

The University of Connecticut Health Center - American Association of University Professors (UCHC-AAUP) is a local chapter of the AAUP that represents over 550 faculty at UConn Health. We first organized our union in 2009 to have a greater voice in governance, and in our wages, hours and working conditions. Having a union allows us to negotiate with the administration. We are proud of our accomplishments over the past 8 years.

# UCHC-AAUP



During the budget crisis this fall, our members emailed legislators, made phone calls, attended rallies and met with legislators. Partnering with UCH, we successfully fended off devastating cuts! (Above, medical school students join our members at the rally to save UCH. From left to right Alix Deymier, Santhanam Lakshminarayanan, Liisa Kuhn, Kurutihalli Vishwanatha, Chris Heinen, Nicholas Wasko, Robert Pijewski, Kevin Claffey and John Carson.)

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## Plans for the upcoming year! We need you!

Below are some of our priorities for the upcoming year. It's our goal to deepen our organization and enhance our ability to assist members.

1. **Departmental/Division Liaisons.** We are seeking volunteers to represent colleagues in your department/division. Liaisons could provide members with information from the union and provide the union leadership in with information about the collective needs of members in your department/division. This will help us advocate more effectively.

2. **Standing Committees.** We have four committees seeking volunteers:

The Membership/Communications Committee is planning quarterly events that bring faculty together in relaxed gatherings while providing helpful information or resources. This committee reaches out to nonmembers with information and is responsible for communicating with members through newsletters, our website and Facebook. Join Alix Deymier(right) on our Membership/Communications Committee!



Alix Deymier

The Academic Affairs Committee seeks members interested in ensuring academic excellence at UCH. One issue that the committee may choose to address is that of education time for faculty, especially in-residence/clinical.

The Grievance Committee assists with contract enforcement and grievance processing.

The Governmental Relations Committee has been meeting and played a critical role in supporting a fair budget for UCH as well as the protection of our collective bargaining rights. The GR committee plans to reach out to the legislature about the impact of the unfunded fringe liability on research grants.

Please click [here](#) for descriptions of all of our committees.

3. **Story Collection.** During the budget crisis this September, it became clear that our contributions to UCH, the surrounding area, and the state were underreported. Legislators had little information about our work. We will be collecting stories from members and sharing them with UCH and legislators. Our professional "StoryCorps" will be launched soon. You will receive an email with a survey link to tell your story.

If you are a member and interested in becoming a UCHC-AAUP division or department liaison or participating on a committee, contact Cindy Polinsky at [executive.director@uchc-aaup.org](mailto:executive.director@uchc-aaup.org). If you are not a member and are interested in joining, click [here](#) to fill out the membership form to join the other 80% of your colleagues who belong!

## **Our Union Brought Greater Equity to Women Faculty.**

Our newsletters will focus on the current work of UCHC-AAUP and provide a look back at our accomplishments over the years for new faculty. Please see the article below about strides the union has made in addressing institutional inequity. (Thanks Dr. Carson!)

### **Salary Equity at UConn Health – the Story of EAGWI**

**John Carson**

**UCHC--AAUP Executive Council  
Professor, Department of Molecular Biology and  
Biophysics Director, Graduate Program in Cell  
Analysis and Modeling**



John Carson

#### **The Problem**

When the faculty union was preparing to negotiate its first contract, Bruce Mayer, the union president at the time, asked me to analyze Faculty salaries to determine if there were inequities. I compared the current salary for each faculty member with the AAMC mean salary for their rank and specialty. My analysis showed that instead of a normal distribution of faculty salaries around the AAMC median, there was a “bimodal” distribution, with one population of faculty with salaries below the AAMC median, and a second population with salaries above the AAMC median. A bimodal salary distribution indicates a serious systemic problem of salary inequity. To understand the reasons for salary inequity at UConn Health I analyzed the data as a function of gender, longevity and specialty. Although there were some salary inequity differences among specialties, the major determinants for salary inequity were lower starting salaries for female faculty compared to male faculty (gender inequity) and lower salaries for older faculty compared to younger faculty (longevity inequity).

#### **The Solution**

To address the dual problems of gender and longevity salary inequity I devised a plan whereby salary increases for each faculty member would be determined by multiplying the negotiated overall general wage increase (GWI) by an “equity adjustment (EA) factor”, defined as the AAMC median salary/current salary for each faculty member. According to this plan low paid faculty with salaries below the AAMC median would receive larger salary increases because their equity adjustment factor would be greater than 1, while high paid faculty, with salaries above the AAMC median would receive smaller increases because their equity adjustment factor would be less than 1. The beauty of this plan is that all faculty receive a salary increase and salary inequity is reduced globally without having salaries of some faculty “leapfrog” over other faculty. I predicted that by applying this equity adjustment plan over time the bimodal salary distribution would eventually converge to a normal distribution.

One of my colleagues, Boris Slepchenko, pointed out that by increasing the exponent of the equity adjustment factor from 1 to 2, salary inequity could be reduced faster. This plan was dubbed “EAGWI” (equity adjusted general wage increase). During subsequent contract negotiations, Kevin Claffey and the rest of the union negotiating team succeeded in convincing the administration to incorporate “EAGWI” as an integral part of the faculty compensation plan in the final contract. Implementation of the EAGWI plan over the next three years reduced salary inequity and caused the bimodal salary distribution to converge to a normal distribution.

## The Future

The EAGWI plan does not eliminate the root causes of inequity that drive divergence of faculty salaries. However; it does provide an ongoing counterbalancing force driving convergence of faculty salaries. The strength of the EAGWI plan can be “tuned” by adjusting the exponent of the equity adjustment factor. In the future if faculty salaries begin to diverge or converge too much it may be necessary to readjust the EAGWI exponent to restore a normal distribution of faculty salaries.

It is important to recognize that faculty promotion is essential for the EAGWI plan to work optimally. According to the EAGWI plan, the salary increase for each faculty member is based on a comparison of their current salary to their “target” salary (the AAMC median for their current rank and specialty). As a result, if faculty are not promoted their salary will “stagnate” as they approach the target salary for their current rank. If faculty are promoted to higher rank EAGWI will continue to produce higher salary increases.

In a future newsletter I will discuss faculty promotion trends at UConn Health.

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## Contact us with any questions, concerns, or ideas!

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