

HBA launches its new web site! See page 2 for details.

# HBA BULLETIN

THE NEWSLETTER OF THE HEALTHCARE BUSINESSWOMEN'S ASSOCIATION *Advancing Women's Careers* JANUARY / FEBRUARY 2002

## 25TH ANNIVERSARY

### The HBA Turns 25

**Britta Herlitz**

President, Herlitz HealthCare: A Communications Company  
Editor, *HBA Bulletin*

**T**his year, the Healthcare Businesswomen's Association (HBA) turns 25. In recognition of this silver anniversary, the Bulletin offers the following tribute to the five women who founded what is now one of the most influential professional groups in the healthcare industry. For additional information on the HBA and its history, visit [www.hbanet.org](http://www.hbanet.org).

Risk is not something that one associates with starting a professional organization. However, in 1977, the climate of the healthcare industry was vastly different from what it is today. Back then, most pharmcos and advertising/sales agencies were ruled by an "old boy's club" that maintained a neolithic attitude toward women. In that environment, starting a professional organization dedicated to the advancement of women in healthcare was indeed a risky undertaking.

"Many of us were threatened with our jobs," said Peg

Dougherty, CMP, President and Owner, Custom Made Meetings, Inc. (North Egremont, MA). "Our employers at the time told us that our 'girl's club' was an embarrassment. The truth was, the 'boy's club' didn't want us shaking things up." (Dougherty helped to found the HBA and was its second President, serving from 1980-1982.)

So how, in an environment that was essentially uninterested in the advancement of women's careers, did an organization dedicated to this premise gain ground? Sheer force of will. "None of us cared about the risks," Dougherty said. "Was it easy? No. Did we stick our necks out? Yes. Would we do it again? Absolutely."

**The First Five**

In 1977, five professional women, meeting informally, recognized the need for businesswomen in healthcare to come together to exchange industry

Prior to the formation of the HBA, women had nowhere to exchange career information, find out about job opportunities, or to network.

and career information. Those HBA founders were: Dougherty; Ruth Smith, MD, the HBA's first President and

turn to **THE HBA TURNS 25** on page 6

### Welcome to HBA's 2002 Board of Directors

**T**he New Year is off to a propitious start with the election of some of the industry's most respected leaders to the HBA Board of Directors. Now, meet the HBA's officers and new directors who join Board members already serving their terms.



**President**

**Mary E. Cobb**, CEO/President, PACE, Inc., a Lowe Healthcare Company. Mary has been an active member in the HBA for many years, serving most recently as President-elect. She has also served as HBA Co-director of Marketing, and as a Leadership Conference Committee Chair.



**President Elect**

**Nancy Larsen**, President, PROMedica Communications, Inc. Nancy has held HBA positions as President, President-elect, Leadership Conference Committee Chair and Advisory Board member.



**Immediate Past President**

**Teri Cox**, Senior Managing Partner, Cox Communications Partners. Teri has served the HBA as President, President-elect, Director of Communications and as Public Relations Committee Chair. In her new role, Teri's focus will be co-chairing the 2002

"Woman of the Year" (WOTY) event and chairing the fundraising and nominating committees.



**First Vice President**

**Daria Blackwell**, President, White Seahorse, Inc. Daria has served HBA as Co-director of Programs and Marketing Committee Chair.



**Second Vice President**

**Barbara Pritchard**, President, The Pritchard Group. Barbara has contributed to the HBA most recently as a member of the Advisory Board.

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## HBA BULLETIN

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**WOMAN OF THE YEAR**—Teri P. Cox and Nancy Larsen



Advancing Women's Careers

Meeting Photos by Joe Vericker/PHOTOBUREAU, Inc.

# HBA Web Site is Up and Running!

The HBA's web site has launched.

This dynamic site was designed with our members' needs in mind and will continue to grow and evolve based on your feedback.

So visit [www.hbanet.org](http://www.hbanet.org) today and let us know what you think!

[www.hbanet.org](http://www.hbanet.org) home page



### HBA NOVEMBER SEMINAR A HIT!

## Multicultural Factors in Women's Healthcare Marketing

Gail R. Safian

Safian Communications Inc.

As the United States population continues to shift from a white majority to a blend that can only be called multicultural, traditional marketing strategies must shift as well. But how? And to what?

HBA's November 8 program, "Multicultural Factors in Women's Healthcare Marketing," was designed to help us begin to answer those questions—or at the very least, learn what questions to ask.

The program, hosted by Novartis Pharmaceuticals Corporation (East Hanover, NJ), was organized by Debra Freire, VP, Corporate Customers at Novartis; Daria Blackwell, President of White Seahorse, Inc. (Mahwah, NJ); and Maryann Kuzel, Senior VP, Group Managing Director at McCann-Erickson (New York, NY).

"Our country's demographics are changing much more quickly than anyone anticipated," said keynote speaker Sarah S. Harrison, VP of Customer Strategy Integration, Public Affairs, at AstraZeneca Pharmaceuticals (Wilmington, DE). She noted that the Hispanic population in the US was projected to exceed the Caucasian popu-

lation by 2010, and it already has happened. Salsa has outsold ketchup in supermarkets since the early 1990s. California's population now is 60% African-American, Hispanic and Asian.

### It's Just Good Business

"It's just good business sense," Harrison said. "The collective buying power of African-Americans and Latinos has grown significantly, and they will start to become selective in their



Program organizer DEBRA FREIRE (center), Novartis Pharmaceuticals Corporation; with Keynote Speakers SHEILA THORNE (left), Torre Lazur McCann Healthcare Worldwide and SARAH S. HARRISON (right), AstraZeneca Pharmaceuticals.

purchasing, favoring those marketers who reach out to them and respond to their needs."

In some cases, potential access is much greater than marketers think. About 60% to 80% of African-Americans and Hispanics have health insurance, and 85% of Asian-Americans are insured.

Sheila Thorne, President, Multicultural Mar-

keting Group at Torre Lazur McCann Healthcare Worldwide (Parsippany, NJ), emphasized: "It's not black and white—it's green!"

There are major disparities in health status among populations in the United States. The incidence of cardiovascular disease, diabetes and cancer is higher among Latinos and African-Americans, and AIDS disproportionately affects those communities as well. Harrison noted that the government is willing to partner with pharmaceutical companies to find ways of improving these groups' access to healthcare and medicines.

"New approaches are required," Thorne said. "You can't make marketing pieces multicultural just by putting black, brown and yellow faces on brochures and translating them into Spanish. You may think you are doing DTC—but to which consumers?"

### Culture Drives Behavior

Most of the multicultural populations are concentrated in clearly defined locations, making it easier for marketers to target promotions to them. But, Thorne said, messages must take into consideration certain factors, including:

- Different access to facilities and healthcare providers;
- Economic barriers;
- Social and cultural barriers; and
- Different influences, such as the extended family.



(Left to right) SOLEËNNE DESRAVINES and breakout session leader NORMA I. PADILLA, PHD, both of HealthVizion Communications; with HBA Past President SYLVIA REITMAN, International Medical News Group.

Harrison and Thorne, who are both African-American, noted that organizations need to consciously pursue cultural competency training. "It has to be part of a broader commitment in the company."

Although the healthcare industry has the added cultural complications of Western medicine, providers and the patient/family, it is not an impossible task. Thorne pointed to many other industries that have successfully reached multicultural audiences, such as alcohol, tobacco, retail, entertainment and fast food.

"Check with your Human Resources people," she suggested. "They are already thinking about these issues."

Thorne offered a strategic approach to multicultural marketing:

- Analyze populations by zip code;
- Segment the ethnic market;
- Identify the ethnic audience and segment it specifically;
- Identify leaders and messengers on a local level ("community mapping");
- Determine the quantity and quality of the ROI; and
- Seek out relationships with ethnic provider organizations, such as the National Medical Association and organizations of Hispanic physicians.

Resources are available on the web as well: Medscape, for example, has a multicultural health resource center. Various government

agencies within NIH are already addressing ethnic-specific issues, such as diabetes in the Hispanic-American population. These may offer opportunities for partnering as well as refinement of messages.

### Breakout Sessions

The second part of the meeting was devoted to four breakout sessions:

- "Raising awareness of a medical condition and available treatments," led by Hiroko Hatanaka, Director, Account Supervisor at Imada/Wong Communications Group (New York, NY);
- "Motivating patients to seek diagnosis and treatment," led by Kristen Williams, Senior Manager, Public Affairs, AstraZeneca;
- "Facilitating the physician-patient dialogue to ensure that patients are properly diagnosed and treated," led by Norma Padilla, PhD, Director of Scientific Affairs, HealthVizion Communications (Parsippany, NJ); and
- "Enabling patients to comply with their treatment regimen," led by Thorne.

A few recurring themes in the discussion groups are keystones for multicultural pharmaceutical marketing success:



Breakout session leader KRISTEN WILLIAMS, AstraZeneca Pharmaceuticals, and program organizer MARYANN KUZEL (right), McCann-Erickson.

- Involve local community groups to communicate and reinforce messages about healthcare and compliance;
- Involve family members in the healthcare process and use them to motivate the patient; and
- Offer practical information to physicians, nurse practitioners, pharmacists and physician assistants to help them reach patients.

In all, the November seminar was very well attended—an informative, high-energy evening for all. ■

### CALL FOR ADVERTISING

#### HBA 2002-2003 Membership Directory

*Reach your clients, potential clients and peers all year long!*  
**Advertise in your organization's Membership Directory.**

The closing date for space reservations is February 15 (ad material is due February 28). Advertising space is limited, so make your reservations right away. The Membership Directory will be sent in April to a circulation of 3,000, which includes a BONUS distribution to the 1,500+ attendees at the HBA "Woman of the Year" Luncheon on May 2.

For rate information, call the HBA Office at (973) 575-0606, ext 251 or at [www.hbanet.org/rateinfo/](http://www.hbanet.org/rateinfo/)

### SPECIAL THANKS TO

**NOVARTIS PHARMACEUTICALS CORPORATION**  
 for hosting this successful event.

**2002 BOARD OF DIRECTORS** *from page 1*



**Secretary**

**Mariana Palacios**, Partner, The Trillium Group, LLC. Mariana has served HBA most recently as Co-director of Marketing. In addition, she has contributed as Ad Hoc Director of Marketing and as the Seminars Committee Chair.



**Treasurer**

**Kathleen Milligan**, Vice President, Marketing & Sales, Endeavor Pharmaceuticals. Kathleen returns to this post.

**Co-Directors of Communications**



**Donna Ramer**, Managing Director, Health Sciences, Makovsky & Company, Inc. Donna has actively contributed to the HBA as Public Relations Committee Chair.



**Susan Youdovin**, Principal, B&Y Communications. Susan returns to this post. She has also served as Public Relations Committee Chair and was named as the first HBA "Star Volunteer."

**Co-Directors of Membership**



**Janna K. Calhoun**, Vice President, Business Development, V2, Inc. Janna has contributed to the HBA as Membership Director and Corporate Committee Chair.

**Frances Young**, CEO, Innovative Media Research. Most recently, Fran served the HBA as Research Committee Chair.

**Co-Directors of Programs**



**Stephanie G. Phillips, PhD**, President, Project House, Inc. Stephanie most recently contributed to the HBA as Director of Programs.



**Jill Quist**, Vice President, Client Services Consultant, Right Management Consultants. Jill has supported the HBA through her work as Programs Committee Chair.

**Co-Directors of Career Development**



**Anne Camille Maher**, Executive Director, Cozint, Inc. Anne Camille returns to this post. She has also held other HBA posts, including Director of Association Relations & Research and Research Committee Chair.



**Helen Eldridge**, Director, Marketing Research, Ortho Biotech, Inc. Helen returns to this post. She was also the HBA 2000 "Star Volunteer," recognized for her work as Research Committee Chair.

**Co-Directors of Marketing**



**Dianna Main**, President, DWM Healthcare Communications. Dianna returns to this post. She also greatly contributed to the HBA by spearheading the effort to get our web site up and running. (See page 2 for details on our site launch.)



**Maureen Fiori**, Director, Business Development, Tandem Research Associates, Inc. Maureen has served the HBA as Secretary and Skills for Success Program Chair.



**Past President—Strategic Planning**

**Sylvia Reitman**, Vice President, Marketing & Business Development, International Medical News Group. Most recently, Sylvia served the HBA as its Immediate Past President. She has also held positions as President, President-elect, Treasurer and Secretary.

**HBA CALENDAR**

**FEBRUARY 6, 2002**

Evening Seminar  
**Key Success Factors in Developing and Implementing e-Business Initiatives**  
 Pharmacia Corporation, Peapack, NJ  
 5:30 –8:15 PM

**MARCH 6, 2002**

Evening Seminar  
**Positioning Yourself for Resilience in Times of Change**  
 Wyeth-Ayerst Pharmaceuticals  
 Philadelphia Marriott West, West Conshohocken, PA  
 5:30 –8:15 PM

**APRIL 3, 2002**

Evening Seminar  
**Marketing to Women**  
 Bristol-Myers Squibb, Plainsboro, NJ  
 5:30 –8:15 PM

**MAY 2, 2002**

**Woman of the Year Luncheon**  
 Hilton New York, New York, NY • 11:30 AM

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# SKILLS FOR SUCCESS

A CAREER-DEVELOPMENT COLUMN ON BUSINESS SKILLS

*Whatever your current career position, you aspire to greater responsibility. Whatever your current skills, you must sharpen and expand them to achieve your next targeted level of accomplishment.*



## Using Marketing Information Management To Integrate

**Karen T. Geer**

Founding Partner  
Blue Spoon Consulting Group

### The Parlance Of Our Time

As you're reading this, think of all the other work-related articles, newsletters, e-mails, newspapers, presentations, reports, memos—all the content competing for your attention. Overwhelming isn't it? Now imagine what your customer (let's say a primary care physician) is experiencing. Chances are they're like you, drowning in an ocean of disease information, product promotion, and sales messages. Whether you call it "info glut" or "data smog," overload and distraction are the parlance of our time.

Managing an information variable is now key for marketing strategists. Especially for the pharmaceutical industry, accounting for the sheer volume of information and health education readily available for any medical condition or treatment is imperative. Creating the "right" content is only one piece to the puzzle of influencing behavior. It's more vital to create a marketing system in a well-ordered way, one that connects the information that flows from drug discovery, clinical trials, medical education, product marketing, sales and branding systems. To that end, agency networks are featuring "integrated solutions" from their component services. While many are trying, take it from my experience in the trenches of integration<sup>1</sup>, getting

people with different mental models and financial incentives, who are writing marketing programs with diverse objectives and messages, to operate in unison isn't easy with traditional marketing techniques and business models. For the past year, Blue Spoon has been working with clients to develop a contemporary marketing vocabulary in a radically different information environment.

### Introducing Marketing Information Management

Marketing Information Management is a new way of thinking. It recasts marketing activity to reflect the customer's perspective in an information-based society. It creates a shared understanding of business strategy. Ultimately, it's a process to connect advertising, medical education, publicity and sales channels to information architecture and territory management technology. From discovering fresh insights during market research, to developing brand strategy with greater impact and efficiency, Marketing Information Management can help build, manage and evaluate an integrated marketing campaign. To illustrate how this process can be used in day-to-day planning, I'll spend some time talking about "strategic surges," an information management model that synchronizes the delivery of marketing information and creates a strong synergistic effect for brand messages.

### Marketing Information Management at Work

A *strategic surge* is an integrated marketing campaign built around a local health event (see the "Health Events" box

below), an organized effort that concentrates as much push for the brand as possible. Let's use a scientific abstract presented at a state medical meeting as an

**HEALTH EVENTS** are planning milestones, specific points in time that can be used as the rallying point for a strategic surge. They can be a disease awareness month, CME symposium, health screening by a local hospital, publicity event or data presentation at medical meetings. Some have more integration value than others—ensuring they have traction for more than one marketing channel is an important factor to consider. As long as they reflect the nuances and realities of the customer's information environment, and the preferences of customer segments, they can be used to focus and concentrate marketing channels.

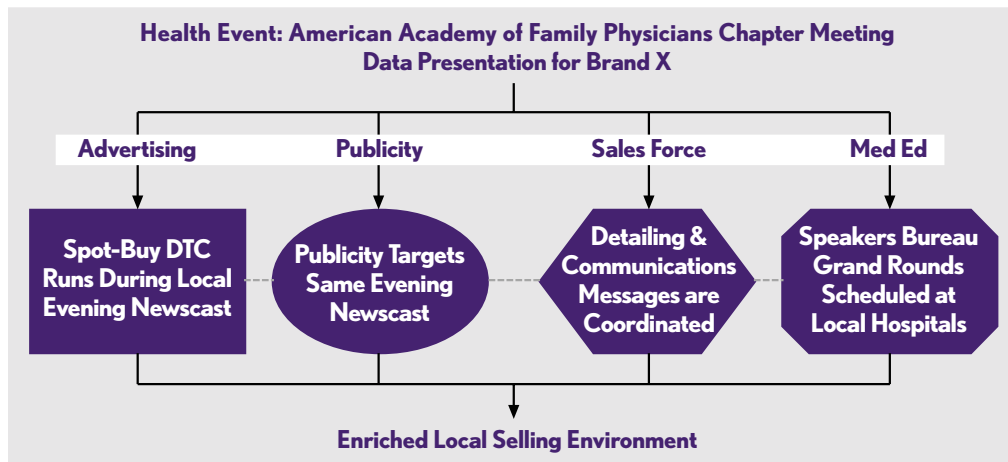
example. Conceptually, a strategic surge could look like the chart shown on the following page.

Coordinating the information flow from each channel is the key. For example, ensuring an abstract is accepted for presentation at a state chapter meeting of the American Academy of Family Physicians must account for the deadlines for abstract submission, typically about six months beforehand. This is a planning detail, one that gets folded in to your brand's publication plan and speaker's bureau. A DTC media buy also requires lead time; knowing the exact date of the

<sup>1</sup> Karen and her business partner have spent more than a generation in pharmaceutical marketing and communications. Prior to launching Blue Spoon Consulting Group, they jointly managed integrated business units at Omnicom and Interpublic agencies.

# SKILLS FOR SUCCESS

data presentation, however, provides a tangible point in time from which to plan and direct local advertising resources. Publicity around the data presentation has news value for all print and broadcast media in a state; this tactic is also the most flexible, capable of being planned and executed quickly, usually in less than a week. Notifying the sales force that their selling environment will be “enriched for Brand X” provides an opportunity to position the brand as a first or second-line detail around that health event. (Think about the potential if you multiplied the number of abstracts accepted for presentation by 10 or 20!) Here’s the process to bring it all together:



## Develop Performance Measures

Stage three is measuring the performance of integration. Beyond capturing the obvious accounting data of more sales, qualitative, unbiased measures are needed to: (i) describe objec-

- Prescription fill rates for the brands/ category averages
- Prescription refill rates for the brands/ category averages
- Behavior cycles (e.g., awareness to action).

## Building Strategic Surges

### Begin with an Information Environment Assessment (IEA)

Begin with market research that untangles clutter and deconstructs the information environment. We look at the intensity and orientation of branded content competing for a customer’s attention, the activities of information-producing organizations in a market, health events with high integration value, and potential measurement themes. Insights gained from this stage open new doors to influencing prescribing behavior and making tactical adjustments quickly.

### Design An Integrated Communications Plan

Stage two is planning and implementation. By organizing advertising and promotion, detailing, medical education and publicity plans, the flow of marketing information can be synchronized. Coordinating how these functional groups work together creates a strong synergistic effect for each marketing channel. Every medium has a different requirement for success, its own personality that must be accounted for, structured within the communications plan, and managed centrally.

tives for each marketing channel; (ii) calibrate them to the situation; (iii) diagnose how well they’re working; and (iv) determine each channel’s relationship and contribution to profit. A baseline should be developed before each surge. Potential measurement themes are:

- **Tactical mix dynamics compared to industry averages/historical results**
  - Dinner meeting attendance
  - Direct mail response rates
  - Length of time allowed for detail
  - Access granted/denied for detail (contact rates)
  - Unique visits to a web site
- **Marketing channel dynamics and impact on behavior patterns**
  - Advertising: direct and indirect effects, timing and behavior cycles
  - Publicity: direct and indirect effects, timing and behavior cycles
  - Medical education: direct and indirect effects, timing and behavior cycles
  - Direct sales: direct and indirect effects, timing and behavior cycles
- **Brand and category dynamics**
  - Compliance rates for the brands/ category averages

## Recasting Marketing Activity

Marketing Information Management is one answer to the challenges of “integration.” There are others. At its core, Marketing Information Management fosters a systematic process for thinking through the complex dynamics of value creation from the marketing mix. Rather than creating new content, Marketing Information Management recasts marketing activity, encouraging a fresh vocabulary and new marketing techniques in the 21st century marketplace. ■

*Blue Spoon Consulting Group is an independent marketing strategy and management consultancy. The firm’s mission is designing and executing integrated marketing systems. Karen Geer and her business partner, John Singer, have previously held positions in pharmaceutical brand management and executive management at advertising, medical education and public relations agencies. Blue Spoon Consulting can be reached at 380 Lexington Avenue, Suite 1700, New York City 10168. Telephone 212.551.7953; Fax 212.551.1054; www.bluespoonconsulting.com.*

**The HBA Bulletin invites you to contribute to this column. Tell us what skill-building topics you would like to see covered in the future.**

# Proactive Executives Prepare to Lead “Post 9-11”

**Rosemary L. Azzaro**

Consultant and *HBA Bulletin* Creative Contributor

*Senior Women's Breakfasts are invitation-only seminars on professional issues shared by members at the highest levels of senior healthcare management.*

**A**ppropriate response is the primary concern of companies of every size when faced with a crisis. And, in light of the terrorist attacks of September 11, the HBA responded to the needs of its most senior members by holding a special invitational breakfast to share perspectives on corporate leadership “post 9-11.”

Approximately 50 members gathered at the breakfast seminar held November 29, 2001, at Aventis Pharmaceuticals (Bridge-water, NJ). Representatives of 13 pharmcos formed a panel to share their corporations' immediate, as well as short-term, responses to the terrorist attacks. The program also featured guest speaker Dr. Paul Ofman, a management psychologist with the consulting firm RHR International (Chicago, IL), who is also Chairman of Emergency Services of the American Red Cross of Greater New York. Dr. Ofman helped put into perspective some of the challenges facing our corporations and suggested strategies for doing business “post 9-11.” Tamar Howson, a past HBA “Woman of the Year” and Senior Vice President, Development, at Bristol-Myers Squibb Company (Princeton, NJ) led the panelists. Julia Amadio, Vice President, Metabolism Marketing, Aventis Pharmaceuticals, coordinated the event.

## First Response: Employee Safety

It was overwhelmingly clear that each corporation immediately responded to the terrorist attacks by first and foremost ensuring the safety of its workforce both at home and abroad. Corporations also provided flexibility to their employees who needed to respond to family and personal needs, reduced the demands of travel and allowed greater personal discretion on travel decisions. Pharmcos also pitched in by supplying a broad range of products and services to hospitals, government agencies and disaster workers. Many companies provided opportunities for their employees to contribute time

and energy to local and national service projects. For Manhattan-based companies like Sanofi Synthelabo and Pfizer Inc., their locations in proximity to the World Trade Center disaster site added a different dimension to their responses and their local safety and communication efforts. Connecticut-based Bayer faced new media relations challenges, employee productivity issues and security concerns as an anxious country stepped up demand for its antibiotic Cipro® (ciprofloxacin) in response to anthrax attacks and scares. Of great importance to panelists and to corporations was the wellbeing of children—and assistance with strategies to help children cope with trauma and with their fears associated with parental work and business travel.

Dr. Ofman cautioned that these events have characteristics that call forth new responses from leaders. While people can accept and move on from the consequences of natural disasters, those disasters that result from terrorism breed uncertainty, heighten feelings of victimization and leave people feeling that “things are out of control.” The fact that terrorist attacks took place while most victims were at their desks makes for greater vulnerability to workplace issues and dynamics. Additionally, local survey data in the tri-state area—where most pharmco headquarters are located—indicate that more than half of those surveyed knew someone directly affected by the tragedy. According to Ofman, these employers must face the reality that a good proportion of their corporate staff are dealing with grieving—a process that evolves in stages over a long period of time. Compound this with the fact that prior to September 11 the nation was entering an economic downturn—and you have an even larger leadership mountain to climb.

## New Times Call for New Responses

Immediate corporate responses like, “Back to business as usual” or “Put this behind you” do not work in this short-term, post-tragedy environment. Rather, managers at all levels must engage their staff in defining short-range, achievable results to focus their energy and attention at a time when disengagement is to be expected, concurred panelists at this morning session. Additionally, all employees must know that their workplace contributions are valued—and that the work of the corporation as a whole is valuable. Doing so not only helps morale, but can lead to retention of key employees—particularly women with families, most notably, those women in mid-level management who might further question their careers in light of their commitments to their families. With down-sizing as an option for many companies, leaders must also be careful in the selection and grooming of those rising through the ranks—giving them the support and mentoring necessary to step into these roles easily.

Ofman's firm has published the White Paper entitled *Leadership in a New World*. Looking further ahead, RHR suggests that today's corporate leaders must have mental agility to reorient and adapt to change quickly; be empathetic and alert to how people feel and to their own impact on others; be skillful at creating high-performing teams that can adapt to the fact that some team members may not always be focused at the same time, and understand how to assess and mobilize entire organizations in the face of great uncertainty.

For the last three years, the HBA has periodically held “by invitation only” events targeted at the most senior of its members. “Strategically, these events are so important to the HBA,” said Anne Camille Maher, HBA Co-director of Career Development and Executive Director, Cozint, Inc. (Andover, MA). “Through this program, the HBA has been actively cultivating an exceptional group of executives. With each event, it becomes increasingly clear that this group is eager to assume a collective role as leaders who have been given the opportunity, but also the responsibility, to make a difference.” ■

### ADDITIONAL RESOURCES

- RHR International pioneered the field of corporate psychology. Order their White Paper and find more information on their services at [www.rhrinternational.com](http://www.rhrinternational.com).
- RHR identifies the following resources:
  - David Baldwin's *Trauma Pages*: [www.traumapages.com](http://www.traumapages.com)
  - *Coping with Trauma*, a book by Jon Allen, PhD. ISBN#0880488960.

## THE HBA TURNS 25 *from page 1*

now Director of Personnel Health Services for St. Vincent Catholic Medical Centers (New York, NY); Sheila

fields were attending the informal meetings and, in 1979, the Healthcare Businesswomen's Association received its charter as a not-for-profit corporation. As the HBA continued to grow, it welcomed branches in Philadelphia, Chicago and San Francisco. (Today, the HBA has worked to formalize and revitalize many of these early branches with the formation of official chapters in Atlanta, the San Francisco Bay Area and Boston. However, these

City," said Dougherty. "Women were sitting on the floors, in the hallways—wherever they could find space. We knew we were off to a good start."

The thought behind these early meetings was that more women were entering the industry and we should know each other—that our future jobs could be positively impacted by these relationships.

The only way to get the word out about any HBA event was via word of mouth and ladies room distribution.

Sinkking, the HBA's third President and now Vice President of Veritas Communications, Inc. (White Plains, NY); Melissa Gryczka, Pharmacist, St. Barnabas Hospital (Bronx, NY); and Diane Anderson, formerly with International Medical News Group (Morristown, NJ). During these early years, Dougherty was Media Director at Lavey Wolff Swift (now Lyons Lavey Nickel Swift), Smith was a Product Manager at Pfizer, Sinkking was Eastern Regional Sales Manager for Appleton Century Crofts Publishing, Gryczka was in account work at Medicus and Anderson was an advertising sales representative at International Medical News Group.

"At the time we started the HBA, there were very few women in significant roles in the pharmaceutical industry and even fewer ways for us to network," said Dr. Smith. "Forming the HBA allowed us to appreciate the varied contributions women were making and could make in the future. The ultimate success which the current HBA membership manifests validates our hopes."

Soon, more than 100 women in healthcare-related

"new" chapters are clearly rooted in the early works of the five founders.)

"Our first major open meeting was at Klemtner Ad Agency in New York

"The thought behind these early meetings was that more women were entering the industry and we should know each other—that our future jobs could be positively impacted by these relationships," said Sinkking, adding that "the last 25 years of growth for the HBA have shown that we were on the leading edge of the curve."

As for promotion, "The only way to get the word out about any HBA event was via word of mouth and ladies room distribution," said Dougherty. "All of our early announcements were handwritten or typed, then photocopied somewhere outside of our offices and distributed via sales reps who dropped them in the women's bathrooms at agencies and pharmcos. The sales reps were our 'pony express!' In fact, it's important to note that even when it was unpopular to do so, the male sales reps were very supportive of us and we owe them our thanks."

Early HBA seminars addressed key issues that, in retrospect, truly reflect the struggles professional women faced at that time. For example, some of the original HBA members who were interviewed for this article remember such "stand-

### "IN THE BEGINNING...": THE HBA

**Gale Brugeman, Media Director,  
Gale Brugeman Company, Myrtle Beach, SC**

**When the HBA was formed in 1977, I was in the Media Department at Sudler & Hennessey. At the time, there were few agency opportunities for women in our industry. Those that did exist were limited to back-up in market research, media and administrative work. Outside of an agency, the first two female journal sales representatives, Arlene Eiserman and Charlene Bennett had emerged (at the time, Eiserman represented *Postgraduate Medicine* for McGraw-Hill and Bennett was with *Williams & Wilkins*), and a few daring companies had one or two female product managers. The company sales forces were not open to many women, so we were not considered candidates for account work or product management because we had not "detailed."**

**The Pharmaceutical Advertising Council's annual "Sports Day" (a major industry event noted as the place to network and make deals) was still a male dominated day of golf. I remember the last Sports Day at the Westchester Country Club—women were not allowed to eat in the grill room with the men—a small group of us that attended were shuffled off to the outside porch for dinner. The HBA could not have been started at a better time.**

**At the first HBA meeting, we elected Ruth Smith as our first President. At the time, Ruth was in a somewhat unique position of influence as a female Product Manager at Pfizer. We knew that her position would help give us some of the start-up power we needed. Even so, the industry discouraged us by making it difficult to attend meetings and accomplish goals. We did not have to march, picket or burn any articles of clothing, but our lives were not made easy by attending that first HBA meeting and subsequent ones. Little did we know that we were breaking important new ground. Little did we know what a wonderful organization the HBA would become and how many women it would help.**

**Thanks to the HBA and several industry managers who had the foresight to hire and promote many of our bright women, opportunities are now open everywhere in our industry. We have come a long way and I enjoy knowing that I may have played a little part in helping to start it all.**



ing room only” HBA events as “How to Write a Resume” (Phyllis Solomon, one of the first HBA members and now head of one of the largest placement firms in the country, led this seminar, which taught women how to compose a resume that would get them noticed.); “How to Dress for Work”; “Wills and Estate Planning” (“This event was packed,” recalls one of the attendees. “We were asked to raise our hands if we had a will—only four women out of about 200 had wills.”); “Safety While On the Road”; and “Sexual Harassment.” (All of the women interviewed for this article had their own stories of being harassed.)

“Prior to the formation of the HBA, women had nowhere to exchange career information, find out about job opportunities or to network,” said Gale Brugeman, Media Director at Gale Brugeman Company (Myrtle Beach, SC), and one of the first active members of the HBA. “We were shut out of all of the key professions and events.” Her sentiments were echoed by Marie Miller, formerly in advertising sales at Jobson Publishing (New York, NY). Miller, who was also one of the HBA’s first members and served as Treasurer from 1979–1981, joined with Brugeman in recounting tales of an industry that was, from a profes-

sional advancement standpoint, closed to women. (See Brugeman’s story in the sidebar to this article.)

## Equal Pay: ‘Pandora’s Box’ is Opened

As an industry uncomfortable with the changes that career advancement for women represented tried to close ranks, the original HBA leaders decided to push the envelope a bit further.

“Women were grossly underpaid compared to their male counterparts,” said Dougherty. “We knew this was the case, but we had no tangible proof. So, we decided to initiate a salary survey. We surveyed our entire membership, asking them to report their annual salaries anonymously. These numbers were compared with reported salaries for men in the same positions.

The differences were astronomical—much greater than we anticipated.”

The results completely debunked the myth that gender-biased salary discrepancies weren’t significant. Indeed, results from this survey, which were distributed at all HBA events, gave many women the resolve (and the ammuni-

tion) to demand pay raises for the first time in their careers.

It is this type of bold action that helped to initiate much-needed change within the healthcare industry. In its early years, the HBA raised awareness of the contributions that women could make (and were making) to industry. Risk-takers such as Smith, Dougherty, Sinkking and others fought to eliminate gender-biased policies and to impart the professional skills that would allow women to survive and to *thrive* in business. Along the way, the industry matured. Women now occupy a significantly greater number of senior-level positions and increasingly, men and women are viewed as complementary components of corporate success.

Today’s HBA is building on its pioneering roots, raising awareness about issues such as the “glass ceiling” and generating groundbreaking data, such as that found in its 1999 P.O.W.E.R. survey (**P**erspectives **O**n **W**orkplace **E**nvironment **R**ealities: A Study of Career Advancement in the Pharmaceutical Industry). The HBA was born of the need to open doors for women in the healthcare industry—25 years later, its mission continues. It is with heartfelt gratitude that we recognize those who paved the way. ■

Women were grossly underpaid compared to their male counterparts.

The last 25 years of growth for the HBA have shown that we were on the leading edge of the curve.



## CALL FOR HBA SEMINAR COMMITTEE MEMBERS

HBA Program Directors need volunteers to help with the planning of HBA’s 2002 Evening Seminars.

If you are interested, please e-mail **PROGRAM CO-DIRECTORS, Stephanie G. Phillips, PhD, at Sphillips@ProjHouse.com or Jill Quist at jill.quist@right.com.**

**We look forward to hearing from you!**

## PRESIDENT’S FORUM *from page 8*

determination and commitment, and with a few questions: What is the continuing role of the HBA? How can we have an even greater impact now, in this post-September 11 reality, where many professionals question the importance of what they do? How do we distill the precious time and energy of our members to positively impact our new world? Finally, as the HBA continues to advance women’s careers, how do we help our industry to achieve its most basic objectives of healing and disease prevention?

There are growing numbers of women in the healthcare industry and,

specifically, in management and leadership positions. Clearly, we remain committed to supporting all women working to achieve career goals. What has become clearer than ever in recent months is that our efforts can go beyond helping the individual to facilitating the collective strength of all members, who, in turn, through participation in HBA initiatives, can strengthen our industry, our country, and our world. The HBA is the way we come together for support, training and affiliation. Join me in giving it some of your precious time and energy this year. ■

## The HBA—Advancing the Role and Impact of Women in the Healthcare Industry

**Mary E. Cobb**  
HBA President

It is an honor to serve as the HBA President for 2002.

Year 2001 brought significant growth and achievement for all of us as healthcare businesswomen. Our organization effectively reached and supported a growing membership with diverse programs targeted to the increasingly varied needs of our members. The accomplishments of 2001 are many:

- **Membership** Membership rose to a record 1,200+ individual and 55 corporate members.
- **Programming** The number and diversity of programs, and participation in those programs, grew.
- **HBA Brand Identity** We introduced and established a comprehensive look and feel to our own “brand” through all HBA materials.
- **HBA Expansion** Our interests are now represented through chapters in Boston, Atlanta and San Francisco—with several more groups of women enquiring to use our HBA chapter membership model around the world!!
- **WOTY** A record 1,600+ healthcare industry professionals attended our “Woman of the Year” event, at which Carrie S. Cox of Pharmacia Corporation was recognized as the newest member of that elite list.
- **Leadership Development** National speakers, wonderful enthusiasm and some serious networking marked the 2nd HBA Leadership Conference.
- **CONNECTIONS Program** Relunched and presented as an evening event, HBA’s mentoring initiative resonated for all of us who believe we should “Have a Mentor and Be a Mentor.”
- **Senior Women’s Breakfasts** Our initiative for the growing number of women at the top of our industry provided three compelling events this year.

Throughout her history, the HBA has remained firmly committed to offering programs of significant value to women advancing their careers.

- **HBA Web Site** This dynamic, information-packed web site has launched!

### A Growing Force

Clearly we, the HBA, are a growing force in the industry. These achievements would not have been possible without the undying energy, commitment, enthusiasm and expertise of Teri P. Cox, our 2001 President, our Board of Directors, Committee Chairs and Co-chairs, Advisory Board and many more volunteers. This group deserves your sincere thanks for all of their contributions. Welcome to the new and returning volunteers. Together we will help to make the HBA an even more prominent force for the advancement of women in the healthcare industry.

### Looking Forward to 2002

This year will be an exciting one for the HBA as the organization reaches a major milestone—25 years of service (see cover story in this issue). Please mark your calendars for our celebration at the WOTY luncheon on May 2nd.

Throughout her history, the HBA has remained firmly committed to offering programs of significant value to women advancing their careers. To reach for that goal in 2002, programs will cover such topics as negotiation skills, e-communications, and marketing to women.

The CONNECTIONS Mentoring Program will enable a larger group of women to work with mentors on their career goals. Helping to guide our efforts will be an expanded Advisory Board, representing growing industry attention to our accomplishments, our message and our strength.

### Contemplating the Years Beyond 2002

We are clearly in a new world. I accept the challenge of being HBA President with

turn to **PRESIDENT'S FORUM** on page 7

### HBA CORPORATE MEMBERSHIP

Abbott Laboratories, Inc.  
Accel Healthcare Communications, LLC  
American Academy of Family Physicians  
AstraZeneca Pharmaceuticals  
Bayer Corporation  
BLP Group Companies  
Bradlin Search Group  
Bristol-Myers Squibb Company  
Caplan Associates Inc.  
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The Clinicians Group  
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Innovative Media Research  
Innovative Medical Education  
International Medical News Group  
JAMA—Journal of the American Medical Association  
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