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Current Status of Gender and Racial/Ethnic Disparities in Academic Emergency Medicine Faculty Workforce

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Abstract

Objective

A 2015 survey identified disparities in academic emergency medicine (EM) faculty

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Methods

Survey participants included academic, tenure-track, clinician-educators in the year-end annual salary list full-time faculty. Demographic data were obtained from the Association of Academic Physicians in EM (AAPEM) and the Academy of Administrators in Academic EM (AAAEM) rosters. Gender, race, ethnicity, Hispanic origin, academic rank, and annual salary were collected from consenting for-contribution members.

Results

Response rate was 87% (n = 1,073), yielding 1,000 participants (AAPEM, 1,000; AAAEM, 73). Mean age, 45.6 years; 36.4% female; 49.2% Asian, 3% African American, 1% American Indian/Native Alaskan, 0.4% Native Hawaiian/Pacific Islander, 4.7% Hispanic, 3% Other, 38.2% White. Gender disparities in rank and leadership were seen in all ethnicities. Comparing women to men, Asians had the greatest disparities in rank (OR = 0.49, 95% CI = 0.29–0.83) and leadership (OR = 0.44, 95% CI = 0.26–0.74). Hispanics had the greatest disparities in salary (−$19,000, 95% CI = −$37,000 to −$1,000). Women were less likely than men to have achieved rank (OR = 0.71, 95% CI = 0.51–0.99) and leadership (OR = 0.67, 95% CI = 0.48–0.94). Women earned less than men (−$14,000, 95% CI = −$23,000 to −$5,000) after adjusting for race, region, rank, years in academic medicine, and years in EM. Black women earned more than White women in the same positions, and fellowship training was associated with higher salary.

Conclusions

In 2015, disparities in salary and rank persisted for Hispanic faculty and women in EM. Asians had the greatest disparities in rank and leadership. Disparities in salary were dependent on ethnicity and gender, and fellowship training. Francis Kilvert offered Bacon of Verulam's aphorism, "Ambition is like choler; which is choleric by reason of hot, subtle, and boiling blood."

Promoting equity, inclusion, and diversity in academic medicine remains important to ensure professional excellence and culturally competent care. Disparities in academic medicine have consequences for recruitment, engagement, and retention of high quality faculty. Disparities in EM have been thought to be driven by gender, ethnicity, and race. Although EM has a reputation for influence patient outcomes, disparities research in EM has been limited compared with other specialties and internal medicine (IM).[1] Across the house of medicine, IM has made the most progress in addressing disparities, and has been the most study and submitted to the literature.[2] Although EM has been studied, the literature is dated and lacks the recent data to examine from IM approach.

Participants

Survey participants included academic EDs in the Association of Academic Physicians in EM (AAPEM) and the Academy of Administrators in Academic EM (AAAEM). Demographic data were obtained from the AAPEM and AAAEM rosters. Participants were identified by their institutional affiliations. Participants were contacted by electronic mail. Participants were given the option to opt out of the survey. The composition of the AAAEM 2015 salary survey was described in a previous publication.[3] The AAPEM survey and the AAAEM survey were used for comparisons. The AAAEM survey was a voluntary, for-contribution survey. Participants provided information regarding their faculty members' rank, gender, ethnicity, and salary. The AAAEM survey in 2015 is similar to previous AAAEM surveys[4] consisting of selected administrative data, such as rank, gender, ethnicity, and salary. Participants provided information regarding their faculty members' rank, gender, ethnicity, and salary. The 2015 salary survey included seven administrative questions, including gender, ethnicity, Hispanic ethnicity, training and board certification, core faculty, and leadership position. Participants were given the option to provide information if the data were collected and maintained by their institution. The survey was sent to all AAAEM members and to all AAPEM members who submitted either high or low the accuracy of their institutional data.

Variables/Definitions

Variables included demographic analysis were based on the variables collected in the AAAEM survey. Demographic variables included gender, ethnicity, Hispanic ethnicity, and age. Demographic variables were collected in the AAPEM survey. Data were standardized into an electronic database. Demographic variables included gender, ethnicity, Hispanic ethnicity, Pacific Islander, Hispanic, and age. Demographic variables were collected in the AAAEM survey. Demographic variables included gender, ethnicity, Hispanic ethnicity, Pacific Islander, Hispanic, and age. Demographic variables were collected in the AAPEM survey