

The Millennium Series in Women's Health

Promoting the Advancement of Minority Women Faculty in Academic Medicine: The National Centers of Excellence in Women's Health

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ABSTRACT

Minority physicians provide care in a manner that promotes patient satisfaction and meets the needs of an increasingly diverse U.S. population. In addition, minority medical school faculty bring diverse perspectives to research and teach cross-cultural care. However, men and women of color remain underrepresented among medical school faculty, particularly in the higher ranks. National data show that although the numbers of women in medicine have increased, minority representation remains essentially static. Studying minority women faculty as a group may help to improve our understanding of barriers to diversification. Six National Centers of Excellence in Women's Health used a variety of approaches in addressing the needs of this group. Recommendations for other academic institutions include development of key diversity indicators with national benchmarks, creation of guidelines for mentoring and faculty development programs, and support for career development opportunities.

INTRODUCTION

LEADERS IN THE MEDICAL COMMUNITY have long recognized that diversity among health professionals is critical to excellence in the delivery of clinical services.^{1,2} Reasons cited include representation from different cultural perspectives, social equity, and improved access and health

outcomes in underserved communities.³⁻⁵ As the U.S. population grows even more racially and culturally diverse, we enhance our ability to meet the sociocultural needs of all patients.⁶ Academic medical centers share the triple missions of education, research, and clinical care, particularly for vulnerable populations. As such, they are positioned to have considerable impact on reducing

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health disparities, both now and in future generations. A key component to realizing this goal lies in increasing the diversity of medical school faculty and students. Minority physician faculty help break down cross-cultural communication barriers through teaching of curricula that address sociocultural issues.⁷ Women and minority researchers bring a fresh perspective to the investigative process, often in targeting gender-based disease processes and racial disparities in healthcare.^{8,9} In addition, studies have shown that many patients prefer women and minority physicians, as documented by patient satisfaction.¹⁰⁻¹² Women and minority physicians are also better at providing preventive services.^{13,14}

Almost all U.S. medical schools currently have programs for minority faculty development, and most have implemented initiatives that target career advancement for women in medicine,¹⁵ but issues pertinent to minority women faculty are seldom specifically addressed. Similarly, federal and foundation funding opportunities tend to focus on women or minorities, rather than addressing minority women as a group. Although the impact of minority women physicians on health and healthcare has not been described in the literature, it can be extrapolated from the respective effects that women and minority physician groups have had.

This paper summarizes national Association of American Medical Colleges (AAMC) data on the status of minority women faculty and reports on the experience of six academic institutions seek-

ing to address issues relevant to them. The terms used for ethnic groups have changed through the years and differ depending on the data source. We adhere to the AAMC conventions in using the term "underrepresented minority" (URM) when referring to Native Americans, African Americans, Mexican Americans, and mainland Puerto Ricans. The AAMC's term "nonwhite faculty" is used interchangeably with "minority faculty" or "faculty of color." The U.S. population refers to U.S. Census estimates of the resident population, which excludes Americans living overseas and in outlying areas, such as the Commonwealth of Puerto Rico.

SUMMARY OF NATIONAL TRENDS

A number of conclusions can be drawn from reviewing the data on women and minorities over the past 20 years. Trends reported here were derived from data reported by the AAMC in the *Journal of the American Medical Association* and from the AAMC Women in U.S. Academic Medicine Statistics reports.^{16,17}

Figure 1 compares the proportion of URM women in medical schools with that of the U.S. population as a whole. Although there are growing numbers of URM women in the general population, there does not appear to be proportionate growth in numbers of URM women in U.S. medical school faculties.¹⁸⁻²² A similar trend of enrollment compared to US population is observed for

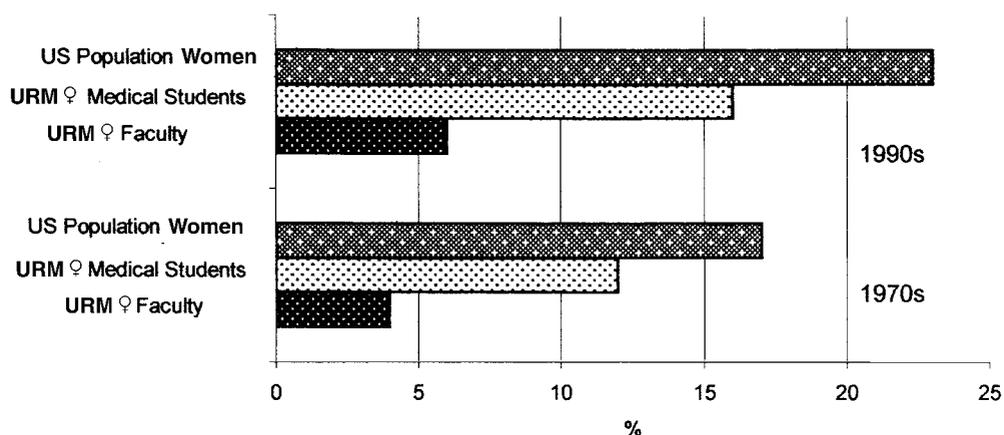


FIG. 1. Percentage of URM among women faculty and medical students compared with U.S. population. Sources: U.S. Census Bureau,¹⁸⁻²⁰ AAMC faculty,^{21,22} AAMC total student enrollment.^{23,24} 1975 U.S. Census Bureau data assumptions: (1) residents of Hispanic origin are distributed among the racial and ethnic categories as they are in 1995; (2) all nonblack, nonwhite, non-other Hispanics are URM (Mexican American or mainland Puerto Ricans), as Commonwealth Puerto Ricans are not included in the U.S. resident population, and (3) approximately one quarter of the "other" population (which is only 1.5% of the total) is Native American, as is true in the 1995 estimates.

medical school enrollment of URM women.^{23,24} Figure 2 shows that there are few women in the higher faculty ranks of professor and associate professor, whether considering all women, minority women, or underrepresented women. Disparities are most striking in the URM group.

Whereas the proportions of all women faculty have risen rapidly from 15.2% to 26.6% in the past two decades, the proportions of URM women have only grown from 4% to 6% (Fig. 3). Even this modest aggregate increase in numbers of URM women faculty nationally probably overstates the actual growth in most medical schools

because concentrated growth has occurred disproportionately in specific institutions, such as historically black medical schools (Howard University, Meharry, and Morehouse).

DESCRIPTION OF PROGRAMS AT THE NATIONAL CENTERS OF EXCELLENCE IN WOMEN'S HEALTH

The National Centers of Excellence (CoE) in Women's Health initiative was developed by the Office on Women's Health (OWH) within the Department of Health and Human Services (DHHS), and has been described in more detail elsewhere.²⁵ This initiative requires excellence in five key components: clinical service, education, outreach, research, and leadership. Six academic medical centers were designated as CoEs each year between 1996 and 1998. In 1998, the six funded centers were required to develop a specific focus on careers of minority women faculty. This section summarizes the overall experience of the third-generation CoEs in the area of leadership and briefly discusses highlights from each program. Qualitative information was gathered through an open-ended e-mail survey of key informants who were identified for participation by each respective CoE director. The lead author conducted follow-up telephone interviews with the goal of understanding the history and evolution of leadership programs. In addition, available statistics and written reports on each of the six individual leadership programs were reviewed and synthesized (Table 1). Most CoEs had leadership activities directed at women faculty or minority faculty. Few had specific programs targeting minority faculty women as a separate group.

Harvard Medical School (HMS)

Leadership efforts have been closely linked to the work of the Women in Academic Leadership Committee. This powerful group includes representation from all major institutional stakeholders, including the four affiliated medical centers, the offices on women's careers at each of four affiliated hospitals, and the offices of the ombudsperson and of faculty development and diversity. A number of major intramural funding initiatives have been created to help advance the careers of faculty. These include the 50th Anniversary Faculty Fellowships (commemorating

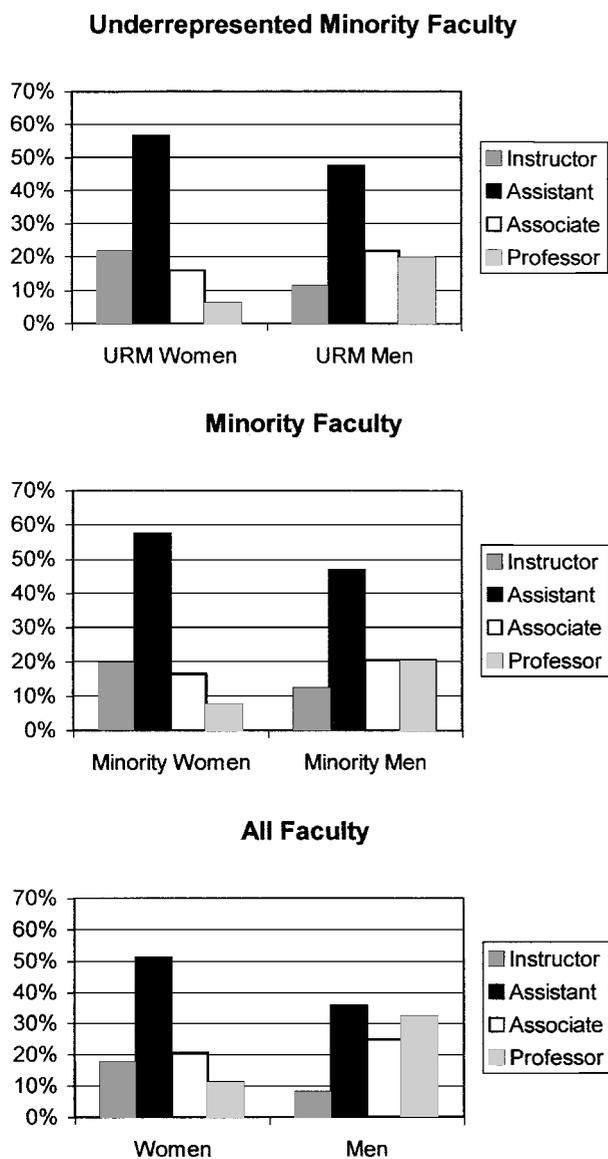


FIG. 2. Distribution of U.S. medical school faculty by gender, rank, and ethnicity, 1998.^{21,22} Faculty are grouped by gender, category, and rank. Percentages represent grouped faculty in each rank.

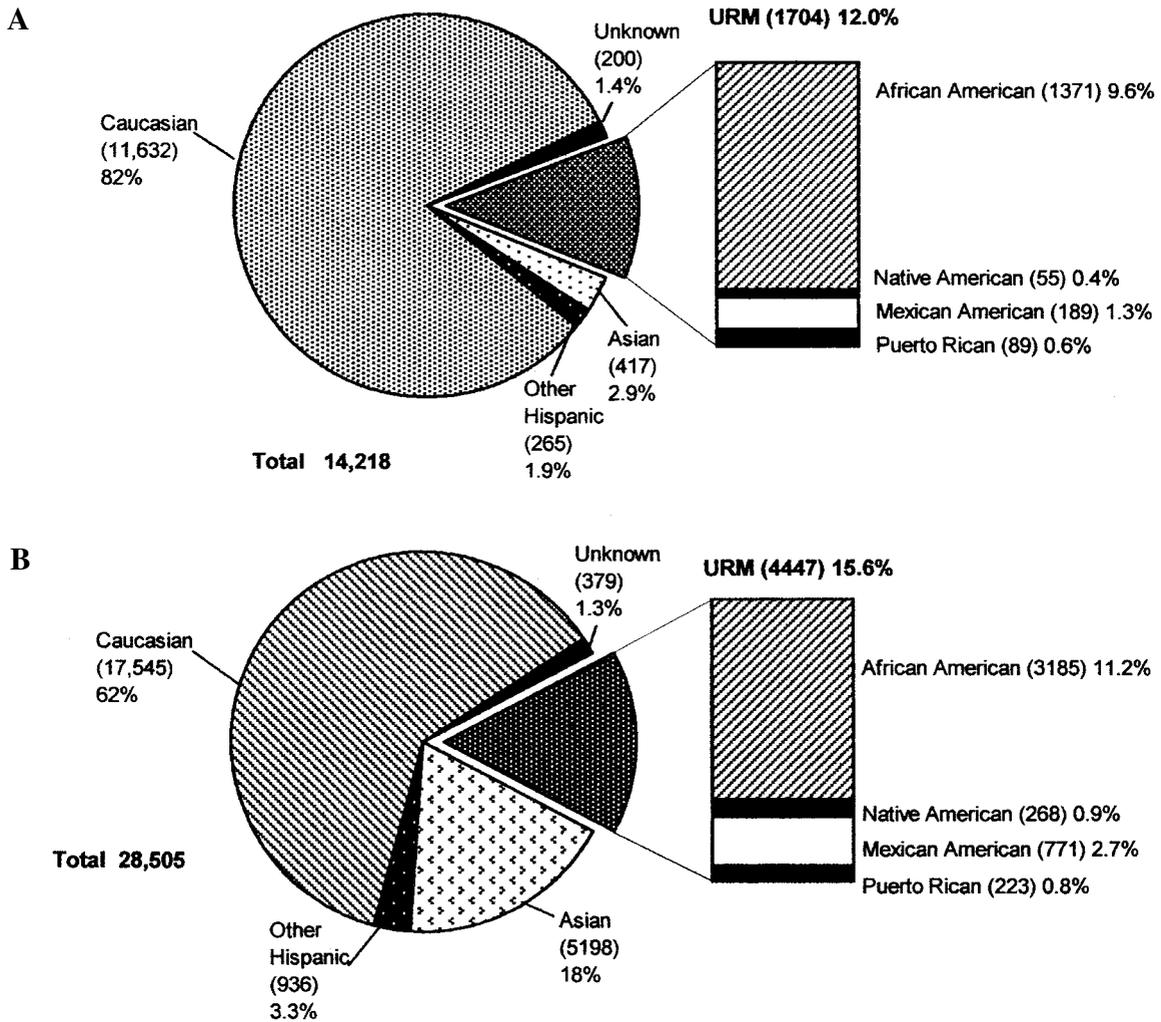


FIG. 3. (Continued on next page.) (A) Ethnicity of female medical students, 1977-1978.²³ (B) Ethnicity of female medical students in fall 1997.³⁴ Foreign students are included in "Unknown" category. (C) Ethnicity of female faculty in U.S. medical schools in June 1978.²¹ (D) Ethnicity of female faculty in U.S. medical schools in December 1998.²² Unknown includes missing data and those who refused to respond to the ethnicity question.

the 50th anniversary of the first woman admitted to Harvard Medical School) and the HMS Fund for Women's Health. The funding is specifically directed toward support of minority and women faculty or research on populations of minorities and women, in addition to support of other faculty. Funding for these programs was derived in part from fund-raising from outside sources, but the medical school and affiliated hospitals also make considerable contributions.

University of Illinois in Chicago (UIC)

College of Medicine leadership work has focused on mentoring. In 1998, a monthly breakfast meeting with women faculty was established, with the goal of informal networking, facilitating

development of mentoring relationships, and discussion of factors affecting academic careers, such as role negotiation. A survey of clinical faculty was undertaken in order to assess specific needs of this group, which includes mostly women. The Chancellor's Committee on the Status of Women established a Woman of the Year Award, which honors those providing outstanding service to women on campus. The annual Women's Leadership Symposium, sponsored by the Office on Women's Affairs, addresses career planning and development of leadership skills.

University of Puerto Rico (UPR)

Formal mentoring programs were developed through joint efforts of the CoE and the UPR His-

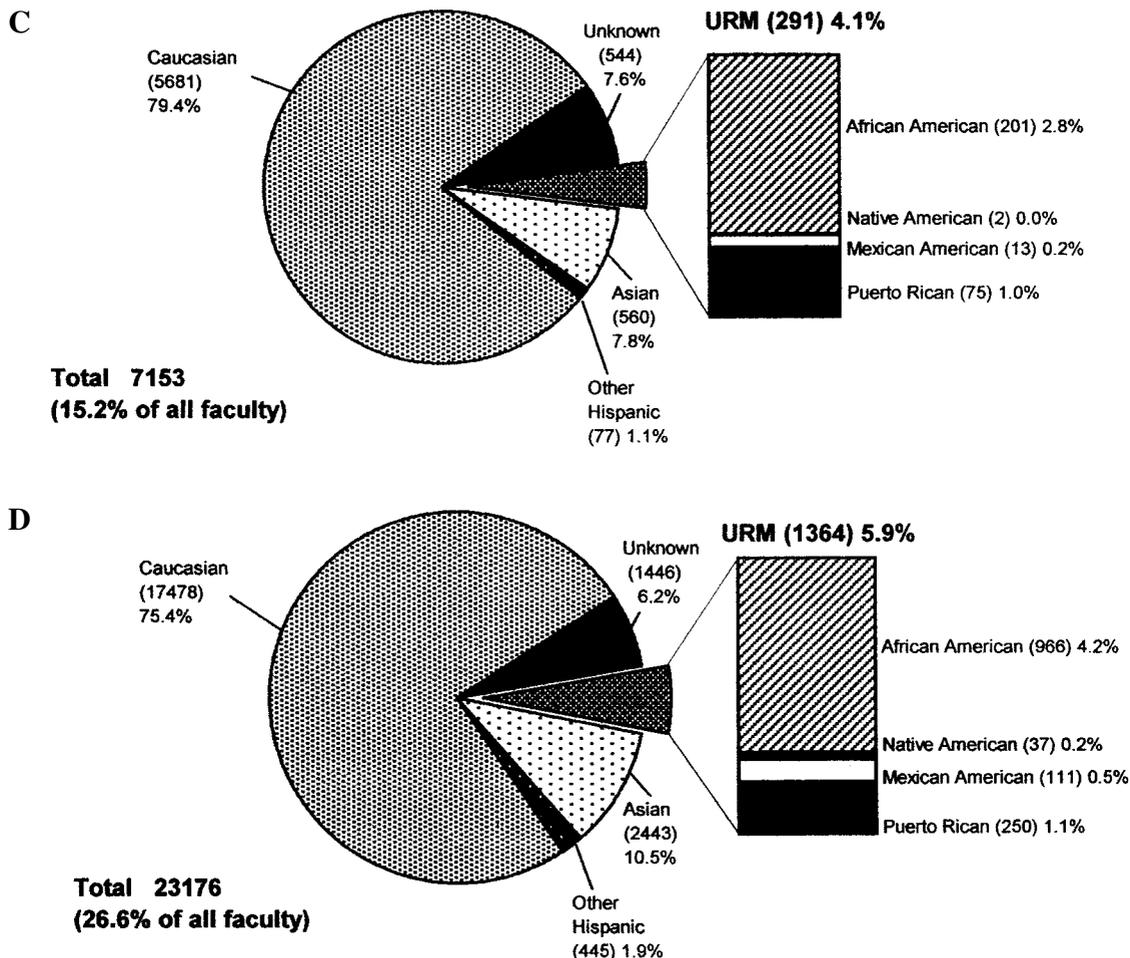


FIG. 3. (Continued)

panic Center of Excellence. Teaching and research skills are addressed through faculty development workshops. The UPR faculty statistics demonstrate excellent overall Hispanic and female representation in the Medical Science Campus, but fewer women populate higher faculty ranks, as compared with lower ranks. In the School of Medicine, women faculty comprise 40% of all faculty, and women students comprised 54% of all students in the 1999–2000 academic year. Women have nearly attained equal representation in campuswide decision-making committees but remain underrepresented in key committees, such as the Personnel and Administration and Teaching Committees.

Tulane and Xavier Universities (TUX)

The TUX CoE Leadership Program developed faculty databases to track contact information, department, and rank. Similar databases were

developed for trainees, including fellows, residents, postdoctoral students, and medical students. Senior faculty women established informal networks through CoE-sponsored lunch meetings. Formal training for mentoring was established according to needs identified in a faculty questionnaire. Visiting professorships and leadership retreats have helped to strengthen the visibility of women in leadership. The CoE Department Chair Survey revealed that although most departments did not have formal career development programs for women or minorities, most were interested in data on gender equity.

University of Wisconsin (UWi)

The special assistant to the dean of the Medical School addresses issues relevant to women faculty, and supports career development for women faculty through such programs as the

TABLE 1. SUMMARY OF CENTER OF EXCELLENCE IN WOMEN'S HEALTH LEADERSHIP ACTIVITIES

<i>Faculty development</i>	<i>Activity</i>	<i>HMS^a</i>	<i>UIC</i>	<i>UPR</i>	<i>TUX</i>	<i>UWi</i>	<i>UWa</i>
All women							
Campuswide policies	Sexual harassment/discrimination training	X	X	X	X	X	X
	Tenure rollbacks/clock adjustment or stoppage		X				X
	Parental/dependent care leave policies	X	X	X	X	X	X
Recruitment/retention	Assistance to two-career couples		X				
	Resources for recruitment of diverse chairs/deans			X	X	X	
Data gathering	Focus groups	X ^b		X	X		X
	Salary equity study ^c	X			X		X
	Gender climate survey			X	X	X	X
Funding for junior faculty women	Institutional operating budget	X		X	X	X	X
	Extramural funding			X	X	X	X
	Fund-raising	X			X	X	X
Support for national leadership programs	Information sessions on promotion and tenure	X	X			X	X
Faculty development programs and workshops	Networking, informal information meetings	X	X	X	X	X	X
	Career counseling and planning	X	X		X	X	X
	Support in preparation of promotion dossiers	X	X	X	X		
Resources/information dissemination	Directory of women faculty	X					
	Guidelines for promotion and tenure		X				X
	Handbooks of resources/mentoring guides	X		X			X
	Web-based resource	X					
Formal mentoring program		X					
Awards/recognition for mentors or women leaders							
Minority faculty	Targeted minority faculty development workshops			X		X	
Resources/information dissemination		X					
Minority faculty awards for community service							X
Awards for mentorship of minorities							X
Assistance in promotions process	Advocacy and assistance to AP&T ^d committee(s)					X	
Targeted retention and recruitment initiatives			X				X
Committee on minority women faculty							X

^aHMS, Harvard Medical School; UIC, University of Illinois in Chicago; UPR, University of Puerto Rico; TUX, Tulane and Xavier Universities; UWi, University of Wisconsin; UWa, University of Washington.

^bUnderway for minority women faculty.

^cFindings confirmed by AAMC Women in U.S. Academic Medicine Statistics, 1998–1999.¹⁶

^dAP&T, appointment, promotion, and tenure.

First Fridays Breakfast Network for Women. CoE faculty have helped to create a teaching videotape for women in academic medicine that comprises vignettes that facilitate discussion of gender climate. Individual faculty are recognized through awards, such as the Judith Stilt Junior Woman Faculty Scholar Award. Senior faculty have also played a strong role in assisting junior faculty to take advantage of extramural career funding opportunities, such as the Women's Health and Aging Research and Leadership Training Grant.

University of Washington (UWa)

The UWa CoE has worked closely with the Dean's Standing Committee on the Issues of Faculty Women in faculty development programs addressing such topics as promotions criteria and grant-writing skills. Women faculty have formed multiple informal networking groups at the different teaching hospitals and through a Leadership Book Club that includes women from all hospitals. Needs assessment surveys were performed in some departments and resulted ultimately in the creation of formal mentoring programs. The WGB Award for Excellence in Mentoring recognizes outstanding achievement in mentorship of junior faculty or trainees. A faculty development website with an online newsletter helps with information dissemination.

Cross-cutting themes

All six CoEs described campuswide efforts to address issues for women faculty, such as dependent care leave and sexual harassment policies. In addition, common activities that specifically targeted medical school women faculty were identified: informal, networking for support and sharing of information, faculty development workshops on such skills as grant-writing and publishing, and dissemination of information on promotion policies. In addition, CoEs played an important role in promoting mentorship and recognition of individual accomplishments.

All key informants perceived institutional leadership as embracing the principles of equity and diversity, but all also agreed that a stronger commitment of funding and personnel resources would be needed to bring about sustained improvement in the diversification of faculty. Some institutions prioritized leadership efforts through commitment of support from institutional oper-

ating budgets. Others were successful in fundraising efforts to support the work of faculty, although these efforts tended to target specific disciplines. Extramural funding sources for the study of faculty or for faculty development were rare. Programs for minorities were aimed primarily at URM students rather than URM faculty. Programs to specifically address problems faced by minority women were essentially lacking before the CoE funding initiative.

DISCUSSION

One of the major challenges faced by women in medicine is underrepresentation in positions of power, a phenomenon that can be explained in part by gender-based differences in promotion rates.^{26,27} A 1992 study reported that women were less likely to be promoted to associate or full professor ranks than men, or to have equivalent salaries, even when adjusted for rank, seniority, and productivity.²⁸ In addition, significant gender-based differences persist in work experiences, personal lives and perception of discrimination.²⁹ Minorities and women have reported analogous experiences in their academic careers; these are characterized by perceptions of bias that impede professional advancement.³⁰ Because of their small numbers, minorities and women face increased pressure to care for patients, act as mentors, and serve on committees.³¹ Palepu et al.³² found that minority faculty, regardless of gender, were less likely to hold ranks above the level of associate professor and that this was not explained by measures of academic productivity or years of service.

Some of the challenges faced by minorities are qualitatively different from those faced by women. Perhaps the most frequently cited factor contributing to the failure of growth in ranks of URM physicians is inadequate financial resources. Economic barriers to education occur at every level of education, from public schools to undergraduate and graduate schools, thus limiting the available pool of academically prepared candidates.³³ Existing assistance programs have little funding, and though important, they are able to significantly affect the lives of relatively few individuals.³⁴ Additional factors contributing to underrepresentation of minorities include inadequate career counseling, high attrition rates, poor support network, and competition for top candidates.^{35,36} Dawson³⁷ reports that African

American women face higher performance standards and lack role models and mentors. In recent years, anti-affirmative action legislation has been supported by voters in California, Louisiana, Washington state, and others. These initiatives represent external threats to those seeking to diversify academic institutions because they effectively shift funding away from programs designed to assist women and URM. Minority student application and enrollment to medical schools in states supportive of such legislation have been severely and negatively affected.³⁸

This paper is the first to examine women faculty of color as a group separate from women or minority faculty. There is a rapidly growing body of literature describing women in medicine, but there remain relatively few studies on minorities. Publications on minority women physicians are even scarcer, but those that do exist provide valuable insights into the experiences of this group of physicians from both gender-based and race-based perspectives. Most of the existing literature focuses on structural issues, but there is also evidence to suggest that women and minorities experience discrimination, on either an individual or an institutional basis.^{37,39} Minority women appear to be a group with little visibility and few advocates. They face two types of obstacles to career advancement—those common to women faculty and those common to minority faculty. Each set of obstacles is complex, and without further study, it is difficult to conclude whether minority women are at a greater disadvantage than majority women or minority men.

Based on the historical trends observed in the national AAMC data and our collective experience, we propose a number of specific recommendations.

Recommendation 1: Measuring progress

A uniform set of key diversity indicators and outcomes should be developed and tracked through national professional organizations, such as the AAMC. National data collected from medical schools by the AAMC traditionally has been reported only in aggregate. Public reporting of individual institutional performance could provide a powerful incentive to sustain diversification efforts. Each institution's ability to measure and compare progress with national benchmarks is critical to ensure accountability of institutional leaders. In the six CoEs surveyed, it was difficult

to assess the status of minority women faculty and impossible to draw comparisons because the institutions had different practices for collection of data. Salary equity studies were performed at a number of the institutions studied, but most thought that findings were complicated by such variables as multiple funding sources. Climate surveys have been described as useful tools assessing women faculty's perceptions of institutional support and acceptance.⁴⁰ They should be expanded to include issues relevant to minorities and used to track the impact of programs, such as training related to sexual harassment, gender bias, and racial discrimination.

Recommendation 2: Institutional support for recruitment

Academic medical centers should continue to track their success in enrolling minority women medical students, attracting them to graduate medical education positions, and then as faculty. National professional organizations should require them to track the progress of minority women in all paths leading to academic careers, including those entering from academic degree programs and from residency or fellowship programs. Progress of junior faculty through the academic ranks should be similarly tracked. In addition, medical schools must prioritize such programs as the AAMC's Project 3000 by 2000, which seek to improve the educational opportunities for disadvantaged students, thus enlarging the pool of academically prepared candidates.⁴¹ Faculty should receive recognition for pursuing federal and foundation funding opportunities that foster such programs, such as the Health Professions Partnership Initiative and Centers of Excellence on Minority Health.⁴²⁻⁴⁴

Recommendation 3: Leadership commitment to faculty retention

Medical schools could benefit from appointing a senior faculty member to track the success of programs devoted to the diversification of its faculty. This position should report to the top levels of administrative leadership within each institution and should be held accountable to performance on key diversity indicators as compared with national benchmarks. These individuals should develop mechanisms to assess women's perceptions of obstacles to advancement, advocate for inclusion of minority women in leader-

ship positions, and make necessary changes in the institution's policies and procedures to encourage diversity. Those individuals with specific contributions to the diversity mission of the institution, whether through community outreach or mentorship, must be explicitly rewarded. Institutions should have a formal process for ensuring that minority women have mentors or advisors and for assessing the success of these developmental relationships.⁴⁵ Financial support derived from fund-raising efforts should be offered early in the careers of all junior women and minority faculty to maximize the long-term dividends derived by increasing diversity in the institution.

Recommendation 4: Future research and research funding are key to defining the issues relevant to advancement of minority women

This research must focus on identifying and systematically breaking down barriers to advancement for minority women. We can gain critical insights into the impact of both racial and gender-based obstacles, which would clearly be of potential benefit to both groups. We have much to learn in understanding how some minority women have been able to succeed in academia. What are the characteristics of the women who have been successful? What are the characteristics of the institutions in which they have succeeded? What has influenced the career choices of minority women faculty? The academic medical community must be challenged to prioritize development of innovative models for diversification.

SUMMARY

Increasing the minority women in academic medicine should be a priority of academic institutions, as they are the most significantly underrepresented group of faculty. National AAMC data demonstrate that the diversity of medical faculty in general lags behind that of the general population and the women and minority faculty are underrepresented among the higher ranks. By having more successful minority women in academic medicine, academic institutions will enhance their ability to provide better education for all students and research gender and racial issues in healthcare. In addition, we can enhance patient satisfaction and healthcare. The CoEs have found

that although each institution is supportive of programs that promote the advancement of minority and women faculty, both internal and external influences are operational in barring progress. Specific recommendations for improvement include further research, development of key indicators to track progress toward diversifying the faculty, and implementation of targeted recruitment and retention strategies.

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