

LEADERSHIP PAGE



## Improving Diversity and Inclusion in Cardiology at the State Level



Pamela S. Douglas, MD, MACC, *Chair,*

*ACC Task Force on Diversity and Inclusion*

Andrew Miller, MD, FACC, *Chair, Board of Governors*

Akshay Khandelwal, MD, FACC, *Chair-Elect, Board of Governors*

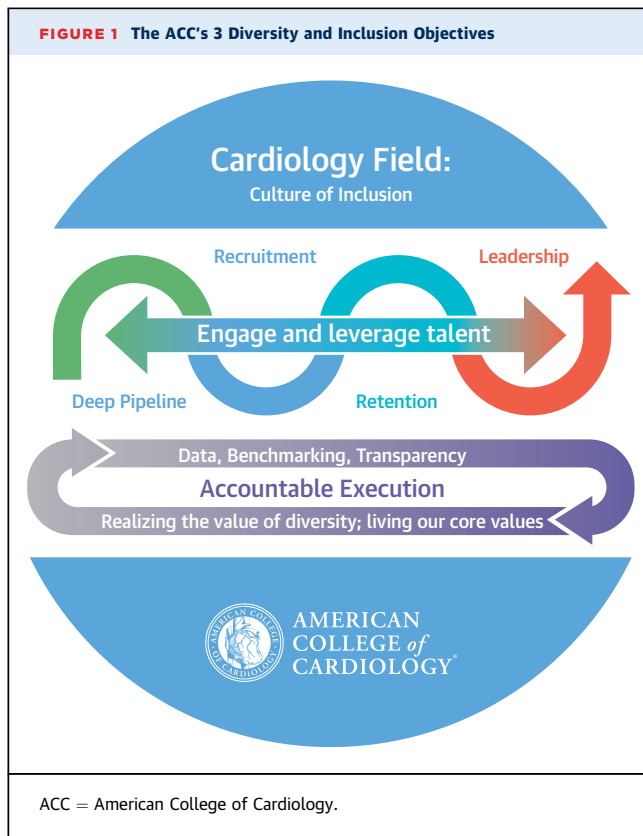
In early 2018, the American College of Cardiology (ACC) Board of Trustees (BOT) approved a far-reaching diversity and inclusion initiative (1). The Trustees recognized that diversity and inclusion are essential to the College's mission, core values, and strategic goals as a profession and as a society. Following the lead of the most successful organizations worldwide, the ACC seeks to harness the power of the diversity of its members to improve clinical, educational, and business performance. Not coincidentally, this is also expected to advance patient care, spur innovation, and improve health equity among individual patients and populations (2).

The ACC is undertaking its diversity and inclusion initiative in recognition of the increasing diversity of the U.S. population as a whole and, in particular, the patient population. Our success is critically dependent on being able to attract, retain, and develop talent. At present, the next generation of clinicians is substantially different from the millennial generation, with cardiology fellowship training programs including approximately 13% under-represented minorities (3) (African American, Hispanic, and Native American combined) compared with 44% in the 25- to 34-year-old U.S. population (4). There is a similar under-representation of women: 23.4% of cardiology fellowship matriculants are women, compared with the U.S. population, which is just over one-half female (5).

The detailed strategic plan created for the initiative calls for becoming more inclusive, professional, equitable, and welcoming both within the cardiology profession and in the perceptions of the field. Like

any cultural change process, this will require robust intention and unflinching execution throughout our organization and our membership. In particular, the BOT has recognized the importance of having every ACC committee, board, council, and section embrace inclusion, such that all of our decisions reflect an equity lens. Each group is being asked to undertake at least 1 diversity and inclusion activity in the coming year of their own choice, something that best fits with the charge, scope, and ongoing work of the group. Some may wish to reconsider rosters and leadership development and succession planning, while others may identify modifications in their charge, and still more may find new areas of focus. The BOT and the Diversity and Inclusion Task Force are intentionally not suggesting any specific diversity and inclusion effort and expect that initiatives and plans will differ depending on size, focus, and other factors. So that we can celebrate our success and track progress, starting in 2019 the annual committee report to the BOT will include a field for detailing the diversity and inclusion activities ACC's committees have undertaken. These will be used to share best practices, direct resources, and continue to refine ACC's diversity and inclusion initiative.

The ACC Board of Governors (BOG) is out in front, as the chapters are the grassroots building blocks of the College and provide immediate opportunities for member involvement. Opening our year at the Leadership Forum, we set the stage that the chapters offer a platform for innovation and achievement as the College engages on the 3 diversity and inclusion objectives: 1) enhancing a culture of inclusion;



2) implementing programs for accountable execution; and 3) engaging and leveraging all available talent at the College (Figure 1). We tasked each chapter to develop and document diversity and inclusion activities in their State of the States reports this year, and to begin with an initiative to make 2018 the “Year of the Woman” by including a named lecture and Women in Cardiology (WIC) meeting in the chapter’s meeting agenda.

Through a survey of the BOG performed in partnership with the Diversity and Inclusion Task Force in the second quarter of 2018, we now have an inventory of this early experience, which documents opportunities for improvement and several innovative ideas. The major findings of the BOG survey include:

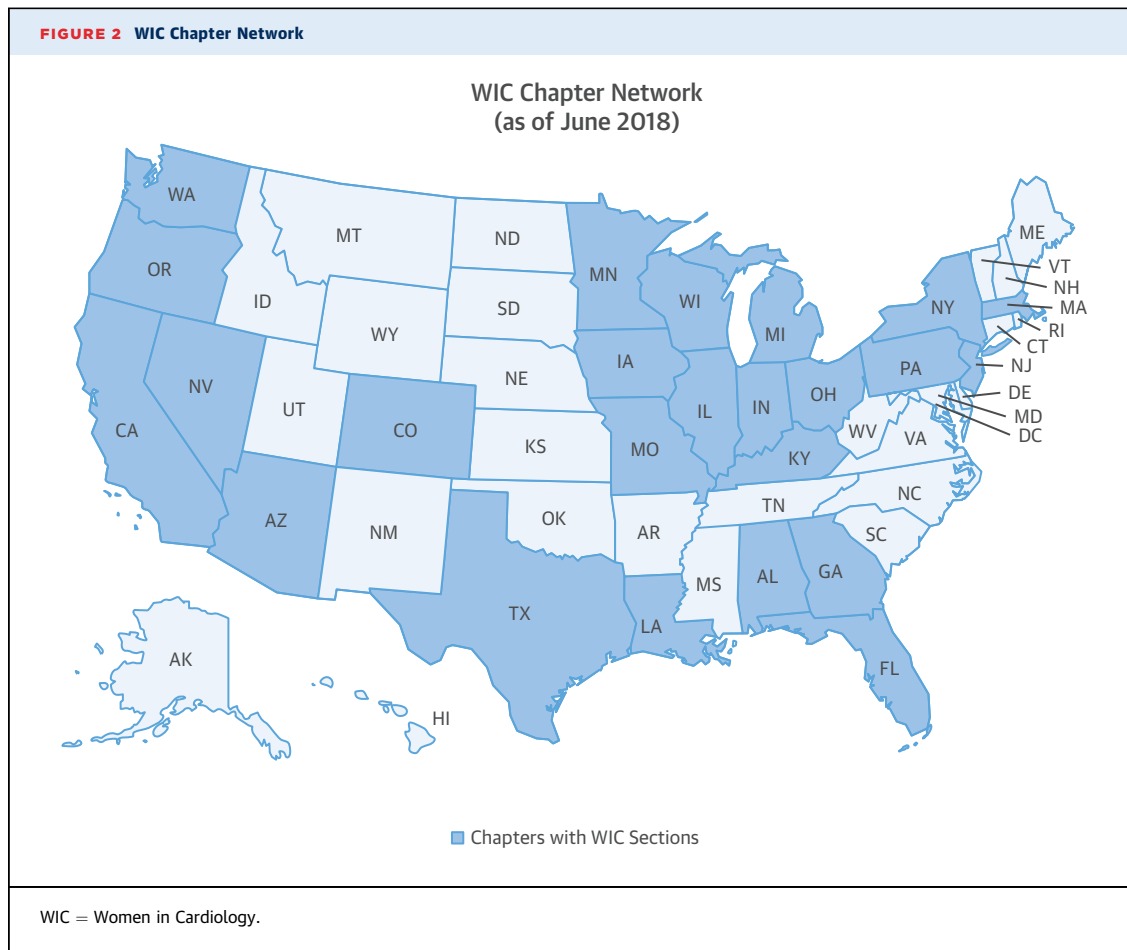
- 62% of the U.S. chapters that responded to the survey have or are planning a diversity and inclusion effort.
- Most of these efforts are aimed at fellows-in-training (FITs) or early career members.
- The WIC Chapter network (Figure 2) demonstrates the most developed chapter initiative and is highlighted by 2 planned regional WIC meetings in the Midwest and Southeast. Agenda items that will be

enjoyed by scores of attendees include state-of-the-art cardiology updates, physician wellness, and clinical controversies and debates.

- Enablers of successful efforts included collaboration with other chapters; member engagement and passionate volunteers; funding sources; and templated, step-by-step instructions for diversity and inclusion activities.
- Barriers to successful efforts included leader and participant time; a perceived limited pipeline; and financial and personnel costs with an unclear return on investment for diversity and inclusion activities

This initial survey provided an effective catalog of current best practices and highlighted a need for implementing programs for accountable execution and engaging and leveraging all available talent at the College. From this discussion, we have identified several shining examples of early success:

- The Ohio Chapter revamped their leadership nominations process to encourage participation from a diverse group of individuals to on the Chapter Board and on their FIT council. Additionally, the Board organized a brainstorming session specifically for how the Chapter can amplify diversity and inclusion by encouraging small group breakouts, with report-outs to the entire Board.
- The New York Chapter created a chapter-based Diversity and Inclusion Task Force. The Task Force analyzed their membership, and found that FACCs were less diverse than their FITs, who were less diverse than the Chapter Board. Additionally, they invited all internal medicine residents and medical students to attend their state Chapter meeting with registration costs waived, as a mechanism to engage potential fellowship applicants.
- The Louisiana Chapter created the Young Scholars Program, along with ACC’s Academic Cardiology Section and the Diversity and Inclusion Task Force, targeting high school and college students to learn more about cardiovascular education and research. Participants are paired with an FIT or early career mentor, receive webinar-based didactics, and are offered an opportunity to attend the ACC Annual Scientific Session from March 16 to 18, 2019, in New Orleans, Louisiana.
- Multiple chapters have initiated efforts to better understand actual or perceived barriers to physician wellness. This broadens the appeal of cardiology to greater numbers, and helps us achieve greater diversity and inclusion.



In addition, we have identified initiatives for the BOG at large that will empower the diversity and inclusion strategy. As a program for accountable execution, and with recent improvements in the member database, each chapter will be provided its membership composition by sex and race. As an enabler of chapter success and to overcome identified barriers, we will work to provide toolkits for chapter-based diversity and inclusion activities such as pipeline outreach and under-represented minority mentoring programs. Together with the Task Force, we will develop topics and speaker lists for diversity and inclusion activities from the WIC Section and the Association of Black Cardiologists. Working with WIC, the BOG will aim to have a WIC presence in every chapter and advertise regional meetings to bring together chapters that might not have the resources for a WIC meeting of their own. The BOG has successfully encouraged chapters to search broadly for leadership candidates to populate their boards, councils, and executive teams, including governors. Acting in unison, and with the Task Force, the BOG

will serve as a resource for chapters that are interested in specific content, presentations, or activities aligned with ACC's diversity and inclusion initiative.

## CONCLUSIONS

At the chapter level, our early gains have been modest but full of future promise. As we hold ourselves to accountable execution, we can expect a more diverse board and council representation, and a greater ability to support a diverse but highly competent cadre of members to succeed at higher levels within the College. We must continue to inspire and activate ourselves to reach out to those considering internal medicine specialization, and demonstrate the benefits of a career in cardiology and subspecialization, so that we continue to recruit and retain the most talented. Under-represented minorities remain our greatest challenge, and we will need to focus in at a more elemental level: encouraging high school and college minority students to consider a career in medicine.

It is time for us to take action. We need all members to help fill in our gaps, confront inequities, and contribute to solutions. Share. Lead. Engage.

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**ADDRESS FOR CORRESPONDENCE:** Dr. Andrew Miller, American College of Cardiology, 2400 N Street NW, Washington, DC 20037. E-mail: [chapters@acc.org](mailto:chapters@acc.org).

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## REFERENCES

1. American College of Cardiology. Our focus on diversity and inclusion. Available at: <https://www.acc.org/about-acc/diversity-and-inclusion>. Accessed September 17, 2018.
2. Douglas PS, Williams KA Sr., Walsh MN. Diversity matters. *J Am Coll Cardiol* 2017;70:1525-9.
3. ACGME GME Data Resource Book 2017-2018 Table c.23. Available at: <http://www.acgme.org/About-Us/Publications-and-Resources/Graduate-Medical-Education-Data-Resource-Book>. Accessed September 17, 2018.
4. ACGME GME Data Resource Book 2017-2018 Table c.21. Available at: <http://www.acgme.org/About-Us/Publications-and-Resources/Graduate-Medical-Education-Data-Resource-Book>. Accessed September 17, 2018.
5. Frey WH. The millennial generation: a demographic bridge to America's diverse future. Available at: <https://www.brookings.edu/research/millennials/>. Accessed September 17, 2018.