

How Do the 20 Top-rated U.S. Medical Schools Approach Women's Health?

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ABSTRACT

A follow-up survey of women's health programs at the 20 top-rated U.S. medical schools in 1998 (as identified by *U.S. News & World Report*) asked how they addressed women's health issues. Results from the 1998 survey are compared with those from the 20 top-rated schools in 1996. *Acad. Med.* 2000;75:1147.

We sought to follow up on a 1996 survey of all U.S. medical schools to determine the changes in women's health programs offered.

Method. In 1996 we surveyed 124 U.S. medical schools to identify existing women's health programs.¹ In 1998, we re-surveyed schools rated as the top 20 by *U.S. News & World Report*² to determine how they address women's health. A comparison of the program components at the 20 top-rated schools in 1996³ and 1998 is presented in Table 1.

Results. Representatives from 17 (85%) of the 20 top-ranked schools responded. The three non-responding institutions had reported no formal women's health program in 1996, and

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we assumed their status had not changed since 1996.

In 1998, 16 of the 17 responding institutions had women's primary care clinics, 11 of these reported that their women's health clinics served as undergraduate and graduate medical education settings. Fourteen schools accepted managed care payments, 13 accepted Medicare, and ten accepted Medicaid.

Eleven institutions reported efforts to integrate women's health into their curriculum, seven offered specific women's health courses, nine offered women's health continuing medical education programs, and eight offered women's health residency and/or fellowship programs.

Nine institutions reported that an "umbrella" organization coordinated their women's health research. Ten were receiving NIH funding for women's health research, ten were receiving pharmaceutical-industry funding, and eight were funded institutionally.

Table 1

Program Component	No. of Schools Reporting Component	
	1996	1998
Primary care women's health clinics	7	16
Ongoing research on women's health	4	11
Undergraduate medical education in women's health	2	11
Graduate medical education in women's health	8	8
No program reported	7	5

*Comparisons are made between 1998 survey data and 1996 survey data. Eighteen of the top 20 schools in 1998 were also ranked in the top 20 in 1996.^{2,3} The two schools that moved into the top 20 and the two schools that moved out of the top 20 in 1998 reported no change in their women's health programs.

DISCUSSION

The 1998 results show substantial growth in the number of women's health programs in a cohort of top-ranked U.S. medical schools. A possible catalyst for this growth has been the establishment of National Centers of Excellence in Women's Health by the Department of Health and Human Services. These two-year contracts were awarded to 18 institutions between 1996 and 1998, seven of which were in our sample. The future of interdisciplinary women's health programs depends upon the availability of such support.

REFERENCES

1. Hays J, Anderson JA. Women's health programs in academic health centers. *Acad Med.* 1998;73:1214.
2. US News & World Report 1998.
3. US News & World Report 1996.