

Integrating A Diverse Perspective in Management of IBD

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Racial/Ethnic Demographics of AGA Members and US Gastroenterologists

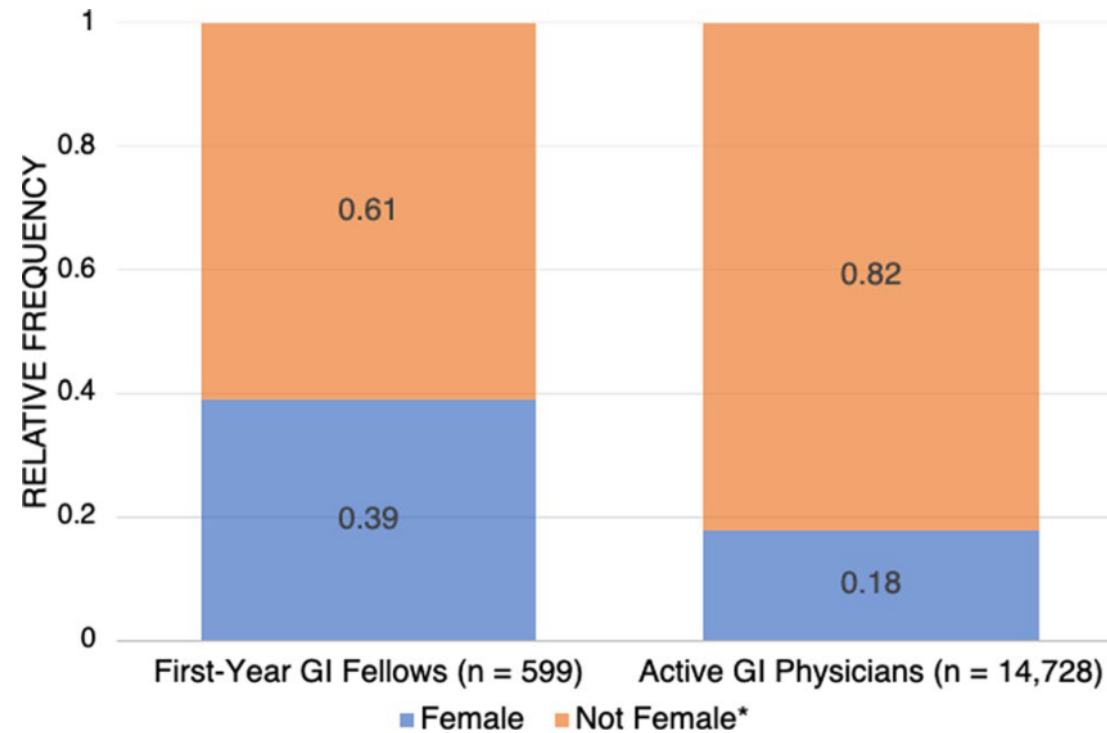
Race and Ethnicity	AGA Full Members 2010 (US)		AGA Full Members 2020 (US)		US Gastroenterologists 2010 (US)*		US Gastroenterologists 2020 (US)**		US Population (%)	
	No.	%	No.	%	No.	%	No.	%	2010 ¹	2020 ²
American- Indian /Alaskan Native	8	0.2%	13	0.2%			15		0.7%	0.7%
Black/African-American	161	3.7%	283	4.6%	431	3.9%	563	4.4%	12.3%	12.3%
Hawaiian/ Pacific Islander	1	0.02%	2	0.03%					0.2%	0.2%
Hispanic	211	4.8%	370	6.0%	717	6.5%	847	6.6%	16.4%	17.8%
Total URM	381	8.7%	668	10.8%						
Asian	925	21.13%	1,773	28.8%					4.7%	5.4%
Multi-racial	-	-	-	-	-	-	144	1.1%	2.0%	2.4%
Other	-	-	-	-	305	2.7%	123	0.96%	0.2%	0.2%
White	3,071	70.2%	3,725	60.4%	7,112	64%	7,527	58.9%	63.7%	61.1%
Total reporting	4,377		6,166		11,111		12,771		n.a.	n.a.
Not reporting	3798		3,440		2009				n.a.	n.a.
Total	8,175		9,606		13,120				309.4 M	322.9 M

- From the AMA Physician Masterfile, Dec. 31, 2018; **AMA Physician Characteristics and Distribution in the US, Dec. 31, 2010, percentages are of total reporting. ¹the percents add to 100.2 due to approximation.
- The 2010 census data was obtained from: <https://data.census.gov/cedsci/table?q=United%20States&g=0100000US&tid=ACSDP1Y2010.DP05>; ²the percents add to 100.1 due to approximation.
- The 2020 census data is an estimate and was obtained from: <https://data.census.gov/cedsci/all?q=ZCTA5%2012020&hidePreview=false&tid=ACSDP5Y2018.DP05>. n.a., non-applicable.

Racial/Ethnic Demographics of AGA Trainee Members

AGA Trainee Members				
Race and Ethnicity	2010 ¹		2020 ²	
	No.	%	No.	%
American-Indian/Alaskan Native	2	0.2%	4	0.4%
Black/African-American	48	4.7%	64	6.1%
Hawaiian/Pacific Islander	0	0%	7	0.7%
Hispanic	48	4.7%	67	6.4%
Total URM	98	9.6%	142	13.6%
Asian	387	37.8%	451	43.2%
White	538	52.6%	452	43.2%
Total Reporting	1,023		1,045	
Not Reporting	235		357	
Total	1,258		1,402	

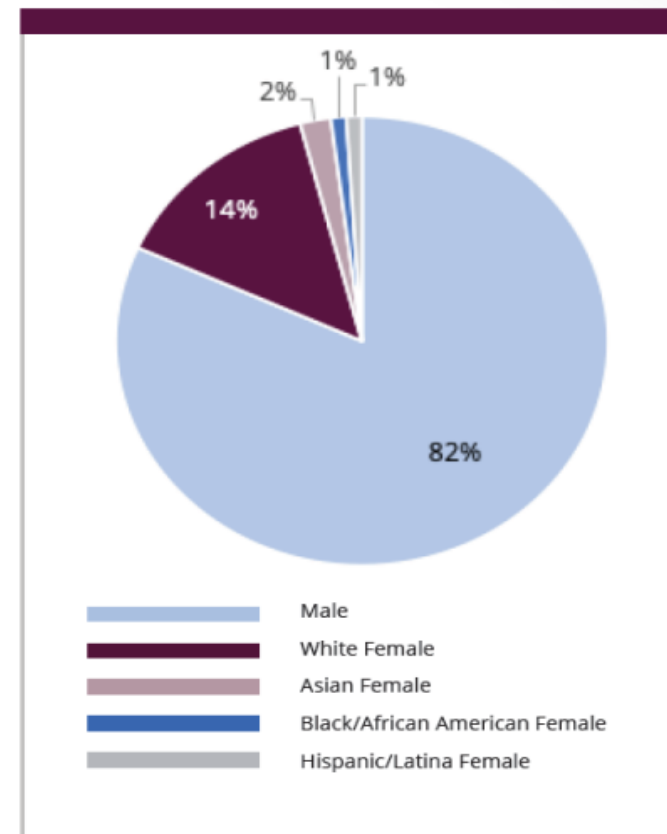
What about women in GI?



US Medical School Chairs

Figure 8B

US Medical School Chairs



IN 2019, FOR THE FIRST TIME EVER, THE MAJORITY OF MEDICAL STUDENTS ARE WOMEN.



FOR THE 2019-2020 ACADEMIC YEAR

6.3% ↑

in Hispanic, Latino, or
of Spanish Origin
matriculants

3.2% ↑

in black or
African American
matriculants

5.5% ↑

in American Indian or
Alaska Native
matriculants

More women work part-time

- Longitudinal Intern Health Study from March 2007 to June 2013
- 344 of 486 participants (70.8%) agreed to take part in the survey (177 [51.5%] women
 - Median age 35.0 [34.0-36.5] years
 - Completed training median 3.2 (1.7) years before completing the survey.
- Working full time: 298 participants (86.6%); 39 (11.3%) part-time, and 7 (2.0%) not at all.
 - Women significantly more likely to report not working full-time than men physicians
 - 40 of 177 [22.6%] vs 6 of 167 [3.6%]; odds ratio [OR], 7.83; 95% CI, 3.22-19.04)
 - Women with children compared with men with children (33 of 108 [30.6%] vs 5 of 109 [4.59%]; OR, 9.15; 95% CI, 3.41-24.54)
- A 9.6% gender gap in full-time employment in year 1 after training
 - (24 of 27 men [88.9%] vs 23 of 29 women [79.3%])
- 38.7% by 6 years after training
 - (21 of 21 men [100%] vs 19 of 31 women [61.3%]).
- Of physicians currently working full-time, women were significantly more likely to report considering part-time work compared with men (87 of 135 [64.4%] vs 33 of 156 [21.2%]; OR, 6.76; 95% CI, 4.01-11.38)

Gender Imbalance in GI

- Under-representation of women in the field of gastroenterology at resident, staff and leadership levels
- Women experience their GI careers differently than men
 - More likely to have to choose between career and family
 - More likely to be remunerated less
 - More likely to experience challenging professional relationship (mentorship, other HCPs, peers)
- Gender specific differences have been demonstrated in other specialty areas



Ontario Medical Association Data

- Comparing billing data between men and women and correcting for confounders such as days worked: 15.6% unexplained pay difference.
- Letter to the Editor:
 - This utter nonsense. My wife is a physician, and yes she earns less than what I do, but this purely because her work is office based, whereas I am involved in hospital care and does a lot of ER work with a different fee structure. Also my hours are absolutely not comparable to hers. It is way more!
 - The billing structure is no different and with her office work she has billing opportunities which can be utilised, other than those which I generally have to use.
 - **There is NO gender pay gap. There is no hidden bias and there is no hidden training agenda. The gap which exist is purely on account of the type and quantity of work women CHOOSE to do. It is completely untrue/false to claim otherwise! I am fed-up of such inflammatory fraudulent statements which flies under the protective flag of political correctness!**

Cohen CMAJ 2020;192:E1011-E1017.

OHRC Recommendations OMA Physician Human Resources Committee (OHRC)|July 2020

J. Van Dyk, Aug 31, 2020 CMAJ

Conclusions and Controversies

- More women are entering medical school
 - More women are entering GI fellowship
 - Gaps in pay and leadership roles remain
- Questions for discussion
 - What more can be done?
 - If 50% of med school graduates are women and more women choose to work part-time or leave medicine, is this a problem?
 - Is Gender pay gap real?

Questions?

- What can be done to improve disparities
- Is it important to have diverse doctors to care for diverse patient populations?

