

Title IX for Neurology Chairs

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Objectives

- Become familiar with the historical factors leading to Title IX
- Recognize the impact of Title IX in education
- Understand how Title IX interpretation and implementation has evolved
- Recognize the implications for a Neurology Department

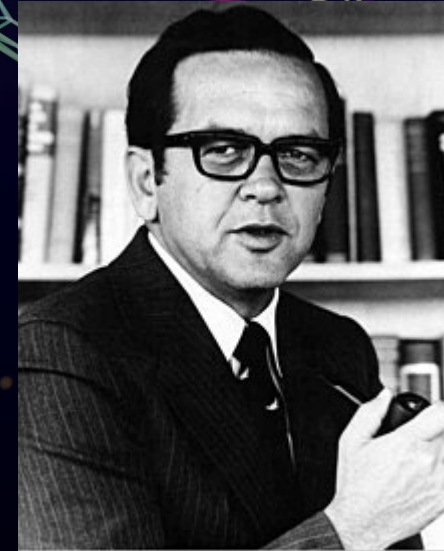


TITLE IX LANGUAGE

“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 an education program or activity receiving Federal financial assistance.”



Title IX Champions



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Title IX Politics

Championed by Birch Baye, Jr., Ted Stevens, Patsy Mink and Edith Green

Signed into law by Richard Nixon 1972

Essentially had to be passed twice

Supreme Court severely limited scope

The Civil Rights Restoration Act of 1987 was passed over veto of
Ronald Reagan

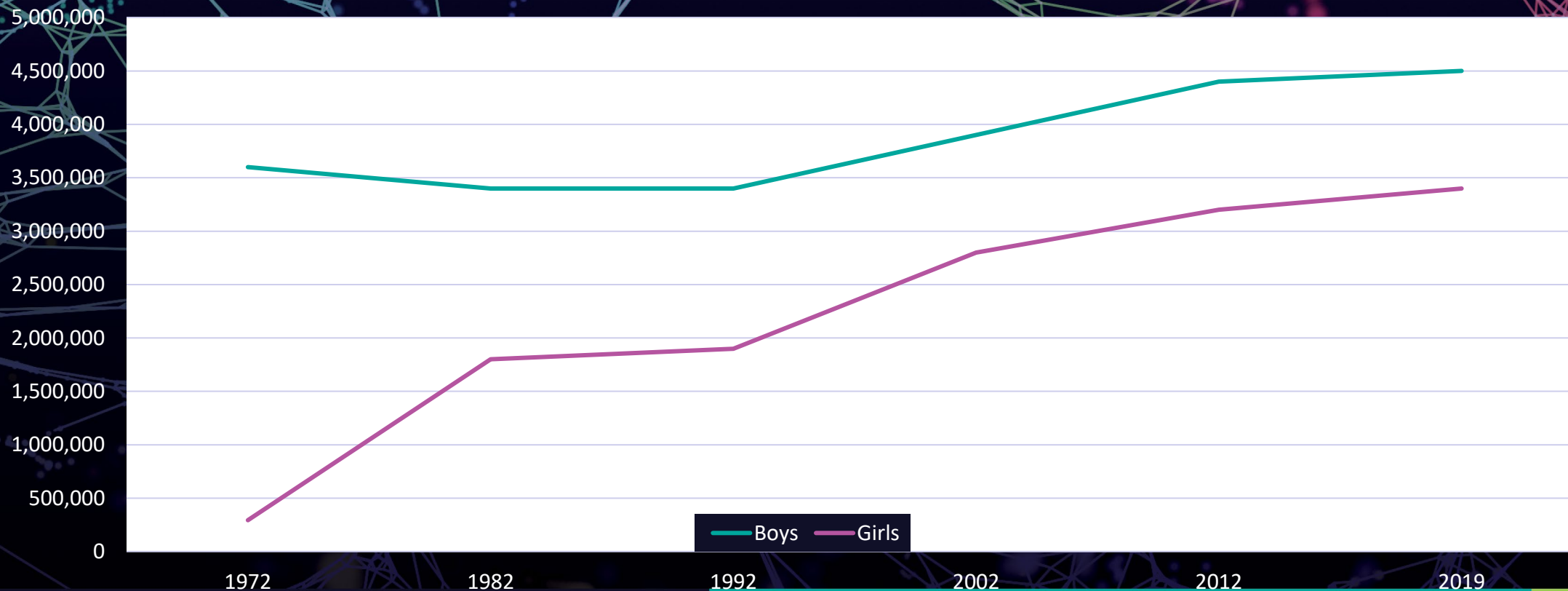


Title IX “Updates”

- Late 1070’s: Court decisions made clear that failure to curtail SVSH is discrimination
 - Allows for Formal Title IX complaints on these issues
 - Allows private lawsuits against institutions
 - Standard of preponderance of evidence changed to clear/convincing evidence in 2017 guidance
- 2010-16: Dept. Education guidance on transgender protections
 - Covered under Title IX
 - Instructed to treat students according to gender identity (w/drawn in 2017)
- Expected updates on guidance October 2023



Participation in High School Sports



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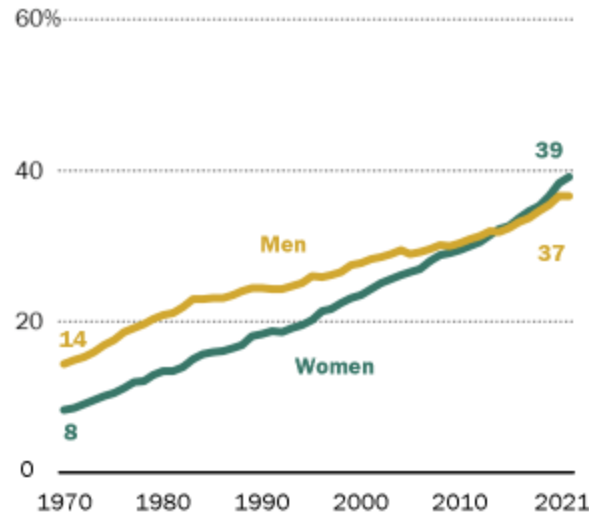
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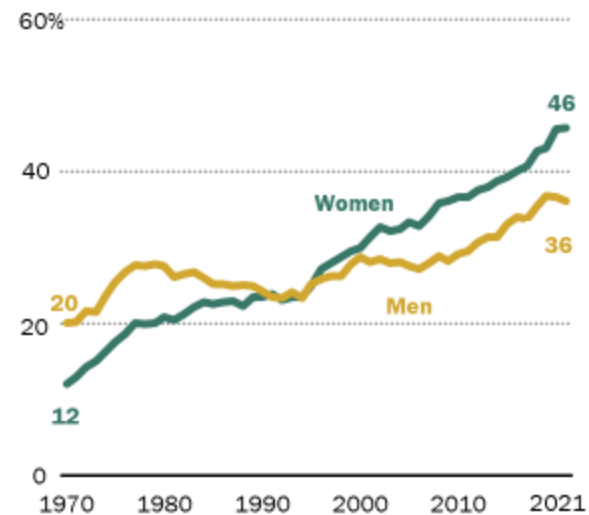
College graduation by gender

Women in the U.S. are outpacing men in college graduation

% of adults ages 25 and older with a bachelor's degree



% of adults ages 25 to 34 with a bachelor's degree



Source: Pew Research Center analysis of Current Population Survey Annual Social and Economic Supplement (IPUMS).

PEW RESEARCH CENTER



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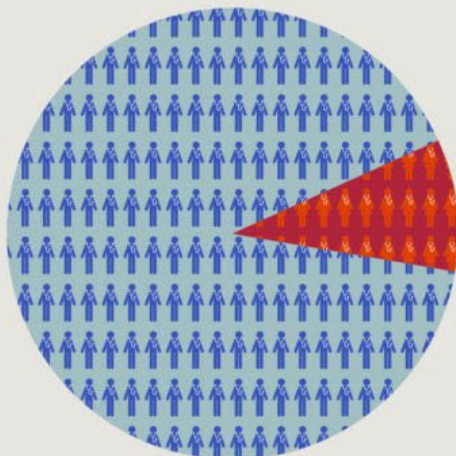
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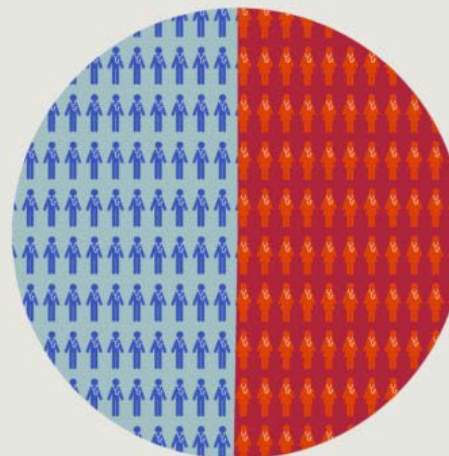


In **1970**,
U.S. MEDICAL SCHOOL
ENROLLMENT WAS



9.6%
FEMALE

In **2019**,
U.S. MEDICAL SCHOOL
ENROLLMENT WAS



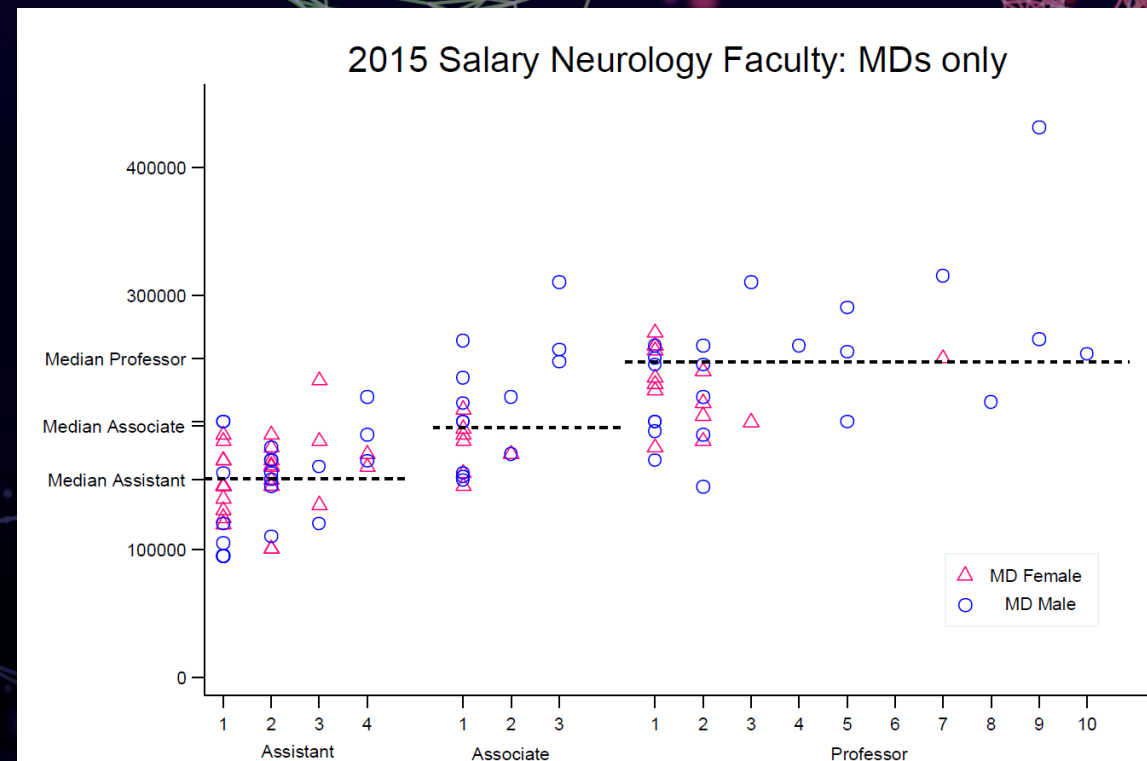
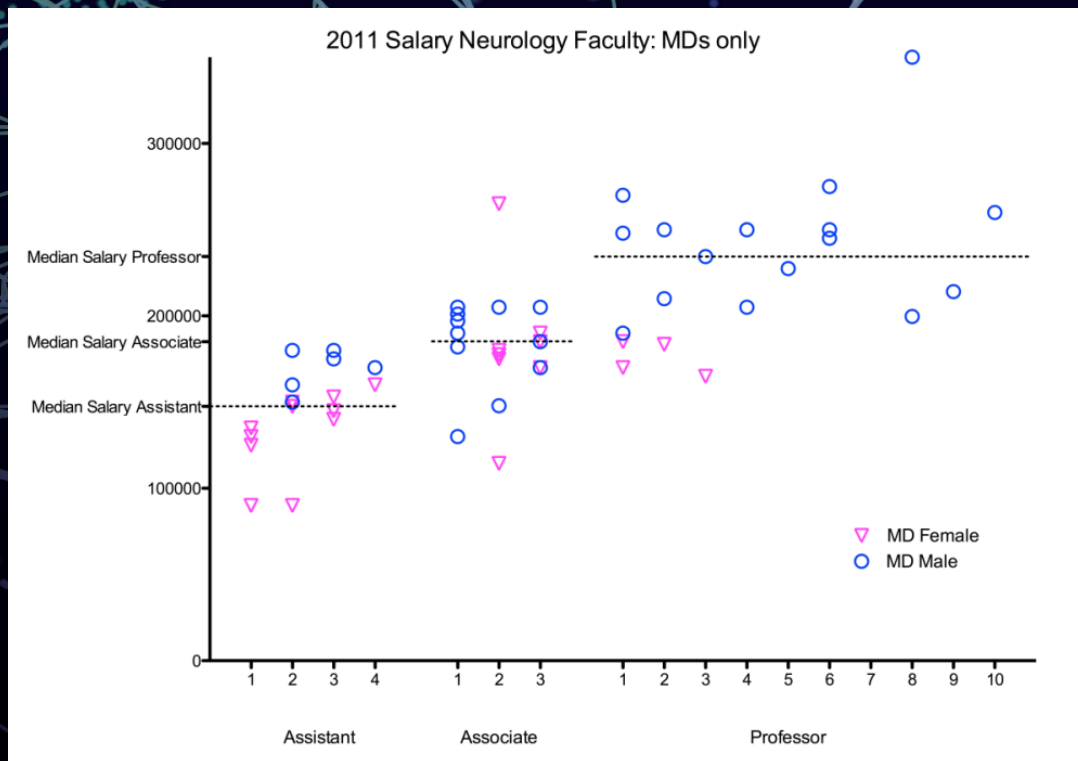
50.5%
FEMALE

Source: Association of American Medical Colleges





+ 25 years





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EDUCATION, AND CARE

Title IX for Neurology Chairs: Summary

- Had an almost immediate impact on participation of women and girls, especially in sports
- Interpretation and implementation continues to evolve
- Together with other factors, initiated transformation of academic life for women students, trainees and faculty
- Provides the promise for ending gender-based discrimination
- Will be part of the push for gender equity in academia going forward, as Dr. Raj will outline in her presentation.



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Gender Discrimination and Sexual Harassment in Academic Medicine

Anita Raj, PhD

Executive Director, Newcomb Institute

Professor of Public Health

Tulane University



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Learning Objectives

1. Review the data on gender representation in medicine and neurology
2. Define workplace sexual harassment and review its prevalence in academic medicine
3. Describe effects of sexual harassment on job performance and retention
4. Discuss potential solutions to address sexual harassment and gender discrimination



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Female Representation in Medicine and Academic Medicine

- Physician Workforce 2021¹: 37.1%
 - Neurology: 31.4%
 - Neurological Surgery: 9.6%
 - Neuroradiology: 19.4%
- Academic Medicine 2022²: 43.8%
 - Smaller gains among department chairs and medical school deans 1997 through 2019³

Graduating Medical Students 2022-2023⁴: 53.9%



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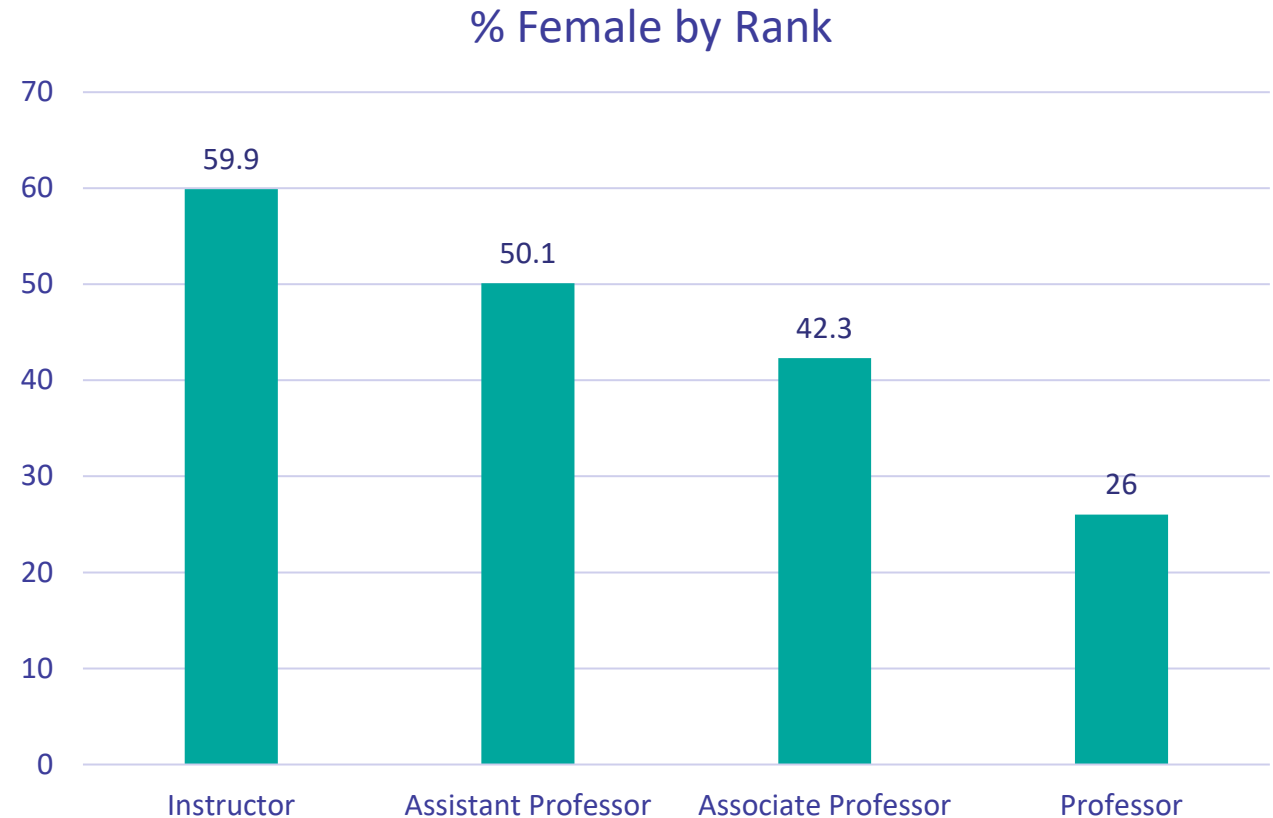
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Female Representation in Academic Neurology

- 43.5% Female
- We see equivalent female to male representation among Hispanic, AI/AN, and NHPI faculty but higher female representation among Black faculty.
- BUT under-represented minority faculty are under-represented in academic medicine, and all the more at the level of professor.



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What is Gender Discrimination & How Prevalent is It?

- Title IX states: “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.”⁵
- Gender (socially constructed) rather than sex (biological) should be the focus instead.
- We do not have data from AAMC on gender discrimination, but a 2020 study from Emergency Medicine found that **women were more likely to be subjected to gender-based discriminatory treatment than male faculty (62.7% vs 12.5%),**⁶ and a study with internal medicine hospitalists found that **almost 100% of females reported being mistaken by patients for nonphysician HCPs over their careers, compared with 29% of males (76% vs 10%, in the last 30 days).**⁷



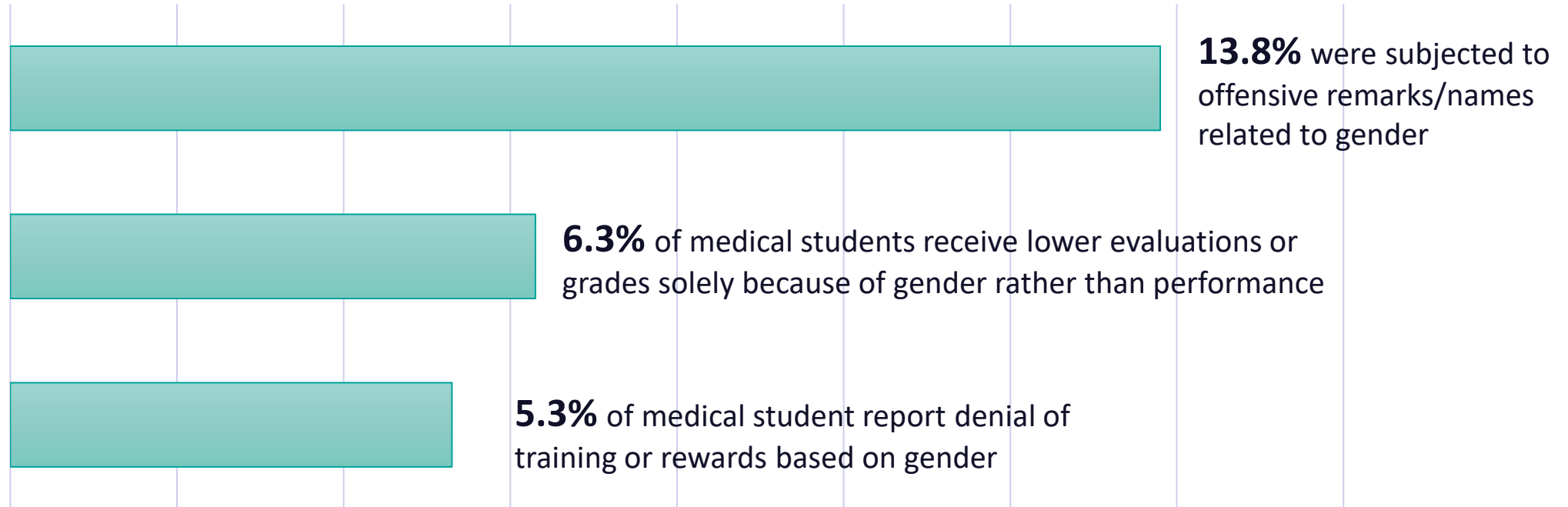
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AAMC Data on Gender Discrimination in Medical School⁴



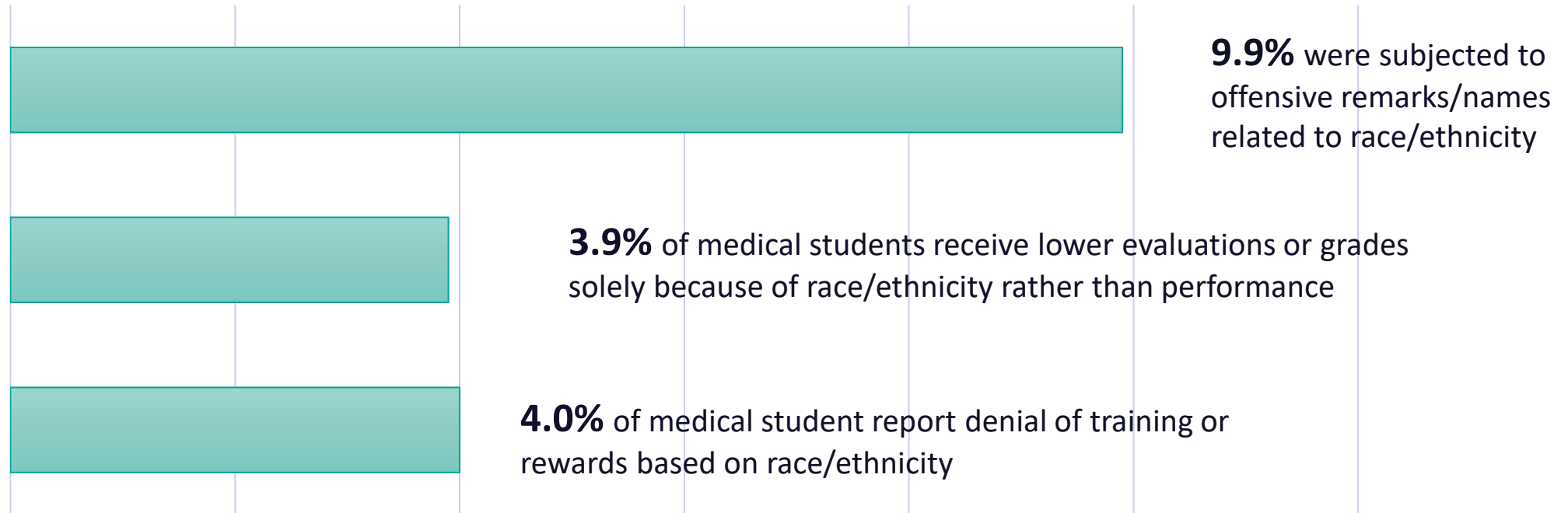
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AAMC Data on Racial/Ethnic Discrimination in Medical School⁴



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What is sexual harassment in academic medicine?

Comprised of⁸:

- **Unwanted sexual attention** is typically described as ongoing romantic attention or requests, in person or via technology, despite requests to cease the attention. More aggressive aspects of this behavior include stalking as well as retaliation if refused.
- **Gender harassment** involves verbal and nonverbal behaviors that denigrate individuals or groups based on their sex/gender or via their sexualization or sexual objectification, which can create a hostile work environment even for those who are not direct targets.
- **Sexual coercion** involves forced sexual or sexualized contact interactions typically viewed as more aggressive in nature, such as frotteurism (rubbing against someone sexually without consent) and exhibitionism (displaying oneself sexually without consent, a form of abuse that increasingly involves use of technology or cyber sexual harassment).
 - This can include quid pro quo sexual coercion, where opportunity for advancement or positioning is provided based on agreement to sexual contact.

Sexual harassment can come from supervisors, colleagues, and patients



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AAMC Academic Faculty Survey Questions on Sexual Harassment⁹

- In thinking about unwanted behaviors over the past 12 months, how often did a medical school faculty or staff member (including supervisors):
 - Tell sexist stories or jokes that were offensive to you
 - Make offensive remarks about your appearance, body, or sexual activities
 - Refer to people of your gender in offensive, insulting, or vulgar terms
 - Put you down or act in a condescending way toward you because of your gender
 - Send offensive messages based on your gender or show you obscene (e.g., sexually explicit) images via email, text, social media, calendars, and desktop screens
- Please indicate the extent to which you agree or disagree with the following statements:
 - If I experienced harassment, I would feel safe reporting the incident(s) at my medical school
 - If I experienced harassment, I know to whom I can report the incident(s) at my medical school
 - If I reported harassment, I feel confident my medical school would resolve the incident(s) effectively



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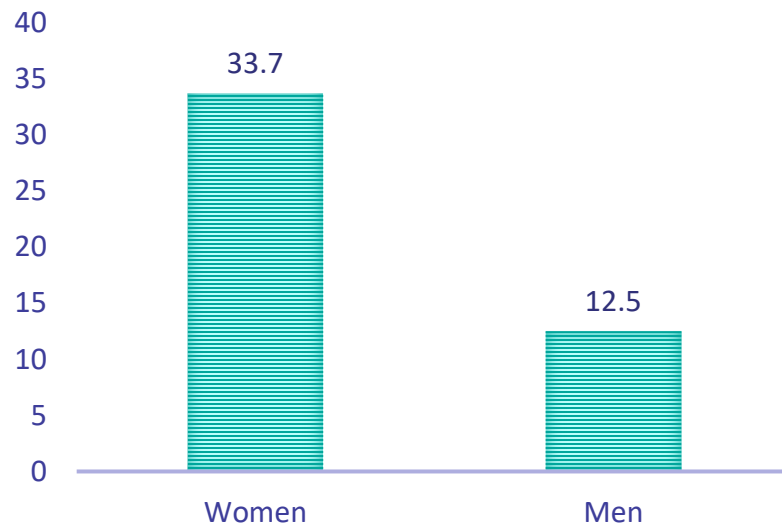
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Past Year Sexual Harassment reported by Academic Medicine Faculty⁹

% EXPERIENCED SEXUAL HARASSMENT IN THE PAST 12 MONTHS



- Highest rates of sexual harassment occur in:
 - Anesthesiology – 52.6% of women and 21.3% of men
 - Emergency Medicine - 52.6% of women and 17.7% of men



Female and Male Reports of Gender Harassment in Academic Neurosurgery⁹

Reported by 29.4% of women and 9.2% of men

- Refer to people of your gender in offensive, insulting, or vulgar terms: 30.8 of women vs 1% of men
- Put you down or acted in a condescending way toward you because of your gender: 30.8% of women vs 1% of men
- Refer to people of your gender in offensive, insulting, or vulgar terms: 22.6 of women vs 5.1% of men
- Put you down or acted in a condescending way toward you because of your gender: 22.6 of women vs 5.1% of men



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Who is more likely to have been sexually harassed among academic medicine faculty?⁹

- Younger female faculty
- LGB+ faculty
- Female faculty who advance
 - 40.1% of women with an administrative title and 29.8% of women without an administrative title
 - 37.0 of women tenured/tenure track and 32.9% of women non-tenured/non-tenure track

Longitudinal research assessing faculty experiences with sexual harassment in 1995 and then rank and position in 2012/2013 found that:

Women reporting severe sexual harassment were 70% more likely to advance to full professor.¹⁰



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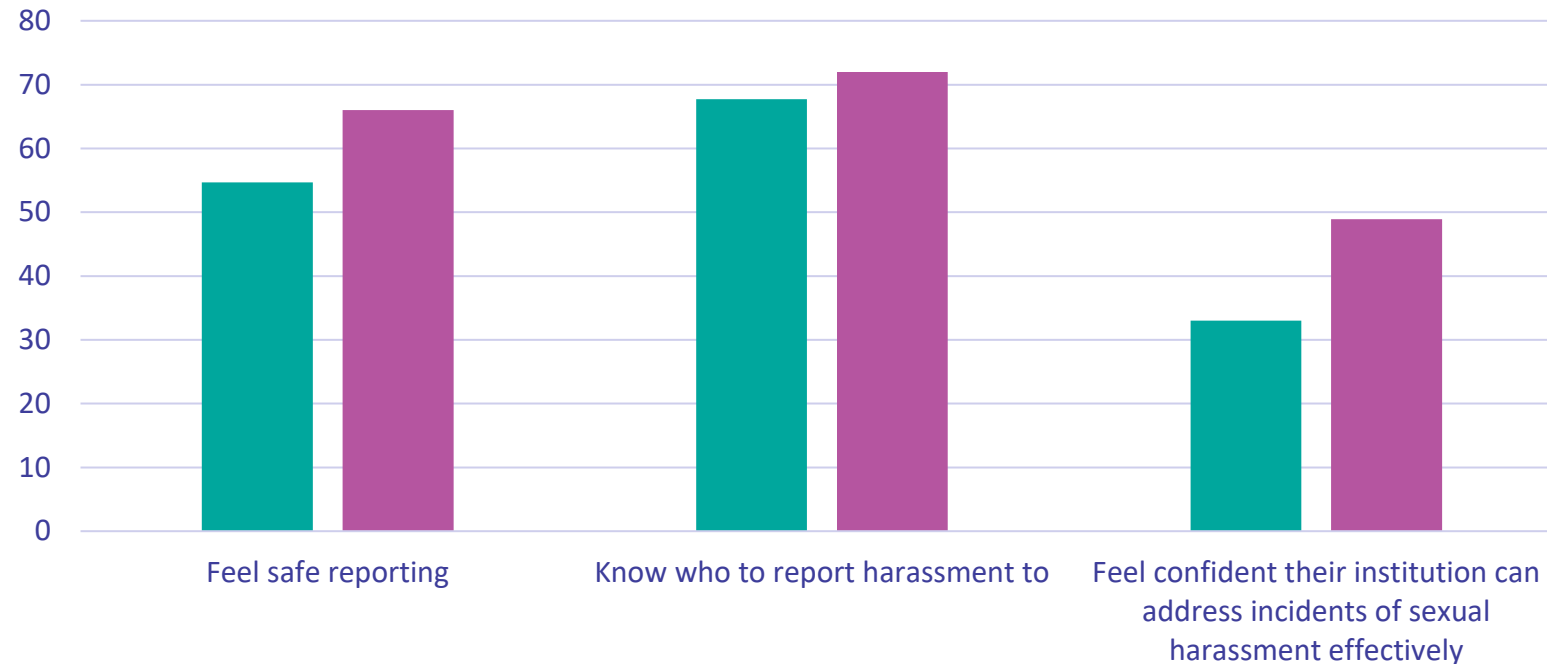
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Perceptions of Institutional Support for Academic Faculty Reporting Sexual Harassment⁹

Among those who experienced sexual harassment in the past year



Women Men



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Impact of Sexual Harassment on Workplace Satisfaction and Personal Well-being

Workplace Satisfaction⁹

- Lower satisfaction with the department
- Lower satisfaction with the institution
- Lower likelihood to want to stay at the institution
- Lower likelihood to recommend the institution to others

Well-being

- Depression and anxiety, increased substance abuse, feelings of inadequacy, and burnout^{11,12}
- For women, effects are stronger than that seen for household stress, workload, rank, and demographic factors¹³



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Why do Gender Discrimination and Sexual Harassment Persist in Academic Medicine?

- Negative aspects of academic medicine climate and culture encourage these behaviors
 - masculine and homophobic culture, hierarchical leadership structures, and a tolerance of bullying and disrespectful behaviors¹⁴

Climate: the overall atmosphere, including the physical and emotional safety of the faculty, students and staff.

Culture: the shared values, beliefs, and practices within the academic community.



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How can we better address gender discrimination and sexual harassment in academic medicine? Guidance from the AAMC⁹



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Prevention is Key but Receives Little Focus. NASEM Offers some Guidance.¹⁵

- Create diverse, inclusive and respectful environments
- Move beyond legal compliance to address culture and climate
- Diffuse the hierarchical and dependent relationship between trainees and faculty
- Incentivize change. Measure and track change
- Encourage involvement of professional societies and other organizations. Make the entire academic community responsible for reducing and preventing sexual harassment



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