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American College of Cardiology Diversity and Inclusion Initiative

The American College of Cardiology (ACC) Task Force on Diversity and Inclusion was formed in early 2017 and charged with providing strategic recommendations to the Board of Trustees regarding diversity and inclusion in cardiovascular medicine – a high-profile issue essential to achieving both the College’s mission of transforming cardiovascular care and improving heart health, as well as its vision of “a world where innovation and knowledge optimize cardiovascular care and outcomes.”

The ACC is not alone in this effort. Other professional societies are also engaging in diversity and inclusion efforts. For example, the Society of Thoracic Surgeons created a special Ad Hoc Task Force on Diversity and Inclusion in the fall of 2017. Among the reasons cited for the initiative: the proven effects of diversity in increasing innovation, group performance, financial performance and marketing reputation; better decision making; a more robust talent pool; and deeper engagement and loyalty from consumers, members and other constituencies.

Simply put, in medicine as well as business the most successful organizations harness the power of diversity and inclusion to strengthen everything they do, improving their effectiveness and ability to have an impact. In cardiology, the case for diversity includes this business case but is also supported by the mission-driven need to ensure health equity for increasingly diverse patients and populations. To accomplish this, cardiology needs to ensure it is recruiting and providing opportunities for the best cardiovascular professional talent.

Improving Patient Care and Reducing Health Disparities

Diversity is not just an issue for the ACC and the cardiovascular profession; it is an issue for quality patient care. The prominent national Sullivan Commission on Diversity in the Healthcare Workforce, chaired by a former U.S. secretary of health and human services, issued the much quoted “Sullivan Report,” officially named *Missing Persons: Minorities In The Health Professions: A Report Of The Sullivan Commission On Diversity In The Healthcare Workforce*, which noted that diversity plays an important role in the nation’s health. “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,” the report states. Similarly, the Association of American Medical Colleges has called on policymakers to “prioritize research and initiatives for increasing diversity in the physician workforce.”

Obstacles to a Robust Future Cardiology Workforce

Numerous ACC efforts have raised questions over many decades about the diversity of the cardiology workforce and its capacity to meet increasingly diverse patient needs. These efforts continue to be salient given cardiology’s inability to recruit successfully across the entire internal medicine talent pool.

Accreditation Council for Graduate Medical Education (ACGME) data from 2010 show that 4.3 percent of cardiology trainees were African American and 6.3 percent were Hispanic, compared to 5.7 percent and 9.1 percent, respectively, in internal medicine during that same period. Overall, less than 10 percent of medical students and less than 3 percent of medical school faculty are African American. Although ACC member racial/ethnic demographic data are incomplete, and we do not have robust overall data on African American and Hispanic representation, the ACC 2016 Professional Life Survey suggests these groups each represent between 3-6 percent of the College’s membership. While complete and accurate data are needed to address the problem, extrapolating respondents’ data suggests there are about 300 African American men and 100 African American women Fellows of the ACC (FACCs).

In terms of gender, data shows that 9.8 percent of adult cardiology FACCs in the US in 2015 were women. Workforce data from the Association of American Medical Colleges (AAMC) show an increase in women between 2007 and 2015 (9.7 percent to 13.2 percent, respectively), but this percentage is still far below the 37 percent of women in general internal medicine. In fact, cardiology ranks 36 out of 44 specialties in terms of percentage of women. The proportion of women in cardiology fellowships has held steady at 21 percent for the past six years, while internal medicine residents, our talent pool, is at 43 percent women. This strongly suggests the underrepresentation of women is not a pipeline issue and may ultimately have a negative effect on the ability to attract and retain the best and brightest to the cardiovascular profession. Further, the proportion of women among adult cardiology fellows is lower than all other residencies,

except for neurosurgery (17 percent) and orthopedics (14 percent). Thoracic and vascular surgery attract more women to their training programs than does cardiology. Of note, interventional cardiology and electrophysiology are considerably less diverse, with 8 percent of trainees in either area being women.

In searching for a root cause, a growing body of evidence suggests the cardiology profession does not provide a level playing field for women (few data are available for racial/ethnic minorities). Possible deterrents for women include the presence of a significant pay gap and the high prevalence of discrimination experienced by two-thirds of women cardiologists that has not improved over the past two decades. Also relevant are religious and racial discrimination experienced by both men and women. Other unpublished data include the historic underrepresentation of women among ACC distinguished awardees, with just 31 of 465 awards going to women (6.7 percent). Of these 31, 10 were given to pediatric cardiologists, two to lay persons and one to a statistician, meaning that women adult cardiologists have received less than 4 percent of ACC’s highest accolades. Additional analyses of the 2016 Professional Life Survey note women are 29 percent more likely to report symptoms of burnout compared to men (31 percent vs. 24 percent) and were less likely than their male counterparts to feel their contributions mattered or that they were valued and treated fairly.

Looking to the Future

The success of the ACC’s proposed diversity and inclusion initiatives relies heavily upon the extraordinarily ambitious goal of changing the culture of the organization and of the profession. Accordingly, its success depends critically on organizational commitment at the highest level and sustained engagement and investment. To this end, all College leaders are encouraged to become change agents and the ACC must view every activity as an opportunity to enhance equity and diversity. Purposeful, intentional efforts are required to create the organization necessary to meet future challenges and opportunities.

Because predicting the future is difficult, the Task Force on Diversity and Inclusion outlined its recommendations as a five-year plan spanning the years 2018 -2023. Placing time boundaries on the recommendations in this way does not mean the College’s task will be completed, but rather requires the ACC to critically reevaluate at a pre-specified time interval its diversity and inclusion goals, successes and failures and to refocus, adapt or update priorities as needed. The scope of the plan is limited to race/ethnicity and gender imbalance of physicians. These groups represent areas in which there is a clear need for improvement with existing data to support such efforts as well as clear opportunities to improve. While the Task Force recognized diversity will ultimately need to be defined more broadly, doing so now might risk losing focus and diluting impact. The Task Force is optimistic the recommended efforts to create a more inclusive culture to seek out and value differences in background, experience and perspective will have a positive impact for all underrepresented groups.

The Strategic Plan (2018-2023)

The Diversity and Inclusion strategic plan includes a definition of the underrepresented cardiologist and goals, followed by three overarching objectives, each with multiple suggested strategies.

Diversity and Inclusion Goals:

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 opportunities for all cardiovascular providers by working toward a fully inclusive organization and profession. The three goals are:

1. To ensure that cardiovascular medicine in general, and the ACC in particular, benefit from a diversity of backgrounds, experiences and perspectives in leadership, cardiovascular health care delivery, business, education and science.
2. To ensure that cardiovascular medicine in general, and the ACC in particular, attract and provide 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.

Definition of the Underrepresented Cardiovascular Provider:

A significantly lower proportion of members and/or leaders, relative to the U.S. population and/or relative to the available source population (including parent specialty/residency program).

Diversity and Inclusion Objectives:

Objective #1: Enhance the culture within the cardiology profession and the perceptions of the field to be inclusive, professional, equitable and welcoming.

- Ensure that the value of diversity and inclusion and the need to achieve them are embraced and articulated by ACC leadership as a key component of ACC's identity and core values, including active support for the advancement of diversity and inclusion across ACC's activities and members. This will require engaging the entire cardiovascular care team regardless of race, gender and ethnicity in communicating the value and importance of diversity and inclusion, as well as creating and/or strengthening educational core competencies that can then be leveraged as part of educational programming for ACC members and staff.
- Create a compelling, evidence-based case for the value of diversity, inclusion and equity in cardiology including their importance to ACC's mission, workforce, patients and business excellence. To do this well, original research and reviews about diversity, its value to cardiology and strategies to achieve it will be key, as

will generating, analyzing and publishing quantitative data on the perceptions and culture of the field of cardiology, especially unique aspects experienced by underrepresented groups in cardiology. The College can also play a critical role in identifying and disseminating best practices for advancing equity in both workforce and patient care.

- Communicate the value of diversity and inclusion for practices, the profession, the ACC and for patients. Already, #TheFaceOfCardiology campaign is gaining traction in print, on the web and on social media platforms as a means of encouraging substantive membership communication and dialogue. Additionally, identifying, training and empowering diversity champions/change agents in key areas who are tasked with ensuring that cardiology is a diverse, family-friendly, flexible and inclusive profession is a critical goal. Leveraging and promoting activities and accomplishment of ACC member sections like Women in Cardiology is also important.
- Ensure all ACC/ACCF communications reflect and advance our goals and aspirations of a more diverse workforce and ACC organization and a more inclusive culture, now and in the future.
- Create a culture of innovation and recognition around diversity and inclusion. This includes recognizing and rewarding successes in diversity and inclusion at events like ACC's Annual Scientific Session, Leadership Forum, etc. Local awards and recognitions through ACC's Board of Governors, Chapters and Member Sections can also provide valuable opportunities for recognition. Other partners, including industry, can also play a role in helping change culture through sponsorship of awards, research grants, stakeholder roundtables, etc.

Objective #2: 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.

- Quantify, benchmark and disseminate the existing professional demographics of U.S. cardiologists overall (from residency onward) and their roles within the ACC (including activities, awards and leadership positions); track trends over time and make data publicly available. Working with partner groups to publish information on past trends and current status of diversity is one tactic being considered. Additionally, assessing the diversity of cardiology programs and leadership outside of the ACC can identify gaps and opportunities for short- and longer-term focus.
- Engage and hold accountable all ACC strategic plans, boards, committees, councils, nominations/succession plans and task forces for improving diversity and inclusion through the distributed implementation of relevant Task Force recommendations and other activities. Ensure an "equity first" approach to doing business.

- Develop meaningful and feasible diversity goals to increase underrepresented cardiovascular providers in the profession (at every level of training and practice) and in the ACC (faculty of educational programs, products, journal editorial positions, committee membership and leadership, local and national leadership and awards, and other visible and impactful roles). Providing resources to achieve these goals, as well as identifying, developing and promoting new and diverse ACC leaders; adhering to best search practices in all nomination and selection efforts; and incorporating succession planning that includes grooming of diverse candidates are all crucial.
- Create structure(s) and process(es) to ensure that the BOT-accepted findings and goals of the Task Force on Diversity and Inclusion become an enduring part of the ACC and of cardiology.
- Identify and regularly revisit barriers to and strategies for increasing diversity within the cardiovascular professional pipeline, the profession and the ACC. This includes, re-examining published and unpublished existing ACC data for information gaps and actionable strategies; further exploring practices and policies as needed to better address current and future underrepresented cardiovascular member needs (e.g., parental leave policies, barriers in EP/intervention, update residency survey); and identifying and learning from initiatives that have successfully increased diversity in other STEM fields, medical specialties, societies, medical schools and cardiology groups.

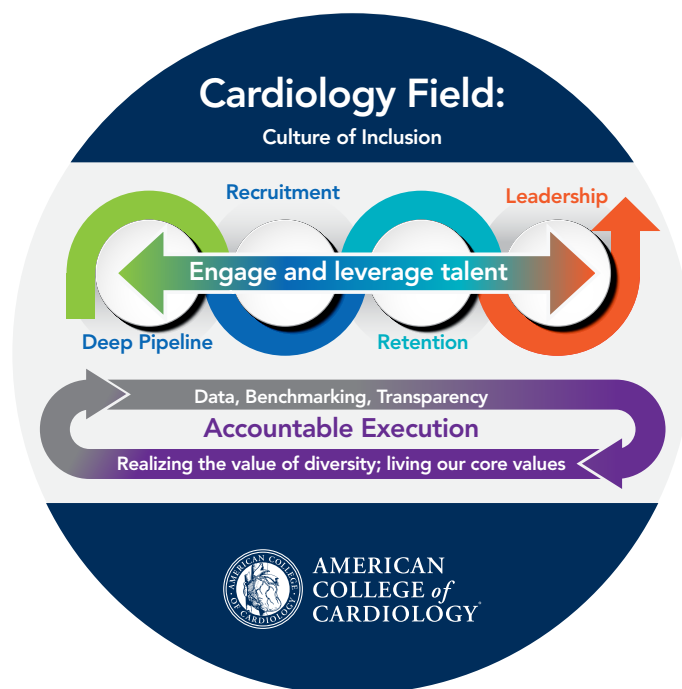
Objective #3: Engage and leverage all available talent by attracting and providing value to underrepresented groups in cardiology (URCs) across the ‘career life-span.’

- Build a robust pipeline of under-represented cardiovascular professionals choosing careers in medicine and cardiology to augment numbers at each stage of medical and cardiovascular training. This will involve identifying and addressing the differing needs and circumstances of various communities that are barriers to choosing cardiology. Targeted ACC activities and initiatives ranging from establishing cardiology interest groups in medical schools and residencies to developing a toolkit that ACC members and chapters could share with local middle school and high school students, could increase the attractiveness and visibility of a cardiology career for underrepresented communities.
- Assess and influence the perception, importance and reality of work-life integration and other provider well-being issues in cardiology. Embrace the Quadruple Aim. To succeed, it will be important to identify and address unique needs of parents, caregivers, and childbearing women in cardiology, especially the effects of these roles and actions on career choices and pathways. Additionally, the “flexibility stigma” within the ACC and ACC membership must be addressed through efforts such as working with other stakeholders to support training and career flexibility or providing guidance to fellowship

programs on allowable flexibility (e.g., non-punitive, equitable time off for childbearing or other personal matters).

- Engage Program Directors in jointly articulating the benefits of planning for and creating diversity and inclusion among cardiovascular trainees in cardiology and subspecialty fellowships. Key tactics could include: developing national, benchmarked data for each institution/training program and provide to cardiology training program directors and division chiefs; collaborating with program directors to develop a consensus regarding the need for increasing diversity and inclusion among applicants and in training programs; providing program directors with personal diversity, inclusion, bias and harassment awareness and cultural effectiveness assessment and training/education, as well as training resources and tools to support implementing best practices and effective approaches to enhancing diversity and inclusion in recruitment and in fellow training.
- Develop and drive adoption of a new series of workforce-related ACC policy statements related to topics like workforce well-being, harassment and discrimination, family friendliness/parental leave, burnout, flexible practice/faculty job descriptions, managing fatigue, recognition of stewardship activities (mentoring, working in underserved communities, teaching), salary equity, addressing patient/family biases), etc. User-friendly templates and tools could be created to help with customization and adoption of these policies.
- Directly engage, educate, empower and provide evidence-based resources to the underrepresented cardiologist and non-underrepresented cardiologist members so they may better promote diversity, inclusion, cultural competency and workforce equity in their home practice/organization. This would include developing and disseminating proven and validated resources to enhance local ability to recruit and retain more women and minorities; incorporating content on diversity and inclusion and health equity in ACC educational programming; and providing evidence-based resources to members to assess and improve equity in compensation.
- Support career successes and advancement for underrepresented cardiologists and enhance the value of ACC membership for underrepresented cardiologists. This provides an important opportunity for collaboration with ACC Member Sections like the Women in Cardiology Section and other stakeholders to create tailored educational content, programs and resources to address known gaps in career outcomes and leadership development opportunities.

Successful implementation of ACC’s Diversity and Inclusion Initiative, will rely on input from perspectives and expertise from across the cardiovascular field to ensure strategies and tactics resonate across the profession as well at the local or institutional level. Please share your thoughts, comments or interest in getting involved at diversity@acc.org.



ACC Task Force on Diversity and Inclusion – 2018 - 2019

Member Name	Position
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