

SAGE Cygnet Awards

for the SAGE Athena Swan Accreditation Pathway

Baker Heart and Diabetes Institute (Baker Institute)

Institutional context



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Acknowledgement of Country

The Baker Institute acknowledges and pays respect to the Traditional Custodians and Elders of this nation, past and present, and the continuation of cultural, spiritual, and educational practices of Aboriginal and Torres Strait Islander people.

1. Introduction

1.1 History

Founded in 1926, the Baker Heart and Diabetes Institute (Baker Institute) is one of Australia's oldest medical research institutes. Baker Institute started as a laboratory with a handful of staff at the back of The Alfred hospital in Melbourne. It was established by the philanthropists Thomas Baker, his wife Alice Baker, and her sister Eleanor Shaw. In its earliest years, scientific research conducted by the Institute ranged from surgery to asthma and infectious diseases. In later decades however, the primary focus of the Institute became cardiovascular disease. In 2002 and funded in a large part by philanthropy, the Institute moved to purpose-built facilities and became part of the Alfred Medical Research and Education Precinct. In 2008, the Institute merged with the International Diabetes Institute to become the first Australian medical research institute to focus on cardiometabolic diseases.



Eleanor Shaw, Thomas Baker and Alice Baker, 1923

The Baker Institute is now an internationally renowned medical research facility comprised of a highly diverse team including cardiologists, diabetes physicians, bench-top scientists, epidemiologists, dietitians, biostatisticians, computational biologists, nurse educators, remote healthcare workers and physical activity experts. The Baker Institute continues to rely on philanthropic support with 29% of its funding achieved through fundraising and bequests. This is equivalent to the amount of funding achieved through competitive grants (Impact Report, 2022).

1.2 Mission, Values and Strategy

The mission of the Baker Institute is to reduce death and disability from cardiovascular disease, diabetes, and other health disorders. Underpinned by the values of excellence, integrity, effective communication, workplace innovation, and the trustworthy use of funding and resources, the Baker Institute's Strategic Plan (2021–2026) focuses on strengthening the Baker Institute's existing science; developing Baker Institute's profile in bioinformatics; strengthening the Institute's profile in personalised medicine; increasing networks and partnerships; and building new directions.

1.3 Contributions to science

Baker Institute scientists have made many important contributions to our understanding of diabetes and heart disease. For example, they have: (1) provided evidence of the two types of diabetes; (2) helped to establish open heart surgery in Australia; (3) predicted the diabetes epidemic; (4) developed new ways to treat high blood pressure; and (5) helped to establish the cardiometabolic health benefits of physical activity and the negative impact of sedentary behaviour on cardiometabolic health.

1.4 Baker Institute Specialist Clinics

The Baker Institute is a major provider of patient care (~12,000 appointments/year) through its specialist clinics in cardiology, diabetes and diabetes education, dietary and weight

management services, ophthalmology, and respiratory clinic. These services are a key component of the Institute's overall mission.

1.5 Baker Institute Central Australia

In 2007, the Baker Institute established its Aboriginal Health program and for more than 15 years, has had a node on the Alice Springs Hospital site (Baker Institute Central Australia). The purpose of this program is to build knowledge and provide practical contributions to Aboriginal and Torres Strait Islander peoples' health. Whilst our physical footprint has recently decreased there, we continue to do work in Indigenous Health and partner with the Central Australia Academic Health Science Network. We have also worked with Alice Springs Hospital, the Central Australian Aboriginal Congress Inc, Aboriginal Medical Services Alliance Northern Territory, and Tangentyere Council.



1.6 Collaborations with universities

While the Baker Institute is an independent medical research institute, it has formal links with several major Australian and international universities. Partnerships and collaborations include:

- the Baker-Deakin Department of Lifestyle and Diabetes
- the Baker-La Trobe Department of Cardiovascular Research, Translation and Implementation Science
- the Baker-Department of Cardiometabolic Health at the University of Melbourne
- the Monash Alfred Baker Centre for Cardiovascular Research
- the Cambridge (University) Baker Systems Genomics Initiative.

2. Baker Institute governance, management and organisational structure

2.1 Baker Institute Board

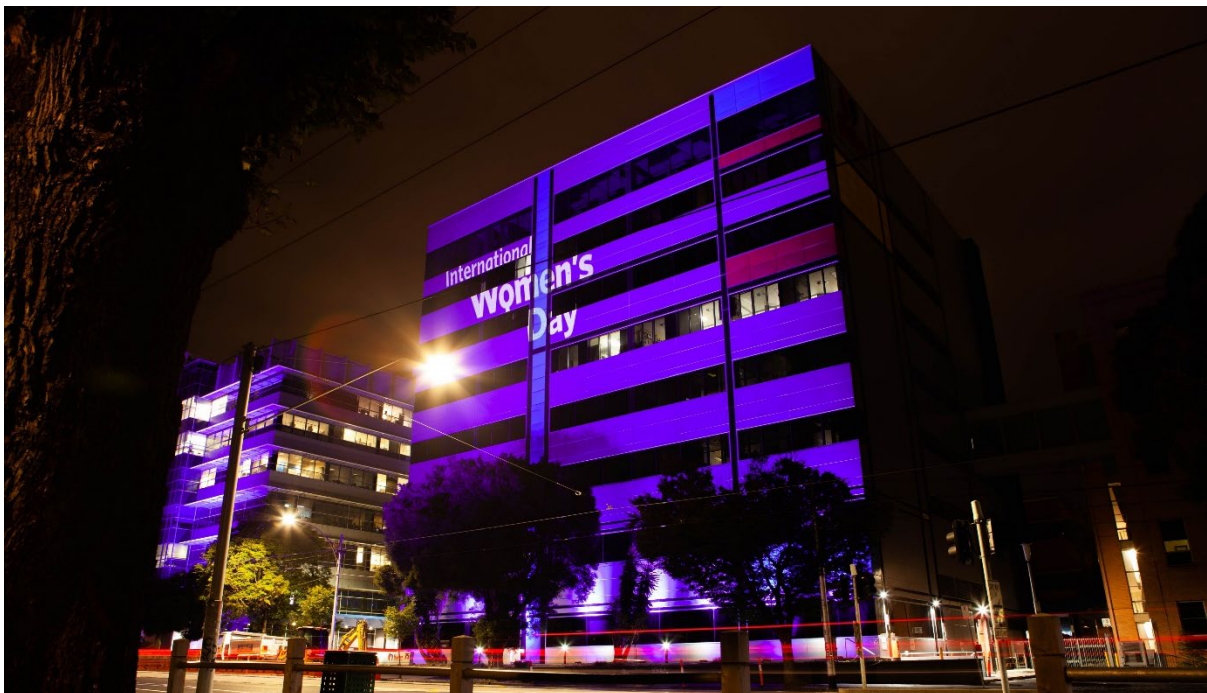
The Institute's Board carries responsibility for the corporate governance and financial sustainability of the organisation. The Board, chaired by Mr Peter Scott AM, is comprised of eight members and oversees all major decisions affecting the Institute. There are seven non-executive directors (3 women and 4 men) and one male executive director. The Board is informed by several standing committees, including the Audit and Risk Committee, the Investment Committee, Commercial Issues Committee, and the Remuneration and Appointments Committee.

2.2 Senior management

The Baker Institute is led by the Director (Professor John Greenwood¹) and there are three Deputy Directors (1 woman and 2 men). The main executive committee is called the Management Round Table (MRT) and this is responsible for high-level strategic decisions, research leadership and for developing the Institute's research strategy. The committee, chaired by the Baker Institute Director, is comprised of 40% women (n=4) and 60% men (n=6).

2.3 Baker Institute organisational structure

The Baker Institute is structured into five scientific domains, an administrative domain, and a business development and commercialisation domain (Figure 1: Baker Institute structure, February 2024). The scientific domains include discovery and preclinical, systems biology, clinical research, population health and Aboriginal health.



¹ Professor Greenwood commenced on 1 January 2024. The Director for the previous eight years was Professor Tom Marwick.

Figure 1: Baker Institute structure, February 2024

Director / Chief Executive Officer Professor John Greenwood						
Deputy Director Karlheinz Peter		Deputy Director Jonathan Shaw			Deputy Director Hilary Bolton	
Discovery and Preclinical Domain Julie McMullen	Systems Biology Domain Peter Meikle	Clinical Research Domain Alicia Jenkins	Population Health Domain Jonathan Shaw	Aboriginal Health Domain Tom Marwick	Administration	Business Development and Commercialisation Guy Krippner
Cardiac Cellular Systems Alex Pinto	Atherothrombosis and Vascular Biology Karlheinz Peter	Allied Health and Education Services TBC	Clinical Diabetes and Epidemiology Jonathan Shaw	HTLV-1 Research Thomas Marwick	Administration and Reception Long Bui	Animal Ethics Judy Nash
Cardiac Hypertrophy Julie McMullen	Biomarker Discovery Bing Wang	Cardiometabolic Health and Exercise Physiology Erin Howden	Diabetes and Population Health Dianna Magliano		Clinic Reception and Administration Tania McKenny	Contracts Susan Dahne
Cardiovascular Endocrinology Morag Young	Computational Biology and Clinical Informatics David Ascher	Clinical Electrophysiology Peter Kistler	Non-Communicable Diseases and Implementation Science Brian Oldenburg		Facilities Management Zumreen Muzamil	Human Research Governance Tamara Allen
Cardiovascular Inflammation and Redox Biology Judy de Haan	Epigenetics in Human Health and Disease Sam El-Osta	Clinical Experimental Electrophysiology Jon Kalman	Physical Activity David Dunstan		Clinical and Laboratory Operations Luisa Pipolo	Research Management Leonie Cullen
Haematopoiesis and Leukocyte Biology Andrew Murphy	Lipoproteins and Atherosclerosis Dmitri Sviridov	Diabetes Clinical Research Neale Cohen	Preclinical Disease and Prevention Melinda Carrington		Health, Safety and Wellbeing Niro Pathirage	Community and Corporate Relations Antonia Makkar
Inflammation and Cardiovascular Disease Tin Soe Kyaw	Mechanobiology and Microfluidics Sara Baratchi	Diabetes and Vascular Medicine Alicia Jenkins			HR and Payroll Heidi Black	Finance Anita Furnell
Molecular Metabolism and Ageing Brian Drew	Metabolomics Peter Meikle	Heart Failure Research David Kaye			Legal Services Andrew Kaynes	Platform Technologies Peter Meikle
	Molecular Imaging and Theranostics Xiaowei Wang	Human Neurotransmitters Murray Esler			IT Ian Briggs	
	Molecular Proteomics David Greening	Imaging Research Tom Marwick			Public Affairs Tracey Ellis	
	Systems Genomics Michael Inouye	Neuropharmacology Geoff Head				

3. Baker Institute staff profile

The Baker Institute currently employs 368 staff (59% women)². Figure 2 below shows that the largest cohort of staff are scientific staff who represent 54% of all staff. They are involved in scientific research and include laboratory heads, postdoctoral scientists, and research assistants. Women represent 50% of all scientific staff. Professional support staff (25% of all staff) are involved in finance, fundraising, human resources, and information technology. Women represent 65% of this cohort. Technical staff (16% of all staff) maintain key facilities and the infrastructure of the Institute. Women represent 62% of all technical staff. Nursing staff represent 5% of all staff and all are women. They provide patient care and include diabetes educators. The Baker Institute also currently has 94 students, 54% of whom are women.



Figure 2: Number and percent of staff by employment category and gender, October 2023

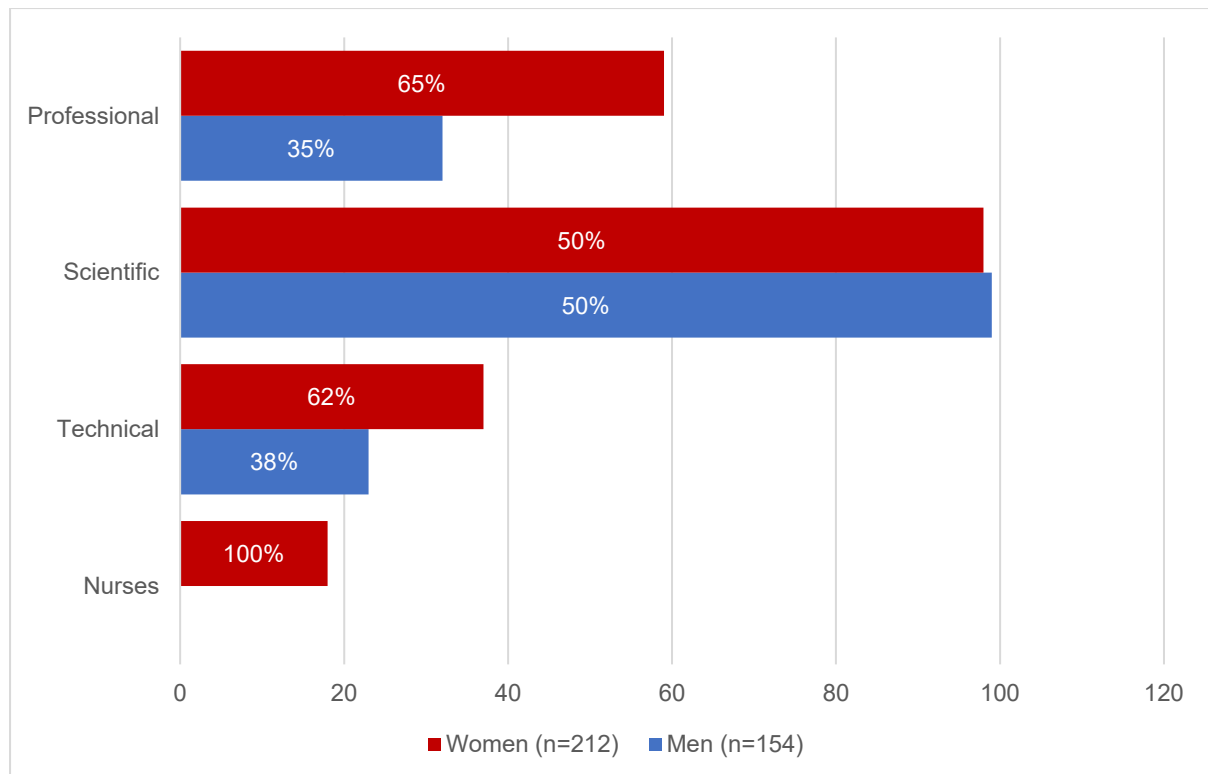


Figure 3 below provides information on the gender composition of scientific staff at different levels. At the most junior level, research assistants, women represent 57% of all staff at this level. At Research Officer level, women represent 60% of all staff. At Senior Research Officer level, women represent 38% of all staff. At the most senior levels, women represent 33% of all Laboratory Heads and 18% of other senior scientific staff at Baker Institute.

² All staff profile data is as at 31-10-23. Two staff members have been excluded from the figures used in this document because they did not indicate whether they were a woman or a man.

Figure 3: Number and percent of scientific staff by level and gender, October 2023

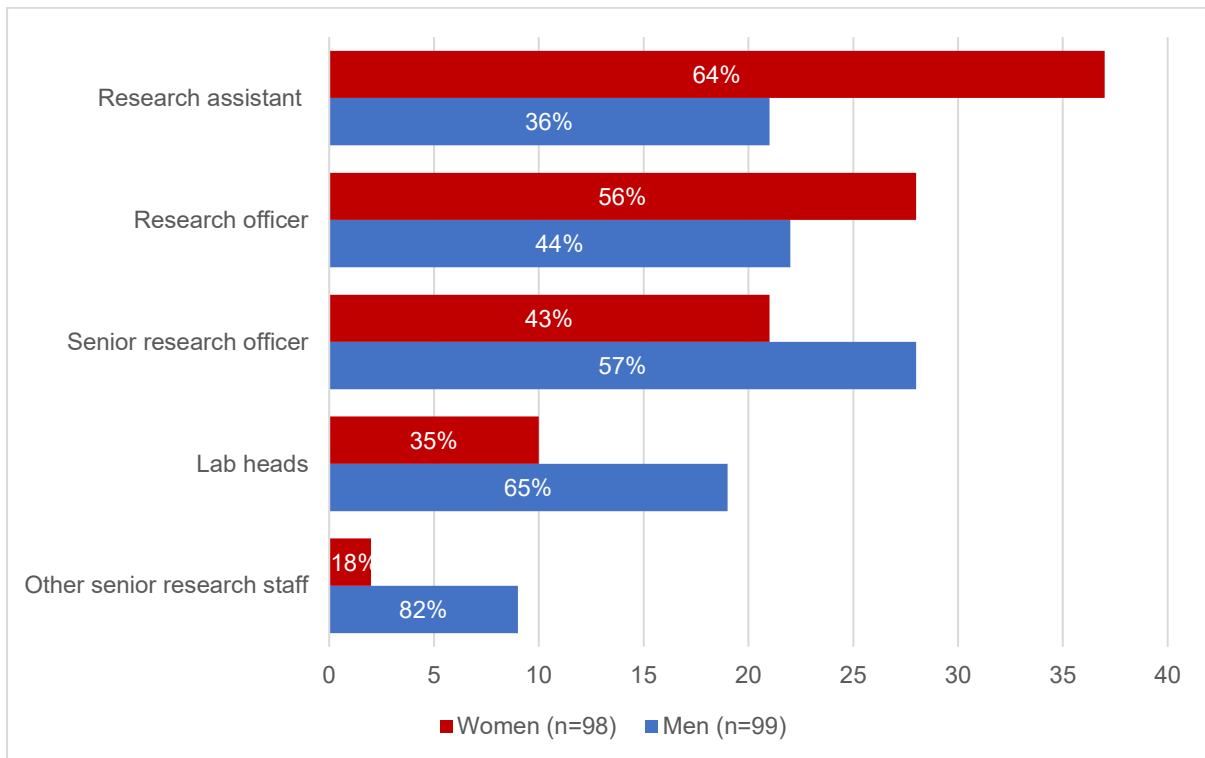
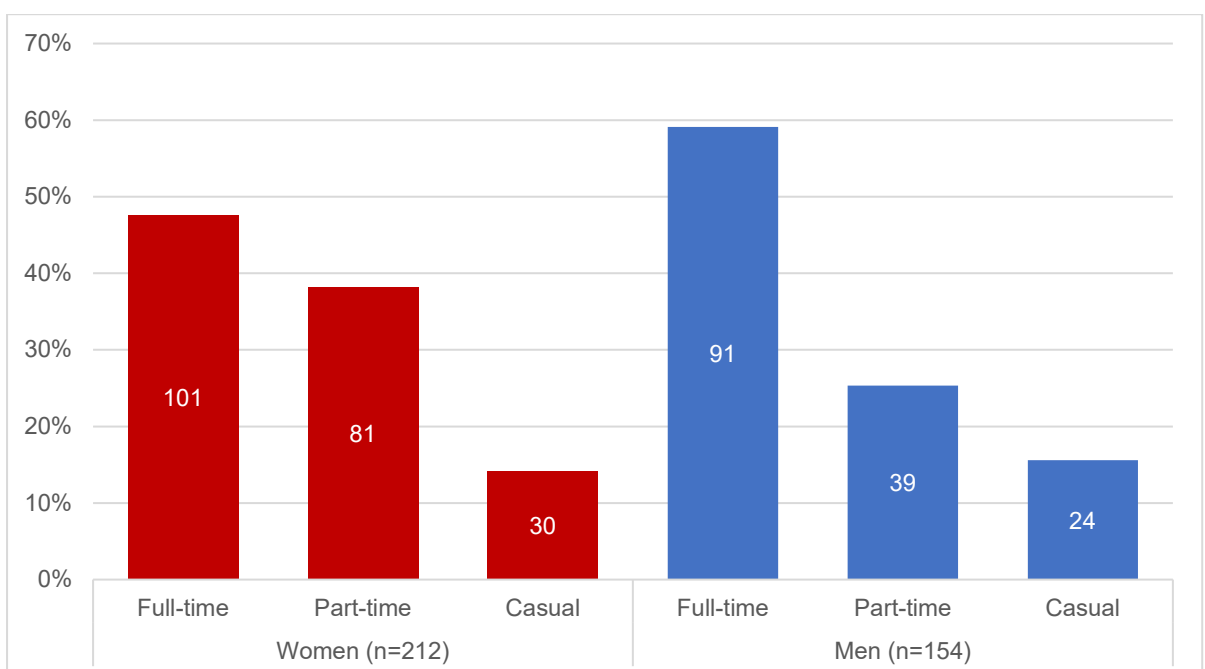


Figure 4 provides data on contract type by gender. Less than half of all women (48%) work full-time, 38% work part-time and 14% are casual staff. More than half of all men (60%) work full-time, 25% work part-time and 16% are casual staff. Men, therefore, are more likely to work full-time than women, women are more likely to work-part-time than men, and roughly equal proportions of women and men are employed as casual staff.

Figure 4: Percent and number of staff by employment contract type and gender, October 2023



4. Gender equity, diversity and inclusion at the Baker Institute

At the Baker Institute, we are proud of our diversity and believe it enhances our innovation and decision making. According to our most recent culture survey results (2022), more than 50% of all staff come from countries outside of Australia and New Zealand. Our largest non-Australian cohorts of staff come from Asia (20%), the UK (10%) and Europe (10%). We are committed to creating an inclusive, equitable and respectful culture that celebrates the differences between people based on age, ethnicity, cultural background, sex, gender, sexual orientation, family arrangement and religion. We believe it is important to foster an environment that embraces and celebrates diversity across our staff, students, supporters, and the communities that we serve. This includes the patients we work with in our clinics, members of our community engagement group and the trial participants who generously support our research.

4.1 Gender Equity and Diversity Committee (GEDC)

The work of improving diversity at the Baker Institute is driven by the Gender Equity and Diversity Committee (GEDC). Initially formed in 2014 to address the under-representation of women in senior roles, the early work of the GEDC involved developing and recommending strategies and initiatives to support women's career development with the goal of achieving a sustainable balance of male and female scientists at senior levels within the Institute. The GEDC's focus now includes not only gender equity but also a broader focus on diversity and inclusivity within the Baker Institute community. Under the chair of Professor Dianna Magliano (who has since received an OAM partially in recognition for her gender equality work at the Institute), the Baker Institute received the SAGE Athena Swan Bronze award in 2018.



The Baker Institute GEDC is currently led by co-chairs Associate Professor Morag Young and Dr Graeme Lancaster and includes both scientific and professional staff (60% scientific staff, 40% professional staff). The committee is comprised of 65% women and 35% men. It also includes staff who identify as LGBTQ and those from different cultural, ethnic, and religious backgrounds. The GEDC meets every month and the co-chairs report directly to the Baker Institute Director. GEDC updates, initiatives, and policies are communicated to the broader Baker Institute community through the Baker Institute Science faculty (which consists of laboratory heads, senior scientists, and senior professional staff) and staff forums. Highlights of the gender, equity and diversity work led by the GEDC are widely promoted on the Institute's digital platforms, alongside our Reconciliation Action Plan approved by Reconciliation Australia, and our Diversity and Inclusion Statement.

Our SAGE Athena Swan Bronze application included a total of 91 actions. We have made significant progress on these, either completing each action or working towards their completion. As we progressed through our action plan, we identified additional barriers to the recruitment, development and retention of women and other under-represented groups.

