

2023
OCTOBER

INCLUSION, DIVERSITY, ACCESS & EQUITY

PROGRESS REPORT

IDSA
Infectious Diseases Society of America

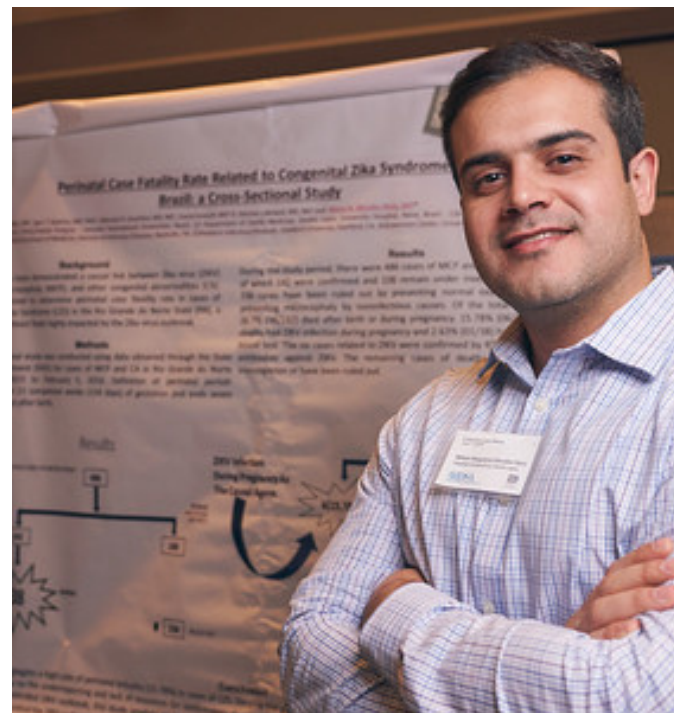
PURPOSE

"IDSA has strengthened my knowledge and expertise on IDA&E. I gained leadership skills that I now apply to improve recruitment of diverse trainees in medicine and ID." — Raul Macias Gil, MD, Associate Program Director, Infectious Diseases Fellowship, David Geffen School of Medicine at UCLA





IDSA adopted an Inclusion, Diversity, Access & Equity Roadmap & Strategy six years ago and published its first IDA&E Progress Report in 2022. This year's IDA&E Progress Report outlines many IDA&E-related accomplishments that occurred between October 2022 and September 2023, including programmatic activities and advocacy efforts that impact members and support and grow the ID field.

This progress report's goals are to:

- **Leverage data** to drive change;
- **Outline progress** to our members and the public;
- **Drive action and accountability** by identifying quantitative and programmatic outcomes;
- **Build transparent** measures for the organization.



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 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 academic 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.



DEMOGRAPHICS

Gender of Board of Directors, Committees and Membership (2018-2023)

We continue to make strides in ensuring our volunteer leadership represent the IDSA members of the future. The **Board of Directors** has had a higher percentage of female members in three of the past six years. 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 over the past six years. However, for mid-career and younger segments of members, IDSA's **membership** is majority female.

Note - Board of Directors

- n = 15 for 2018
- n = 15 for 2019
- n = 15 for 2020
- n = 16 for 2021
- n = 15 for 2022
- n = 15 for 2023

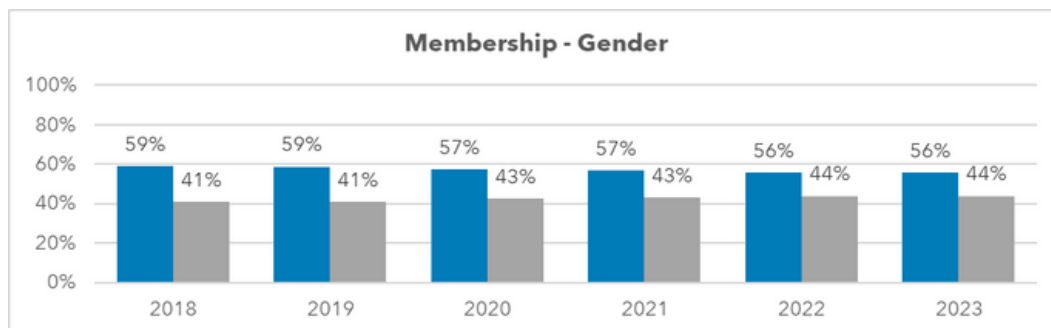
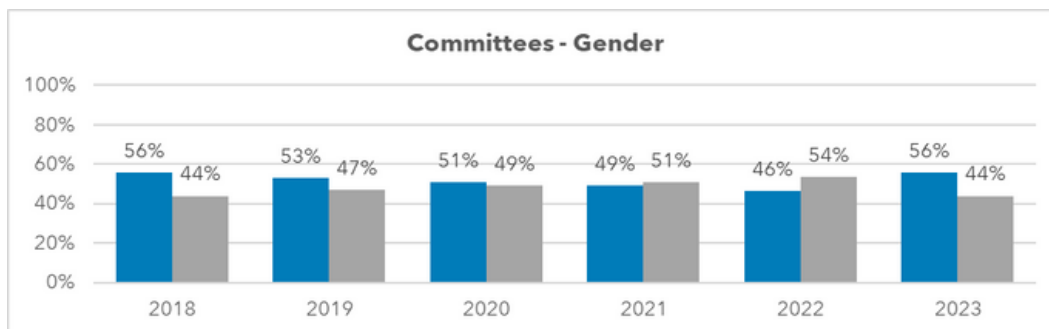
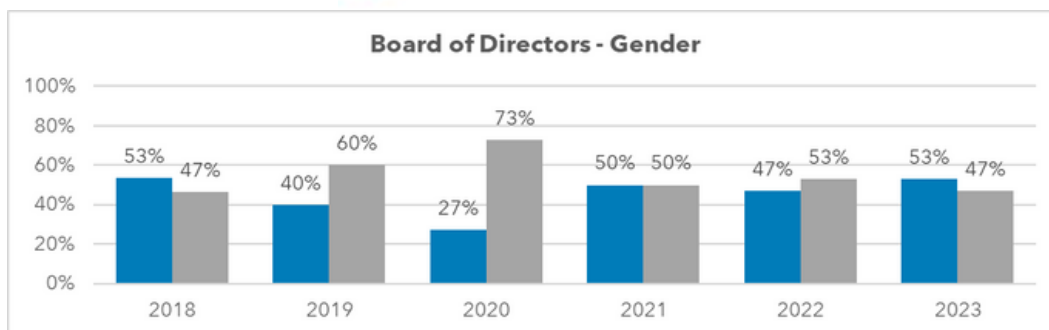
Note - Committees

- n = 367 for 2018
- n = 459 for 2019
- n = 597 for 2020
- n = 764 for 2021
- n = 677 for 2022
- n = 565 for 2023

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
- n = 11,728 for 2023

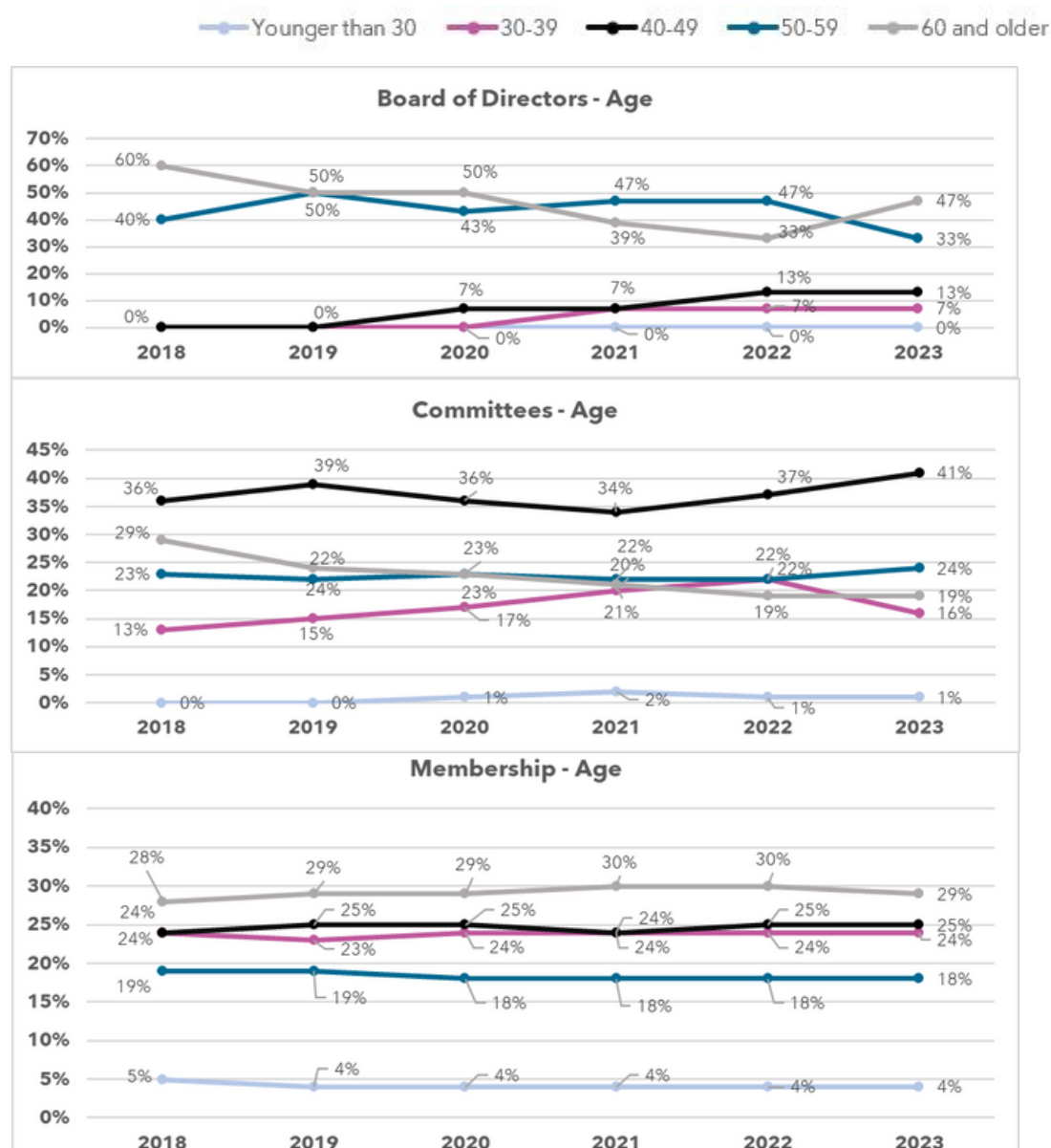
■ Male ■ Female



DEMOGRAPHICS

Age of Board of Directors, Committees and Membership (2018-2023)

We have modernized our governance practices to encourage greater representation of individuals in many stages of their careers and to enable the **Board of Directors** to utilize different vantage points in a changing field. In recent years, we have made significant progress toward this goal. **Committees** continue to reflect a diverse age distribution compared to the **Board of Directors** over the last year.



Note - Board of Directors

- n = 15 for 2018
- n = 14 for 2019
- n = 15 for 2020
- n = 15 for 2021
- n = 15 for 2022
- n = 15 for 2023

Note - Committees

- n = 367 for 2018
- n = 459 for 2019
- n = 597 for 2020
- n = 764 for 2021
- n = 677 for 2022
- n = 565 for 2023

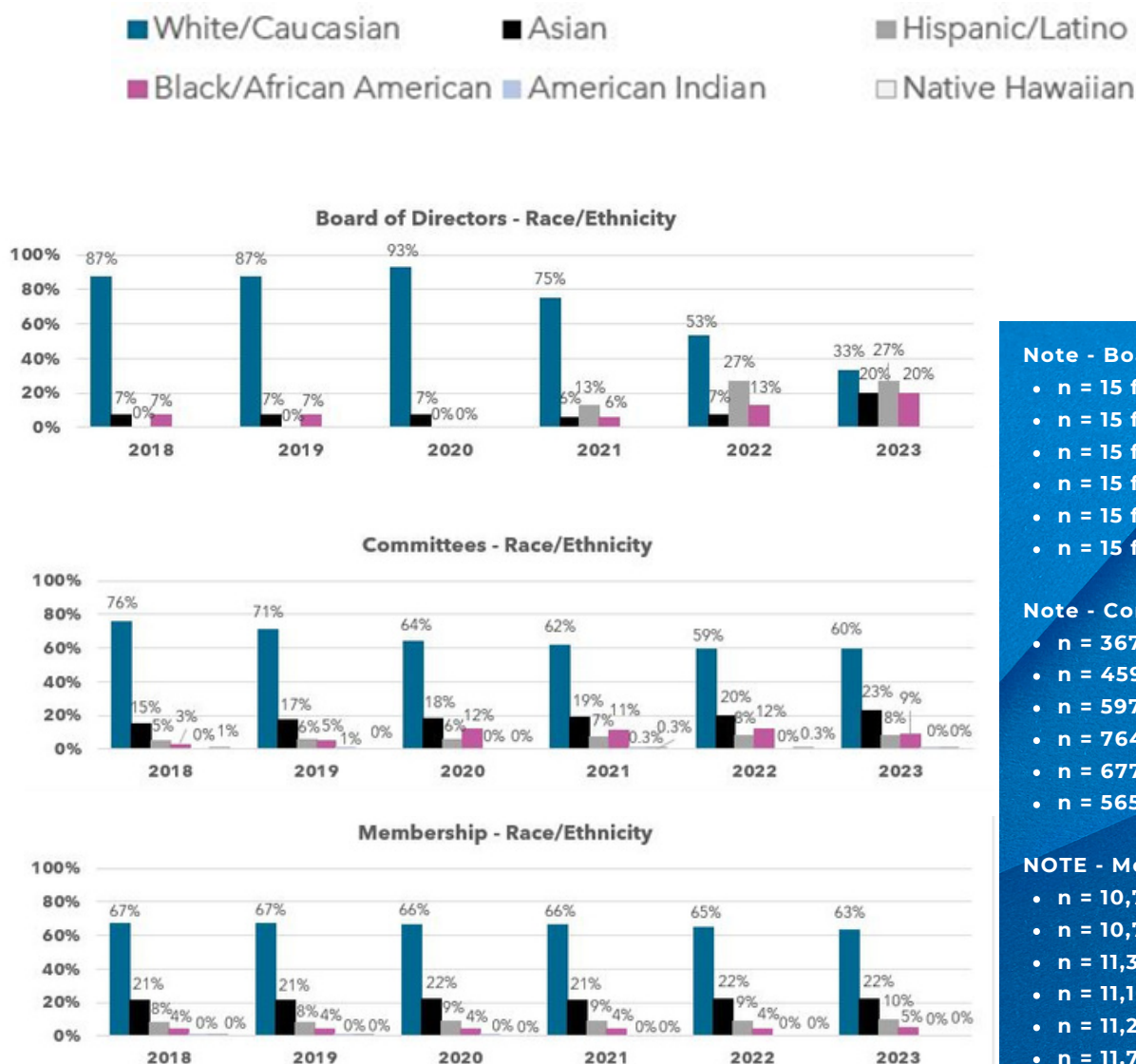
Note - Membership

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- n = 11,728 for 2023

DEMOGRAPHICS

Race/Ethnicity of Board of Directors, Committees and Membership (2018-2023)

IDSA continues its commitment to attract individuals from underrepresented populations into the field of ID and support efforts for the field of medicine to reflect the identities of the general population. The **Board of Directors** became the most diverse in race/ethnicity between 2022 and 2023, which represented a significant shift.



Note - Board of Directors

- n = 15 for 2018
- n = 15 for 2019
- n = 15 for 2020
- n = 15 for 2021
- n = 15 for 2022
- n = 15 for 2023

Note - Committees

- n = 367 for 2018
- n = 459 for 2019
- n = 597 for 2020
- n = 764 for 2021
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NOTE - Membership

- n = 10,754 for 2018
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PROGRESS ON GOALS

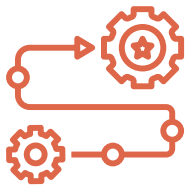


Goal #1 — Cultivate a welcoming environment where differences are embraced, valued and respected.

IDSA continues to make strides in creating a welcoming environment for our members by advancing policy initiatives to support LGBTQIA+ and deepening recognition of the contributions of international members to the ID field.

- IDSA published a [name change policy](#) in February 2023 for all three IDSA journals for authors who wish to update their name and/or pronouns following article publication.
- *Clinical Infectious Diseases* published an editorial about its person-first language policy in January 2023: [Call to Action: Prioritizing the Use of Inclusive, Nonstigmatizing Language in Scientific Communications](#).
- Fourteen percent of FIDSA applications this year are from our international members, which is an all-time high for IDSA (both in raw numbers and percentage). This is greater than the international percentage of our membership (13% of our members are based outside of the U.S.), a result that reflects the organization's efforts to grow FIDSA applications globally.





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

Beginning in October 2022, IDSA embarked on a comprehensive, year-long effort [to review and revamp our volunteer structure; and opportunities](#) to help align critical volunteer and staff resources with the strategic priorities of the Society. This process included collecting data and input through focus groups, interviews and surveys with members and staff.

As a result of these efforts, a new volunteer structure was developed and adopted by the IDSA Board in June 2023 with an emphasis to align the structure with IDA&E initiatives by:

- Restructuring IDSA’s volunteer opportunities to include more issue-oriented groups that operate on a time-sensitive basis, so that IDSA members will have more opportunities to volunteer on a short-term basis – and on issues that have real-time impact;
- Ensuring that a larger number of shorter-term opportunities will open our volunteer network to a wider pool of candidates, allowing IDSA to recruit a more diverse group of volunteers who represent the makeup of our membership;
- Creating a nimbler volunteer structure that allows IDSA to more easily harness the energy and talents of new professionals and underrepresented groups that have not traditionally been involved in IDSA’s leadership, as well as members who may not have the time or desire to serve a three-year term on a committee.

“The IDA&E Committee work has made me more intentional of educating my co-workers on the importance of health equity for our patients.” —

Ravina Kullar, PharmD, MPH, FIDSA, 2022-2023 IDA&E Committee Chair, Expert Stewardship Inc./UCLA



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

IDSA and HIVMA created intentional opportunities throughout the year by expanding access to awards nomination and volunteer opportunities, governing processes and a new journal editorial mentoring pilot program.

- HIVMA increased transparency in its [awards program](#) by soliciting nominations for all three award opportunities and revised criteria to be more inclusive of the diversity of contributions that members make to advance the field through clinical education, research and/or advocacy. Previously our award recognizing contributions by members more senior in their career was limited to achievement and impact related to clinical education, and our award for junior-career members was limited to achievement and impact in HIV research. The Innovator (more junior) and Transformative Leader (more senior) awards now recognize achievement and impact for clinical education, care, research or advocacy. We also now solicit nominations for the Citation award and are doing so annually, eliminating the practice to grant awards at the discretion of the HIVMA leadership.
- IDSA launched a [journal editorial mentoring pilot program](#) to give early-career faculty opportunities to work with our journal editors and learn about the work involved in managing a medical journal. A call for applications communications plan was aimed at recruiting a diverse group of applicants and met IDSA's goals for diversity in the final applicant pool (IDSA had 60% women applicants and 35% non-Caucasian applicants).



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

Through a series of journal articles and blog posts, IDSA took steps throughout this year to educate and highlight disparities, issues and tools for the ID/HIV community on issues related to IDA&E. The Society also supported federal policy steps that will help improve future data collection efforts related to antimicrobial resistance and how it effects different races and ethnicities.

- Increased funding for the CDC Antibiotic Resistance Solutions Initiative for Fiscal Year 2023, which IDSA supported, will enable multiple efforts to improve AMR surveillance and prevention, including improved data collection and reporting on the impact of AMR by race and ethnicity.
- **2022:** HIVMA published a [Science Speaks](#) blog series that discussed the [need for innovative service delivery](#) for HIV care and the role of [providers and community health workers](#).
- **2023:** A *Science Speaks* blog post highlighted concerns about a ban on women working for nongovernmental organizations in Afghanistan: [By banning women from working in NGOs in Afghanistan, the Taliban forget that women are needed to serve other women](#).
- HIVMA published the following policy briefs to amplify IDA&E related issues:
 - **2023:** [A Systems Level Approach to Innovative HIV Care and Treatment Models in the United States: Street Medicine and Differentiated Service Delivery](#) outlines new ways of delivering health care to individuals not well served by traditional health care systems and policy recommendations for implementing them.
 - **2023:** [Gender-Affirming Care: Clinical, Educational & Policy Resources](#) provides resources for IDSA and HIVMA members caring for patients who are transgender and gender diverse and was developed in response to the movement by states to restrict or ban gender-affirming care services.



Goal #4 — continued

- **2023:** [*Long-Acting Antiretroviral Treatment: Considerations for Health Care Providers – Updated*](#) is a brief maintained by NASTAD and HIVMA that offers clinics and clinicians guidance on delivery system, staffing and administrative issues to help clinics offer equitable access to long-acting antiretroviral treatment.
- Several journal articles were published in IDSA's journals illuminating disparities by providing resources and tools for members:
 - **2022:** [*Demographic Representation Among Speakers and Program Committee Members at the IDWeek Conference, 2013–2021.*](#)
 - **2023:** [*Inclusion, Diversity, Access and Equity in Infectious Diseases Fellowship Training: Tools for Program Directors.*](#)
 - **2023:** [*Building an Infectious Disease Diversity, Equity and Antiracism \(ID2EA\) Curriculum: A Single Center's Experience and Reflections.*](#)
 - **2023:** [*Now Is the Time to Scale Up Birth-Dose Hepatitis B Vaccine in Low- and Middle-Income Countries.*](#)
 - **2023:** [*Which Curve Are We Flattening? The Disproportionate Impact of COVID-19 Among Economically Marginalized Communities in Ontario, Canada, Was Unchanged From Wild-Type to Omicron.*](#)
 - **2023:** [*Medical Student Debt and the U.S. Infectious Diseases Workforce.*](#)
 - **2023:** [*Factors Associated With Enrollment Into Inpatient Coronavirus Disease 2019 Randomized Controlled Trials: A Cross-Sectional Analysis.*](#)
 - **2023:** [*Emphasis of Diversity, Equity and Inclusion on U.S. Adult Infectious Disease Fellowship Program Websites in the Era of Virtual Recruitment.*](#)



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

IDSA continued efforts to support and grow a diverse ID/HIV workforce through advocacy on Capitol Hill, and the revamped Member Advocacy Program, in addition to other activities.

- IDSA helped secure passage of the Bio-Preparedness Workforce Pilot Program. When funded, this new federal program will provide loan repayment to ID/HIV clinicians who work in health professional shortage areas or certain federal facilities (e.g., Ryan White clinics). This will help enable recruitment of a more diverse ID/HIV workforce and extend ID/HIV care to underserved communities.
- IDSA and HIVMA launched a revamped [Member Advocacy Program](#) to provide more transparent and equitable opportunities for members to participate in advocacy on our public policy priorities. This effort has already resulted in a 10% increase in the number of IDSA/HIVMA members who have joined the MAP.
- IDSA continued to expand its partnerships with national organizations to improve inclusion, access and diversity in medicine by sharing best practices.
- In a two-part [Science Speaks](#) blog post series this year, critical issues around affirmative action and the ID field were elevated:
 - **2023:** [Supreme Court's affirmative action ruling: Impacts on ID educational quality & access.](#)
 - **2023:** [Supreme Court's affirmative action ruling: Impacts on the ID workforce & health equity.](#)

APPENDIX - DEMOGRAPHICS

Medical Degrees - Membership

Medical Degrees - Membership

	As of Jan 2023		As of Jan 2022		As of Jan 2021		As of Jan 2020		As of Jan 2019		As of Jan 2018	
Physicians	9690	79%	10207	87%	9859	85%	10159	84%	9676	86%	9723	91%
PhD	1089	9%	948	8%	929	8%	971	8%	887	8%	859	8%
PharmD	799	7%	713	6%	664	6%	735	6%	629	6%	624	6%
APPs	150	1%	118	1%	127	1%	99	1%	81	1%	56	1%

Medical Degrees - Committees

Medical Degrees - Committees

	2022-2023 Committees		2021-2022 Committees		2020-2021 Committees		2019-2020 Committees		2018-2019 Committees		2017-2018 Committees	
Physicians	517	82%	549	80%	637	84%	567	92%	423	92%	334	88%
PhD	40	6%	40	6%	9	1%	9	2%	12	3%	32	8%
PharmD	68	11%	78	11%	88	12%	25	4%	12	3%	5	1%
APPs	3	0%	1	0%	2	0%	0	0%	2	0%	0	0%

Medical Degrees - Board of Directors

Medical Degrees - Board of Directors

	2022-2023		2021-2022		2020-2021		2019-2020		2018-2019		2017-2018	
MD	15	88%	15	83%	15	83%	15	94%	15	94%	15	94%
PhD	2	12%	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 2023 response rate of 97% was used to calculate the n for each year and for the percentages.

PROFESSIONAL ACTIVITY

Primary Professional Activity - Membership

Primary Professional Activity - Membership

	As of Jan 2023		As of Jan 2022		As of Jan 2021		As of Jan 2020		As of Jan 2019		As of Jan 2018	
Administration	364	3%	359	4%	375	4%	385	4%	380	4%	375	4%
Basic Research	514	5%	498	5%	506	5%	529	5%	508	5%	543	6%
Clinical Microbiology	380	4%	324	3%	313	3%	339	3%	303	3%	270	3%
Clinical Research	1278	12%	1161	12%	1163	11%	1249	12%	1199	13%	1229	13%
Hospital Epidemiology	276	3%	273	3%	261	3%	267	3%	253	3%	250	3%
Patient Care	6467	62%	6173	63%	6043	60%	6191	62%	5749	61%	5643	61%
Public Health	453	4%	406	4%	390	4%	389	4%	385	4%	377	4%
Teaching/Education	688	7%	651	7%	640	6%	680	7%	623	7%	640	7%

Primary Professional Activity - Committees

Primary Professional Activity - Committees

	2022-2023 Committees		2021-2022 Committees		2020-2021 Committees		2019-2020 Committees		2018-2019 Committees		2017-2018 Committees	
Administration	20	3%	35	6%	42	6%	35	6%	25	6%	20	6%
Basic Research	43	7%	33	5%	48	7%	44	8%	42	9%	44	12%
Clinical Microbiology	14	2%	15	2%	14	2%	15	3%	15	3%	13	4%
Clinical Research	114	20%	90	14%	119	17%	91	16%	100	23%	73	20%
Hospital Epidemiology	35	6%	34	5%	38	5%	32	6%	16	4%	19	5%
Patient Care	250	43%	344	55%	373	52%	275	48%	187	42%	144	40%
Public Health	40	7%	23	4%	28	4%	30	5%	31	7%	25	7%
Teaching/Education	64	11%	56	9%	54	8%	52	9%	28	6%	22	6%

Primary Professional Activity - Board of Directors

Primary Professional Activity - Board of Directors

	2022-2023 Board		2021-2022 Board		2020-2021 Board		2019-2020 Board		2018-2019 Board		2017-2018 Board	
Administration	0	0%	1	7%	1	6%	3	20%	3	20%	2	13%
Basic Research	1	6%	2	13%	2	13%	1	7%	1	7%	2	13%
Clinical Microbiology	0	0%	1	7%	1	6%	1	7%	0	0%	0	0%
Clinical Research	4	26%	2	13%	1	6%	1	7%	3	20%	3	20%
Hospital Epidemiology	1	6%	2	13%	1	6%	1	7%	0	0%	1	7%
Patient Care	7	46%	5	33%	7	44%	6	40%	7	47%	7	47%
Public Health	0	0%	0	0%	1	6%	1	7%	1	7%	0	0%
Teaching/Education	2	13%	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

Major Census Regions - Membership

	As of Jan 2023		As of Jan 2022		As of Jan 2021		As of Jan 2020		As of Jan 2019		As of Jan 2018	
Northeast	2621	25%	2616	25%	2662	26%	2830	26%	2651	26%	2698	26%
Midwest	2134	20%	2131	20%	2075	20%	2177	20%	2047	20%	2037	20%
South	3526	34%	3549	34%	3480	34%	3595	33%	3311	33%	3386	33%
West	2101	20%	2142	20%	2108	20%	2130	20%	2095	21%	2052	20%
U.S. Territories	60	1%	60	1%	53	0%	55	1%	57	1%	61	1%

Major Census Regions - Committees

Major Census Regions - Committees

	2022-2023 Committees		2021-2022 Committees		2020-2021 Committees		2019-2020 Committees		2018-2019 Committees		2017-2018 Committees	
Northeast	120	17%	163	24%	179	23%	141	24%	78	17%	85	23%
Midwest	137	20%	155	23%	183	24%	148	25%	99	22%	80	22%
South	322	46%	248	36%	263	34%	195	33%	164	37%	134	37%
West	116	17%	117	17%	139	18%	107	18%	105	24%	63	17%
U.S. Territories	0	0%	1	0%	1	0%	0	0%	0	0%	0	0%

Major Census Regions - Board of Directors

Major Census Regions - Board of Directors

	2022-2023 Board		2021-2022 Board		2020-2021 Board		2019-2020 Board		2018-2019 Board		2017-2018 Board	
Northeast	2	13%	2	13%	3	19%	4	27%	3	20%	3	20%
Midwest	5	33%	4	27%	4	25%	4	27%	4	27%	6	40%
South	6	40%	7	47%	6	37%	4	27%	7	47%	5	33%
West	2	13%	2	13%	3	19%	3	20%	1	7%	1	7%
U.S. Territories	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%