survey to improve contingent faculty compensation and welfare. We divided the many suggested actions into those that can be addressed at the Chair's & Dean's levels (and have few costs) – Participation, Orientation, Scheduling, Office Space & Resources – and those that require resources at the Provost's level – Compensation & Orientation. Regarding the former, the committee plans to send a summary of the survey data and a list of suggestions to University Chairs and Deans. Regarding the latter, the committee requests that the Senate's Executive Committee ask the Provost to create a task force (that includes representation from the Senate's Compensation & Welfare Committee) to review issues of adjunct compensation and orientation.

3. Bariatric Surgery Coverage

The surgery is not now covered, though it is common and accepted. (Please see additional information on the procedure and its benefits, appended to the end of the report.) Committee members strongly support the inclusion of bariatric surgery coverage as an agenda item for the Benefits Advisory Committee in negotiations this Summer/early Fall. In addition, the committee drafted and approved a resolution to bring to the Senate body.

We resolve that the senate Benefits Advisory Committee members bring the inclusion of bariatric surgery, including pre surgery tests and post-surgery tests and/or procedures, to this year's discussions about health care.

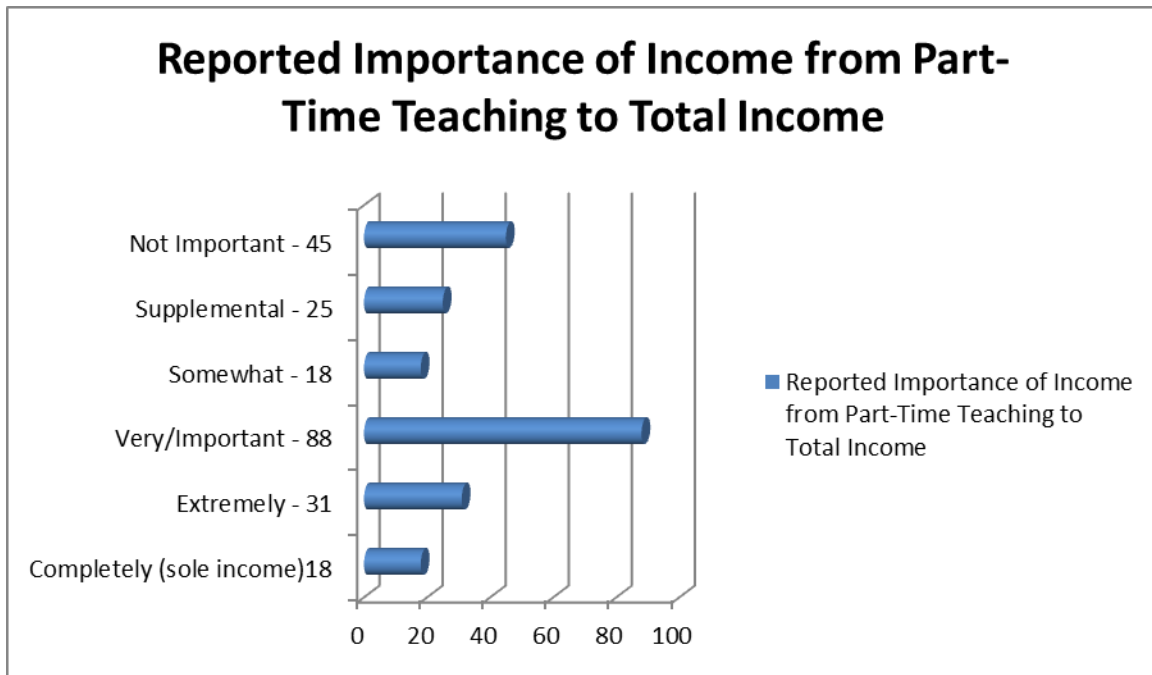
Respectfully submitted,
C Lynn Carr

Summary & Suggestions from the Survey of Contingent Faculty
C Lynn Carr

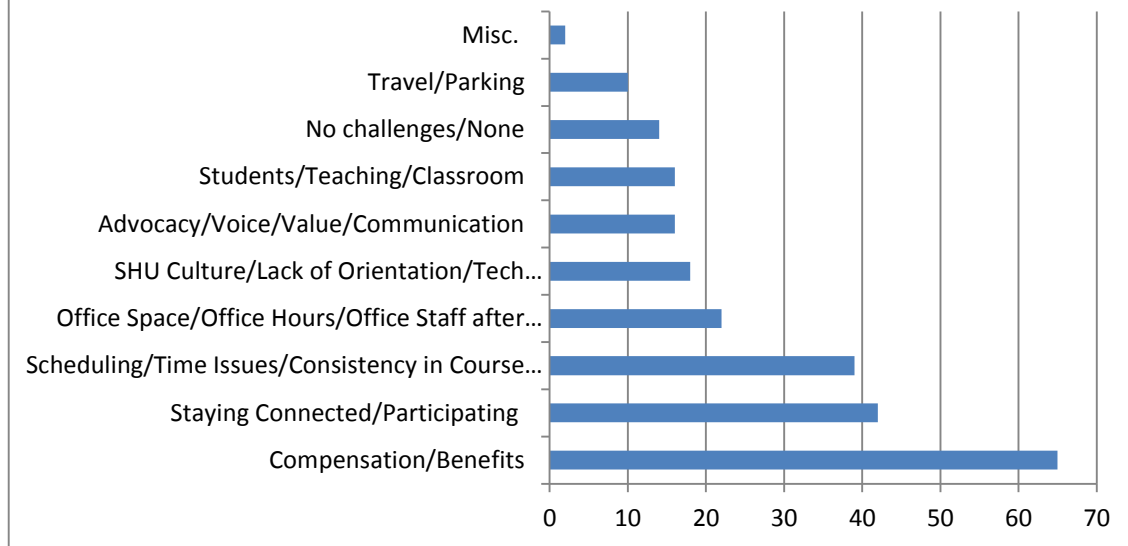
Contingent faculty have served at SHU from 1 semester-39 years, averaging 5.8 years. They reported an average of 7.6 years' experience teaching in higher education. In Spring 2014 they taught at an average of 1.4 institutions of higher education and 2.3 courses a semester. About 10% were enrolled in graduate programs. About 19% have Ph.Ds, and 49% have Master's degrees. 33% are actively seeking a full-time position in higher education.

Overall, contingent faculty enjoy teaching at SHU.

137 of 225 (or 61%) contingent faculty members indicated that income from part-time teaching was important or extremely important to their total income. Of those, 18 claimed that teaching part-time was their sole income.



Challenges of Working part-time at SHU



Suggested Actions

Compensation

1. Increase adjunct faculty pay
2. Increase adjunct faculty pay per year of service, provided Chair gives positive evaluation of teaching.
3. Standardize adjunct faculty pay across colleges in the university.
4. Waive the parking fee for adjunct faculty.
5. Tuition remission for adjunct faculty.
6. Pay contingent faculty more frequently (twice monthly).

Participation

1. Suggest to Department Chairs that they share Department agendas/minutes with contingent faculty and invite (not require) contingent faculty to attend Department meetings where appropriate.
2. Suggest that contingent faculty be invited to put agenda items on department/program meeting agendas.
3. Suggest that contingent faculty be invited to participate on department/program committees.
4. Suggest to Department Chairs that they invite contingent faculty to Department events.
5. Suggest that Department Chairs arrange opportunities for faculty (contingent and full-time) who are teaching the same courses to share experiences, syllabi, and teaching strategies with each other – either in person or electronically.
6. Suggest that Departments assign full-time faculty liaisons/mentors to contingent faculty to consult with part-time faculty.
7. Suggest that departments hold a meeting for adjuncts to discuss issues/concerns once annually.

Orientation

1. Suggest that departments/programs hold orientations for new contingent faculty members.

2. Suggest that the university include contingent faculty members during part of the orientation held for new faculty annually.
3. Ask administration to provide a welcome package for contingent faculty members, orienting them to important policies (exam schedules, blackboard, etc.) and resources available (library, parking, rec center).
4. Offer instruction on blackboard/pearce net to contingent faculty.

Scheduling

1. Suggest to Chairs that contingent faculty be offered once a week time slots where possible.
2. Suggest that Chairs notify contingent faculty of their schedules as early as possible.

Office Space & Resources

1. Suggest that Provosts/Deans provide shared contingent faculty office space for each program.
2. Suggest that Chairs provide mailboxes for contingent faculty and access to needed office supplies.
3. Suggest that contingent faculty be subject to fines/access policies similarly to full-time faculty.

Rationale to include bariatric surgery coverage in Seton Hall's Insurance Policy as soon as possible Compiled by Gary Kritz

Currently, bariatric surgery is specifically excluded from Seton Hall's insurance policy with Cigna. Cigna has not chosen to do this; rather, the University has chosen a policy at a price point the University is willing to pay, which happens to include an exclusion for bariatric surgery. Cigna will cover bariatric surgery if the University wants to have it included in Seton Hall's insurance policy. It should also be noted that bariatric surgery is covered by most employers' policies including the State of Jersey, Rutgers University, and all universities within the State of New Jersey's State system.

Bariatric surgery is a very good procedure to treat and cure an American Medical Association recognized disease called morbid obesity. According to the AMA, morbid obesity is no different than cancer or diabetes. It is a disease that has been on the rise for the last 20 years. The weight loss results using a form of bariatric surgery are astounding whether you have lapbands, the gastric bypass or the gastric sleeve, anywhere from an individual losing 40 to 80% of their excess weight. Science has shown the benefits of not being overweight. But the important thing the AMA has learned is that many people have a genetic disposition to be morbidly obese so that dieting and exercise are not effective in these individuals' attempts at weight loss.

With that being said, the benefits of bariatric surgery are many. In an April 1st, 2014, NBC Nightly News report by chief medical correspondent, Nancy Snyderman, she reported that patients who have Type II diabetes and who had bariatric surgery, in particular the gastric bypass and gastric sleeve procedures, had no symptoms of the disease anymore. The study compared three groups: one group who continued their medications, one group who had gastric bypass, and one group who had gastric sleeve surgery. After two years, the two groups who had the surgeries had lower blood sugars, lost more weight and used fewer, if not zero medications. It was cured, so to speak. The report indicates that over a lifetime, an employer through its insurance policy would spend over \$300,000 per employee treating diabetic patients with just medications, excluding complications such as heart attacks, amputations, and/or

dialysis costs. If bariatric surgery were to be performed today on that same patient, the surgery would only cost \$25,000. So by doing the math, each day Seton Hall waits to not include bariatric surgery as a covered procedure, it is losing money.

But bariatric surgery can do more than take the weight off of patients and reverse diabetes. It can also relieve high blood pressure, high cholesterol, obstructive sleep apnea, gout, cardiovascular disease, depression, migraine and chronic headaches,, pregnancy complications, strokes, venous stasis disease, degenerative joint disease, asthma, nonalcoholic fatty liver disease, gerd,, infertility, polycystic ovarian disease, and stress urinary incontinence, amongst others. Many people suffer from any one of these conditions, but some suffer from multiple of these conditions simultaneously!! It makes sense (and cents) to cover bariatric surgery immediately to start saving the University money now in the short-run, rather than costing the University and insurance companies more in the long-run! I've attached a picture from a 2006 article in the *Cleveland Clinic Journal of Medicine* which lists the statistics of eliminating some of these diseases. Since this article was published, the statistics have increased dramatically for each condition listed according to the Cleveland Clinic.

From a Catholic and humane standard, it would go against these principles to not have bariatric surgery covered as a viable medical procedure to save lives and to save money. No one, recognized disease should have preference over another. And letting future increases in the cost of coverage dictate whether we do not cover it now is just not right. As the costs of insurance increase and regardless of a potential "Cadillac Tax" from the Affordable Care Act hitting the University in 2018 for going over Federally mandated per employee insurance spending thresholds, we cannot let others decide which disease and its treatments take preference over another to save money. In the bariatric case, we would be SAVING the University now and for long-term future costs by covering this procedure immediately. It makes fiscal and human sense!!

If this procedure is not added to our coverage now, what other procedures will be cut in order to satisfy threshold limits from the Affordable Care Act? Will it be cancer treatments? open heart surgery? MRI's? brain tumors? We have medical insurance coverage to help us in our time of medical need, when we don't expect something to happen to us and our family, and it does. We have a right to expect to have coverage for medically prudent and necessary treatments for those who are suffering. Medicine is not a static science; it changes. We need to take advantage of the breakthroughs in treatments so people do not die. It's as simple as that.

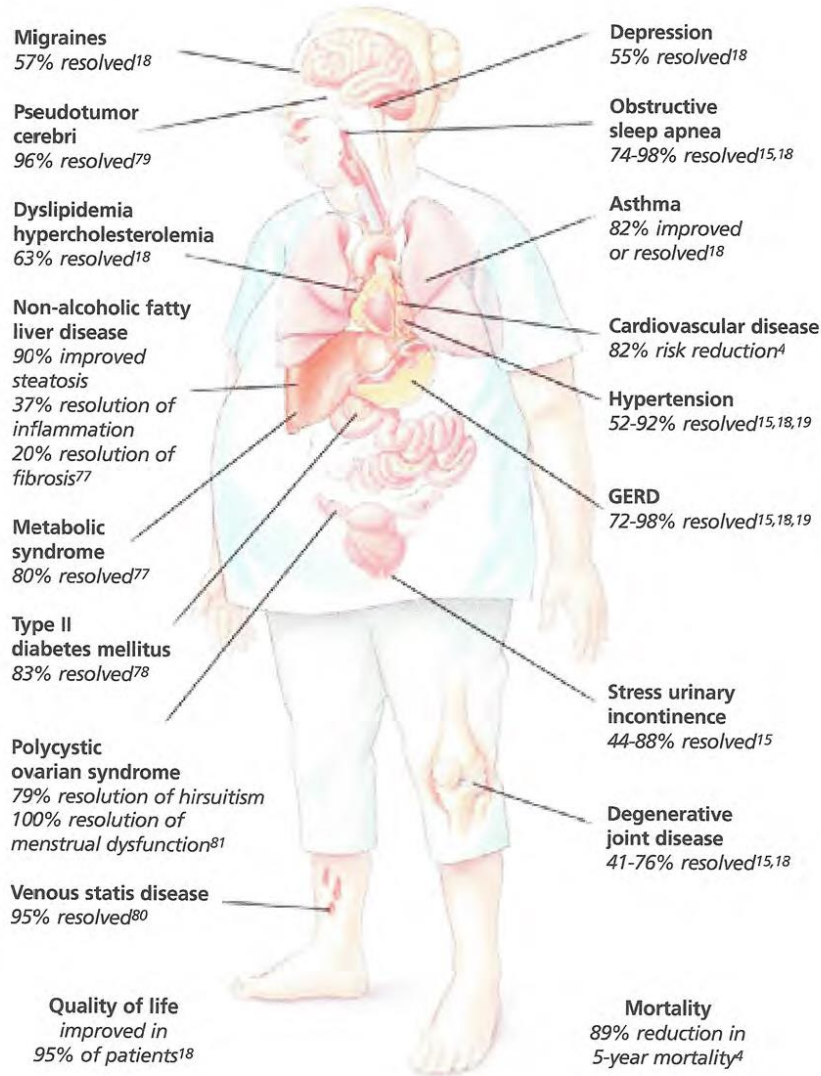
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<http://www.youtube.com/watch?v=6AdYHh09RXg>

<http://www.nbcnews.com/video/nightly-news/50963646#50963646>

See attached diagrams on the next pages for the benefits of bariatric surgery and the statistics on reversing or curing the conditions! Remember, the statistics have increased since this article was published and the above linked news stories all have Cleveland Clinic and Mayo clinic sources quoted.

■ Benefits of bariatric surgery



Medical Illustrator: Joseph Pangrace
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FIGURE 3. Resolution of obesity-related comorbidities after laparoscopic gastric bypass.^{4,15,18,19,77-81}

Benefits of Bariatric Surgery

National studies also show quality of life improves by 95 percent in most bariatric patients and 5-year mortality rates decline by 89 percent. The combination of bariatric surgery, medical therapy and lifestyle improvements help alleviate or prevent a host of conditions and diseases, including:

- Type 2 diabetes and its complications
- Heart disease
- High cholesterol and other lipid disorders
- Hypertension
- Nonalcoholic fatty liver disease (NAFLD)
- Obstructive sleep apnea
- Asthma
- Cardiovascular disease
- Degenerative joint disease
- Depression
- Gastroesophageal reflux disease (GERD)
- Gout
- Infertility
- Metabolic syndrome
- Migraine and chronic headaches
- Polycystic ovarian disease
- Pregnancy complications
- Pseudotumor cerebri
(pressure around the brain)
- Stress urinary incontinence
- Stroke
- Venous stasis disease