



ACC Latin America
Conference 2017



MEXICO CITY
JUNE 22 – 24, 2017

GLOBAL EXPERTS, LOCAL LEARNING



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Women's Heart Health: Holistic Approaches Throughout the Lifetime





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Women as Providers in the CV Workforce

Daniel José Piñeiro

Profesor Titular de Medicina, Universidad de Buenos Aires, Argentina

Former Member, Membership Committee, and

Former Chair, Assembly International Governors, American College of Cardiology



Disclosure Information



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- I will not discuss off label use or investigational use in my presentation
- I have no financial relationships to disclose





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Matilde Petra Montoya Lafragua, 1887
(b. Mexico City, 1859 – d. Mexico City, 1939)



Cecilia Gierson, 1889
(b. Buenos Aires, 1859 – d. Buenos Aires, 1934)



Objectives



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- Women and health
- Women in the workforce
- Women in the health workforce
- Women cardiologists

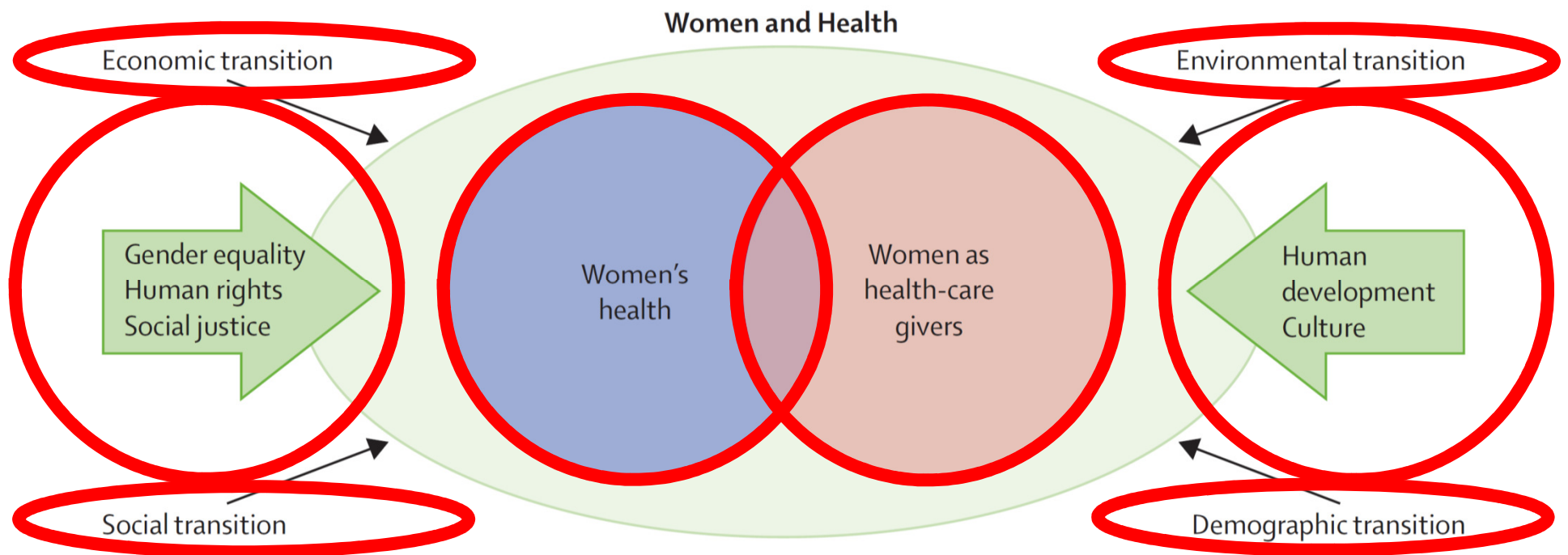




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Women and Health

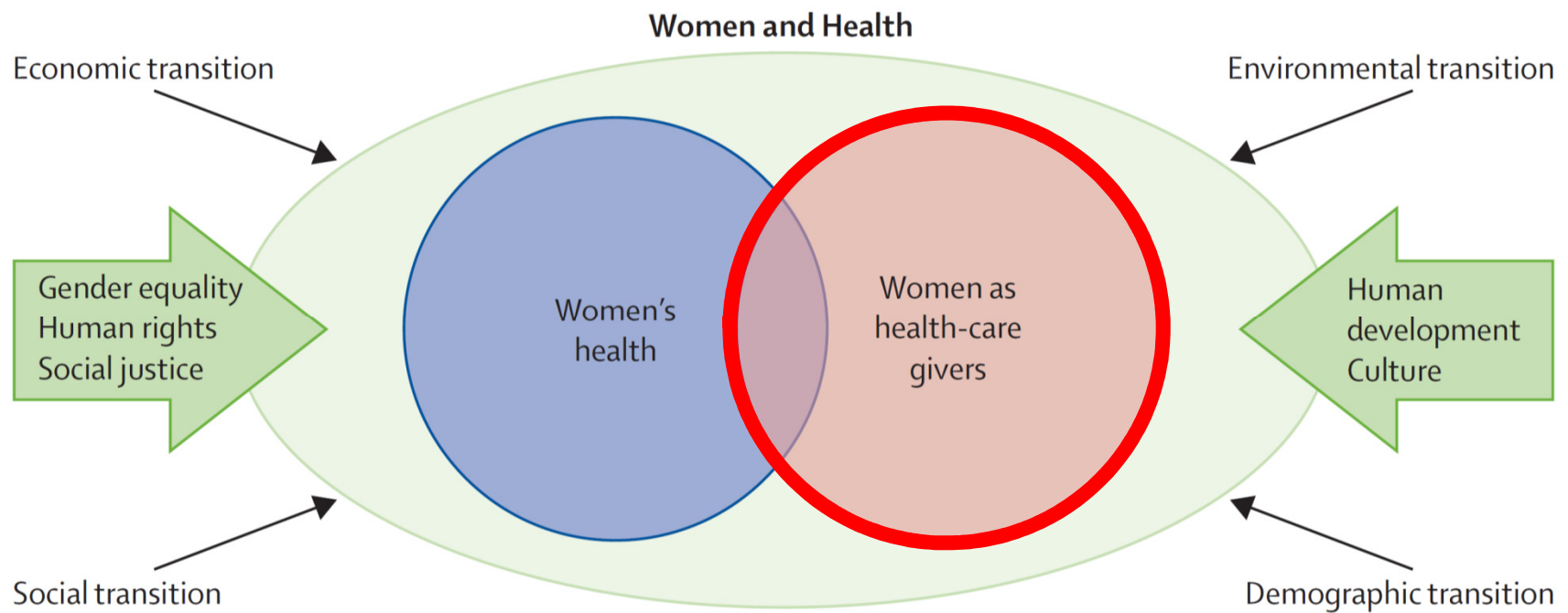






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Women in the Workforce



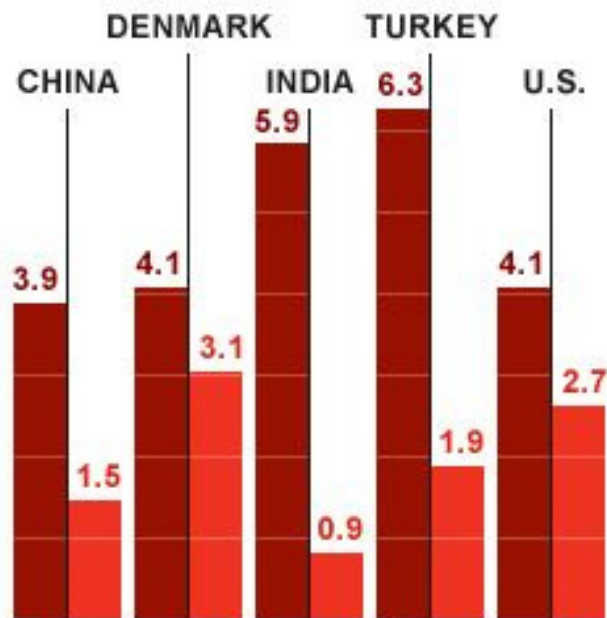


<http://fortune.com/2015/03/05/women-in-the-workforce/>



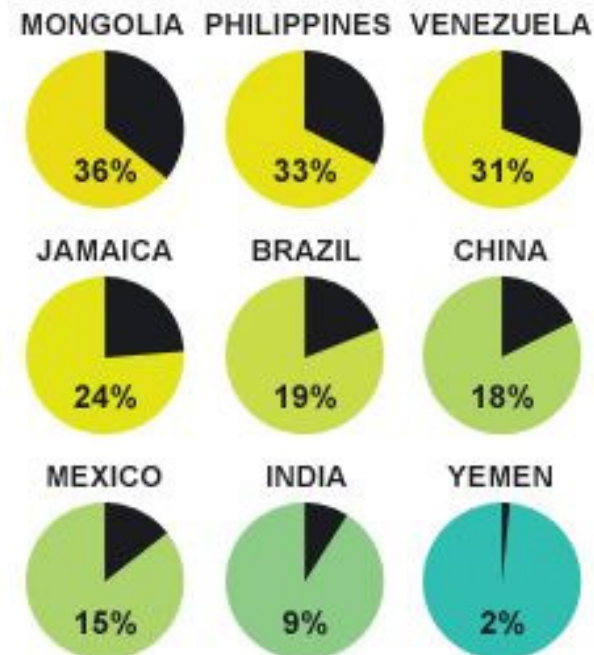
WORKING FOR FREE

Disproportionate amounts of unpaid hours of work per day can limit women's economic opportunities



IN THE C-SUITE

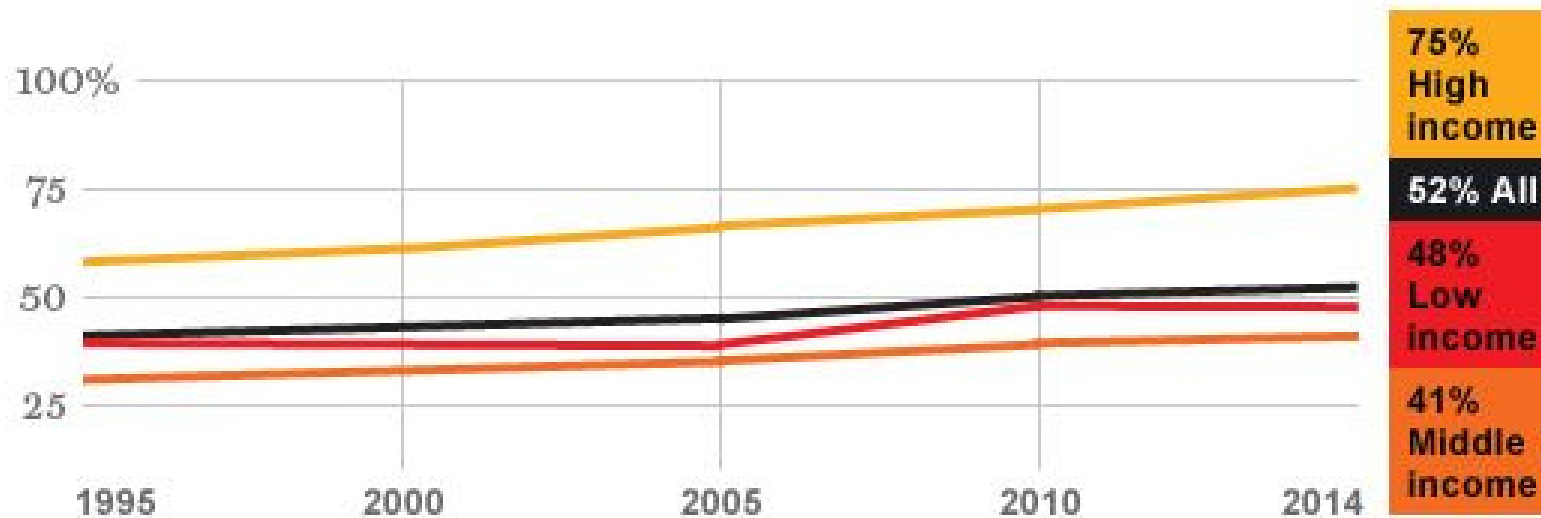
Globally, just 18% of firms have a woman as their top manager.





BABY STEPS ON MATERNITY LEAVE

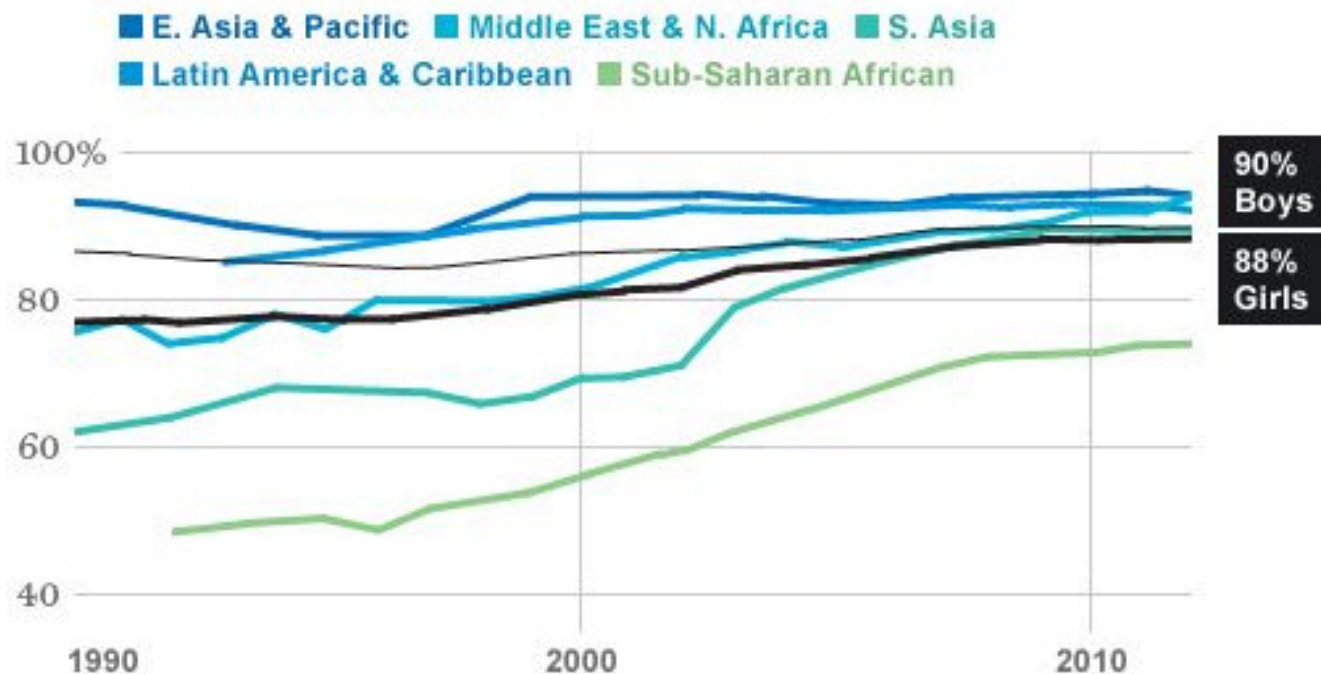
The portion of high-income countries that guarantee at least 14 weeks of paid maternity leave has climbed gradually to 75%. The U.S. is the only developed country that doesn't mandate paid leave. Other countries that offer no paid maternal leave are The Marshall Islands, Micronesia, Nauru, Niue, Palau, Papua New Guinea, Suriname, and Tonga.





ACCESS TO PRIMARY EDUCATION IS IMPROVING

With the exception of sub-Saharan Africa, the gap between girls and boys in primary-school enrollment has been almost completely erased in the past 20 years.



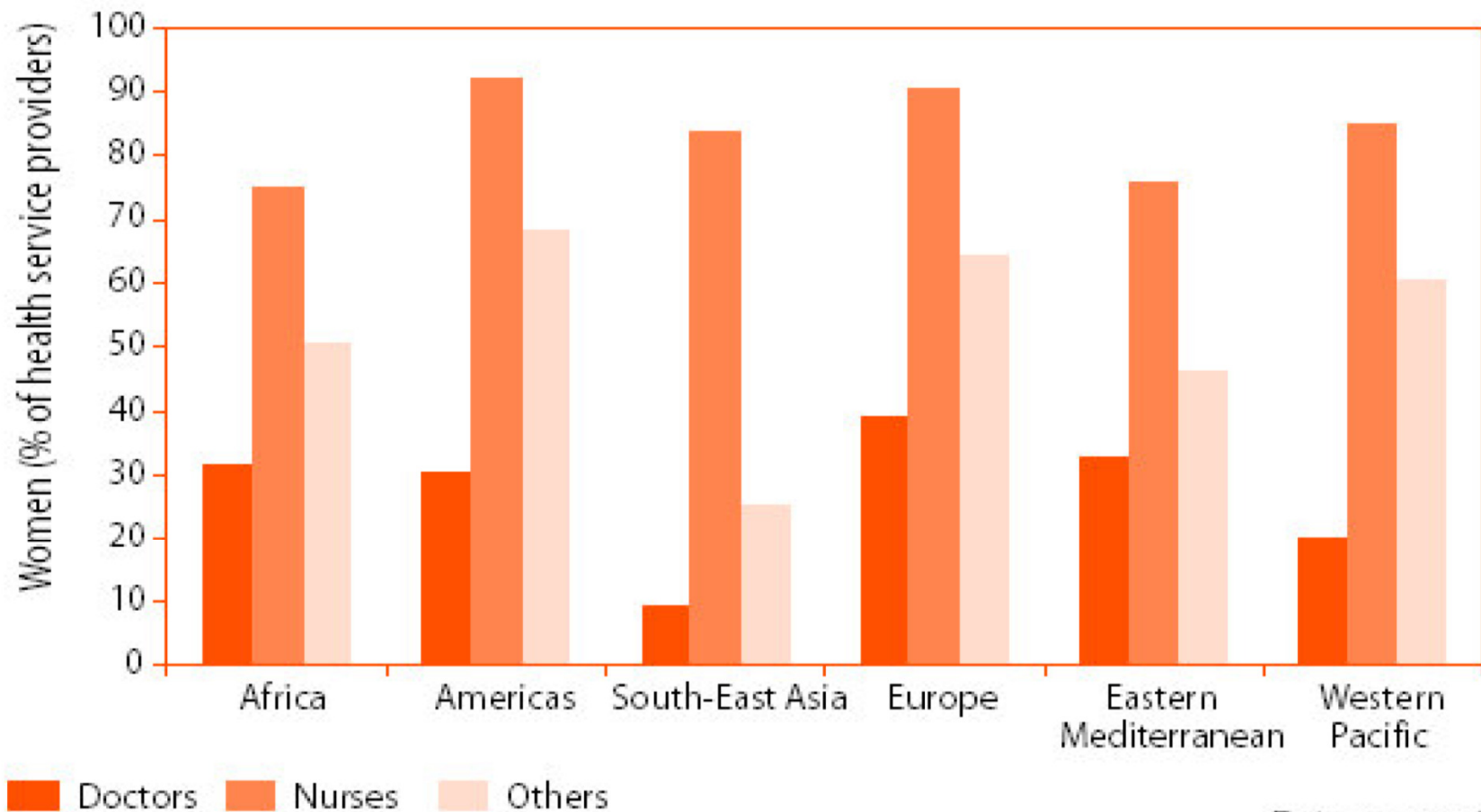
<http://fortune.com/2015/03/05/women-in-the-workforce/>



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Women in Health Workforce





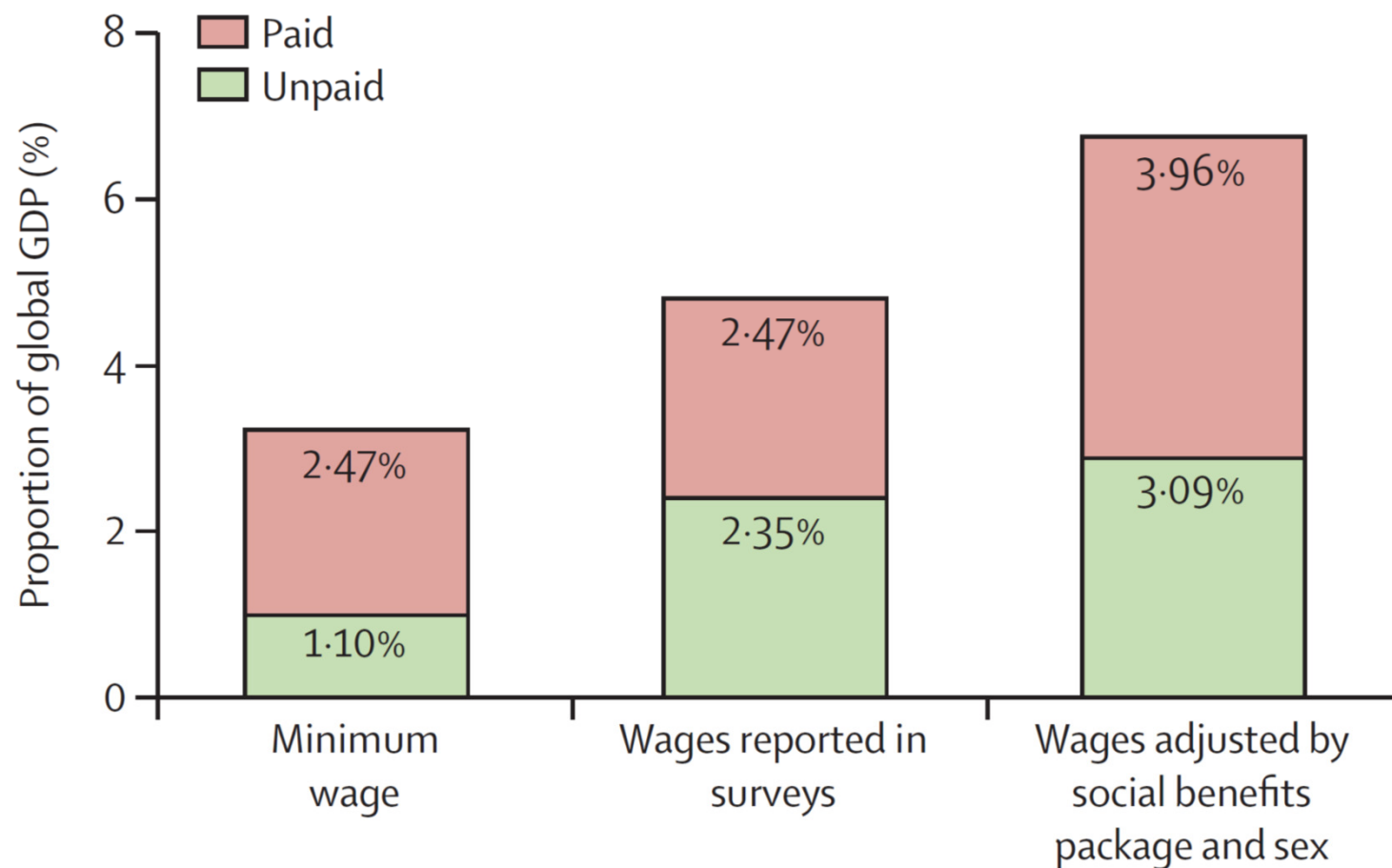
Data source: (3)

<http://fortune.com/2015/03/05/women-in-the-workforce/>

Women to the Health Sector



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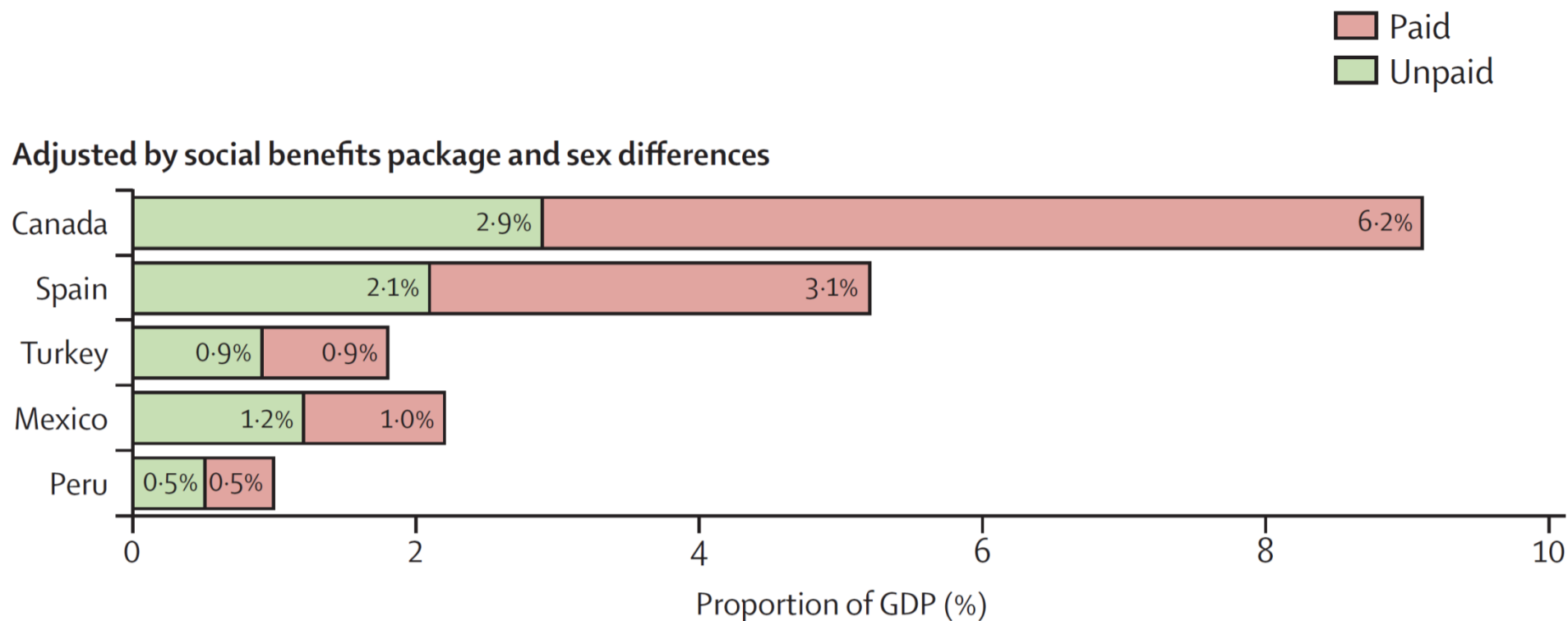


Langer A. Lancet 2015;386:1165–210

Women to the Health Sector



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Langer A. Lancet 2015;386:1165–210



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Women Cardiologists





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Changes in the Professional Lives of Cardiologists Over 2 Decades

Sandra J. Lewis, MD,^a Laxmi S. Mehta, MD,^b Pamela S. Douglas, MD,^c Martha Gulati, MD, MS,^d
Marian C. Limacher, MD,^e Athena Poppas, MD,^f Mary Norine Walsh, MD,^g Anne K. Rzeszut, MA,^h
Claire S. Duvernoy, MD,ⁱ on behalf of the American College of Cardiology Women in
Cardiology Leadership Council

J Am Coll Cardiol 2017;69:452-62



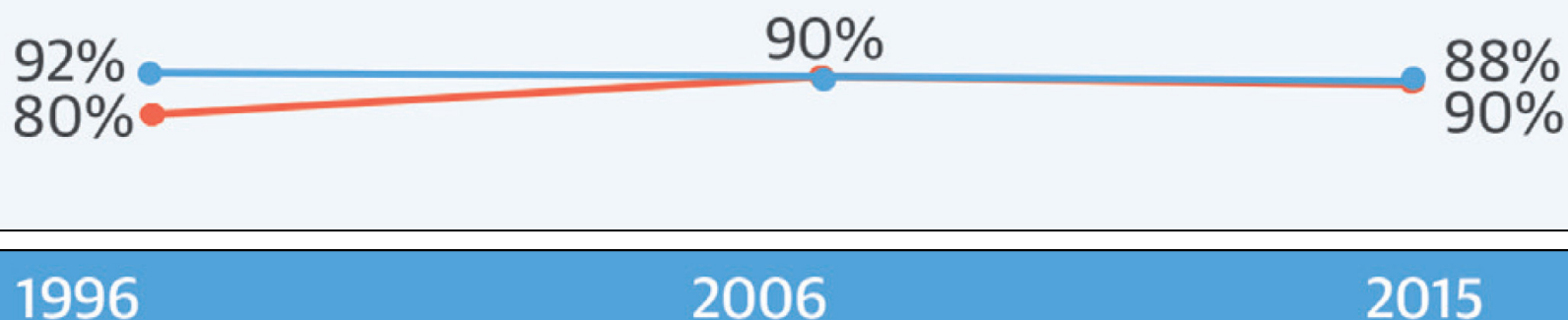
Changes in the Professional Lives of Cardiologists Over 2 Decades



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Little to No Change Over 2 Decades

Career Satisfaction

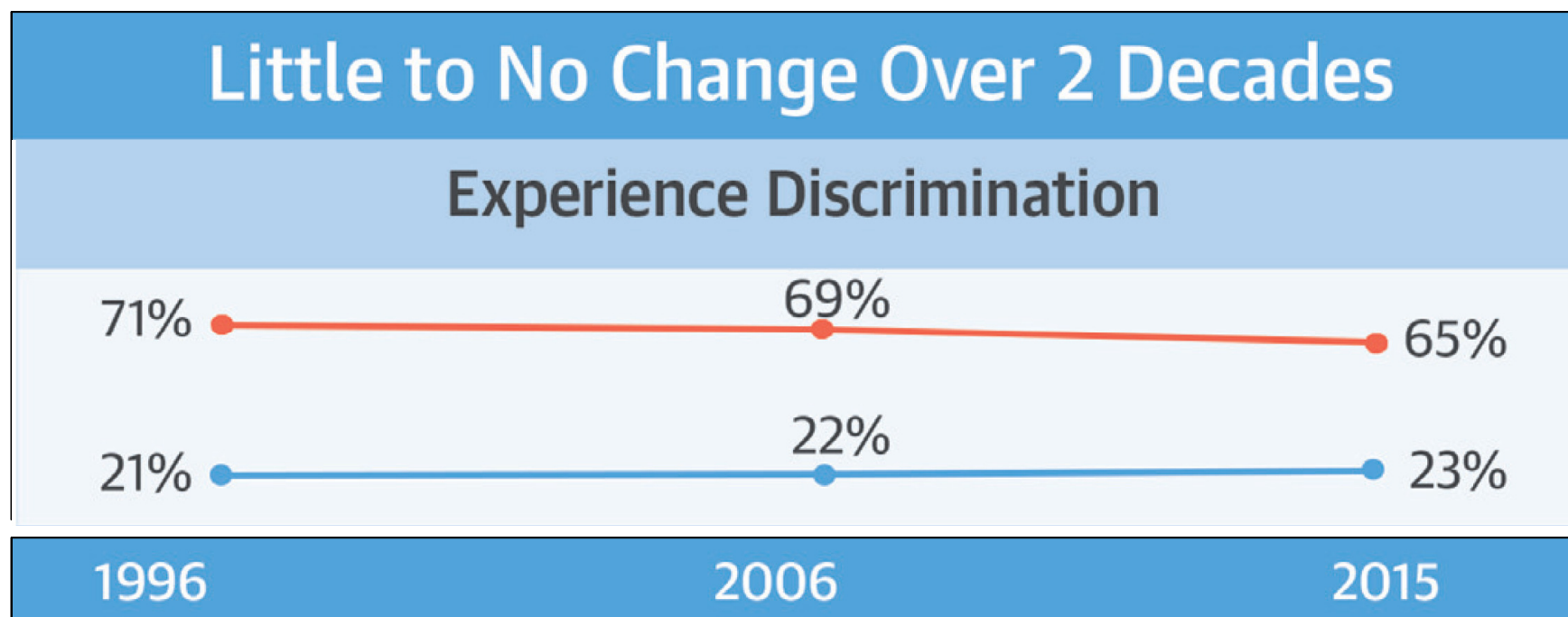


Lewis S. J Am Coll Cardiol. 2017;69:452-62

Changes in the Professional Lives of Cardiologists Over 2 Decades



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Lewis S. J Am Coll Cardiol. 2017;69:452-62

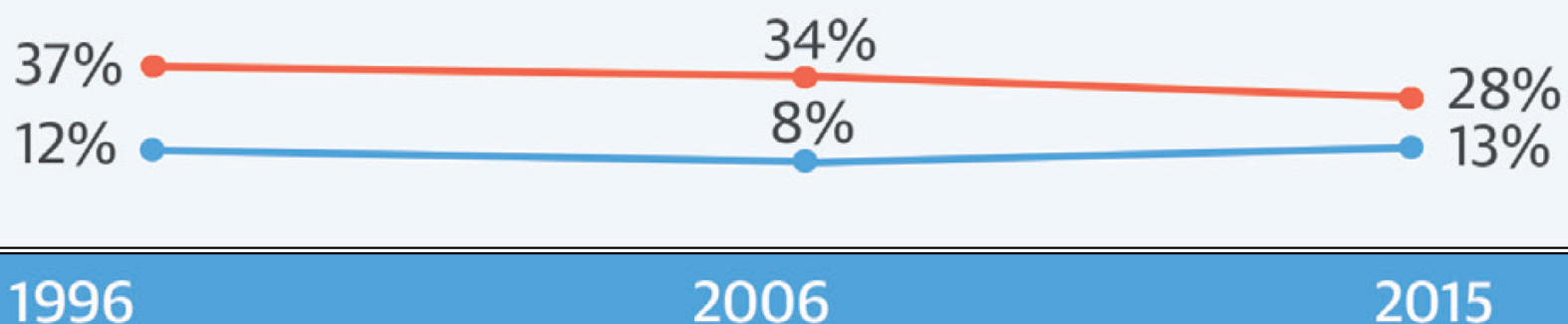
Changes in the Professional Lives of Cardiologists Over 2 Decades



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Little to No Change Over 2 Decades

No Children



Lewis S. J Am Coll Cardiol. 2017;69:452-62

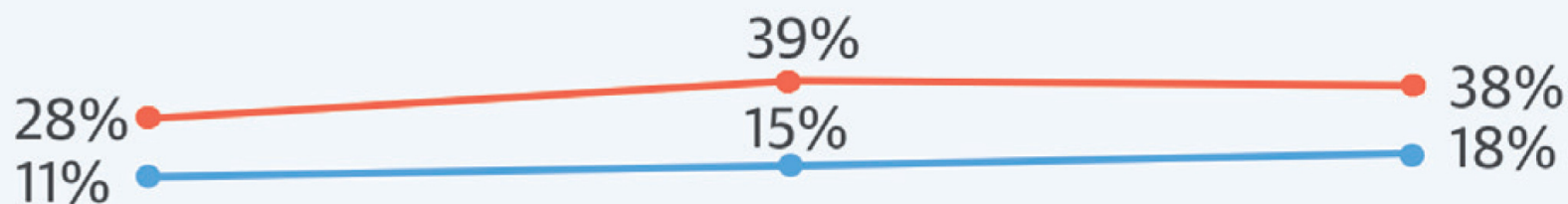
Changes in the Professional Lives of Cardiologists Over 2 Decades



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Little to No Change Over 2 Decades

Require Childcare Help



1996

2006

2015

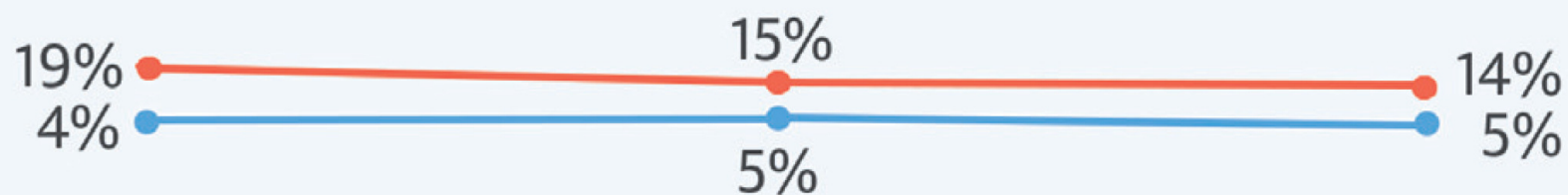
Changes in the Professional Lives of Cardiologists Over 2 Decades



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Little to No Change Over 2 Decades

Single



1996

2006

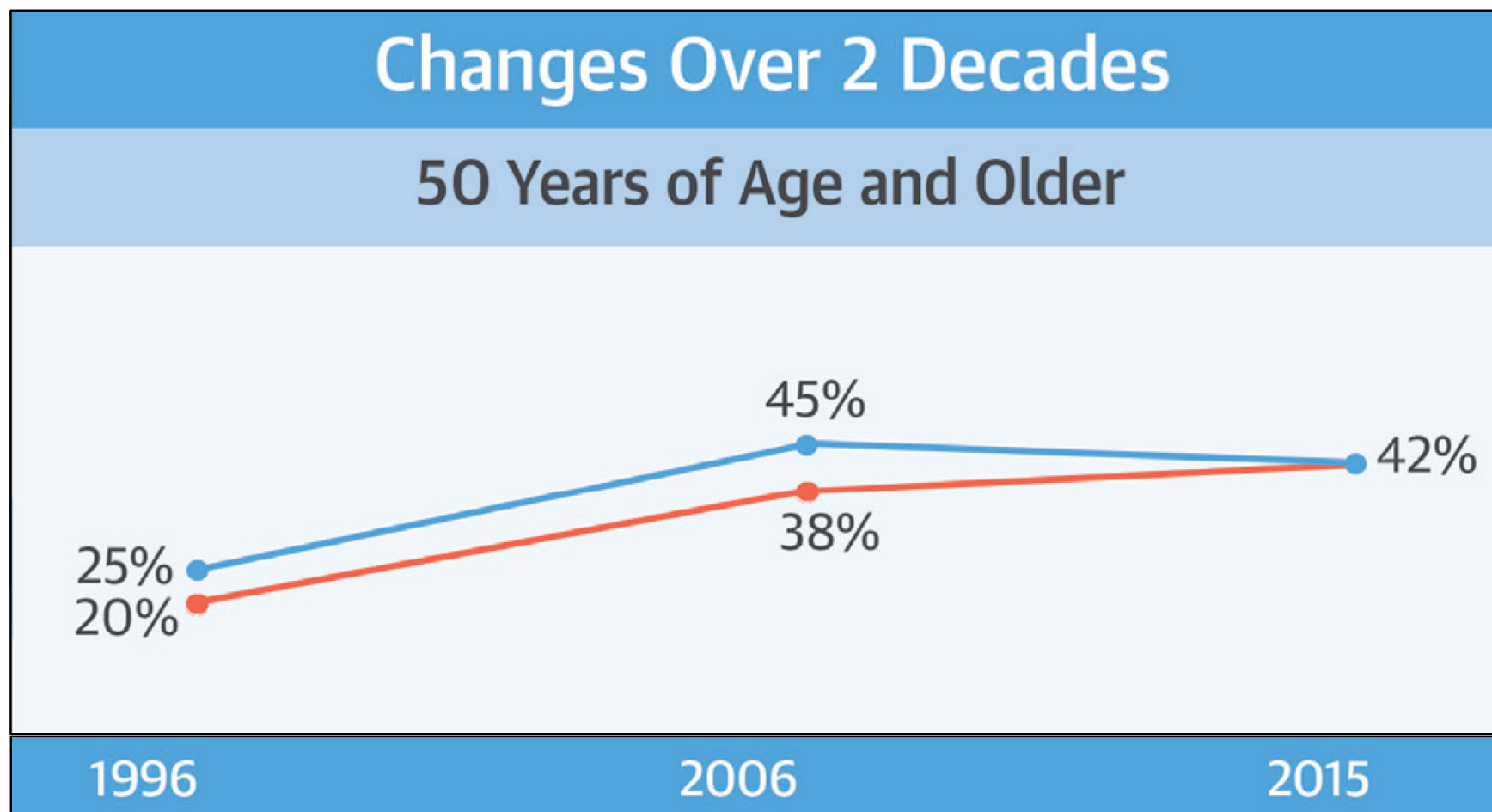
2015

Lewis S. J Am Coll Cardiol. 2017;69:452-62

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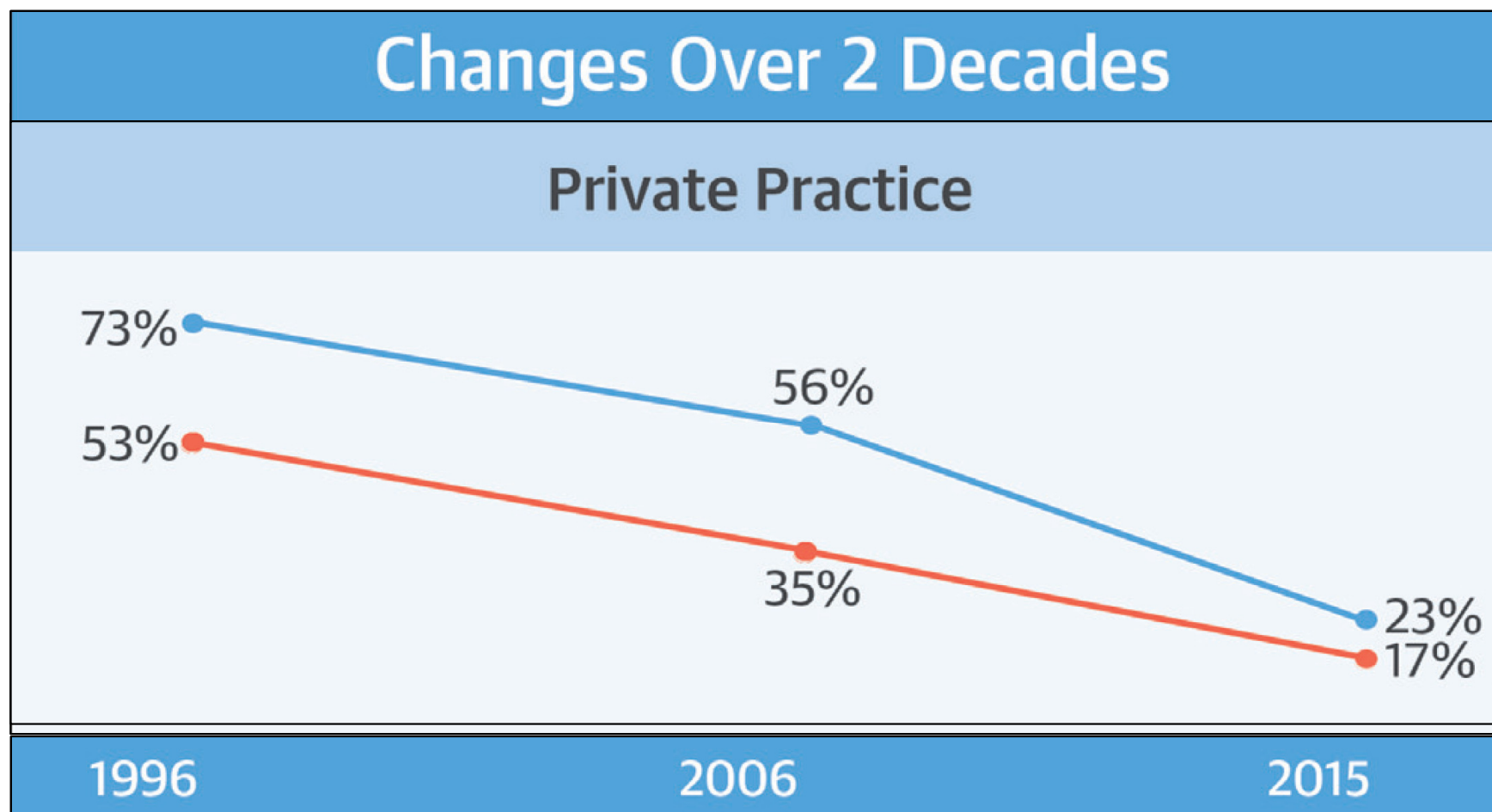


Lewis S. J Am Coll Cardiol. 2017;69:452-62

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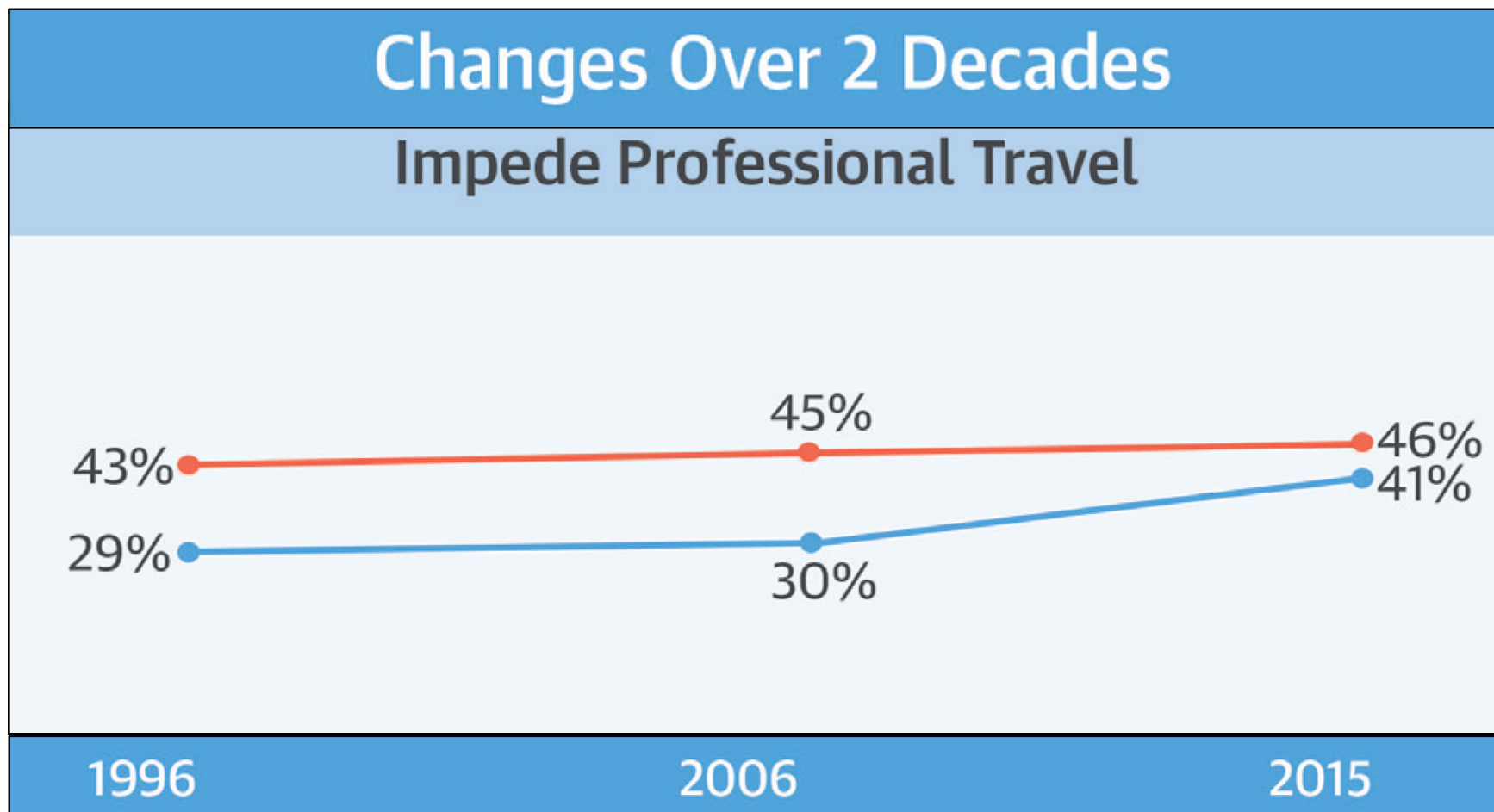


Lewis S. J Am Coll Cardiol. 2017;69:452-62

Changes in the Professional Lives of Cardiologists Over 2 Decades



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Changes in the Professional Lives of Cardiologists Over 2 Decades



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Little/No Change

1. Career satisfaction remains high
2. Women are more likely to:
 1. Experience discrimination
 2. Not have children
 3. Require paid/unpaid childcare help
 4. Be single

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Changes in the Professional Lives of Cardiologists Over 2 Decades



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Significant Change

1. Aging workforce
2. Practice setting
3. Men now balancing career and family;
less likely to travel professionally

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Sex Differences in Faculty Rank Among Academic Cardiologists in the United States

Circulation. 2017;135:506–517

Women Are Less Likely Than Men to Be Full Professors in Cardiology

Why Does This Happen and How Can We Fix It?

Circulation. 2017;135:518–520





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JAMA Cardiology

FROM THE HEART

Balancing Motherhood, Career, and Medicine

Ure Mezu-Chukwu, MD ¹ ²

JAMA Cardiol. Published online April 26, 2017. doi:10.1001/jamacardio.2017.0983.

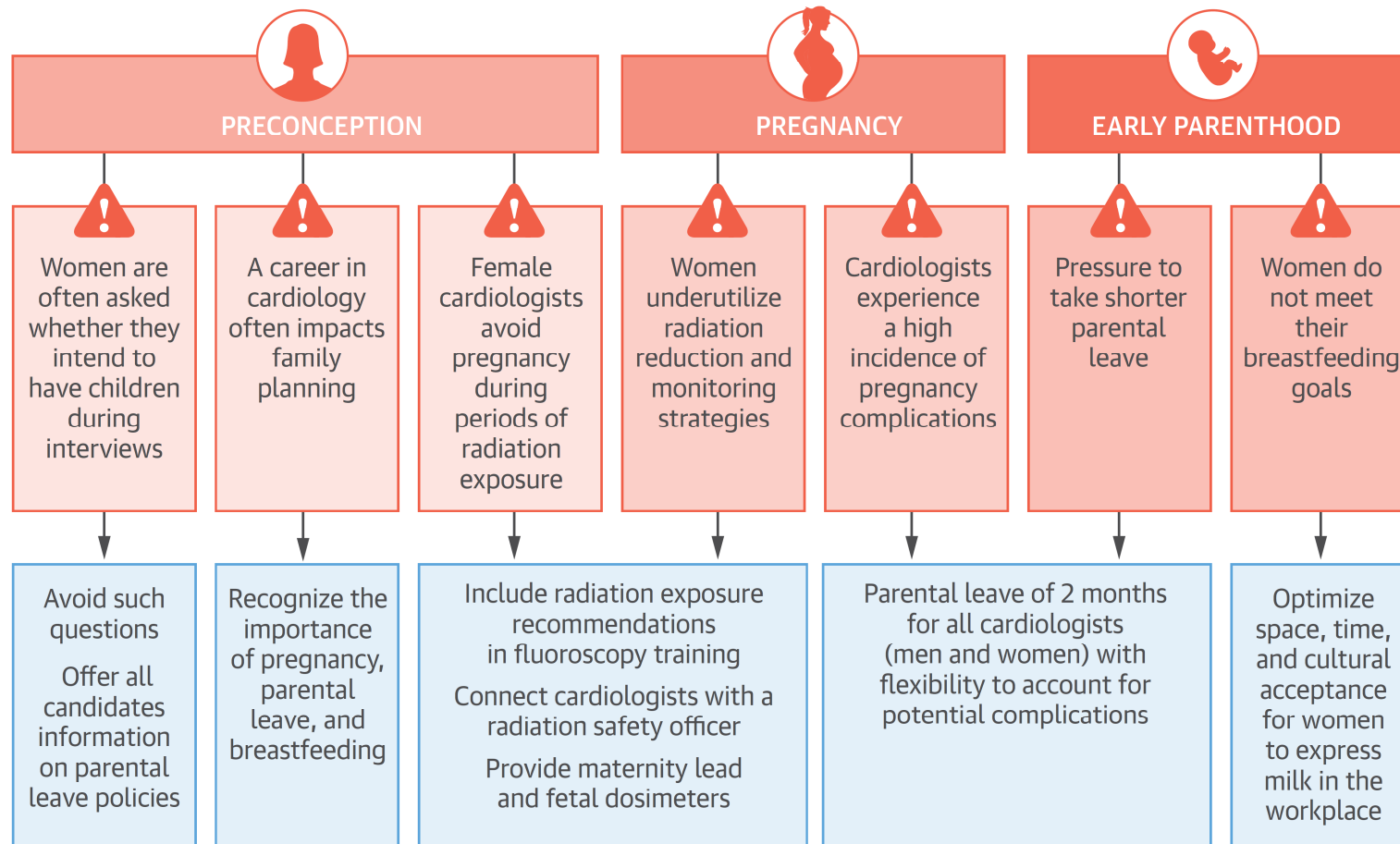


Cardiovascular Medicine and Society

The Pregnant Cardiologist



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Sarma A. J Am Coll Cardiol. 2017;69:92-101



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Conclusions





1. Value women

- *Develop and enforce gender-responsive policies to support women in their diverse roles*
- *Recognise women's paid and unpaid contributions as health-care providers*
- *Implement policies to enable women to integrate their social, biological, and occupational roles*
- *Ensure women's universal access to comprehensive health care that is responsive to gender and the life course*

Langer A. Lancet 2015;386:1165–210





2. Compensate women

- *Estimate the value of women's unpaid contributions to health care and recompense their invisible subsidy*
- *Ensure that men and women receive equal compensation for equal work in the health sector*

Langer A. Lancet 2015;386:1165–210





3. Count women

- *Ensure that women are accounted for in the health-care workforce*
- *Guarantee that sex-disaggregated civil, vital, and health statistics and survey data are collected through national systems*
- *Mandate that research studies enrol women and make sex differences a core component of research*





4. Be accountable to women

- *Develop and implement an accountability framework and indicators for Women and Health*
- *Establish independent mechanisms at global and country levels to support, catalyse, and ensure accountability for global, regional, and country action on women and health*

Langer A. Lancet 2015;386:1165–210





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Thank you

