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VIEWPOINT

How can we champion young women working in public health?

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Women, especially early in their careers, have been systematically excluded from public health leadership positions, only holding 25% of the leading roles despite compromising 70% of the workforce (1). They face difficulties in entering the field, ensuring a work life balance, and receiving adequate support. This disparity has been highlighted during the COVID-19 pandemic, in which the public health workforce (PHWF) has been placed at the forefront of the crisis response. This spotlight on public health has demonstrated the gaps within the system, namely the inability to respond to current and future public health demands and to adapt to constantly changing environments. The failures of public health systems have been in part attributed to the fact that the PHWF, particularly its leaders, have not been adequately supported and strengthened, resulting in a homogeneous, non-representative workforce (2). A revitalized PHWF is urgently needed.

The new workforce must address the non-representative nature of current leaders and support individuals and organizations ready to champion a new era of public health. "Champions" themselves are described as engaging, innovative individuals who are passionate, persistent, persuasive, and influential (3). The combination of these values is critical for effective public health leadership, and is associated with improved population health and well-being. These characteristics in a woman, however, can be seen as disruptive, loud, assertive and emotional. This viewpoint discusses how this and additional barriers impact young women from entering the field, achieving a work life balance, and receiving adequate support. It provides key takeaways based off of these observations, and demands institutional change for the betterment of individual and population health.

Entering the public health field

The demographics of the public health workforce are largely unexplored. In a field intended to be diverse and representative of the public, this is a large oversight. Diversity and inclusion in public health is tied to better health outcomes, which is simultaneously the goal of public health (4). Data often showcases gender distribution for healthcare practitioners such as physicians and nurses, but data collection does not extend to public health practitioners and students. The majority of educational institutions do not collect demographic data regarding students or faculty, and organisations are even less likely to collect and share data (5). For those that do, the gender gap remains, with women being underrepresented in higher positions (6). This knowledge gap demonstrates an early stage ignorance of the disparities present within public health. By not knowing who chooses to enter the public health field and why, barriers that individuals might face when considering entering the field are ignored.

Generally, public health leaders are not visible to the public. This is exacerbated for young women, as they see few female leaders in the field. It is essential to be exposed to people they can identify with in a leadership position to consequently see a potential future for themselves. As a result, the field would be richer through a more diverse representation, knowledge and leadership traits (1).

Achieving a work-life balance

The challenge of championing young women does not end just by breaking the barrier of entering into the workforce. It transitions to the next question of "What now?". With the pressures of today's society and health needs, the public health workforce is faced with the conundrum of balancing a high, active engagement in their work with family and personal life.

Women are expected to take on multiple roles in life, such as a homemaker and a working woman, as well as maintaining strong social networks. Research findings continuously emphasize that women are paid less for doing the same work, that being a 'working mother' has made it harder for women to advance in their job or career, that work conditions are designed for men, and that woman face additional pressures to being a good parent and friend compared to men (7). These imbalances warrant stress, and are linked to unwanted health issues. The high expectations can be intimidating and alienating for young women trying to advocate for themselves in the public health workforce (8).

Receiving adequate support

Once a young woman has entered the PHWF, she is faced not only with high professional and personal expectations, but also with the limitations of our current mentorship system. Very few programmes and organizations, both academic and in industry, have established cohesive mentoring frameworks. Public health organizations are underfunded and under resourced, with limited time to develop robust mentorship systems. Genuine, bi-directional inclusion of young people is necessary for better health programmes and subsequent outcomes (9). However, mentorship is hard to come by, due to the high pressures of academia and silos between private and public sectors. Above all, opportunities are not casually offered to young mentees.

Academia and research follow a publish-or-perish system, which has resulted in a culture of selfishness and gender disparity. Women are significantly underrepresented in scholarly journals (10); this is particularly damaging in a field such as public health, which thrives off of multidisciplinary, relational work. By building a workforce in which the members are competing to be seen, it limits its own ability to effectively teach and collaborate in the workforce. The culture also disproportionately impacts women, who due to other responsibilities, may not be as able to compete for recognition.

The essence of female empowerment lies in increasing female representation in the organization's social order to bring forth the idea that this is possible. Female leaders in health systems have a common element in their careers: a strong social network early on that helped them develop confidence and credibility (11). To advance in the career, a robust professional social network is necessary. Today's next generation is suffering from a high impact, fast-paced global environment. These high demands as a young woman in public health challenges the notions of being a visible part of the workforce in demanding situations.

Key Takeaways

The public health infrastructure needs strengthening to be gender responsive. To do so, women, particularly young women, must be more intentionally welcomed into the field and given the opportunity to reach their full potential in leadership roles. The demographics of the public health workforce are not established and female leaders are not clearly visible to the public. To address this gap, public health educators, practitioners, and leaders need to consider how public health organisations function and recruit at all levels, from initial visibility of the field, to opportunities and support once women have entered. Gender transformative policies need to be created and adopted to push the health sector to empower women and girls. Public health must:

- Have representative leadership, including women and young people
- Recognize the barriers to entry for young women, including workplace

demands and availability of role models
- Bolster mentorship and support networks, particularly for young women to highlight women empowerment
- Support career advancement and gender parity in leadership positions

Providing equal and equitable opportunities for young women working in public health is essential to achieve the necessary strengthening of the public health infrastructure. Making overdue changes to systemically gender biased and discriminatory infrastructures is crucial for the future of public health, and will strengthen public health's post-pandemic response.

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