Inclusion, Diversity, Access and Equity
Roadmap and Strategies

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Message from President

Cynthia L. Sears, MD, FIDSA
IDSA Board President 2018 – 2019

Diversity is, simply put, value-added. Persons from different backgrounds, cultures and experiences magnify our own, by definition, limited experience. The richness and creativity that infuses and expands the discussion and development of any project when diverse individuals are involved is, for me, deeply satisfying and inspirational.

I believe that I have learned the importance of IDA&E best through two sets of experiences: first, caring for HIV-infected patients and their families from whom I have derived great benefit; and second, from working abroad, whether in a Cambodian refugee camp or with those of limited means in Brazil, Haiti and Bangladesh. In each case, working with my colleagues, the patients and their families in these settings reinforced the synchrony of our common humanity and furthered my understanding of the power of diversity to enrich, teach and advance the goals of health advocacy and justice.

However, our goal to embed the principles of IDA&E into all practices and functions of IDSA requires more than a deep appreciation of the power of diversity. From here, we must enable ready inclusion and access for diverse groups, dictated not only by gender and race but cultural background, geography and type of practice among other factors. I believe from inclusion,

diversity and access, equity will emerge. IDSA and its members now must drive the implementation of IDA&E principles and actions from the deliberate and conscious to the seamless and immediate. Nonetheless, we would be wise to never forget the lessons of history and the need for each of us as individuals and collectively to ward actively and continuously against unconscious bias. Creating diverse representation at all levels of IDSA is vital to the

future of IDSA and its ability to strategically and forcefully advance the field of infectious diseases and public health in the United States and globally.

Message from CEO

Chris Busky, CAE
CEO, IDSA

Last year we adopted inclusion, diversity, access, and equity (IDA&E) as a core value of IDSA. We tasked a newly created IDA&E Task Force with developing guiding principles to ensure that the Society's governance structure reflects the many faces of our membership.

We now press forward with plans to incorporate IDA&E into all of the Society's operations and model these values as we continue to advance our mission. I strongly believe that embracing inclusion, diversity, access, and equity is a way to intentionally create space for positive outcomes – creating an inclusive, welcoming environment where people thrive and feel a sense of belonging. It also creates an atmosphere that recognizes the value of individuals with diverse backgrounds and demonstrates respect and appreciation for the diversity of ideas and thoughts.

IDSA embraces IDA&E as a key component for organizational success as we promote patient care, professional development, research and advocacy within the organization. We are committed to representing diversity (defined broadly) within our membership, including race, ethnicity, gender, age, geographic location, and clinical vs. non-clinical practice – among other factors – as we continue to serve as a champion for the principles of IDA&E in the global infectious diseases community. Lastly, we encourage our members to recognize, incorporate, and value similarities and differences as opportunities to learn and grow by working together as global citizens.

Mission

The Infectious Diseases Society of America (IDSA) is a community of over 12,000 physicians, scientists and public health experts who specialize in infectious diseases. Our mission is to improve the health of individuals, communities, and society by promoting excellence in patient care, education, research, public health, and prevention relating to infectious diseases.

Overview

Infectious Diseases as a specialty is uniquely tilted toward social justice by the very nature of the conditions we treat. However, within our medical profession, as with many other specialties and even professions outside of medicine, there are disparities affecting professionals that need to be addressed. If you have been a member of the Infectious Diseases Society of America, you likely have noticed a change. Subtle at first, the last two to three years have put a spotlight on the leadership of IDSA and a commitment to addressing diversity and inclusion as an innovation challenge, rather than a problem that cannot be fixed. In 2016, the IDSA Board of Directors commissioned a Gender Disparity Task Force, and in 2017, a supplement article published in the Journal of Infectious Diseases by Aberg et al. on behalf of the Task Force reviewed workforce disparities for women and minorities in ID. The Gender Disparity Task Force recommended creation of a separate task force to examine minority disparities in ID. The Governance Task Force subsequently commissioned the Diversity, Inclusion and Equity Task Force, later renamed the Inclusion, Diversity, Access & Equity (IDA&E) Task Force. The IDA&E Task Force created a comprehensive case statement and shorter guiding principles with the goal of applying these across all facets of IDSA, from members, to committees, to policies, to staff.

Inclusion, Diversity, Access and Equity Case Statement

To promote unrivaled healthcare delivery, education, research and advocacy within our organization, IDSA embraces inclusion, diversity, access and equity (IDA&E) as key drivers of excellence and innovation. Our goal is to create a welcoming environment that recognizes the value of individuals with diverse backgrounds, talents, experiences and perspectives, and empowers them to fulfill their full potentials within the Society and in the community. We strive to build collaborative relationships with other organizations to further ensure the success of our Society's missions, and we serve as a champion for the principles of IDA&E in the global Infectious Diseases community.

We build our IDA&E principles on the foundation of published data demonstrating that:

- Diversity increases creativity and innovation, promotes higher quality decisions, and enhances economic growth [reference].

- Diversifying leadership helps to cultivate, develop, and advance new talent and presents new opportunities for organizations [reference].

- Teams comprised of individuals with varying perspectives, ideas, and backgrounds outperform homogeneous teams on problem solving tasks [reference].

- Inclusive environments are intrinsically tied to collaboration, innovation, and ultimately intellectual excellence [reference].

- The primary way to diversify leadership is to systematically eliminate barriers for advancement for those traditionally underrepresented, cultivate the talent pipeline, and integrate IDA&E principles throughout our organization [reference].

IDSA will lead by example on IDA&E in the following ways:

- IDSA recognizes and honors the histories, accomplishments and legacies of all people; seeks to secure the future excellence of an innovative and creative Society; and intentionally recruits individuals with diverse talents into the organization.

- IDSA cultivates leaders who respect and value differences and empowers our members, whose diverse perspectives and experiences strengthen their decision-making.

- IDSA supports cultural awareness in order to facilitate excellence in education, research and healthcare delivery to a global community with different backgrounds, values and attitudes in order to address their needs in a sensitive and competent manner.

- IDSA is committed to creating and implementing accountability strategies to ensure sustainable progress in achieving our IDA&E goals and to publishing the results of our assessments.

Inclusion, Diversity, Access and Equity Guiding Principles

We are committed to build a Society based on the principles of Inclusion, Diversity, Access, and Equity (IDA&E). To achieve this, we will intentionally:

- Cultivate a welcoming environment where differences are embraced, valued, and respected,

- Ensure that processes, policies, and practices foster fairness, belonging, equity, and reflect the views and values of our Society,

- Guarantee transparency to promote fair treatment and access to opportunities for all members within all levels of the organization.

About the Task Force

After an initial call for volunteers, the Board of Directors approved 13 members to form this Task Force, chaired by Dr. Tina Tan, FIDSA, with IDSA staff support from Salandra Fleming. The Task Force consists of Adult and Pediatric ID physicians, ID pharmacist, and ID fellow members. Additionally, the Task Force not only includes racial/gender diversity, but also geographic diversity, with members from the Northeast, Southeast, West Coast and Midwest regions of the country. Finally, IDSA engaged Diversity & Inclusion expert Vernetta Walker, JD to help the

IDA&E Task Force achieve its mission. The T.F. was comprised of the following 13 IDSA members, led by Dr. Tina Tan, FIDSA, as Chair: Lilian Abbo, MD, FIDSA, Maria Alcaide, MD, FIDSA, Jose Caro, MD, Mahalia Desruisseaux, MD, Raul Macias Gil, MD, Janet Gilsdorf, MD, FIDSA, FPIDS, Ravina Kullar, PharmD, MPH, FIDSA, Jasmine Riviere Marcelin, MD, Katherine Moyer, DO, Damani Piggott, MD, PhD, Dawd Siraj, MD, FIDSA, Manal Youssef–Bessler, MD.

The charge of the Task Force from the Board of Directors was as follows:

IDA&E Task Force Charge

IDSA is committed to fostering an environment that honors and ensures inclusion, diversity, access and equity. The IDA&E Task Force will develop a framework and recommendations to ensure the implementation and full integration of IDA&E principles throughout IDSA. The Task Force reports to the Board of Directors.

Responsibilities

- Develop IDA&E guiding principles for Board approval by December 1, 2018
- Add IDA&E to core values for the Society
- Establish a case statement, short and long-term goals and a work plan for integrating IDA&E principles and practices throughout IDSA
- Create a "IDA&E road map" that provides a clear definition, metrics and guidance on IDSA's ongoing efforts to achieve and maintain diversity, inclusion, access & equity
- Identify opportunities to leverage best practices in the review of existing policies, practices, processes and communications and recommend changes
- Advise the Board on strategies and metrics for volunteer recruitment and increase engagement of diverse groups that are under-represented in the organization:
  - o To increase the number of under-represented populations in the composition of membership
  - o To expand outreach to under-represented populations for pursuit of careers in ID in all settings
  - o Promote pipeline, mentorship, and career development activities

Task Force Activities

The Task Force first met at **ID**Week 2018, and after discussion about the role of the Task Force, IDSA's values, and consensus that equitable access to opportunities is essential for success of any diversity & inclusion efforts, the Task Force recommended the name change to IDA&E, which the Board of Directors approved in December 2018. The first goal of the IDA&E Task Force was to develop the guiding principles (above), approved by the BOD in December 2018.

The Task Force has been having a monthly two-hour conference call where it discusses a very specific agenda based on the responsibilities it was charged with by IDSA upon the creation of the Task Force.

At its March 22, 2019 meeting, the IDSA Board of Directors approved the IDA&E case statement (above). The group has also provided guidance on selection of individuals to create the newly approved Leadership Development Committee, another strategic initiative by IDSA to foster IDA&E in leadership throughout the Society. Over time, the Task Force has continued advising the LDC.

In April 2019, the IDA&E Task Force met in person at IDSA headquarters in Arlington VA, spending the entire day creating this IDA&E roadmap, discussing short- and long-term goals that IDSA should consider when putting together the initiative to make the Society more equitable for all members. This roadmap is centered largely on data, because the Task Force recognizes that without being able to name and quantify the challenges, it will not be equipped to address them. With this roadmap, the Task Force suggests metrics to evaluate the current state of diversity and inclusion in our Society, followed by recommendations on what to do with that data. The T.F. also vetted resources for members to access information on how to apply IDA&E in their professional environments. The innovative challenge for IDSA will be to plan strategic initiatives to increase representation and access to opportunities for groups who have been underrepresented thus far in our Society's history.

Since October 2018, members of the T.F. each spent approximately 32-hours in conference calls, and approximately 12-hours of preparation before calls. The IDA&E Task Force therefore acknowledges that this is neither a short-term nor simple endeavor, and looks forward to continued support from IDSA leadership to move the needle towards an IDSA leadership structure that reflects the diversity of our membership and patient population.

IDA&E Roadmap

To further strengthen and support IDSA's commitment to embracing diversity, the IDA&E Task Force identified the following fundamental elements. These elements are closely intertwined and gravitate around data, a key and pivotal component. Increasing awareness, educating and implementing actions to further the principles of diversity, inclusion, access, and equity in our society will continue to be the task force's priorities.

DATA: Data plays an essential role in our daily clinical practice, and advancement of our profession. The IDA&E Task Force highlights the importance of data by placing it as the cardinal point on the roadmap towards diversity and inclusion. IDSA will expand data collection from staff and members, leadership, committees, practice types, and other groups. Data will serve as a critical element to provide transparency and measure progress. Most importantly, collecting and reporting metrics will help identify gaps and address areas of improvement.

EDUCATION: Continuous learning is essential in the process of raising awareness to develop a level of competency to face challenges. The Task Force worked on building a resource library containing videos and literature on diversity in the healthcare workforce. IDSA and *The Journal of Infectious Diseases* (JID)

took a step further to publish a full Supplement on Inclusion, Diversity, Access & Equity, published online and freely accessible to the public in JID on August 20, 2019. The task force looks forward to continuing providing helpful educational resources not only to the Infectious Diseases community but also to other medical fields.

COMMUNICATION: Effective communication plays a significant role in binding communities. Communication is the foundation of a more tolerant and diverse workforce. The Task Force is working together with IDSA to build strategies for communicating transparently to members and the greater community. The goal is to ensure that the information delivered is up-to-date and easily accessible. Expanding and strengthening communication platforms will also lead to a more equitable system of providing information to society while simultaneously leading to an even more diverse organization.

ACTION AND ACCOUNTABILITY: A merge of effective communication, education, and data acquisition will allow us to identify qualitative and quantitative metrics. The Task Force is committed to developing accountability strategies for implementation by IDSA. Member surveys will help to identify priorities which will guide action based on the analysis of these metrics. Moreover, the Task Force will establish processes to ensure sustainable solutions to address these challenges.

REFLECTION AND ASSESSMENT: Periodic assessments of IDSA organizational commitment to IDA&E will be done to identify gaps between desired versus achieved goals. Information gathered through these assessments will provide a basis for subsequent actions. The Task Force will publish the results of its assessments and will always be open to feedback.
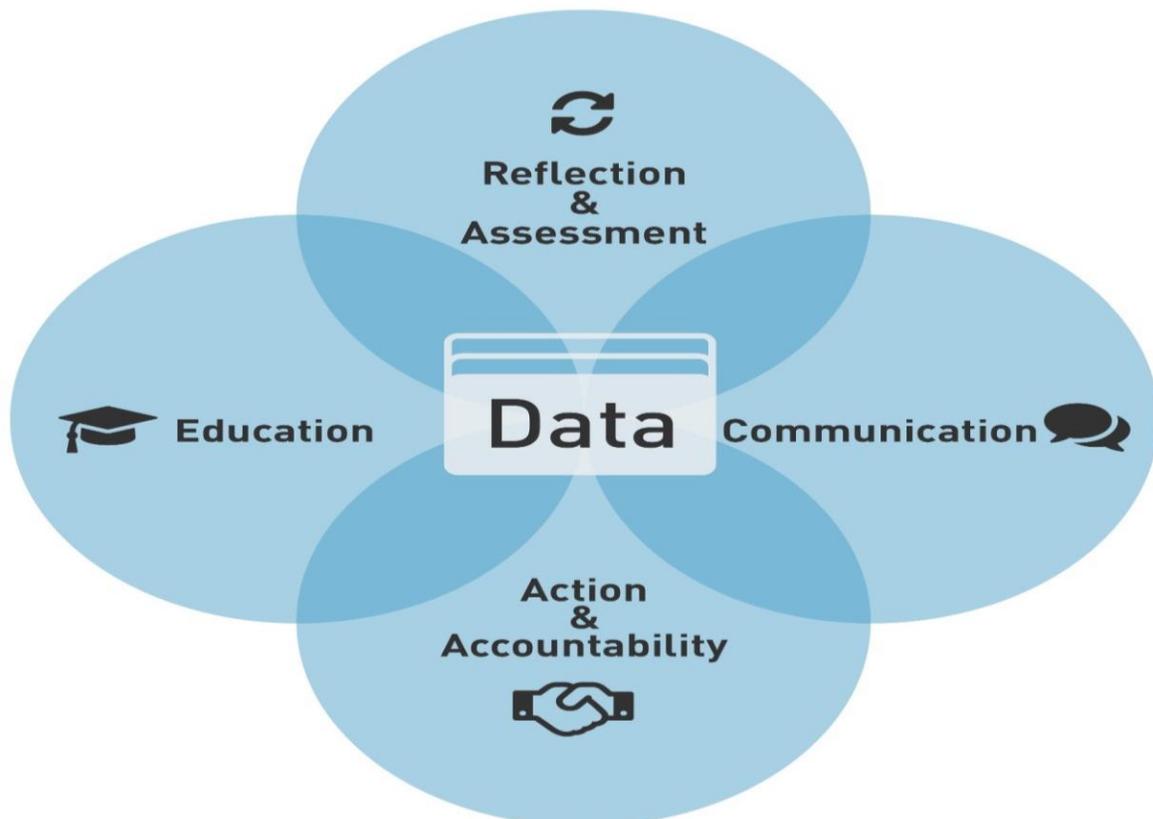
GOAL 1
Cultivate a welcoming environment where differences are embraced, valued, and respected.

STRATEGY 1.1: Develop and implement a climate survey to assess perceptions of inclusion and belonging within the Society and repeat the assessment after implementing bias reduction strategies.

STRATEGY 1.2: Develop mentorship programs, and provide support to current mentorship programs, to encourage engagement of underrepresented groups.

> **Action 1.2.1:** Engage the **ID**Week Mentorship Program committee to support their incorporation of IDA&E principles.

> **Action 1.2.2:** Encourage underrepresented members to be mentors, in addition to mentees.

> **Action 1.2.3:** Develop a mentorship program for young faculty who aspire to leadership roles and are just out of fellowship.

STRATEGY 1.3: Encourage and support affinity/networking groups in line with IDA&E goals.

> **Action 1.3.1**: Provide meeting venues as feasible.

> **Action 1.3.2**: Share links to community contacts on website and communicate networking opportunities to membership.

STRATEGY 1.4: Educate and provide resources to advance the principles of inclusion, diversity, access and equity to the membership and the broader ID communities, including but not limited to hospitals, academic institutions, research labs and private practices.

> **Action 1.4.1:** Develop toolkits with best practice data for implementing IDA&E programs and initiatives that can be shared to leaders.

> **Action 1.4.2**: Offer trainings on inclusion, diversity, access and equity. Topics may include, but are not limited to, unconscious bias and how to mitigate; emotional intelligence; helpful bystander/ally; why inclusion, diversity, access and equity are important and how they affect the patient. Education could be offered through online interactive modules via micro-learnings offering certificates. Education to be offered during annual meeting.

> **Action 1.4.3**: Audit IDSA's communications (messaging, images, publications, titles, etc.) to ensure they align with principles.

Action 1.4.4: Require training (including unconscious bias) for LDC and Board members; revisit concepts annually and determine which other populations should undergo training.

Action 1.4.5: Encourage leaders in our community to participate in trainings.

Action 1.4.6: Implement best practices for curriculum development and delivery.

STRATEGY 1.5: Communicate IDSA's inclusion, diversity, access and equity work to the membership community.

Action 1.5.1: Provide regular updates from the President, CEO and other leaders on progress and future endeavors (this will require reflection and assessment).

Action 1.5.2: Use varied media platforms and communications strategies, such as vignettes and cases studies. Platforms may include, but are not limited to:
- Emails to the membership
- Website and blog posts
- Social Media (Twitter, Facebook, LinkedIn)
- Facebook Live events
- Digital Strategy Advisory Group
- JID, CID, OFID

Action 1.5.3: Ensure organizational efforts are visible at IDSA events.

Action 1.5.4: Add IDA&E tagline to select communications.

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

STRATEGY 2.1: Ensure that the principles of IDA&E are included, measured, and shared at all levels of the organization in a timely manner.

Action 2.1.1: Include IDA&E characteristics as "ideal" for all volunteer leadership positions

Action 2.1.2: Assess working knowledge of IDA&E principles for volunteer applicants

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

STRATEGY 3.1: Ensure opportunities for diverse representation across all levels of the Society including leadership roles and committee membership.

Action 3.1.1: Create a repository where photos and names of committee members are available on the website as a snapshot of the diversity of our committees.

Action 3.1.2: Research and implement leadership, governance and bylaw practices that align with values.

- Weigh elected versus appointed positions
- Outline all volunteer and selection (i.e. awards, FIDSA) opportunities and conduct a review of criteria/desired competencies and selection process to implement best practices
- Track candidate pools, slate and selection results
- Use a rubric to establish targets for leadership composition. Encourage participation from those in early career stage, various practice settings, etc.
- Ensure recruitment and selection messages outline our IDA&E interests
- Formally engage volunteers in networking and pipeline development activities and to help publicize IDA&E efforts
    - Promote pipeline, mentorship, and career development activities
- Promote or arrange networking events among affinity groups
- Identify inclusion tactics to increase comfort level for typically under-represented populations
- Include a trainee (fellow-in-training, junior faculty, other) on each committee (including the LDC) as "junior councilor/member"
- Work with Fellows Subcommittee to develop potentials
- Provide education on selection and election process (including FAQ guide) and address concerns or perceived barriers
- Circulate calls for volunteers broadly; use emails, social media, websites, MYIDSA, announcements during committee meetings, IDA&E designees and volunteer communications group. Ask Program Directors to share with Fellows and share updates with IDSA Fellows.
- Send post to fellows and various target populations
- Profile underrepresented parties that serve on committees; share success stories

Action 3.1.3: Identify and recruit individuals with diverse and innovative ideas and areas of expertise into the Society and all levels of the organization. Target recruitment messages by demographic/affinity and send personalized message from community member or leader.

Action 3.1.4: Develop a matrix of qualities to ensure representation across all aspects of the Society's leadership, membership and volunteer structure.

STRATEGY 3.2: Publish criteria needed for members to move through leadership in the Society.

STRATEGY 3.3: Develop opportunities to learn about cultural humility, unconscious bias, and ways to mitigate it.

Action 3.3.1: IDSA will provide combined learning opportunities for the LDC, BOD and Awards committees, prior to choosing awardees and leaders.

Action 3.3.2: IDSA will develop a plan to help professional training programs understand unconscious bias and ways to mitigate it. (Fellowship leaders need to be included. Note to broaden here – "professional training programs" is limiting.)

- IDSA to create/provide professional training programs to share, to include unconscious bias training as an example.
- Offer an option for training to fellowship leaders on IDA&E principles.
- Target training program leaders. Ensure future ID specialists have participated in these trainings.

GOAL 4
Collect and share data to inform and educate the IDSA community and IDA&E initiatives.

STRATEGY 4.1: Collect, review and publish data to help advance IDA&E goals; develop timetable for collection given desired impact with built-in benchmarks, including but not limited to the following:

- Gender, race/ethnicity, and geographic diversity of IDSA members
- Compensation (including data collection via member surveys in addition to other groups who collect this data)
- Editorial boards, journal reviewers, journal authorships
- IDSA, (+/- SHEA, HIVMA, PIDS) committees and Board of Directors (including CEO/IDSA Staff)
- IDSA Foundation funding and scholarship awardees
- IDSA Awards, lectureships
- **ID**Week oral presentations, awards, and planning committee
- LGBTQ member demographics
- Cultural competence & impact
- Career path within the specialty (microbiologist, clinician, pharmacist, etc.)
- National origin

Action 4.1.1: Share activities and updates with state and regional societies

STRATEGY 4.2: Research/explore how people enter the field and identify opportunities to address access-related barriers and recruit more people into the field of all backgrounds.

STRATEGY 4.3: Develop key metrics to which IDSA will hold itself accountable around inclusion, diversity, access and equity.
- Engage IDSA Foundation to pursue funding for IDA&E efforts

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

STRATEGY 5.1: Address barriers (institutional, cultural, academic, financial) preventing entry, advancement and strong pathways for diverse professionals at all stages.

Action 5.1.1: Identify partners to complete a workforce study to quantify the need for diverse representation in ID/HIV professionals.

Action 5.1.2: Develop white paper and associated strategy to make a case to decision-makers (federal policymakers and C-suite) for strengthening the ID workforce as a central component of pandemic preparedness.

Action 5.1.3: Partner with National Committee on Admissions (COA) and American Medical College Application Service (AMCAS) to identify and address structural barriers to medical school admissions for underrepresented populations at all career stages.

Action 5.1.4: Develop or participate in programs to promote entry to ID/HIV as a profession.

Action 5.1.5: Advocate for loan repayment: introduce an ID loan repayment bill by end of year 2021; Pass ID loan repayment bill by end of year 2022.

Action 5.1.6: Identify and collectively implement cross-society strategies to increase the pool of diverse applicants to medical school (e.g., support for pre-college and college research/shadowing programs) and reduce barriers to entry (e.g., advocate for holistic review). Address admission processes and standards that have had a negative impact on the representation of historically underrepresented students.

Action 5.1.7: Informed by collection of data on barriers, launch medical society-sponsored medical school or undergraduate support for research experiences or shadowing programs.

Action 5.1.8: A medical society-level commitment to adopt best practices to increase the visibility and availability of mentors, coaches and sponsorship programs for those from historically underserved backgrounds.

STRATEGY 5.2: Develop leadership competency model and framework for cultural competency.

Action 5.2.1: Develop toolkit including CME modules and other educational resources.

Action 5.2.2: Implement an evaluation tool to measure progress.

Action 5.2.3: Provide education through BCH Diversity and Cultural Competency Council (DCCC).

Action 5.2.4: Provide education through COVID Health Equity Resource site.

STRATEGY 5.3: Engage ID/HIV workforce to advocate to close the gaps in health care disparities and inequities.

Action 5.3.1: Conduct media outreach and public awareness of need for awareness and competence.

Action 5.3.2: Promote diversity in research, clinical trials, and testing, and build vaccine confidence and distribution through advocacy, educating members and sharing best practices.

Action 5.3.3: Explore partnership opportunities with the Health Equity and Access Leadership (HEAL) Coalition

Action 5.3.4: Advocate for consistent AMR demographic data and reduce disproportionate impact of AMR on underserved populations.

STRATEGY 5.4: Strengthen and support a diverse ID and HIV research workforce.

Action 5.4.1: Leverage relationships to attract more investigators and ensure workforce diversity.

Action 5.4.2: Partner with the Pharmaceutical Research and Manufacturers of America (PhRMA) Foundation to secure funding for research.

Action 5.4.3: Strategize methods to allow protected time for research to develop ID and HIV professionals.

Strategy 5.5: Center health equity in pandemic preparedness, including promoting diversity in research, clinical trials, and testing, and building vaccine confidence and distribution.

Action 5.5.1: Advocate for policy recommendations that address structural barriers to health care and that promote health equity.

Strategy 5.6: Advocate to improve processes for collecting and sharing data for underserved populations to support modifications in care delivery and across healthcare systems.

Action 5.6.1: Support collective efforts to advocate for improvements in collecting patient demographic data for diverse populations.