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AGS Section

Geriatrics experts on achieving gender equity in health care: “When women rise, we all rise”

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The workforce caring for older adults is more diverse than ever before. We encompass not only a broad array of health professions but also the rich spectrum of unique individuals practicing those professions. We are expert clinicians, researchers, advocates, and educators who connect with our country's diverse older adults because we ourselves reflect that same diversity in appearance and perspective. Putting power and potential behind equity that celebrates our differences is our greatest opportunity—but also one of our greatest challenges. At a time when more of us than ever before are poised to contribute to our communities thanks to longer lifespans, we need the whole of society—irrespective of gender, race, religion, sexual orientation, and any other characteristics—to stand against discrimination as we stand up for all.

The real question is: “How do we make that possible?” A new position statement from the American Geriatrics Society (AGS) is poised to bring us closer as it takes aim at one of society's most pervasive and pernicious challenges: Gender inequity.¹ Offering practical, actionable, and meaningful suggestions to end disparate treatment of our female colleagues, this AGS statement strives to help our field—and the whole of health care—achieve a simple truth: “When women rise, we all rise.”¹ (p. 1)

For this latest AGS position statement published in the *Journal of the American Geriatrics Society*, our Women in Geriatrics Section and Public Policy Committee reviewed evidence, position statements from other organizations, and recommendations for addressing gender inequity from other professional groups.¹ The resulting statement focuses on four recommendations for ending gender discrimination across fields and practices:

- **Address discriminatory practices:** Discrimination based not just on gender but also on any number of personal characteristics stymies critical workforce growth and prevents diverse perspectives from improving our care.¹ From establishing inclusive task forces for reviewing policies to encouraging individual practitioners to

identify and “speak out. . . when [they] observe implicit or explicit gender bias,” the AGS position statement takes direct aim at biases that harm individuals *and* society as a whole.¹ (p. 6)

- **Address pay discrepancies:** Across the U.S. workforce, women continue to earn 85% of compensation provided to men in similar positions.¹ Discrepancies in pay not only make it more challenging to make ends meet but also reinforce a culture that sees women frequently passed over for major assignments, leadership opportunities, senior mentoring, and promotions.¹ The AGS position statement suggests a host of solutions, from systemic reviews of compensation and benefits to efforts empowering both women and men to advocate for pay parity and build equity into hiring decisions.¹
- **Address family and medical leave:** The federal Family and Medical Leave Act (FMLA) entitles eligible employees to as many as 12 weeks of annual unpaid leave to recover from a serious illness or care for a newborn, newly adopted child, or seriously ill family member.¹ However, roughly 40% of workers—including many health professions trainees in geriatrics—remain ineligible for FMLA coverage, and millions who *are* eligible still struggle to afford unpaid time off.¹ The AGS position statement calls not only for making paid family and medical leave a priority but also for offering flexible arrangements that can help the whole of our workforce—particularly women, who still represent the majority of caregivers in the U.S.—balance personal and professional priorities.¹
- **Advance women in leadership positions:** In the past decade, women leaders have made significant strides shattering the “glass ceiling.” At the AGS alone, female president representation increased to 70% between 2009 and 2019, with women now comprising 60% of the AGS membership overall.¹ Still, women in the workforce continue to receive less leadership recognition than their male counterparts, in part because women often are passed over for management positions but also because a culture of discriminatory harassment and “micro-aggressions” (indirect statements or actions that reflect subtle or even unintentional bias against members of a marginalized group) can make leadership feel out-of-reach.¹ The AGS position statement offers recommendations to help ensure the whole of the workforce can continue to grow.¹

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To make these priorities a reality, the AGS position statement also offers specific recommendations for groups critical to future progress. These include:

- **Employers**, who are key not only to ending existing bias and discrimination but also to putting better policies, processes, and programs in place to help women rise.¹
- **Health leaders**, who are critical in advocating for change and modeling best practices.¹
- **Male colleagues**, who also have a deeply vested interest in gender equity as a key factor contributing to health, education, and financial stability for us all.¹
- **Women across the workforce**, who must work together as allies, particularly as they make gender equity—and equity overall—the rule rather than the exception.¹

The full AGS position statement and list of recommendations is available for free from JAGS at bit.ly/WhenWomenRise. For more information on ways you can support women in the workforce—particularly the women clinicians, educators, researchers, and advocates we need as we age—visit AmericanGeriatrics.org/Where-We-Stand.

Reference

1. Boxer R, Norman M, Abadir P, et al. When women rise, we all rise: American Geriatrics Society position statement on achieving gender equity in geriatrics [published online ahead of print October 1, 2019]. *J Am Geriatr Soc*. doi: [10.1111/jgs.16195](https://doi.org/10.1111/jgs.16195).