GLOBAL EXPERTS, LOCAL LEARNING

MEXICO CITY
JUNE 22 - 24, 2017
Women's Heart Health: Holistic Approaches Throughout the Lifetime
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

• I will not discuss off label use or investigational use in my presentation
• I have no financial relationships to disclose
Matilde Petra Montoya Lafragua, 1887
(b. Mexico City, 1859 – d. Mexico City, 1939)

Cecilia Gierson, 1889
Objectives

- Women and health
- Women in the workforce
- Women in the health workforce
- Women cardiologists
Women and Health
Women in the Workforce
Globally, the World Bank estimates that 55% of women of prime working age have jobs, and that some 40% of all the world’s workers are women. But there’s a wide spread between Denmark, where nearly half of all employees are women, and Qatar, where it’s one in 10 (see color legend). In 2013 a dozen countries had a workforce that was less than 20% female.

More work: Generally, more gender parity is a good thing. However, high percentages sometimes indicate necessity, rather than choice or opportunity.

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

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

http://fortune.com/2015/03/05/women-in-the-workforce/
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/
Women in Health Workforce
Women Cardiologists
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

Little to No Change Over 2 Decades

Career Satisfaction

1996: 92% 80%
2006: 90%
2015: 88% 90%

Lewis S. J Am Coll Cardiol. 2017;69:452-62
Changes in the Professional Lives of Cardiologists Over 2 Decades

Little to No Change Over 2 Decades

<table>
<thead>
<tr>
<th>Experience Discrimination</th>
<th>1996</th>
<th>2006</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>71%</td>
<td>69%</td>
<td>65%</td>
</tr>
<tr>
<td></td>
<td>21%</td>
<td>22%</td>
<td>23%</td>
</tr>
</tbody>
</table>
Changes in the Professional Lives of Cardiologists Over 2 Decades

<table>
<thead>
<tr>
<th>Year</th>
<th>No Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>37%</td>
</tr>
<tr>
<td></td>
<td>12%</td>
</tr>
<tr>
<td>2006</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>8%</td>
</tr>
<tr>
<td>2015</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td>13%</td>
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Lewis S. J Am Coll Cardiol. 2017;69:452-62
Changes in the Professional Lives of Cardiologists Over 2 Decades

Little to No Change Over 2 Decades

Require Childcare Help

<table>
<thead>
<tr>
<th>Year</th>
<th>1996</th>
<th>2006</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>28%</td>
<td>15%</td>
<td>38%</td>
</tr>
<tr>
<td>%</td>
<td>11%</td>
<td>15%</td>
<td>18%</td>
</tr>
</tbody>
</table>
Changes in the Professional Lives of Cardiologists Over 2 Decades

Little to No Change Over 2 Decades

<table>
<thead>
<tr>
<th></th>
<th>1996</th>
<th>2006</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Single</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1996</strong></td>
<td>19%</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td><strong>2006</strong></td>
<td>4%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Lewis S. J Am Coll Cardiol. 2017;69:452-62
Changes in the Professional Lives of Cardiologists Over 2 Decades

Changes Over 2 Decades

50 Years of Age and Older

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>25%</td>
</tr>
<tr>
<td>2006</td>
<td>38%</td>
</tr>
<tr>
<td>2015</td>
<td>42%</td>
</tr>
</tbody>
</table>

Lewis S. J Am Coll Cardiol. 2017;69:452-62
Changes in the Professional Lives of Cardiologists Over 2 Decades

**Changes Over 2 Decades**

<table>
<thead>
<tr>
<th>Private Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
</tr>
<tr>
<td>73%</td>
</tr>
<tr>
<td>53%</td>
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</tbody>
</table>

*Lewis S. J Am Coll Cardiol. 2017;69:452-62*
Changes in the Professional Lives of Cardiologists Over 2 Decades

Changes Over 2 Decades

<table>
<thead>
<tr>
<th>Year</th>
<th>Impede Professional Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>43%</td>
</tr>
<tr>
<td>2006</td>
<td>45%</td>
</tr>
<tr>
<td>2015</td>
<td>46%</td>
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Lewis S. J Am Coll Cardiol. 2017;69:452-62
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

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

1. Aging workforce

2. Practice setting

3. Men now balancing career and family; less likely to travel professionally

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

Balancing Motherhood, Career, and Medicine

Ure Mezu-Chukwu, MD

The Pregnant Cardiologist

**PRECONCEPTION**
- Women are often asked whether they intend to have children during interviews
  - Avoid such questions
  - Offer all candidates information on parental leave policies

- A career in cardiology often impacts family planning
  - Recognize the importance of pregnancy, parental leave, and breastfeeding

- Female cardiologists avoid pregnancy during periods of radiation exposure
  - Include radiation exposure recommendations in fluoroscopy training
  - Connect cardiologists with a radiation safety officer
  - Provide maternity lead and fetal dosimeters

**PREGNANCY**
- Women underutilize radiation reduction and monitoring strategies
  - Parental leave of 2 months for all cardiologists (men and women) with flexibility to account for potential complications

- Cardiologists experience a high incidence of pregnancy complications

**EARLY PARENTHOOD**
- Pressure to take shorter parental leave
  - Optimize space, time, and cultural acceptance for women to express milk in the workplace

- Women do not meet their breastfeeding goals

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

Langer A. Lancet 2015;386:1165–210
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
Thank you