

FUNDAMENTAL STRATEGIES FOR ACADEMIC HEALTH CENTERS



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GENDER EQUITY

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Academic medicine is currently characterized by the underutilization of women's talent and potential, especially at senior levels and in leadership roles. Research at academic health centers tends to be led by and focus on men at the expense of women. This may adversely affect the tripartite mission of academic health centers—education, research, and patient care. In order to address the social determinants of health in wider society, academic health centers need to demonstrate a credible commitment to achieving gender equity across their ranks and in all of their work.

1 Understand the Role of Gender in Research at Your Institution

Women may be disadvantaged as the beneficiaries of research.

As one example, much of medical research on heart attacks has focused primarily on symptoms presented in men. But symptoms that lead to heart attacks present differently in women. As a result, many women have been misdiagnosed and died unnecessarily.

Writing in the *New England Journal of Medicine* on sex bias in the treatment of coronary heart disease, Dr. Bernadine Healy coined the phrase “The Yentl Syndrome.” The idea of the Yentl Syndrome suggests that until we address gender bias in research, women will not receive the quality of care they deserve. Healy argued, appropriately, that we need better research into women's unique medical problems.



Elizabeth Blackwell, the first woman to receive a medical degree in the USA in 1849 and the first to be recorded on the UK medical register in 1859. Blackwell wrote “If society will not admit of woman's free development, then society must be remodelled.”

2 Examine Gender Roles and Statistics Within the Academic Health Center

Equity in science—and the quality of science overall—can be improved if more women participate as researchers, students, faculty, and leaders.

We have seen some improvement in the number of medical students who are women. In the United States nearly half (47 percent) of medical students are female; in countries such as Germany, that

percentage is 60 percent. But the record is not as good for faculty and leaders. In the US, for example, women represent just 39 percent of faculty in academic medicine and just 20 percent of deans. Research published in 2015 found that women accounted for just 13 percent of department leaders at the top 50 NIH funded medical schools in the US.

Some research areas, such as women's and children's health, are less likely to be investigated by men than women. Women physician-scientists spend more time in providing high-quality care, including to underserved populations, than men. Women physician-scientists also spend more time in teaching the next generation of physicians than men.

3 Make the Business Case for Women in the Academic Health Center

A strong business case can be made to support the principle that women ought to have parity with men across every dimension of the work of academic health centers.

First, achieving gender equity is simply a path to better and fuller utilization of women's talent and potential—fully realizing that potential will enhance the work of all academic health centers. Further, gender equity offers potential cultural advantages, as well, in that women's leadership styles are more collaborative and less hierarchical than men's and may be more conducive to building collaborative work environments.

Having more women in key roles in teaching, research, and patient care is important by way of providing mentors and role models for the next generation of women in academic medicine. Better gender equity in research alone can mitigate the challenge that too much of past research has focused on men as subjects and has been conducted by men. At a practical level, striving for gender equity offers a way to reduce high faculty attrition rates and to mitigate the cost of recruiting new faculty.

4 Incorporate Gender Equity Into the Mission of Academic Health Centers

Academic health centers are not only about research, education, and patient care—they also serve as an exemplar and pillar of civic society.

In this respect, it is important for academic health centers to be representative of the population they serve in terms of their work force and leadership, and that their work exemplify optimal practices in teaching, research, and patient care (including work to address social disparities in health) that best serve the wider society.

Achieving gender equity within their own ranks and taking specific steps to mitigate gender bias in research are practicable ways through which academic health centers can contribute to the fabric of a more just and equitable society. Gender equity will help academic health centers improve their teaching of future health professionals and enhance research findings that will better serve health needs across our diverse society, improving the quality of care for all. That alone is perhaps the most important argument for better gender equity within academic medicine.



The Four “As” of research impact assessment with regard to gender equity. This figure is taken from the authors’ article “A global call for action to include gender in research impact assessment”

KEY CONSIDERATIONS FOR ACADEMIC HEALTH CENTER LEADERS

- To what extent does research at your institution skew toward studying and involving in clinical trials men versus women? How can that be changed?
- How can your institution get more women into research projects and clinical trials?
- Has your institution assessed not just the percentage of women versus men among your students, faculty, administrators, and other employees, but also the effects of gender inequity on education, research, and patient care?
- What specific steps can your institution take to improve the representation of women across its ranks, and especially among faculty and institutional leadership?
- How can your institution improve opportunities for career advancement for women?
- How can your institution do a better job of recognizing and supporting the lead roles that women typically take in academic health centers—in such areas teaching and providing care, especially for underserved populations? How can your institution better support women in these roles?
- How can your institution help more women fill roles in teaching, research, and patient care that traditionally have been filled by men?
- How can your institution help ensure that there is better gender equity in the focus of research projects?
- How can your institution do a better job of recognizing and supporting the lead roles that women typically take in academic health centers—in such areas as teaching and providing care, especially for underserved populations? How can your institution better support women in these roles?
- How can your institution help more women fill roles that traditionally have been filled by men?
- What specific steps can your institution take to manage unconscious biases that may have resulted in gender inequity across teaching, research, and patient care?
- How can work toward gender equity at your institution help broaden research to improve our understanding of health issues particular to women?
- How can modeling gender equity demonstrate your institution's commitment to addressing inequalities in the social determinants of health?
- Could work around gender equity at your institution help the public look more favorably on science and lead to expanding financial support of research?

KEY TAKEAWAYS

To help ensure that their institutions are more representative of society, leaders of academic health centers should take concerted steps to help women ascend to positions of leadership—as faculty members, in administrations, and in research—and that the focus of research itself is broadened to assure that equal time and money are applied to understanding the health disparities that women endure. Such work will require a shifting of mindsets to overcome historic path dependence and/or unintentional biases in medical education and research that favor men.