Understanding Childcare Offerings of U.S. Medical Schools During the COVID-19 Pandemic

Robust research has shown there to be a gendered impact of the COVID-19 pandemic on women’s careers across multiple factors, from publishing to promotion and leadership opportunities. Specifically, working remotely during the pandemic has presented new challenges related to childcare that are having a disproportionate impact on women. To identify whether institutions expanded childcare options to better support employees affected by remote work situations, a survey was administered via the AAMC Group on Business Affairs listserv to administrative and human resources leaders at 152 U.S. medical schools. A total of 59 institutions responded, yielding a 39% response rate.

Did your institution provide childcare options for employees prior to COVID-19?

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-site 24/7</td>
<td>0%</td>
</tr>
<tr>
<td>Emergency childcare only</td>
<td>12%</td>
</tr>
<tr>
<td>Subsidized childcare</td>
<td>20%</td>
</tr>
<tr>
<td>On-site during regular business hours</td>
<td>32%</td>
</tr>
<tr>
<td>No</td>
<td>51%</td>
</tr>
<tr>
<td>Other</td>
<td>15%</td>
</tr>
</tbody>
</table>

Key Findings:

- Forty-nine percent of the responding institutions (n=29/59) indicated that they provided childcare options for employees prior to COVID-19.
- Of those providing childcare infrastructure and support, 86% offered these benefits to staff, 78% to faculty, 75% to postdocs, and 66% to residents.

Note: Respondents were asked to select all options that applied to the question above.
Has your institution provided childcare options for employees since COVID-19?

- No (n = 11) 38%
- On-site during regular business hours (n = 10) 34%
- Other (n = 9) 31%
- Emergency childcare only (n = 8) 28%
- Subsidized childcare (n = 7) 24%
- On-site 24/7 0%

Note: Respondents were asked to select all options that applied to the question above.

Key Findings:
- Of the institutions that provided childcare before the pandemic, 62% (n=18/29) publicly announced expanded childcare options for employees since COVID-19.
- Approximately 19% of those institutions expanded benefits for residents, 18% for faculty, 14% for staff, and 11% for postdocs.
- Expanded services included time-off benefits, a one-time subsidy paid for by philanthropic funds, and access to university-based and web-based care resources.

Has your institution publicly announced expanded childcare options for employees in response to COVID-19?

- No (n = 28) 93%
- On-site childcare during regular business hours (n = 1) 3%
- Subsidized childcare (n = 1) 3%

Key Findings:
- While most institutions that provided childcare options before the pandemic expanded offerings, 93% (n = 28/30) of institutions that did not provide childcare support prior to COVID-19 did not publicly announce expanded options in response to the pandemic.
Conclusion

This Data Snapshot provides compelling insights into childcare support for employees in academic medicine. Nearly half of respondents indicated that their institutions provided childcare prior to the pandemic, which may suggest a similar proportion of all U.S. medical schools provided such care. However, a major finding of this study was that schools not providing childcare prior to the pandemic were overwhelmingly unlikely to initiate or expand childcare offerings after it started. These data may indicate a growing gap between institutions that support the caregiving and remote work needs of their employees, and those that do not. Medical schools that do not currently have dependent care benefits have an opportunity to increase equity at their institutions by reevaluating these policies. Historically, caregiving has not been viewed as an essential component of employee life; however, the existing challenges of work-life integration now magnified through the pandemic suggest that caregiving benefits are a key component of an equitable and inclusive workplace. As remote work may be a new reality for academic health centers, investing in caregiving options will be critical if institutions are to continue attracting, retaining, and supporting a diverse workforce.

For more information, contact: Diana Lautenberger (dlautenberger@aamc.org) or Alex Geboy (ageboy@aamc.org).

Reference