

Gender equity in health research funding: what do we know, what do we wish we knew, and where do we go from here?



*Research shows women continue to face systematic disadvantages in research funding competitions, publishing, hiring, and promotion. **Zena Sharman** considers what can be done to foster gender equity, including piloting unconscious bias training and developing a clear definition of what is meant by equity and how that informs strategic and operational work.*

At the Michael Smith Foundation for Health Research we pride ourselves on being a data-driven organisation that supports research that meets the highest scientific standards using our rigorous [peer review process](#). To support this, we track all our competitions closely, systematically collecting and analysing information about each programme. But sometimes, our data surprise us.

This happened in the summer of 2017 when we announced our first [Innovation to Commercialization](#) (I2C) award recipients. We were proud to fund [11 excellent researchers](#) working on products and technologies ranging from a liquid skin substitute for wound healing to an organ preservation solution for transplant services. These 11 excellent researchers also all happened to be men.

Although we know women in research (and many other industries) face systematic disadvantages, this result stood out to us for a couple of reasons. First, it's something of an outlier. Historically, MSFHR has funded both women and men in all our competitions, with comparable success rates. However, there are some interesting trends when you dig into the data. Second, our core focus is to develop health research talent by supporting excellent researchers, and we know that how funders and peer reviewers define and reward excellence isn't gender-neutral. As a health research funder, the 2017 I2C result raised the question: what's our role in fostering gender equity?

On a personal note, I'm a passionate advocate for gender equity, and equity more broadly, and believe in the transformative power of health research. As a funder, equity is a topic we've often discussed, and I'm excited to look deeper as we begin to develop the Foundation's first equity strategy. This direction is consistent with wider trends in research funding – for example, the Canadian Institutes of Health Research (CIHR) now has an [equity strategy](#), there's an [Equity, Diversity and Inclusion Action Plan](#) for the Canada Research Chair program, and [diversity and inclusion](#) is a key priority for UK funder The Wellcome Trust. In this blog post, I share some of what we've learned so far about gender equity and where we intend to go from here [\[1\]](#).

What we know about gender equity in health research funding

Women and men both have the potential to be excellent researchers, yet research shows that women face systematic disadvantages in research funding competitions, publishing, hiring, and promotion. A recent review has shown that women applying for CIHR Foundation grants are [less successful when assessed as principal investigators](#) (vs. assessing their science). We also know from [Tamblin and colleagues](#), that women applying for funding receive lower scores than men, are more likely to apply with multiple co-investigators, ask for less funding, and have their application triaged (scored too low to be discussed at the review meeting).

These gender disparities are compounded for [racialised](#) and indigenous women [\[2\]](#), and although I'm not aware of research about how transgender women or gender-diverse researchers fare in funding competitions or academia, my educated guess is that they too face systemic barriers to success.

What we wish we knew about gender equity in health research funding

Across Canada's research landscape we lack data on gender (including gender diversity), race, ethnicity, indigeneity, and disability, and the qualitative data needed to better understand the gendered dynamics at work in people's research careers. As highlighted in the [2017 Fundamental Science Review](#) and a [2012 report on gender in Canadian research capacity](#), this lack of diversity data is a major challenge across our sector. But this is starting to change. Excitingly, CIHR have just recently launched a new [Equity and Diversity Questionnaire](#) for applicants and we'll be paying close attention to how that works in practice.

There is also only [limited research](#) on how to prevent or reduce gender bias in peer review of grants. As a health research community we not only need more diversity data, but also more research on strategies to mitigate gender bias in research funding, including in the design of funding programmes, policies, and peer review processes. Together, these data will help us understand the challenges women and other groups face both before and during the funding application review process, and inform collective action to address systematic disadvantages, and enable expertise and excellence from all facets of our society.

What's our role as a funder in fostering gender equity, and where do we go from here?

Gender equity is an issue that affects health researchers globally, across all research areas, and at all career levels. At MSFHR, we know this is not an issue we can solve singlehandedly, so we're taking part in discussions with our colleagues in British Columbia and across Canada. Meanwhile, we're also taking some immediate steps to foster gender equity in our programmes.

- *Piloting unconscious bias training*: for our 2018 I2C award competition, we're piloting [unconscious bias training](#) for our peer reviewers (thanks to our colleagues at CIHR for letting us use their training module!). If that pilot is successful we'll look at rolling out the training across other MSFHR programmes.
- *Analysing applicant gender*: this is now a formal part of our programme learning and improvement cycle so we can watch for trends both within and across our suite of programmes, and systematically make them better. We're also looking to collaborate with other funders to improve our overall capacity to measure and report equity dimensions, and to track our performance against how the field is doing overall.
- *Developing an equity strategy*: in 2018/19 we'll be developing a new strategic plan for MSFHR. This will include MSFHR's first equity strategy because we think an integrated approach will be more impactful than a standalone equity strategy.
- *Defining equity*: as part of the development of our equity strategy, we'll develop a clear definition of what we mean by equity and how that definition informs our strategic and operational work (including how we measure and report on dimensions of equity).

As we move forward with these actions, we'll continue to watch what's happening in our field (and pay attention to [advice from experts](#) on how funding agencies can mitigate bias). We'll also continue to think and work in a systems-oriented way, because resolving a complex challenge like gender inequity isn't something a funding agency can do alone.

Notes

1. A note on scope: for the purposes of this blog post, I focus on gender as it relates to who is doing the research, though it's arguably just as important to look at whether researchers are appropriately integrating gender and sex into their research designs. For a roundup of how major granting agencies around the world are responding to this challenge, check out the [Gendered Innovations website](#).

2. For more on how these dynamics play out in the Canadian academy, I encourage you to read [The Equity Myth: Racialization and Indigeneity at Canadian Universities](#).

Is this something you are grappling with? Have ideas or expertise to share? Leave a comment or get in touch (zsharman@msfhr.org). We would love to hear from you as our equity strategy takes shape.

This is an edited version of the blog post that originally appeared on the [Michael Smith Foundation for Health Research](#) website and is published here with permission.

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About the author

Zena Sharman is Director, Strategy at the Michael Smith Foundation for Health Research, providing strategic leadership and support and overseeing evaluation and impact analysis, partnerships, and research programmes. Prior to MSFHR, Zena was director of strategic relations and operations at the BC Centre for Improved Cardiovascular Health, and assistant director at the CIHR Institute of Gender and Health. Zena is passionate about health equity, LGBTQ+ health and social justice and volunteers her time with non-profit organisations – currently as co-chair of the board of the Catherine White Holman Wellness Centre. She's the editor of the Lambda Literary award-winning anthology, *The Remedy: Queer and Trans Voices on Health and Health Care* (Arsenal Pulp Press, 2016) and co-edited the Lambda-award nominated anthology *Persistence: All Ways Butch and Femme* (Arsenal Pulp Press, 2011).