Achieving Gender Equity as a Means of Addressing Global Surgical Workforce Needs

Consortium of Universities for Global Health
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Economic Benefit of Surgical Care

• 2008 Copenhagen Consensus Conference
  Provision of Surgical Care among 25 most cost effective investments for LIC
• 2012 Copenhagen Consensus Conference--- 8th recommendation- strengthen Surgical capacity
• World Bank President Dr Jim Yong Kim
  Goal to eliminate extreme poverty by 2030
  Women's empowerment and the promotion of gender equality are key to achieving sustainable development. Greater gender equality can enhance economic efficiency and improve other development outcomes.
  Focus economic growth on lowest 40%
  Support smart business models
Power of Women

• World Economic Forum – the status of women is directly correlated to that economy’s success and stability

• Global Gender Gap Index every 2 years reports each nations status. Began in 2006

• Measures 4 areas- economic, educational, health-based and political indicators.
Gender Gap Index

- Top 5 Nations: Iceland, Finland, Norway, Sweden, Denmark
- US Rank 20/142
- Top Ranked COSECSA Nation: Rwanda # 7
- South Africa- 17
- Malaysia -107
- Lowest rank-Yemen
Gender Gap Index offers Areas For Improvement and tells of strategies that have worked. Useful Metric to Follow

- 5 billion people lack access to safe, affordable surgical and anesthetic care
- Investing in surgical care is affordable, saves lives and promotes economic growth
- In 2010 an estimated 9 million lives were lost from conditions needing surgical care
- Each year 77.2 million disability adjusted life years [DALYs] could be averted with basic surgical care
- Goal 20 surgeons, anes, ob/100,000 population
Greatest Unmet need is in LMIC

- Western, Central and Eastern Africa average number of surgeons in COSECSA Nations 0.5/100,000 [.18-1.13 Range]
- South, Southeast Asia next greatest need
- Much of surgery done by non medical specialists or non surgeon medical specialists
- Most of surgeons are in Urban areas
- There are few if any women surgeons in LMIC
Gender Equity in Surgery in USA 1981-2009
Gender Equity USA 2015

- Incoming residents 40% women
- Practicing Surgeons 25% women
- Fellows ACS 16% women
Women Certified in General Surgery (Cumulative) by American Board of Surgery
FIGURE 1. Despite nearly equal male and female matriculates and graduates of U.S. allopathic medical schools, the proportion of female representation decreases proportionally to the height of the academic ladder.
Women Chairs

A slow beginning
- Olga Jonasson-Ohio State 1987
- Carol Scott Connor-Iowa 1995
- Nancy Asher-UCSF-1999
- Julie Freischlag- Johns Hopkins 2002
- Barbara Bass-Methodist Hospital 2002
- Carol Smolski-Mich State 2003

Coming up to speed
- Diana Farmer-UCDavis 2011
- Leigh Neumayer- U Arizona 2014
- Mary Hawn- Stanford 2015
- Sharmela Dissanaike- Texas Tech 2016
- Melina Kibbe-UNC 2016
- Omaida Velasques U Miami 2016
ACS Women Regents
How it Happened in the US

Not by chance
Title IX of the Education Act-1972

- No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance...

What a Difference A Law Makes!

Women currently entering surgical residency is up to 40%
Association of Women Surgeons

Mission

To inspire, encourage, and enable women surgeons to realize their professional and personal goals.

Goals

- To advance the highest standards of competence and ethical behavior.
- To foster an environment supportive of personal values and individual diversity.
- To enhance and facilitate interaction among women surgeons throughout the world.
- To promote professional growth and development.

Website: www.WomenSurgeons.org  Phone: 630-655-0392
Determined need for Proactive Program to recruit Women to surgery

- Gather gender data and regularly report it
- Increase visibility of women surgeons
- Encourage women medical students to become surgeons
- Encourage male surgeons to recruit women surgeons
- Emphasize the recruitment of women surgeons is necessary to maintain quality and workforce in surgery
WHY WOMEN CHOOSE SURGERY

- ROLE MODELS
- LIKE THE INTELLECTUAL CHALLENGE, TECHNICAL ASPECTS, DECISIVENESS
- MUCH THE SAME REASONS AS MEN
- “SURGICAL PERSONALITY”
- ENCOURAGED BY A MENTOR
WHY WOMEN DON’T CHOOSE SURGERY

- PERCEIVED AS TOO “DIFFICULT” “MALE”
- BULLYING
- NOT ENCOURAGED
- TOO TIME CONSUMING
- NOT FAMILY FRIENDLY
- LIFESTYLE NOT CONTROLLABLE
- NO ROLE MODELS
Possible Solutions

• Improve the surgical environment for both men and women
• Reduce gender discrimination/sexual harassment/bullying
• Increase the number of women in leadership positions
• Increase the visibility of women surgeons
• Gather data to show improvement
AWS Evolution of Advocacy

- Networking – breakfast at ACS, summer meeting, fall meeting tied to ACS Clinical Congress
- Annual Programs – Leadership, Survival Skills
- Pocket Mentor - Distributed to men and women
- 1991 Hired exec director and developed a financial plan and foundation to support work
- Supported AWS Visiting Professor Program
- Recruited and rewarded supportive men
Specific Initiatives

- Developed a 5 year plan
- Annual Programs – Leadership and Survival Skills
- Publications- Pocket Mentor, Successfully Navigating Your Surgical Career
- Presence- Editorial Board American Journal of Surgery
- Advocacy- Member of Executive Council of each major academic surgical organization
- Networking- ACS Officers and Regents, Limited Membership Organizations, Promotion, Awards
To Achieve Global Gender Equity in Surgery

• Demand equal education for girls – women
• Assure Nations have equity statements in their Constitution and give them teeth
• Address cultural issues that discourage women from being educated and becoming professionals
• Proactively recruit women into surgery
• Place women surgeons in visible roles in Medical Schools and Organizations
To gain greater Equity

- Have a Committee on Women in each national College of Surgeons
- Coordinate Women Surgeon’s Organizations Globally
- Assist Other countries in developing plans to increase the number of women surgeons
- Identify obstacles in the specific country
- Enlist the support of enlightened men
The Future

• Much can be done to encourage women to pursue surgery. Surgery cannot remain competitive, attracting the best and the brightest if the selection pool is reduced by half. Promoting a surgical lifestyle that allows individuals to balance family and work, enabling both male and females to fulfill parenting and life roles is essential.

• Dixie Mills MD FACS 2003
Women Surgeons at ISS
Bangkok - We have begun the process.