ACC’s Diversity and Inclusion Strategy:
Working Toward a Diverse and Inclusive Cardiology Workforce and Culture

Presenter Name
Presenter Title
Presenter Institution
Diversity and inclusion are essential to the successful realization of ACC’s mission, values, patient health, and strategic business goals as a profession and as a professional society.

Richard Prager MD, STS President: “In the business world, diversity has been shown to increase innovation and group performance, improve financial performance, and enhance marketplace reputation. Other “bonuses of diversity” include better decision making by leaders, a more robust talent pool, and deeper engagement and loyalty from consumers, members, and other constituencies.”
In comparison to the U.S. population, Adult cardiology is far less diverse...

- ACC 2016 Professional Life Survey suggests that African Americans and Hispanic each represent 3% to 6% of ACC membership
- <10% of medical students and less than 3% of SOM faculty are African American
- In 2015-2016, 5.4% of CV trainees were African American and 6.8% were Hispanic, compared to 5.8% and 7.8% respectively in internal medicine (ACGME)
Trainees By Race/Ethnicity 2015-2016

African American    Hispanic

ACGME GME Data Resource Book 2015-2016 Table c.23
http://www.acgme.org/About-Us/Publications-and-Resources/Graduate-Medical-Education-Data-Resource-Book
In comparison to U.S. medicine, Adult cardiology is far less diverse...

- In 2015, only 9.8% of FACCs who are U.S. board certified in adult CV are women.
- About half of IM residents are women, compared with 21% of adult cardiology fellows. Even so, women are underrepresented in CV fellowships compared to almost every other specialty in the House of Medicine.
- Review of ACC Awards indicates that 31 of 465 have gone to women (6.7%). Of these 10 went to pediatric cardiologists, 2 to statisticians, 1 to lay person, leaving <4% of ACC awards to adult CV women MDs.
Trainees By Sex 2015-2016

% Female

Cardiology talent gaps

ACGME GME Data Resource Book 2015-2016 Table c.21
http://www.acgme.org/About-Us/Publications-and-Resources/Graduate-Medical-Education-Data-Resource-Book
Trainees By Sex 2015-2016

Cardiology talent gaps

% Female

0 5 10 15 20 25 30 35 40 45 50

All residents
Internal medicine
GI
Pulmonary
General cardiology
Intervention
EP
General surgery
Vascular surgery
Urology
Thoracic surgery
Neurosurgery
Orthopedics

ACGME GME Data Resource Book 2015-2016 Table c.21
http://www.acgme.org/About-Us/Publications-and-Resources/Graduate-Medical-Education-Data-Resource-Book
Adult CVD Board Certified Physicians: Distribution of Women

12 states have <10 women CV MDs

Distribution of Women Physician Members (ACC) Board Certified in Cardiovascular Disease

2,321 domestic female physician members (Associate Fellows and Fellows) who are board certified in cardiovascular disease

source: ACC Database - June 2017
Prepared by: ACC Market Intelligence
Cardiology
October 2017

3% to 6%
The proportion of ACC members who are African American or Hispanic, respectively, as estimated from the ACC 2016 Professional Life Survey.
Source: ACC Statistics.

25%
The proportion of ACC women members who attend ACC’s Annual Scientific Session, compared with 20% of the overall membership, showing the high level of ACC member engagement of women. At 10 percent, the participation in the Women in Cardiology Section is one of the highest of the ACC sections.
Source: ACC Statistics.

5.4%
The percentage of cardiology trainees in the 2015-2016 training year who were African American. Only 4.8 percent were Hispanic. In internal medicine, these numbers were 5.8 percent and 7.8 percent, respectively.
Source: Accreditation Council for Graduate Medical Education.

$1 Million
The lower lifetime earnings of women who are cardiologists than men, after correcting for productivity and job description.

9.8%
The proportion of ACC members who are women and U.S.-board certified in adult cardiovascular disease.
Source: ACC Statistics.

<10%
The proportion of medical students who are African American. Less than 3 percent of medical school faculty are African American.
Source: Association of American Medical Colleges.

65%
The proportion of women cardiologists who have experienced discrimination in the workplace, vs. 23 percent of men. This proportion has not changed significantly in 20 years. Burnout is also higher in women cardiologists at 31 percent vs. 24 percent in men.

8%
The proportion of trainees in interventional cardiology and electrophysiology who are women, making these the two least diverse training programs in U.S. medicine.
Source: Association of American Medical Colleges.

21%
The percentage of fellows in adult cardiology who are women. In comparison, about 50 percent of medical students and 46 percent of internal medicine residents are women. Cardiology is the third least diverse fellowship in U.S. medicine, after neurosurgery (17 percent) and orthopedics (14 percent).
Source: Association of American Medical Colleges.
Diversity Plays an Important Role in the Nation’s Heath

"The fact that the nation’s health professions have not kept pace with changing demographics may be an even greater cause of disparities in health access and outcomes than the persistent lack of health insurance for tens of millions of Americans."


Louis Sullivan, MD, Chair
Past Secretary of US HHS
Mission Critical for ACC

- Diversity and inclusion are essential to our mission, values, and our patients
- In the current era diversity and inclusion are essential to achieving our clinical, education and business goals as a profession and as a Society
- Change will require robust intention and unflinching execution
- Getting this right is essential to the success of our mission to serve patients
# ACC Task Force on Diversity and Inclusion

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Moving Toward Solutions: D&I Goals

To address these issues, the ACC Task Force on Diversity and Inclusion was formed in 2017 and charged with providing recommendations to the ACC BOT to enable the achievement of the following goals:

1. To ensure that both cardiovascular medicine in general, and the ACC in particular, benefits from diversity of backgrounds, experiences and perspectives in leadership, cardiovascular healthcare delivery, business, education and science.

2. To ensure that both cardiovascular medicine in general and the ACC in particular, attracts and provides rewarding careers and leadership opportunities for the full range of talented individuals.

3. To ensure that the diverse health needs of cardiovascular patients and populations are met by cardiovascular clinicians sensitive to and prepared to meet the unique needs of their gender, cultural, racial and ethnic and other dimensions of diversity.
The ACC Diversity and Inclusion Strategic Plan

- Broad/Bold → Specific/Feasible
- Four sections
  - Introduction, methods and approach
  - Strategic plan
    - Vision, URC definition, Goals
    - Three objectives, 16 strategies, dozens of tactics
  - Road Map for 2018
    - Seven action areas
  - Included in 2018 budget
ACC Diversity and Inclusion Vision

• ACC will harness the power of the diversity of its members to advance patient care, spur innovation, and improve health equity among individual patients and populations.
• In doing so, the ACC will ensure opportunity for all cardiovascular providers by working towards a fully inclusive organization and profession.

ACC Core Values

• Diversity and inclusion are a component of ACC’s new Core Values: Patient-Centered, Teamwork and Collaboration, Professionalism and Excellence.
Definition of the Under-Represented Cardiovascular Professional (URC)

A significantly lower proportion of members and/or leaders, relative to the US population and/or relative to the available source population (including parent specialty/residency program).
**Objective #1:** To enhance the culture within the cardiology profession and the perceptions of the field to be inclusive, professional, equitable and welcoming.
Objective #2: To realize and sustain the value of diversity over the long-term by implementing structures and continuous improvement programs within the ACC to ensure accountable execution.
Objective #3: To engage and leverage all available talent by attracting and providing value to under-represented groups in cardiology (URCs) across the ‘career life-span’, from ensuring a deep pipeline, to recruitment, retention and leadership development.
2018 Road Map

1. Build a knowledge-based culture of inclusion in cardiology
2. Develop data-driven, meaningful and feasible diversity goals across the ACC and the profession
3. Build a robust pipeline of medical students and internal medicine residents interested in cardiology
4. Ensure diversity and inclusion in our training programs (Program Directors)
5. Education and leadership development
6. Assess and influence the perception, importance and reality of professional issues important to URCs. Embrace the Quadruple Aim
7. Enhance ACC organizational capabilities and commitment
Join the Discussion!

- Access the online library of key publications on diversity, ACC resources and more!
  
  http://www.acc.org/diversity

- Join “Friends of the Task Force”: sign up to stay connected on Task Force on Diversity and Inclusion activities

- Additional questions? Email diversity@acc.org.
ACC Diversity and Inclusion Strategic Plan