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BOSTON UNIVERSITY
BUILDING PIPELINES FOR WOMEN'S LEADERSHIP
IN PUBLIC HEALTH

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>> MICHAEL STEIN: Good afternoon. My name is Michael Stein, and I serve as Dean ad interim of the Boston University School of Public Health. On behalf of our school, welcome to today's Public Health Conversation. These Conversations are meant as spaces where we come together to discuss the ideas and issues that matter most for health. Through a process of conversation and debate, guided by expert speakers, we work to build approaches that get us to a healthier world.

Thank you to everyone who helped make this conversation possible. Special thanks to Veronika Wirtz and our cohosts at the BUSPH Emerging Women Leaders program and to the BUSPH Dean's Office and Communications teams. The future of public health depends on cultivating the next generation of leaders, with emphasis on creating pathways for groups which have been underrepresented in leadership roles.

Today, we will discuss how we can better support a pipeline for women's leadership in public health. In doing so, we will discuss how we can synergize these efforts with the broader work of shaping a more inclusive approach to public health leadership. I look forward to learning from our speakers today. I am now delighted to turn things over to our Associate Dean for

Diversity, Equity, Inclusion, and Justice, Dr. Yvette Cozier. She will introduce our speakers and lead today's conversation.

>> YVETTE COZIER: Thank you for that introduction. I now have the privilege of introducing today's speakers.

First, we will hear from Mayowa Alade. Dr. Mayowa Alade is the Special Adviser to the Coordinating Minister of Health and Social Welfare in Nigeria. In this role, she provides technical support to various landmark healthcare transformation and reform programs, including the Nigeria Health Sector Renewal Investment Initiative through the Sectoral Wide Approach, anchored around reducing maternal and child health outcomes in Nigeria; the Human Resources for Health policy/Managed Migration policy; the Social Action Fund, among others. Dr. Alade holds a medical degree from the University of Ilorin, Nigeria, a Master's in Public Health from the University of Glasgow, UK, and a Doctor of Public Health in Leadership, Management and Policy from Boston University School of Public Health, here in the U.S.

Then, we will hear from Emelia Benjamin. Dr. Benjamin is Boston University Chobanian and Avedisian School of Medicine Jay and Louise Coffman Professor in Vascular Medicine, School of Public Health Professor of Epidemiology, and the inaugural medical campus Associate Provost for Faculty Development. A Framingham Study investigator and Boston Medical Center cardiologist, she is an international leader in the epidemiology of atrial fibrillation. She has been continuously NIH funded since 1998 on grants related to AF, vascular function, inflammation, mobile health, and chronic pain with an H-index of >200 and >800 publications. An Association of American Physicians Member, she has won national awards for research, education, mentoring, and diversity.

Finally, we will hear from Rosemary Morgan. Rosemary Morgan is a Research Professor at Johns Hopkins Bloomberg School of Public Health in the Department of International Health and the Associate Chair in Inclusion, Diversity, Anti-Racism, and Equity for the International Health Department. Dr. Morgan codirects the Gender and Health Summer Institute and Coordinates the Gender and Health Certificate at Johns Hopkins School of Public Health. She is recognized as a specialist in gender analysis in Health and health systems research, interventions, and programs, as well as leads projects focusing on gender responsive monitoring, evaluation, and women's leadership.

I will start with Dr. Alade. And I will turn things over to you.

>> MAYOWA ALADE: Good morning, everyone. Sorry, it's afternoon, actually. Good afternoon, everyone. I'm so glad to be here with you all today. I'm really honored to be given this

opportunity to talk about women's leadership in public health. Just give me a second, and I'll share my slides.

So, when we look at public health, especially in countries, low or middle-income countries like Nigeria and even globally, we see that women bear a disproportionate burden of disease and death. But we realize that even though women bear this disproportionate burden, women in leadership are limited. We have few women being represented in leadership positions within the community, within facilities, within institutions, and even at the high level, at a higher level of policy-making, we see that women are underrepresented.

For instance, when we look at the health workforce in Nigeria, we see that among the front line health workers we have 70% of health workers are women. But when it comes to decision-making positions, for instance, when it comes to commissioners of health, we only have about six women who are commissioners of health compared -- out of 37 commissioners of health in the country.

Also, when we look at geographical regions, rural areas -- sorry, please hold on a second. Sorry about that. When we look at other underrepresented groups from rural areas, ethnic minorities, and disabled individuals, we find that they as well face different systemic barriers to attaining high-level leadership positions.

And the reasoning for this is that there are several cultural and structural factors that restrict women and marginalized groups from attaining their leadership roles, even within global health. And so, for us to be able to build a sustainable and equitable and quality health system that is trusted by the citizens, we need to include more women in leadership positions.

And so, there are different factors, both systemic and sociocultural barriers that affect women attaining leadership positions. I've listed five different factors, looking at the community. There are different norms that prevent women from attending -- going to school. This brings about a barrier in education.

And women who are not educated can't even get into leadership roles. We see access to education, for instance, we have in Nigeria, we have just about 38% of women are not educated as compared to 20% of men that are not educated. So without education, how do women have employment? How do they get to be empowered, or have the power to be able to make decisions within their homes and within their communities?

The first thing is about lack of mentorship and sponsorship. For women, mentorship, having that guidance to be able to navigate your leadership journey -- compared to men,

it's limited. The mentorship among women, the mentorship for women, even within the workspace, even in social platforms, the mentorship is really limited.

And women having access to sponsorship, someone who can sponsor them, who can mention their name in places where decisions are made to be able to rise in their career -- it's limited as compared to men.

And the last one, it's in terms of the norms within institutions and within countries where it favors men attaining leadership roles as compared to women.

And so, to be able to address these different sociocultural barriers, we will look at the life course approach. We see that at every milestone in the life course, we have opportunities for addressing these different challenges, starting from the cradle even to adulthood.

At a tender age, a small child is exposed to seeing a mother making decisions within the household, being exposed to even cartoons, even media that portrays women in leadership roles. When we start so young, then we orient children to understand that they, too, can attain leadership roles. We need to start young.

As children go into schools, how do we ensure we get children back into schools, and making sure while they are in school, they are involved -- they are taking part in opportunities that expose them to different activities that will help boost their leadership skills.

And as they move into adulthood, within the workplace, we need to look for the opportunities that ensure that these women, these different women have opportunities to network, they have opportunities to be involved in mentorship programs. They have that individual who can sponsor them and make a case for them to rise in their career.

And so for us to be able to address these different sociocultural and systemic barriers to building the pipeline for women in leadership, I came up with five different -- five building blocks. The first one is advocacy. So, working with communities, the religious leaders, to engage with them to make them understand and change some of their sociocultural norms, to understand that women can engage in leadership roles.

Also, the media. What information -- having media information that projects to women that it's normal for women to take part in leadership roles.

The second one is in terms of access -- access to education. We look at empowering a woman with knowledge. When you empower her with knowledge, then she becomes able to make decisions for herself and for her family. And this can also help to be able to get gainful employment.

And the second one on access is in terms of capital. How do you ensure that women have access to financing in terms of making them be able to be employed? The third one is in terms of agency. How are we promoting women's agency within their homes and within their communities, within their workplace, by empowering them with knowledge, empowering them with funding.

The fourth one is in terms of network, in terms of sponsorship and mentorship for women. And then the last one is in terms of policies and showing that we have institutional reforms or policies that caters for women within the workplaces, caters for ensuring we increase the quota of women in leadership positions and the quota of women that are being employed.

Even women having access to education.

In terms of -- we have different existing platforms that can help, that we can leverage to have inclusive leadership. Looking at different mentorship platforms like the WomenLift Health Initiative, which is global. Right now they are moving globally to other parts of the world to develop leadership skills for women so that women can build their skills for leadership roles.

They are the ones in Nigeria, we have this Nigeria's Young Professionals in Public Health, which has the potential to be the pipeline of women leaders. Within these different platforms, we can work with them to identify women from marginalized communities. We can work with them to develop different models and different platforms for women -- for different marginalized women to bill their leadership skills.

The last one is in terms of the National Health Fellowship Program that we launched in Nigeria. Within this program, we have about 36 women. 36 of them are women. And some of them come from marginalized communities, communities that are affected by conflict. How can we leverage this platform to connect them with different mentors that can help them improve their leadership skills, with mentors that can help them build on their -- can give them psychotherapy because of the different experiences they have gone through, because they are from conflicted areas.

And so in looking forward, there are different levels that -- hello, can you hear me?

>> EMELIA BENJAMIN: Yes.

>> We can hear you.

>> MAYOWA ALADE: Looking forward, different levels that we can work on to build women's leadership, looking at government and policy Icy-makers, how they can enforce for every leadership role, the quota for women has been met. Even if you don't have equal representation, we should move towards increasing the number of women in leadership roles.

The government and policy-makers can help fund fellowship and training programs that can help build and encourage women to build their skills so that they can attain leadership skills. Can the academic institutions provide scholarships for students from underserved areas within rural communities, for children from low-income households, so that they can have access to education.

And we know that educated a child then gives them the opportunity to have gainful employment and also rise within their careers. The third one is in terms of the nongovernmental organization, civil societies. Can they help build mentorship programs that can work with women, help mentor women. And also help amplify the voices of women and underrepresented populations within the global space.

The last one is on donors and international partners, making sure that within the projects that they are funding globally that they have a gender inclusion or a gender lense to whichever program that they design.

And so, in conclusion, there are a few key takeaways that I would like to give, which the key takeaway for me would be in terms of for us to be able to build a pipeline of women in leadership, it's across different multi-sectoral, across different multistakeholders and different levels.

We need an inter-sectoral approach whereby we work with different ministries with education to improve access to education for young girls, for girls out of school, working with women affairs to increase women empowerment and working within the Ministry of Finance to provide financing to empower women.

Second, in terms of engaging with traditional and community leaders so that we can engage with them so that they can change the sociocultural norms that limit women's leadership. And also, engage with them so that they can also support these women to attain leadership roles and encourage women to take up these different leadership roles within the community.

The third is in terms of key takeaways engaging with men as allies. We need to win men so that they can have, within institutions, and even within countries, they can begin to, you know, make women inclusion in different policies that they make so the women, there can be a gender lense to different policies that encourages women to take on leadership positions.

The third key takeaway is in terms of leveraging existing networks. We need to leverage different mentorship platforms that exist. Encourage women to take part in these mentorship platforms. For example, the Women in Global Health platform, encourage women to take part in this, because they help increase leadership skills, broaden a network for women.

And lastly is working across the public sector, having that collaboration with public sector, with civil society, with private sector, to work together to increase mentoring opportunities and provide leadership accelerator programs. Thank you.

>> YVETTE COZIER: Thank you so much, Dr. Alade. Next, we will turn to Dr. Emelia Benjamin with a presentation.

>> EMELIA BENJAMIN: Thank you, Dr. Alade and Dr. Cozier. That was a very, very inspiring talk. And I -- hopefully you can now -- can you see my screen?

>> YVETTE COZIER: It's coming up. Yes, we can see it.

>> EMELIA BENJAMIN: Perfect. So, really, an honor to be here. I have a secondary appointment at the School of Public Health, and some of my most wonderful collaborators are at the School of Public Health. I thought I would take a very personal look and lessons along the line of my leadership journey, and hopefully you can find them informative for your own journey.

When I characterize my leadership journey, it's been a very, very long and winding road. And I'm kind of fond of saying that I managed to have a couple axle-breakers, detours, car crashes, etc. I'm fond of saying the reason why I do faculty development is because I've managed to make every mistake there was to be made in having a career, and hope those that come behind me don't make the same mistakes.

A lot of what I've learned in my journey is that I have a lot of old stories that I tell myself that no longer serve me. And what I've learned throughout the course of my career is it's very important to reframe some of these old stories.

So I'll start out with an example that, when I think of mentoring, I used to say that I've had the good, the bad, the ugly, and the evil when it comes to mentoring. And I guess my reframe would be that I learned something from every single mentor, even my most difficult mentors I've learned something from.

Probably one of the reasons why I've received mentoring awards is because I've learned, not going to do that to my mentee. And I've also learned content from every single mentor. One of my more difficult mentors taught me how to write a paper. And, so, we can learn something even in the most challenging context.

Dr. Alade focused on the role of sponsorship. And when I was early in my career, I sort of had this story that if I just outworked every person, every man in the room, every white man in the room, that somehow people would magically notice me and I shouldn't have to ask for sponsorship.

And my reframe is that unless you ask for what you need, you're not going to get what you want. And the further reframe

is that we need to create cultures of 360° sponsorship. So, maybe the people ahead of us aren't going to sponsor us, but maybe one of our peers can.

I actually have had some of my mentees sponsor me. So there's lots of opportunities for sponsorship.

Another theme that I would emphasize is that I've had a fair number of career challenges. For people who submit NIH grants, this is a rather ignominious screenshot of seven grants in a row that I managed not to get funded. And initially, I went into this pit of shame, and considered myself Boston University Medical Center's biggest loser.

And my reframe, that is going to be incredibly important as we go forward in this profoundly challenging time that we're in in the United States, is shots on goal. We're going to just have to apply for more grants.

I also have had other career challenges. 2014 was a year where I had a lot of setbacks in terms of my funding, in terms of my evaluations at work. And I had the ignominious circumstance where I think I'm probably the world's only epidemiologist to be sued for her research. And I was sued for medical malpractice for my framing study, observational study work.

As they say in medicine, you never want to be an interesting case.

My reframe is what doesn't kill us makes us stronger. That was an unspeakably hard year for many, many reasons. And I would say that getting through that year made me a better parent, a better doctor, a better mentor, a better partner, a better friend.

Another opportunity for reframing is I am somebody who, through much of my life, has seen the glass half empty. And really had this narrative that resilience was something we were just born with. And in the process of getting through that unspeakably challenging year in 2014, I had to think about, how am I going to do this?

Because some years are really, really hard. How am I going to grow my resilience? We know in public health it's important not to wait until a disease occurs. We want to do secondary prevention. We want to do primary prevention where we treat risk factors. And we want to get upstream of the risk factors and practice primordial prevention.

And so I thought a lot about individual practices for primordial resilience. The importance of perspective. That's one of the things of working in an urban safety net hospital, is that I recognize that my worst days are better than some of my patient's best days.

I focus on my response, my strategy. A lot about networking, collaborators, peer mentors, understanding that some of my worst setbacks have been profound opportunities to clarify my values and redirect myself. When I was on travel, the only time I got eight hours of sleep and exercised for an hour to two hours every day, I thought a lot about practicing gratitude.

About practicing compassion for myself and my colleagues. Dr. Alade already talked about the importance of mentoring and sponsorship. I also have relied on coaching, thinking a lot about my breathing and being more emotionally aware, and then also appreciating the importance of humor and irony.

And we also need to be doing this in a bigger reframe to be thinking particularly in this very challenging time culturally in the United States is the need to have institutional anecdotes to burnout. Watching our colleagues, setting workload limits, boosting control, recognizing and celebrating micro-wins.

When we have setbacks, approaching it with growth mindset. Having zero tolerance for incivility, and in my role, I've been focusing on faculty development.

Another thing that comes out a lot in this time for the United States is we've been doing an enormous amount of calling out of each other. And my reframe is that we need to be calling in. As -- not to be solipsistic about the United States, but we actually have many, many things that we have in common with our colleagues regardless of what their political persuasion is.

Let's focus on that and the way to move forward. So, the final slide is really going to focus on, sort of, what is the, sort of, meta summary of my leadership journey. And I think when I -- my old story is that I failed a lot. My mini reframe is failure is a first attempt in learning.

And it's always wise to quote Nelson Mandela -- I never lose, I either win, or I learn. So radically embracing a growth mindset. Thank you all so much for your attention.

>> YVETTE COZIER: Thank you so much, Dr. Benjamin. That was wonderful.

Next, we will turn to Rosemary Morgan.

>> ROSEMARY MORGAN: Hi, everybody. Thank you so much for inviting me here today to speak to you. It's a pleasure to be here with you all. I will go ahead and share my screen. And thank you for both of those really interesting talks. From very different perspectives.

And I myself am going to be coming at this from another perspective. So, I am a research professor at Johns Hopkins Bloomberg School of Public Health. I'm going to talk to you about a research project that we have just wrapped up and haven't published yet on Transforming Health: The Role and Impact of Women Leaders in the Health Sector.

So some of this data has already been given to you, but why are we here today? Why is this important? We know that from a health systems perspective, women make up the majority of health workers globally, around 70-75%. Yet we don't see this reflected in leadership positions.

And leadership positions in global health, only 25% of them are made up of women. So despite women making up a significant part of the health workforce, they are significantly underrepresented. And we know this leads to gender biases in research and policy-making and that we really need to be enhancing women's leadership to address these disparities, foster inclusive decision-making, and benefit global health systems and outcomes.

Who has a seat at the table matters in terms of what decisions are made, what is allocated funding. And individuals tend to prioritize things that are important to them, or relevant for their lived experience. So having diversity within leadership is extremely important.

We know that women face many specific and unique challenges and many of these are already been brought up. These challenges are well-documented, related to gender bias and discrimination, lack of representation overall, limited access to networks and mentorship, the different culture norms and expectations, both around family support and caregiving responsibilities, but also who make up a good leader, what are good leadership traits.

Funding and resource inequities in terms of who can get training, invisibility of women's contributions, as well as outright sexual harassment. Within our work, we saw that despite these barriers that women are facing, or perhaps in response to them, women leaders are making an impact.

So our study really attempted to go beyond these well-documented barriers to identify these areas that women leaders are making an impact to really help inform investment programming and policy. So our overarching aim was to explore women leaders' meaningful or unique contributions to reproductive maternal newborn child adolescent health, nutrition, and immunization; look at the impacts achievable without them; and the influences and processes that led to this.

We wanted to create empirical evidence on the impact of women leaders, to move beyond these barriers. We know that women leaders are successful. We know they make a difference. But often, it's due to our own stories or our anecdotes. We need concrete evidence to help inform investment into women's leadership.

I wish that arguments around the greater good were enough, social justice arguments were enough to encourage investment, but in reality, they just aren't. And we often do need to make

business case for something so we can get funding and investment. We need to do that in gender and health a lot.

And we need to do this in relation to supporting investment in women's leadership and the pipeline for women leaders.

So we went out and did a scoping review to explore what the impact of women leaders were. We looked across sectors, not just the health sector. We found 137 articles. Only 6 focused on the health sector, which showcased the limited evidence. Overall, women leaders are having positive influence in financial performance, risk and stability, innovation, engagement with ethical and sustainability initiatives, health outcomes, organizational culture and climate, including reputation, employee retention, team cohesion and communication, and also influence on other women's careers and aspirations.

Even in these studies, there was largely a swing towards positive results. This study was published fairly recently.

So, our THRIVE study was a mixed methods study which identified women leaders' influence and impact in these spaces in East, West, and South Africa, in collaboration with partners in Ethiopia, Madagascar, and Zambia.

We did a survey to capture perceptions of leaders, as well as key informant interviews and in-depth case studies. I'm not going to spend too long on methods just for time.

But just to let everyone know, we did distribute a survey. We did a very comprehensive stakeholder mapping exercise to identify women leaders. And we'll be publishing hopefully this mapping exercise soon. And then we used this to reach out to women leaders and men for the survey. And the key informant interviews are a targeted subset.

Leaders were defined as those who occupy a position which gives them influence and power over identifying priorities, providing strategic direction, allocating resources and decision-making at multiple levels.

Here are our overall numbers. Predominantly, I'm going to focus on the key informant interviews. We did 35. Our numbers are across the study and in-depth country case studies as well.

Before I get into the specific results, just some framing. We know that women leaders influence health outcomes and impact through many of the same mechanisms that men do, such as through engagement and policy-making processes, engaging decision-makers, using evidence, capacity-building, role modeling.

But not every women leader will achieve the same impact or conduct their leadership in the same way we've identified. Male leaders can and do have similar impact. But in aggregate, we are finding or have found that women leaders are broadly having meaningful or unique and positive impacts on health outcomes.

So what are some of the ways that they're having an impact? Through engagement. Firstly, their engagement often focuses on neglected or women-centric issues, focused on women's health, or marginalized groups such as persons with disabilities.

They are often utilizing their identities and experiences as women and mothers, caregivers, which enabled them to connect with families and other women at a personal level, providing access to spaces that men often couldn't get access to. They're actively advancing supportive environments for other women.

They're prioritizing activities which address barriers to reaching women and women's participation at the programmatic level and advancing outcomes through collective leadership. I'm going to focus on the last three today because these are particularly relevant for our conversation around building pipelines for women leaders.

So, one thing -- we've already heard this from previous speakers -- enabling environments are important. Women leaders are creating supportive environments for other women.

These activities included advocating for equal pay, implementing sexual harassment policies, establishing flexible working policies, establishing family leave, maternity leave policies, nursing rooms, conducting trainings, capacity-building, and providing career and mentorship opportunities.

And these activities are really important for increasing job satisfaction, increasing retention rates, and improving productivity. We can see from the respondent in South Africa they're really talking about advocating for policies on maternity leave, as well as allowing mothers to leave work to take their child to the clinic.

The next finding is women leader's prioritization of activities which address barriers to reaching women and women's participation. We often talk about this in relation to gender integration and gender speak. These activities included ensuring women's representation as beneficiaries, engaging women in the community, and developing male engagement strategies.

I wanted to highlight this one because leadership happens at all levels. It's happening in homes, in the community, in our interventions. We can also encourage a pipeline of women leaders in these spaces. These activities promoted community engagement and impact generation.

This quote is from the same respondent in Nigeria. You can see at the top they're talking about engaging men. At the bottom they're talking about empowering women as implementers in their project.

The last finding I wanted to highlight was about the advancement -- how these outcomes are often advanced through

women's collective leadership. We're finding collective leadership to be very important. Women leaders are coming together to advocate for issues that are important for them, and implementing projects related to these even without male support.

You can see this respondent is talking about coming together as women and speaking to women legislators to move issues forward. This was related to HBE programming specifically.

So, how can we build pipelines for women leaders? We need to invest in women leaders! And we have the evidence to support the impact of this investment. Women leaders create enabling spaces for other women to thrive. Without their influence, organizations may fail to create environments that are conducive to the success of other women, resulting in the loss of valuable talent.

By investing in women leaders, we're closing gaps in underrepresentation. Women leaders are serving as role models, inspiring and supporting the next generation. Caveat, not all women. But our findings are suggesting a lot of women are doing this.

More women in leadership positions will ensure the creation of more enabling environments, but we do need male allies. Men need to help to support these initiatives and create enabling environments. And it is very important that leadership is diverse and that women and men from diverse backgrounds are represented.

We know that women are going to face distinct barriers based on their intersecting identities and it's very important that we don't treat them all the same. I just wanted to close here with just a shoutout to a book we published on Women and Global Health Leadership. I was the lead editor in this book. There's a lot of different research on women's leadership and barriers to women leaders.

But we also do have interviews with key women leaders on their leadership journey. If you're interested and have trouble accessing this book, please do reach out to me and let me know. And lastly, I wanted to thank our collaborators on this project. You can see them, particularly Dr. Anna who was my co-PI and our in-country collaborators, and our funders. And with that, I will close. Thank you.

>> YVETTE COZIER: Thank you so much, Dr. Morgan. Thank you, all of our speakers for their presentations. We will now move onto our moderated discussion with all our speakers. If you don't mind to unmute your screens, Dr. Alade. As a reminder, we will turn to audience questions at about the top of the hour. And ask you to please submit your questions using the Q&A

function, not the chat. And we will try to get to as many of those questions as we can.

So, to our speakers -- thank you for those great presentations. So, again, you know, just talking about your own lives, you know, why was mentorship important and how did you specifically benefit from it? I know that you've interwoven some bits of that in your talks, but can you say a little bit more about the mentor that either you remember today, or had some transformative impact on your career?

>> MAYOWA ALADE: Going first?

>> YVETTE COZIER: Sure. Absolutely.

>> MAYOWA ALADE: Thank you so much for that question. If I reflect on my leadership journey, and how mentorship has helped me, I will start off by talking about when I started my career, my public health career.

So, I moved from clinical practice working as a pediatrician in Nigeria. And then went off to do my master's and then came back home to practice public health. But I was working as a clinician. Transitioning into public health was a little bit challenging for me.

And at that point, I wished I had mentors within the workplace, people I could call on that could guide me on how I navigate this transition from clinical practice to public health. But I really didn't find. In the workplace, it was challenging. Even among peers, it didn't work out.

And so I had to go through my first transition, the first few years of transitioning to public health pretty much on my own with some support from my peers, my team members. But there was not that one individual that I would go, this is my mentor.

And so after some time, after about five years within the public health -- working as a public health specialist, I then came to the Boston School of Public Health to do my doctorate in public health leadership, management, and policy.

And along the way, I met a professor who I would say -- I'm sorry to say this, was a godsend to me. Because the first time I met her, and we talked, we connected. And some of the experiences I had in terms of the kind of person I am, my personality, was similar to hers. And I got comfortable sharing my vulnerabilities with her. And along the way throughout, she helped me to navigate the academic program.

Apart from the academics or advising on my dissertation, beyond that, even career opportunities, she would send me different links to job opportunities. She would say, why don't you talk to this person? I think you talking at this will help you. Or meeting up with people. She would send me things.

And then we had -- not daily, sorry. We had, maybe bi-weekly check-in or how are you doing, or what are you

thinking about, how are you progressing. And I think that really helped me. It was the first time I had a mentor and I realized that I wouldn't have had as much challenge in the first few years or transition into public health if I had a mentor.

I took on to myself, wherever I find myself, I must identify that individual that would understand my personality, not judge me, and provide me with the guidance that I needed to both navigate the work space, and also my personal life. And now in my current role, working with the Minister of Health in Nigeria, though the mentorship -- I would say with my professor at the School of Public Health was more active.

But for this, it's more passive like an observatory mentorship. But I've learned so much. And beyond the passive mentoring, the sponsorship is also there. So I would say for me, that's been my experience. And I value it. I think it's very important to help you -- they share their experiences with you, they guide you so you don't make those kind of mistakes that they made.

They coach you and help you expand your network. And where your name needs to be mentioned, they mention your name. Why don't you consider this person? So I feel like having that mentor who truly believes in you when you doubt yourself is really important. Thank you.

>> YVETTE COZIER: Would anyone else like to add to that?

>> ROSEMARY MORGAN: Sure. I can come in. I was reflecting on this question and thinking about my own journey, and that, you know, I haven't really had many mentors in my career, or ones that I would be able to identify. And that it wasn't until I came to Johns Hopkins -- and I worked at a couple other universities before coming here -- that I started to identify that I had a mentor and that it came about really organically.

We are often in our jobs sometimes assigned a mentor, but it doesn't often happen the same way, or the relationship isn't there. And I was thinking I would have never gone to someone and asked them to be my mentor. It's not in me to ask that even now. It's one of those things that can be really challenging to ask for.

And I think Dr. Alade really eloquently stated why it's important to have mentors and what mentors can provide to you. And do I have advice on how to get a mentor? Not particularly, because I struggled with it myself. And again, it really emerged organically through collaborations and working with more senior academics and colleagues who had experience.

And I learned from watching them and what they did, and emulate them, then ask questions to them and have now become a champion for me in certain places. And I realized how important

that was in the career, but I didn't have it for a very long time.

So I think those of us that are trying to identify who might act as a mentor -- give yourself some grace when you're in that process. Think about maybe asking people for career advice, or asking about key challenges. And then seeing -- allowing space for those relationships to emerge organically when they're not mandated by your place of profession.

And you can also find mes in more established networks like Women in Global Health, WomenLift that has already been mentioned as well. And those of us that are more senior, to think about how we can actually be mentors for other women and remove the awkwardness and the difficulty it is for women to find mentors. Can we step up to be that way for them to help navigate some of those challenges.

>> EMELIA BENJAMIN: I have a couple reflections on this topic. The first is that your mentor doesn't have to look like you. When I think about the first person who mentored me, I don't think he thought he was my mentor. I don't think I thought he was my mentor. It was a peer. He was exactly my age. I don't know if you remember Joe vita, a white man who lived in the suburbs, was chief resident of this, that, and the other thing, had a stay at home wife and did cardiac catheterization.

He and I had nothing in common except that we were interested in the same scientific topic. And as I mentioned, I had the good, the bad, the ugly, and the evil. He took mercy on me and helped me write my first R01. People can be your allies. They don't have to look like you. I think it really brings up the concept that in my circumstance, it hasn't worked out in one mentor.

I encourage my mentees not to have one mentor. Diversity is an excellent imperative. You get different things from different people.

The second thing is, I want to mention the power of up-mentoring. Many of my mentees have taught me a profound amount. They've gotten me -- my slides look better because of my mentees. I understand something about social media because of my mentees. I think we ignore and don't pay enough attention to how much we can learn from those we mentor.

The third comment that I would raise is that in any mentoring relationship, it's critical to have an open and honest conversation about expectations and where things are going well, where things aren't going well. I really am a big believer in calling in. Sometimes I can step in it. And I expect my mentees to show me compassion and I will show them compassion.

And then the final thing is sometimes we get in over our head. And I reached a context in the early 2000s where I was

in -- actually, around 2008 where I was in over my head. I was in a very politically fraught situation. And I heard a coach. And I credit the coach with saving my career.

>> YVETTE COZIER: Thank you. Before we turn over to the audience, I want to ask the panel about the current moment that we're in. Certainly, that is, in addition to the challenges of finding that mentor and creating that team, that environment, how is the current moment, both impacting the work you do, but also how do you see that either diminishing or interfering with mentoring efforts?

>> MAYOWA ALADE: Thank you. When I reflect on the current moment that we are in, the different shifts that are happening in the global public health space, we're having a shift in global financing approaches with funding being cut off for different programs, especially programs that affect -- related to gender, to women's health.

We have transitions in demographic transitions happening currently. We have a change in epidemiological -- we're having an epidemiological shift. Within the current shift of financing and epidemiology, it makes me reflect on how the gap in financing for women's health, for gender programs, how do we develop mitigation plans that helps to sustain the gains that have been made.

And also, how do we ensure that within, we continue to finance. How do we look for sustainable financing for these critical areas that are currently received reduced funding. And then, within the current shift, we see that with the shift in the financing space, we see that women -- quite a number of women have lost their jobs.

And so women in leadership positions within the space who have been involved in policy-making, in designing programs, are no longer there. And so I'm sure if you do an analysis of those who have been affected, we'll see that quite a number of them are women. So how do we mitigate against this affecting the policy, affecting the number of women in key leadership positions that would drive the changes that we want in the global health space.

So that's one thing that I would say. It's my own reflection on what is happening right now. How do we sustain the financing, and how do we ensure that women who have lost their leadership role or even their work opportunity can be reengaged or we can increase the number of women in leadership role during this critical moment in global health space.

>> EMELIA BENJAMIN: Okay. I'll go next. I feel like this is a profoundly challenging time. When the plane crash was blamed on DEIA, I woke up the next morning and literally started weeping, and was weeping off and on all day.

And I am somebody who's had lifelong anxiety and depressive tendencies. And so -- my resilience has been a daily journey and practice. I started personally with a mantra where I say every day to myself, focus on my breathing, my sphere of influence, get my work done, retain a sense of humor.

When I found out they were going to do criminal investigations of people who -- or institutions who did diversity work. And I think another piece that our president of the university focuses on is be kind. That's what I'm trying to do in my daily life. The thing that keeps me up at night is losing a generation of investigators.

Yvette and I, one of our colleagues, who I have a teeny piece of funding on their grant, got their grant cancelled yesterday. One of my mentees got his grant cancelled two weeks ago. And my next promotion's emeritus. And what happens to me and my funding doesn't matter. I have profound concerns for researchers in the United States, particularly my early year colleagues.

And I think all any of us can do when we're faced with a crisis is try to pivot, be resilient, nimble, apply for alternative funding streams, and think about how do we as public health practitioners communicate our values? Because I really think fundamentally, people do believe in equity. Fundamentally, people do believe that everybody in our country should have access to healthcare that's high-quality.

And so it's an opportunity to try to figure out how do we focus on what we share in common. And the final thing I'll say is, only 17% of Americans think that Medicaid should be cut. Less than 40% of Republicans think Medicaid should be cut. We have much that unites us as a country, and let's focus on that.

>> ROSEMARY MORGAN: I really share the concerns of my fellow panelists. I'm not quite sure how else to say what has already been very eloquently stated. Very much worry for our current scientists and emerging scientists and social scientists, and the pipeline coming in, especially in public health, in global health, and what does this mean for careers, and especially early careers.

I'm also very much concerned for the status of research on women's health and gender, because as I've mentioned, the same as in leadership, people tend to prioritize what is of interest to them or related to their lived experience. We do see people tend to research similar things. Women tend to research women's health, tend to research gender inequities.

And the U.S. is a huge donor in this -- not the only donor. We need to diversify funding sources. We have to think about how we are going to weather this storm. We had so many gains in the last 15-20 years in women's health, in advocating for women to

be on clinical trials and advocating for research on specific women's health issues that we really need to keep up this fight.

And a silver lining is this has shown and emphasized the importance of our work. And the need to keep moving forward to battle this storm, to ensure that these issues remain on the agenda and that somebody is doing this work, and that we're bringing up others alongside us when we are doing that.

Because I think it's going to be a challenging next few years for those of us in global public health and public health more broadly. And we need to come together as a community to get through it.

>> YVETTE COZIER: Thank you for that. Yeah. So I'm going to switch now to some of the questions that have been posed by our audience. One, the first is, a comment and a question. So, we expect that women, given certain opportunities, might open the door for other women in sponsorship and mentorship.

However, commonly we see women, once they obtain certain levels, adopt characteristics similar to those creating those barriers for women. How do women break through the invisible glass barriers in organizations where women are not seen as competent by virtue of them being women? So, anyone want to take that all, or in part, or the phenomenon that some women become --

>> EMELIA BENJAMIN: People write a lot about the queen bee phenomena, where the queen bee basically kills those around her. Maybe because I'm a cardiologist, that hasn't been a huge part of my experience. I acknowledge that it happens. The reality is, there are jerks, men and women. We have different expectations for women, which doesn't excuse it.

I'm fond of saying men can operate between here and here, and women have to operate between here and here. And basically, the here and here is either you're a bitch or you're a door mat, pardon my language. For years, I've had -- as Yvette knows, I've had something like six 360s. Not for the faint of heart.

And we are held to a different standard. Having said that, I think my biggest joy as a woman leader is helping the next generation. And that's women, people who have been historically and structurally minoritized, and shy white guys. That's my joy. That's my honor. And, you know, I also think we have to have compassion for people.

People are trying to do the best they can. There aren't that many jerks out there. But I may have a different perspective. I'm probably generationally tone deaf.

>> ROSEMARY MORGAN: I like to say women can be just as big misogynists as men. It doesn't mean we haven't internalized inequitable gender norms. We're part of the societies in which

we grew up. We all internalize the underlying gender norms on what makes a good leader, who is a good leader.

Women, as Dr. Benjamin said, are held to a different standard, oftentimes. And so these hidden gender bias or unconscious gender bias exist within women. Sometimes women -- we see the survival mechanism that in order to keep my role, in order to be seen as a good leader, I must demonstrate these traits that are often seen as "more masculine" leadership traits.

And it happens. And we have to, as individuals, do the work to unlearn those gender biases ourselves. And we are up against that. And sometimes thought of as not good leaders because we try navigate a different space. So it really comes to not only internal individual shift, but we need organizational and systems shift, like training around this, organizations to recognize this as well.

So we must be looking to make change at the institutional level as well as at our own individual level.

>> MAYOWA ALADE: I also agree with Emelia and Rosemary. Definitely, women, we are held to higher standards than men. And for me, I think also when we work with other women leaders, it's also understanding what they are going through. I'm not making excuses for women and all of that, but women have to -- we wear so many hats, dealing with family, dealing with work, dealing with so many things.

And sometimes it takes you really stepping back to understand individuals, to understand what they are going through, and understand what their leadership style -- people have different leadership styles.

Men, they can just up and do anything. Women, sometimes some of us overthink everything, overanalyze everything. We want things done in a certain way. Really understanding the person you're working with, sometimes I feel really helps to navigate that in the work space. Not makes excuses for people, but I hear this a lot. Women are the worst set of people.

But then you find really good women that you work with and you're like, oh my God, where has this person been all my life. And they are there to support you. And it has to do with confidence as well. Sometimes people will struggle with their own self-esteem, tend to put other people down.

So, understanding where people are coming from and learning to work with different people through their different challenges might be helpful. For me, one of my principles is reciprocity, meaning that whatever have been given I have to pay it forward. And so learning to also support and draw other people as I climb up the leadership ladder.

Also supporting the early career, younger team members that come in after me. It's something that I try to do. It's not easy, to be honest. But it's challenging. But it's about communicating, understanding who you're working with, and paying it forward. I think that has been one of my own leadership principles, paying it forward.

Whatever I have learned, whatever ways I've been supported through my career journey, I try to pay it forward to those coming behind me.

>> YVETTE COZIER: Very good points, paying it forward. So just to follow up on something that you all mentioned, but first, the very narrow frame and lense in which women get to operate in terms of personality. So either being a doormat or the other. (Laughing) So, there are sometimes cultural differences in how that is.

So some settings where women, fully competent women aren't encouraged to speak up. And if they do, they are put into that frame. So -- and then the other question is around confidence in that space. So what advice would you give women who are either in those cultural restraints or maybe genuinely lack confidence to step out of those constraints, even when they are in a less-constrained environment?

>> ROSEMARY MORGAN: I can start us off this time. It's tricky. Things around how do you build confidence, I think impostor syndrome is real, for sure, in a lot of this work. And it's really through, sort of, being -- practicing and being prepared. I think so many times I've stepped up and I haven't done a good job, or I've been so nervous you could hear it in my voice, especially early in my career.

But just getting through it and knowing that through that repetition and practice that you do get better. And not being afraid to fail. And I think Dr. Benjamin put that really well about the importance of that in our career trajectories.

I think it's definitely different cultures, or even different identities. There's different, you know -- women of different races and ethnicities are held to different levels than, you know -- Black women, Hispanic women, held to different levels than white women, often.

And we do have to recognize that. We all have our different privileges and how those look in different settings. For those of us that might encounter that resistance more, what I try to do is be as professional as I can, be as prepared as I can, using data and evidence to back up what I say as much as I can.

Sometimes environments are just really toxic. Protecting yourself and your well-being is extremely important. Removing yourself sometimes from those environments is important. Having a really supportive network, hopefully within your institution,

you know, and somebody that can interject if needed, potentially. But people outside that you can just talk about and navigate.

And just not giving up, and being persistent. We're not going to often change the practices of others and how others will see us, so we can only change ourselves. I'm a strong advocate in pushing for institutional systemic change, but it does not happen overnight.

So in the meantime, we need to do these other things. And the confidence, too. Joining those networks. Apply for WomenLift. Be part of Women in Global Health if you work in that space. I included a link to a Hopkins network that's open to anybody for emerging women leaders in the chat.

Just building your own communities, that can help you navigate those spaces.

>> MAYOWA ALADE: Okay. For me, for the confidence part, yes. I hear you, Rosemary, on the impostor syndrome. What has helped me to be able to overcome that, in two different settings I will tell you is the peer mentorship. And the first one, when I felt like I really had impostor syndrome was the lack of peer mentorship within team members.

Having your colleagues who support you. Who tell you don't worry, it wasn't that bad, or give you honest feedback and say you could have improved on this, or let's practice before you make that presentation. Let's work through it together. Having that network within your workspace, your peers, working with your peers, that really makes a lot of difference.

And in my current role right now, I really don't feel that. I will say it's because of the peer mentorship, the culture within the space that you work in. The culture that allows you to improve yourself, that doesn't judge you, there's no punitive action for failure. Failure is for you to learn and grow.

When that's the culture and orientation within the workspace, I think that really goes a long way to help build confidence. Thank you.

>> EMELIA BENJAMIN: Along the lines of the impostor phenomena, I was just -- became an honorary doctor for Aalborg University. The four people that were inducted were women. I read their bios and was like, what the heck am I doing here? Towards the end of it I asked them, did anybody else read the other people's bios and said they made a mistake when they picked me? (Laughing)

And the reality, here are all these incredibly powerful women. And all of them admitted yeah, I kind of was a little weirded out. So, I do think that that's also partly -- just comes with humility. I still have it sometimes. One thing I

would say, and something I'm working on, I'm fond of saying I'm a recovering perfectionist, and recovery's not going well.

I speak to myself in a way I wouldn't speak to my worst enemy. Most of us are compassionate towards our friends. If I have one regret as a parent and mentor it's that I didn't model that same compassion towards myself. It's a problem and I wish I hadn't.

In terms of this piece, speaking up, advocating for yourself, etc. -- we really have to thread the needle. And one of the things my coach told me years ago is she said, do you want to be right or do you want to be effective? And Yvette's known me long enough. She's seen me get on my high horse.

And yeah, I'm righteous, but I'm not right in terms of accomplishing what I want to. And so increasingly what I'm trying to do is lead with curiosity and assume good intent and try to figure out what do we have in common and how can we move forward.

>> ROSEMARY MORGAN: It made me think, something I tell myself a lot when I do have impostor syndrome is, I tell myself I deserve to be here. I have something to say, or else I wouldn't have been invited, or I wouldn't have been in this space. I tell myself that a lot. And then I sometimes have to force myself to speak up in some certain spaces, because of how daunting it is. But I find that that does help to reinforce and counteract some of the impostor syndrome that is present.

>> MAYOWA ALADE: Yes. Emelia, I hear you loud and clear on the self-compassion, really. I think sometimes we are just too hard on ourselves. We tend to have compassion on others, forgive others of their shortcomings, but we reflect and it turns into something else. We beat down on ourselves when we should have compassion and say given the circumstances, you actually did a good job and then move forward and learn from our mistakes or failures. Thank you.

>> EMELIA BENJAMIN: The way I'm getting out of this pit is what did I learn? That didn't go the way I wanted it to. What did I learn? That's enough. That's a beautiful thing. Every day we have an opportunity to learn.

>> YVETTE COZIER: Following on that affirmative self-talk, how can we, either through pipelines or organizations, organizational culture, keep women from burning out? Women leaders. Because sometimes our battle -- our greatest battle is ourselves, but also dealing with the other inherent issues within the workplace -- sexism and so on. How do we keep from burning out, and what -- how can we help those in the pipeline?

>> EMELIA BENJAMIN: To me, this is partly what I was trying to talk about with resilience. What works for me isn't necessarily going to work for Dr. Alade. We each have to find

what it is, before we're in crisis, that feeds our soul, that helps us keep moving forward.

And for me, a lot of it is I go on a lot of walks. And I can't meditate. I'm a meditation failure because I've got ADD. But I can breathe. I focus on my breathing and body scans. And for me, one of my biggest sources of resilience is trying to practice being kind.

So when somebody gets something -- emailing them, congratulate, micro-affirmations. I'm interested in what Dr. Morning and Dr. Alade have to say and you, Dr. Cozier. The other piece we have to do is how do we create more resilient institutions. And part of that is we are in for four tough years. Let's just -- in the United States, buckle up.

And let's just keep looking out for each other and keep being kind to each other. Our institutions are going to fail us. And it's not for a lack of caring. It's like we're in a global stress test.

>> ROSEMARY MORGAN: Yeah. This is a hard one. I need someone to tell me how to reduce burnout, because it's real. And how to deal with anxiety given the current situation. Could really use advice on that as well.

Oh, it's -- for me it's around building a really supportive team and collaborators at work so all the burden isn't just on me and we're working together and we cowork, which is way more fun than just doing it on my own. Most of us are at a computer that aren't in medicine. We're practicing or at a computer every day.

The only bits of interaction we get are teaching or going in for a faculty meeting. So trying to have those in-person connections, but trying to have spaces where you can work and also honestly to have people you can complain and moan to when things aren't going well and as an outlet that you can do so safely.

Because we do need to be able to share those. I've been to different sessions around women's leadership and something someone said to the group that stuck with me was about choosing your partner really wisely in thinking about, as emerging women leaders. Because someone mentioned the dual burden that women have, which is so real and it's still here. It's because of our embedded gender norms in society that women are expected to do the caregiving both of young children and older parents.

And women are expected to follow men who get promotions and not vice versa and things like that. So, choosing your partner is one of the biggest decisions that you make. And this really struck me. To say I feel that that's true. To get that support in the home. And then also to think about how you might be able

to outsource some of those work if you can, as needed, so you would not overburden.

If you don't have that support at home, what can you do to reduce the level. We do need to take care of our personal lives as much as we need to take care of our professional lives. Family, supportive colleagues, all of that is really important.

>> MAYOWA ALADE: For me, being able to prevent burnout, I think it's two things. One is the supportive network within family, having that supportive network as you mentioned, Rosemary. Supports back home and having people that can take on some of this work for you. Sometimes it can be very helpful.

And then apart from the support network, the formal networks in terms of women's network that can support you. Examples, like the Emerging Women Leaders, WomenLift Health, having those platforms that you can share some of your challenges and hear other women talk about their experiences within the workspace and how they've been able to navigate even the burnout.

Sometimes it's very helpful. Secondly, for me, it's setting the right expectations for oneself, not comparing yourself to other people. It's good to set targets, but be realistic. I used to call myself type A before I had kids, before I had children. I'm no longer a type A personality anymore.

But sometimes we are too hard on ourself and we set a target because of other people's achievement. It's good to aspire to be like other people, but you also have to remember that it's a journey. And so taking steps to get to that journey. It doesn't happen overnight. And celebrating the little milestones.

For someone like me, I look at the end target. I want to get this. And the different milestones along the way that should bring me joy and celebrating those things. Sometimes I forget to celebrate them. Sometimes those kind of things where you don't celebrate the little milestones, you just focus on the end goal, you tend to get overburdened with accomplishing that task.

Then you don't enjoy the process. And that sometimes brings up burnout. So I feel like setting the right target, enjoying the milestones as you go on this leadership journey will be very helpful in managing work-life balance and even the burnout. Thank you.

>> EMELIA BENJAMIN: I really agree with that point. That's wisely said. You know, a couple things. First, I agree with Dr. Morgan that who you partner with, if you have a partner, is really important. I don't know if you've read this book, called Drop the Ball, by Tiffany, an African American woman.

And she talks about how she thought she needed to be superwoman. And brilliant at home and brilliant at work and

brilliant in community. And then she completely burned out. And she renegotiated her relationship. And I do think -- the average woman on a work award in the United States works eight hours a week more on their -- at home responsibilities than if they're partnered with a man than their male partner.

And that's going to lead to burnout. We have to have realistic expectations. My home is not spotless. The other piece is, both my kids have struggled. If I had a child struggling, you don't want to admit that as a working woman, but I have had children struggle. And the years that my kids struggled, I didn't get much done, and that's okay.

Because at the end of my life, I won't say I wish I had gotten this a year earlier. Life is a marathon. It's not a sprint.

>> YVETTE COZIER: Absolutely. Dr. Alade, you mentioned the word joy. And a few weeks ago, a colleague shared Leaning into Joy. I looked it up. It was the Black poet Joy who wrote joy is an act of resistance. How we lean into those things that fulfill us, that give us joy.

If it's our work, it's going back to the reason that we're here. Perhaps that will help us through the darker and the harder days. So, we are almost at time. If there's a 30-second wrap-up that each of you can offer to those listening, to those students in public health, in medicine, what would you say?

>> MAYOWA ALADE: One thing I would like to part away with, key takeaway for me would be understanding that leadership doesn't necessarily have to come with authority, influence. So wherever you are, the influence that you can provide to make changes, it's leadership as well. So it's not until you are given a specific job that you call it leadership.

It comes with influence. How can you make impact, whatever you're doing. How can you change lives. How can you make changes to policies? How can you -- the little that you're doing, how can you impact people? So it's influence and not authority that is leadership. That's what I would like to conclude with. Thank you for having me.

>> EMELIA BENJAMIN: I would conclude that I really appreciate the wisdom of my fellow panelists and the honor to speak. And I think Nelson Mandela said it well. I never lose. I either win or I learn.

>> ROSEMARY MORGAN: I could conclude just by challenging you to find your own style of leadership that might go against what typical leadership is. Leading with compassion, leading with empathy, leading with collaboration. Those are really challenging to do in a lot of the environments that we work in.

And you learn and you grow. You make mistakes. Just practice, practice, practice. And you get better. Every decade

in my life has been better than the previous one and I hear that from a lot of people and it will be the same for all of you, I am sure.

>> MICHAEL STEIN: So, what a wonderful discussion. I like ending with joy. For the record, I am a male ally. I'd like to thank everyone for being with us today. Special thanks to Yvette for moderating, to the speakers for their insights, and to Veronika Wirtz and the BUSPH Emerging Leaders Program for cohosting this event.

We hope to see you at our next public health conversation, taking place on April 23rd, which is our annual Shine Lecture on Legal Aid's Pivotal Role in Patient Advocacy. Take care, everybody. Have a good day.

>> Record --

(Session concluded at 2:31 p.m. ET)

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