2022

OCTOBER

INCLUSION, DIVERSITY, ACCESS & EQUITY

PROGRESS REPORT

IDSA

Infectious Diseases Society of America

PURPOSE

"Creating diverse representation at all levels of IDSA is vital to the future of the Society and its ability to strategically and forcefully advance the field of infectious diseases and public health in the United States and globally." — *Cindy Sears, MD, FIDSA, IDSA Past President, Professor of Medicine, Johns Hopkins School of Medicine*

IDSA adopted an Inclusion, Diversity, Access & Equity Roadmap & Strategy in 2018. Since that time, we have worked diligently to embed the principles of IDA&E into our culture and programming. It is critical that we share our successes, speak the hard truths, hold the organization accountable and be intentional in our actions. We embarked on this journey together five years ago and have much to celebrate. There is also more that we must do.

This inaugural **IDA&E Progress Report** includes an overview of our key accomplishments in the following areas:

- **Leveraging data** to drive change;
- **Education** to raise awareness;
- **Communication** of progress to our members and the public;
- **Action and accountability** that identifies quantitative and programmatic outcomes;
- **Transparent** measures for the organization.

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GOALS

01   **Cultivate a Welcoming Environment**

02   **Adopt Processes, Policies & Practices That Reflect Our Values**

03   **Guarantee Transparency & Access**

04   **Collect and Share Data**

05   **Develop a Diverse Workforce & Reduce Health Inequities**

We hope you will use this report to:

- **Understand the breadth of activities** implemented across the organization;
- **Reflect, assess and celebrate** our progress and our continuing efforts to address impactful opportunities that help inform our work and shape our path forward;
- **Share your feedback** on potential initiatives as our work evolves.

Disclaimer/Caveat:

- This report includes limitations noted throughout on demographic data for attributes collected and is not meant to be inclusive of all past, current or future activities.

Disclaimer/Caveat — continued:

- We are in the process of updating our demographic fields to better align with current practices and to reflect the rich diversity of our membership.

- The degrees identified in the Appendix are related to degree types most broadly attained in the field of infectious diseases.

- Other demographic categories use adapted U.S. Census standards from when they were last updated.

- We are preparing to review and update several categories of our membership demographic fields to reflect changes in standards, both from the U.S. Census and more inclusive standards to ensure we capture the breadth of diversity within our membership.

Our IDA&E Journey:

IDSA is pursuing a **rich standard of diversity** for our volunteers, committees and Board of Directors—from race and gender identity to geographic diversity and efforts to recruit more clinicians into volunteer service. From private practice to public health and basic research to patient care, the organization seeks to align its volunteer leadership with the broad array of infectious diseases careers of IDSA members.

> *"The work of the IDA&E Committee has made me more conscious of the sheer magnitude of disparities that exist among multiple groups and has further motivated me to become an even stronger advocate for IDA&E."* — *Tina Tan, MD, FIDSA, 2022 IDA&E Committee Chair, Vice President of Board of Directors, Professor of Pediatrics and Infectious Diseases, Feinberg School of Medicine, Northwestern University*

DEMOGRAPHICS

Age of Board of Directors, Committees and Membership (2018-2022)

In the past, the **Board of Directors** consisted primarily of those most senior in the field and in their careers. Modern governance best practices encourage greater representation of individuals in many stages of their careers so that the **Board of Directors** can utilize different vantage points in a changing field. In recent years, we have made significant progress toward this goal.
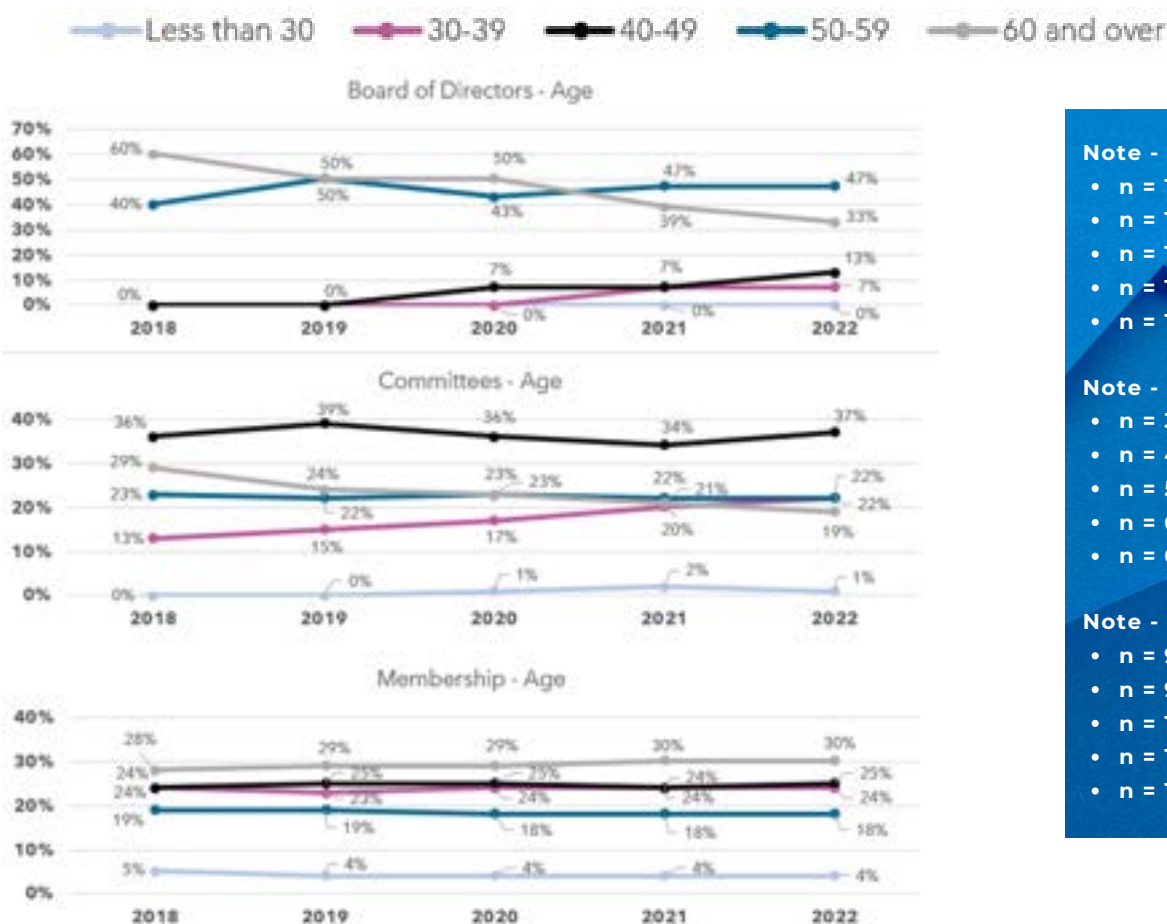
Note - Board of Directors:
- n = 15 for 2018;
- n = 14 for 2019;
- n = 14 for 2020;
- n = 15 for 2021;
- n = 15 for 2022.

Note - Committees:
- n = 353 for 2018;
- n = 412 for 2019;
- n = 538 for 2020;
- n = 683 for 2021;
- n = 601 for 2022.

Note - Membership:
- n = 9,907 for 2018;
- n = 9,744 for 2019;
- n = 10,289 for 2020;
- n = 10,117 for 2021;
- n = 10,174 for 2022.

DEMOGRAPHICS

Gender of Board of Directors, Committees and Membership (2018-2022)

The **Board of Directors** has had a higher percentage of female members for the past four years, with the exception of 2021 when the gender distribution was equal. In recent years, **committees** had consisted of slightly more females than in past years, when **committees** had more males. Historically, IDSA's overall **membership** has been majority male. However, for mid-career and younger segments of members, IDSA's **membership** is majority female identifying. It is important that our volunteer leadership represent the IDSA members of the future.

Note - Board of Directors:
- n = 15 for 2018;
- n = 15 for 2019;
- n = 15 for 2020;
- n = 16 for 2021;
- n = 15 for 2022.

Note - Committees:
- n = 367 for 2018;
- n = 459 for 2019;
- n = 597 for 2020;
- n = 764 for 2021;
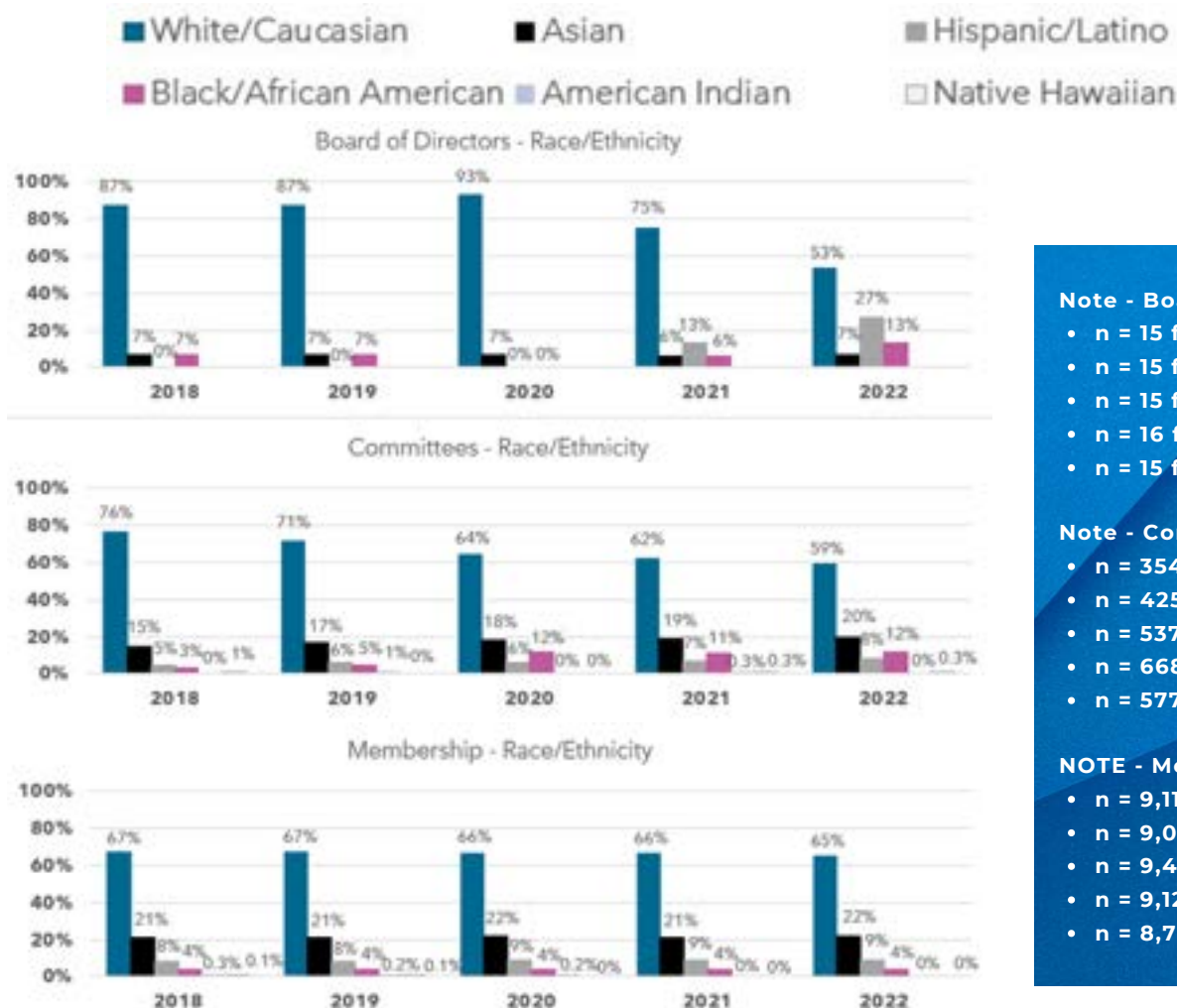- n = 677 for 2022.

Note - Membership:
- n = 10,754 for 2018;
- n = 10,706 for 2019;
- n = 11,383 for 2020;
- n = 11,169 for 2021;
- n = 11,202 for 2022.

DEMOGRAPHICS

Race/Ethnicity of Board of Directors, Committees and Membership (2018-2022)

The **Board of Directors** and **committees** have increased in the percentage of members who identify as non-White and are now in closer alignment with the demographics of the **membership**. IDSA is committed to attracting individuals from underrepresented populations into the field of ID, as well as supporting efforts for the field of medicine to reflect the identities of the general population.

Legend: White/Caucasian, Asian, Hispanic/Latino, Black/African American, American Indian, Native Hawaiian

Board of Directors - Race/Ethnicity

Committees - Race/Ethnicity

Membership - Race/Ethnicity

Note - Board of Directors:
- n = 15 for 2018;
- n = 15 for 2019;
- n = 15 for 2020;
- n = 16 for 2021;
- n = 15 for 2022.

Note - Committees:
- n = 354 for 2018;
- n = 425 for 2019;
- n = 537 for 2020;
- n = 668 for 2021;
- n = 577 for 2022.

NOTE - Membership:
- n = 9,114 for 2018;
- n = 9,024 for 2019;
- n = 9,467 for 2020;
- n = 9,121 for 2021;
- n = 8,784 for 2022.

PROGRESS ON GOALS

Goal #1 — Cultivate a welcoming environment where differences are embraced, valued and respected.

"Our IDA&E efforts have made me more conscious of the health inequities that have existed around me and motivated me to be a voice to stand up for diversity, inclusion and equality." — *Ravina Kullar, PharmD, MPH, FIDSA, 2022 IDA&E Committee Vice Chair, Expert Stewardship Inc./UCLA*

Our activities to enhance a welcoming environment within the Society have allowed us to remain nimble in advancing our IDA&E values in our governance practices, showcase the rich diversity of our members, promote allyship and cultural humility, and support interest groups.

- **2017:** Launched ongoing effort to capture and collect photos that celebrate the diversity of the Society's members — including all the photos in this report.
- **2018**: Governance Task Force established to modernize our governance structure leading to a [bylaws amendment](#) that is helping to build a stronger, more contemporary IDSA;
- **2020**: IDSA/HIVMA and PIDS participated in the [21-Day Racial Equity Challenge,](#) promoting allyship on social media using the hashtag #IDSARacialEquityChallenge;
- **2020**: *[IDSA/HIVMA Allyship Guide: From Awareness to Action](#)* released;
- **2021**: Identity Covering Training with IDSA Board of Directors;
- **2022**: Unconscious Bias Training with IDSA Leadership Development Committee to advance cultural understanding;
- **2022**: Minority Interest Group renamed to George W. Counts Interest Group and [MyIDSA community](#) launched to facilitate peer-to-peer engagement.

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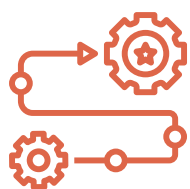
Goal #2 — Ensure that processes, policies and practices foster fairness, belonging and equity, and reflect the views and values of our Society.

IDSA has made steady progress systematically embedding various structures, practices and policies. As industry leaders in IDA&E, transparency and equity in our governance practices have led to higher levels of diversity in our Board of Directors.

- **2017:** Launched online portal to support equitable access to volunteer opportunities for all members;
- **2018**: IDSA was one of the first medical societies to become a signatory to the CEO Action Pledge, joining more than 450 (now more than 2,200) CEOs of the world's leading organizations to take measurable action in advancing diversity and inclusion in the workplace;
- **2018**: Governance Task Force commissioned to recommend changes to ensure governance processes align with IDA&E values;

Goal #2 — continued

- **2019**: Members voted to transition IDSA Nominations Committee to the Leadership Development Committee to identify gaps in leadership, recruit volunteers with unique experiences and skill sets and tap into a new pool of potential leaders and volunteers with diverse competencies and backgrounds;
- **2018**: IDSA Board approved IDA&E Roadmap and Strategy document;
- **2019-2020**: The IDSA membership voted to authorize the IDSA Board of Directors to amend and modernize the bylaws to support IDA&E efforts;
- **2020**: IDSA released statement in response to the death of George Floyd;
- **2021**: Position statement on Terminology for Vancomycin Flushing Reactions released, removing insensitive and outdated language;
- **2022**: Volunteer Recruitment and Pre-Selection Toolkit launched to facilitate volunteer selections that reflect the diverse makeup of our membership;
- **2022**: IDA&E manager hired to support multiyear IDA&E Roadmap and Strategy implementation.

Goal #3 — Guarantee transparency to promote fair treatment and access to opportunities for all members within all levels of the organization.

IDSA has implemented a number of measures that systematically increased transparency, yielded an unprecedented increase in diverse applicants and volunteer selections throughout the Society and increased accountability for the organization and its leaders.

- **2017**: Created an online FIDSA application system for greater clarity and accessibility for all members;
- **2018**: Created an online nominations platform for Society Awards with simplified and standardized criteria to foster transparency and access;
- Began closely tracking demographic data for programs and initiatives to ensure diversity in participation:
  - **ID**Week speaker demographic data (2018-2021);
  - Society Awards Nominations demographic data (2018-2021);
  - IDSAF Mentorship Program demographic data (2019-2021);
  - G.E.R.M. Program Applicants & Awardees (2020-2022);
  - HIV Clinical Fellows demographics (2007-2023);
- **2018**: Microbial Pathogenesis in Alzheimer's Disease research applications and awards began, which have fostered a diverse range of international applicants and non-U.S. citizens to apply to the grant program;
- **2018**: Launched a #FacesofID campaign via social media to showcase IDSA's commitment to IDA&E and the diversity of our field;
- **2018**: IDA&E Task Force appointed;

Goal #3 — continued

- **2018**: [Leadership Development Committee authorized](#) by the IDSA Board of Directors to develop and oversee the process of identifying, coaching and stewarding qualified pools of diverse applicants to serve as leaders;
- **2019**: Inaugural [Leadership Development Committee selected;](#)
- **2019**: Leadership Development Committee created a [model of Ideal Characteristics](#) for IDSA Volunteer Leadership Roles;
- **2020**: IDSA members elected our [most diverse slate of candidates to the Board of Directors in IDSA history](#);
- **2022**: IDSA [converted IDA&E Task Force to new standing committee](#) to continue ongoing focus on IDA&E.

Goal #4 — Collect and share data to inform and educate the IDSA community about IDA&E initiatives.

The COVID-19 pandemic spurred IDSA to quickly accelerate the release and sharing of a wide set of data, briefs and formal recommendations around health equity issues.

- **2019**: First *Journal of Infectious Diseases* IDA&E Supplement published;
- **2020**: IDSA's & HIVMA's work featured by Healio, which cited the work of the IDA&E Task Force and efforts benefiting the field;
- **2020**: Second *Journal of Infectious Diseases* IDA&E Supplement published;
- **2020**: IDSA published numerous podcasts with our member experts on the disparate impacts of COVID-19 on medically underserved communities. Members of IDA&E Task Force served as experts;
- **2020**: IDSA coordinated a media briefing, "We are Not in This Together – COVID-19 and Communities of Color," featuring an IDA&E Task Force member that discussed health disparities and policies for reducing the impact of the pandemic on vulnerable populations;
- **2021**: IDSA & HIVMA published a policy paper on telemedicine and health equity;
- **2021**: IDSA & HIVMA issued two Health Equity Policy Briefs:
  - *Developing Therapeutics During the Coronavirus Pandemic and Future Public Health Emergencies;*
  - *Policy Recommendations for Addressing COVID-19 Health Inequities;*

Goal #4 — continued

- **2021**: [IDSA & SIDP published a collaborative paper to explore multimodal communication](#) approaches to educating patients, the importance of allocation transparency, effective community engagement tactics, and the dearth of BIPOC ID clinicians and health care workers;

- **2021**: With CDC funding, [IDSA curated a collection of resources](#) regarding COVID Health Equity as a part of our COVID-19 Real-Time Learning Network;

- **2021**: Spotlight on [COVID Health Equity Resources website](#) during a presentation at the 2021 Fall Meeting of the Council of Medical Specialty Societies;

- **2022**: *Science Speaks* blog posts:
  - "[Standing Up for Transgender Patients and Our Right to Treat Them](#);"
  - "[Yes, Race Matters: Addressing the Continuing Disparities and Inequities in HIV Among Black Americans](#);"

- **2022**: IDSA issued a brief titled *[Reducing Access to Safe and Legal Abortion: Infectious Diseases and Health Equity Impacts](#)*;

- **2022**: [Most viewed COVID Health Equity Resources](#) pages (last 6 months as of June 2022):
  - [Cultural Awareness Series: From Action to Change](#);
  - [Equitable COVID Care for Diverse Patients](#);
  - [Vaccine Education Roundtable Series.](#)

Goal #5 — Develop a diverse, robust and empowered ID/HIV workforce and leadership. Reduce health disparities and structural inequities, including for pandemic preparedness.

In addition to multiple policy briefs and related research, IDSA accelerated several advocacy efforts including the introduction of the BIO Preparedness Workforce Act, developing the proposal and securing the congressional champions who introduced it.

- **2007:** Launched the HIV Clinical Fellowship program to boost the population of HIV physicians providing care to underserved patient populations and in underserved communities;
- **2020**: IDSA & HIVMA COVID-19 Policy Briefs:
  - *Disparities Among Immigrant Populations in the United States;*
  - *The Impact on Black/African Americans;*
  - *The Impact on Latinx Communities in the United States;*
  - *Disparities Among Native American Communities in the United States;*
  - *Disparities Among Rural Communities in the United States;*
- **2021**: IDSA developed letter template for FIDSA members to support visa applications for members seeking help with immigration;
- **2021**: IDSA & HIVMA Policy Recommendations for Addressing COVID-19 Health Inequities;
- **2021**: Initiated Vaccine Education Roundtable series on IDSA COVID Health Equity Resource site;
- **2021**: HIVMA Recommendations to Strengthen and Diversify the HIV Workforce;

Goal #5 — continued

> "*Participating meaningfully in the development of the IDA&E mission and vision for IDSA helped unlock a new level of awareness of how to leverage these principles for change in other areas of my career and inspired me to actively contribute meaningful scholarship to the field of health equity in infectious diseases that can help change practice and policy in our specialty.*" — *Jasmine Marcelin, MD, FIDSA, IDSA Board Member, IDA&E Committee Board Liaison, Associate Program Director, UNMC Internal Medicine Residency, Associate Professor of ID, University of Nebraska Medical Center*

- **2021**: IDSA & HIVMA Policy Paper: *Innovations in Human Immunodeficiency Virus (HIV) Care Delivery During the Coronavirus Disease 2019 (COVID-19) Pandemic: Policies to Strengthen the Ending the Epidemic Initiative*;

- **2022**: IDSA's president, CEO and vice president of talent and organizational development began participating in a 10-month ACGME Equity Matters program, a framework for continuous learning and process improvement in areas of diversity, equity and inclusion and anti-racism practices;

- **2022**: IDSA began co-leading a joint project with the Council of Medical Specialty Societies member organizations to identify and collectively implement cross-society strategies to increase the pool of diverse applicants to medical school and reduce barriers to entry and advancement throughout career stages for populations underrepresented in medicine;

- **2022:** IDSA urged Senate passage of the PREVENT Pandemics Act, the bipartisan pandemic preparedness package that includes the BIO Preparedness Workforce Pilot Program to provide loan repayment to health care professionals with expertise in ID or emergency preparedness who work in health care professional shortage areas, medically underserved areas or federal facilities;

- **2022**: IDSA provided written comments to the National Institutes of Health in response to its Request for Information regarding the Framework for the NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility (DEIA) that included recommendations to strengthen DEIA in workforce and research;
- **2022**: IDSA & HIVMA Policy Paper: *Principles for Ending HIV as an Epidemic in the United States*.

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APPENDIX - DEMOGRAPHICS

Medical Degrees - Membership

	As of Jan 2022		As of Jan 2021		As of Jan 2020		As of Jan 2019		As of Jan 2018	
Physicians	10207	87%	9859	85%	10159	84%	9676	86%	9723	91%
PhD	948	8%	929	8%	971	8%	887	8%	859	8%
PharmD	713	6%	664	6%	735	6%	629	6%	624	6%
APPs	118	1%	127	1%	99	1%	81	1%	56	1%

Medical Degrees - Committees

	2021-2022 Committees		2020-2021 Committees		2019-2020 Committees		2018-2019 Committees		2017-2018 Committees	
Physicians	570	83%	658	86%	583	98%	435	95%	342	95%
PhD	40	6%	9	1%	9	2%	12	3%	32	9%
PharmD	78	11%	88	12%	25	4%	12	3%	5	1%
APPs	1	0%	2	0%	0	0%	2	0%	0	0%

Medical Degrees - Board of Directors

	2021-2022		2020-2021		2019-2020		2018-2019		2017-2018	
MD	15	83%	15	83%	15	94%	15	94%	15	94%
PhD	3	17%	3	17%	1	6%	1	6%	1	6%

Disclaimer/Caveat:

n=the highest response rate to any of the other demographic questions.

For membership, the 2022 response rate of 97% was used to calculate the *n* for each year and for the percentages.

PROFESSIONAL ACTIVITY

Primary Professional Activity - Membership

	As of Jan 2022		As of Jan 2021		As of Jan 2020		As of Jan 2019		As of Jan 2018	
Administration	359	4%	375	4%	385	4%	380	4%	375	4%
Basic Research	498	5%	506	5%	529	5%	508	5%	543	6%
Clinical Microbiology	324	3%	313	3%	339	3%	303	3%	270	3%
Clinical Research	1161	12%	1163	11%	1249	12%	1199	13%	1229	13%
Hospital Epidemiology	273	3%	261	3%	267	3%	253	3%	250	3%
Patient Care	6173	63%	6043	60%	6191	62%	5749	61%	5643	61%
Public Health	406	4%	390	4%	389	4%	385	4%	377	4%
Teaching/Education	651	7%	640	6%	680	7%	623	7%	640	7%

Primary Professional Activity - Committees

	2021-2022 Committees		2020-2021 Committees		2019-2020 Committees		2018-2019 Committees		2017-2018 Committees	
Administration	35	6%	42	6%	35	6%	25	6%	20	6%
Basic Research	33	5%	48	7%	44	8%	42	9%	44	12%
Clinical Microbiology	15	2%	14	2%	15	3%	15	3%	13	4%
Clinical Research	90	14%	119	17%	91	16%	100	23%	73	20%
Hospital Epidemiology	34	5%	38	5%	32	6%	16	4%	19	5%
Patient Care	344	55%	373	52%	275	48%	187	42%	144	40%
Public Health	23	4%	28	4%	30	5%	31	7%	25	7%
Teaching/Education	56	9%	54	8%	52	9%	28	6%	22	6%

Primary Professional Activity - Board of Directors

	2021-2022 Board		2020-2021 Board		2019-2020 Board		2018-2019 Board		2017-2018 Board	
Administration	1	7%	1	6%	3	20%	3	20%	2	13%
Basic Research	2	13%	2	13%	1	7%	1	7%	2	13%
Clinical Microbiology	1	7%	1	6%	1	7%	0	0%	0	0%
Clinical Research	2	13%	1	6%	1	7%	3	20%	3	20%
Hospital Epidemiology	2	13%	1	6%	1	7%	0	0%	1	7%
Patient Care	5	33%	7	44%	6	40%	7	47%	7	47%
Public Health	0	0%	1	6%	1	7%	1	7%	0	0%
Teaching/Education	2	13%	2	13%	1	7%	0	0%	0	0%

Disclaimer/Caveat:

We understand many of our members select a primary activity while serving in multiple capacities.

We will review these categories and ensure the most up to date options are applicable to members.

MAJOR CENSUS REGIONS

Major Census Regions - Membership

	As of Jan 2022		As of Jan 2021		As of Jan 2020		As of Jan 2019		As of Jan 2018	
Northeast	2616	25%	2662	26%	2830	26%	2651	26%	2698	26%
Midwest	2131	20%	2075	20%	2177	20%	2047	20%	2037	20%
South	3549	34%	3480	34%	3595	33%	3311	33%	3386	33%
West	2142	20%	2108	20%	2130	20%	2095	21%	2052	20%
U.S. Territories	60	1%	53	0%	55	1%	57	1%	61	1%

Major Census Regions - Committees

	2021-2022 Committees		2020-2021 Committees		2019-2020 Committees		2018-2019 Committees		2017-2018 Committees	
Northeast	163	24%	179	23%	141	24%	78	17%	85	23%
Midwest	155	23%	183	24%	148	25%	99	22%	80	22%
South	248	36%	263	34%	195	33%	164	37%	134	37%
West	117	17%	139	18%	107	18%	105	24%	63	17%
U.S. Territories	1	0%	1	0%	0	0%	0	0%	0	0%

Major Census Regions - Board of Directors

	2021-2022 Board		2020-2021 Board		2019-2020 Board		2018-2019 Board		2017-2018 Board	
Northeast	2	13%	3	19%	4	27%	3	20%	3	20%
Midwest	4	27%	4	25%	4	27%	4	27%	6	40%
South	7	47%	6	37%	4	27%	7	47%	5	33%
West	2	13%	3	19%	3	20%	1	7%	1	7%
U.S. Territories	0	0%	0	0%	0	0%	0	0%	0	0%

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