



# ISSUE BRIEF: ELEVATING WOMEN IN PUBLIC HEALTH LEADERSHIP



## Women's Leadership and Representation in Public Health

Women constitute the majority of the U.S. public health and health care workforce, yet they remain underrepresented in leadership roles that shape policy, strategy, and organizational priorities. In 2021, [more than 16 million women](#) were employed in the health care and social assistance industry, accounting for roughly 78% of all workers in the sector, including hospitals, outpatient care, home health, and residential services. Women accounted for 75–84% of the workforce across most sub-sectors of health care and social assistance, reflecting their prominent representation in frontline public health and health-related occupations. Despite this demographic majority, women are less likely to attain executive leadership and high-paying roles within public health systems.

A [nationally representative study](#) of state government public health agencies found that women accounted for 67% of leadership roles but were significantly less likely than men to hold executive positions after adjusting for education and management experience. Women in leadership roles were also 36% less likely than their male peers to earn annual salaries above \$95,000, even after controlling for tenure and region. The World Health Organization [has highlighted gender inequities](#) in health-sector leadership and compensation, noting that women's contributions are often undervalued despite their overwhelming representation in care delivery roles. Institutional analyses emphasize that gender imbalances in decision-making positions can weaken organizational agility, limit the diversity of perspectives in strategic planning, and constrain effective population health responses.

### WOMEN EARN LESS AND EXPERIENCE HIGHER RATES OF BURNOUT

Globally, women in the health and care sector [earn about 24% less](#) than men on average, a gender pay gap that is larger than in many other economic sectors. Within U.S. government public health agencies, women in leadership roles are also [less likely to attain higher salary bands](#), even after controlling for education and management experience. Women disproportionately assume unpaid family caregiving duties, which have an [average lifetime earnings and retirement impact of \\$295,000](#). Burnout and trauma exposure are now a central retention threat, especially for women in public health who make up most of the workforce. Nationally representative data from the [2021 Public Health Workforce Interests and Needs Survey \(PH WINS\)](#) show high and sustained strain, with 32% of state and local public health employees reporting considering leaving their organization within the next year (5% to retire; 27% for other reasons), and 44% said they were considering leaving within five years. In the same [PH WINS findings](#), more than half of public health employees reported symptoms consistent with post-traumatic stress, and 1 in 5 rated their mental health as fair or poor—patterns that align with broader national concerns about workforce well-being.



**32%**

**of EMPLOYEES**  
considering leaving  
their organization within  
the next year

**44%**

**of EMPLOYEES**  
considering leaving  
their organization  
within 5 years

# Intersectional Impacts Across Marginalized Communities

Structural and social barriers compound when gender intersects with geography, veteran status, disability, and LGBTQIA+ identity, often shaping who gets access to mentorship networks, leadership pathways, professional development, and psychologically safe workplaces.

## RURAL WOMEN FACE HIGHER RATES OF BURNOUT AND HIGHER STRUCTURAL FRICTION

[Rural public health and oral health systems](#) operate with fewer personnel, fewer leadership ladders, and fewer peer institutions nearby. These conditions make it more difficult to access leadership development without requiring travel, time away, or additional costs. Workforce shortages are also more concentrated in rural areas, thereby increasing role overload and limiting protected time for leadership development.



## WOMEN VETERANS BRING HIGH-VALUE LEADERSHIP EXPERIENCE—BUT ENCOUNTER TRANSITION GAPS

Women are the fastest-growing segment of the veteran population, with more than 2.1 million women veterans living in the U.S. today and a projected increase as a share of all veterans over time. Yet [research and VA documentation](#) emphasize that women veterans are underrecognized in “one-size-fits-all” transition supports, which can affect employment pathways, credential translation, and access to leadership on-ramps in civilian health systems—including public health.

## WOMEN WITH DISABILITIES CONFRONT LAYERED BARRIERS THAT AFFECT LEADERSHIP ACCESS AND RETENTION

[Research shows](#) that women with disabilities experience structural and socioeconomic barriers in health care access and participation, and those same accessibility and systems barriers often show up in workplaces through inadequate accommodations, exclusion from informal decision-making spaces, and reduced access to advancement opportunities. “Equal opportunity” policies often fail in practice unless organizations build accessibility into hiring, professional development, and leadership expectations (meetings, travel, technology, and performance norms).

## LGBTQIA+ WOMEN FACE DISCRIMINATION AND ELEVATED WORKPLACE STRESS RISKS

LGBTQ+ healthcare [professionals report](#) disproportionate workplace stress and ongoing challenges related to inclusion and colleague dynamics, factors that can directly affect retention and willingness to pursue leadership roles. National surveys also continue to document discrimination and harassment experiences among LGBTQ employees broadly, but a major gap remains in understanding how LGBTQIA+ healthcare workers perceive workplace safety and leadership development opportunities.

# Women in the Oral Health Workforce

*Dentistry and dental public health sit at the intersection of public health, prevention, and workforce policy—and they mirror the same leadership compression:*

- >> Women comprised [39.6% of U.S. dentists in 2024](#) (nearly 2 in 5), reflecting a long-term upward trend.
- >> [Dental hygiene](#) remains overwhelmingly female: 93.9% of dental hygienists are women.
- >> Recent [workforce equity analyses](#) report that women held only ~25% of U.S. dental dean positions in 2023, underscoring persistent gaps in senior academic leadership pipelines that shape training culture and institutional priorities.
- >> Academic and scholarly positions [also hold fewer women](#) in high-influence roles (e.g., journal editorship) within dental research ecosystems.

Nearly

**2 in 5**

**OF U.S. DENTISTS**  
ARE WOMEN

**93.9%**

**of DENTAL HYGIENISTS**  
ARE WOMEN

Only

**~25%**

**of DENTAL DEANS**  
ARE WOMEN

## Why Action Matters Now

Public health systems are operating in a context of workforce depletion, political scrutiny, resource reallocation, and the increasing complexity of population health. **Failing to support women—the backbone of the public health workforce—will exacerbate leadership shortages, weaken institutional structure, and undermine the capacity of public health systems to respond effectively to current and future challenges.**

Ultimately, the broader population, underserved communities, and patients stand to lose the most when women aren't supported through strong professional development. AIDPH encourages a multi-sector, multi-stakeholder approach to addressing this complex issue to stabilize the workforce, improve decision-making, and protect the integrity and efficacy of public health systems nationwide.



# Strategic Solutions for Supporting Women in the Public Health Workforce

---

Addressing leadership gaps among women in public health requires coordinated action across workforce development, institutional practice, and public policy. [Recent federal discourse](#) questioning the professional status and value of women-dominated health and care occupations underscores the urgency of reinforcing public health as a skilled, professional workforce, and ensuring that women are supported, retained, and advanced into decision-making roles. AIDPH offers strategic solutions to improving the experiences of women in the public health workforce.



## 1. INVEST IN PROFESSIONAL DEVELOPMENT AND LEADERSHIP PATHWAYS FOR WOMEN

---

Targeted professional development is a critical lever for retaining women in public health and strengthening leadership pipelines. Evidence from workforce research consistently shows that access to leadership training, sponsorship, and career advancement opportunities is associated with improved retention, job satisfaction, and organizational stability, particularly among mid-career professionals, for whom attrition risk is highest. Organizational practices such as regular audits or equity studies, transparent pay bands, and equitable hiring and promotion practices will reduce the incidence of wage gaps.

## 2. STRENGTHEN SPONSORSHIP, NOT JUST MENTORSHIP

---

While mentorship is important to developing women leaders in the public health workforce, it is insufficient on its own to close leadership gaps. Women are less likely than men to benefit from financial sponsorships and resource allocation that confer visibility, advocacy, and access to high-impact opportunities. Institutions and agencies can create, sustain, and improve sponsorship opportunities for women to close this gap and make leadership opportunities more equitable.

## 3. BUILD LEADERSHIP PATHWAYS THAT REFLECT WORKFORCE REALITY

---

Leadership pipelines must reflect who actually makes up the public health workforce and the communities it serves, including women who are veterans, women with disabilities, LGBTQIA+ women, and women working in rural and underserved areas. Targeting recruitment and advancement initiatives, establishing accessible leadership structures, and improving accountability through data collection and reporting are important levers for advancing this pipeline.

## 4. SUPPORT POLICIES ALLEVIATING THE UNPAID FAMILY-CARE BURDEN

---

To achieve a robust and thriving workplace, new approaches to supporting workers are needed. Organizations with [paid leave programs](#) improve recruitment and retention, and when employees lack access to leave, their health is directly affected. Policies that expand access to affordable child care, implement universal family leave, and promote flexible work schedules will alleviate the unpaid care burden.