



**2024**  
OCTOBER

# INCLUSION, DIVERSITY, ACCESS AND EQUITY PROGRESS REPORT

**IDSA**  
Infectious Diseases Society of America

# Purpose

In 2018, IDSA embarked on a transformative journey by adopting the Inclusion, Diversity, Access & Equity [Roadmap and Strategy](#). Since then, annual progress reports in [2022](#) and [2023](#) have documented advancements and opportunities related to our goals. This year's report details key accomplishments between October 2023 and September 2024 on activities that impact our members and support the growth of the ID field. With your collaboration, we are forging a more inclusive, diverse and equitable future for the infectious diseases community.

## The goals of the progress report are to:

- Communicate progress to our members and the public;
- Leverage data and insights to drive meaningful change;
- Foster action and accountability through measurable outcomes.

We hope you will use this report to:

- Understand the breadth of activities or policies implemented across the organization;
- Reflect, assess and celebrate our progress, and identify opportunities to shape our path forward;
- Share your feedback on initiatives as our work evolves.

# Disclaimers

- This report includes notations on the limitations of the demographic data and is not intended to be inclusive of all past, current or future activities.
- We are in the process of updating our membership demographic categories to better reflect the rich diversity of our membership as well as changes in standards from the U.S. Census. Demographic categories used in this report are adapted from the latest U.S. Census standards.
- The academic degrees identified in the Appendix are related to degree types most broadly attained in the field of infectious diseases.



# IDA&E 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



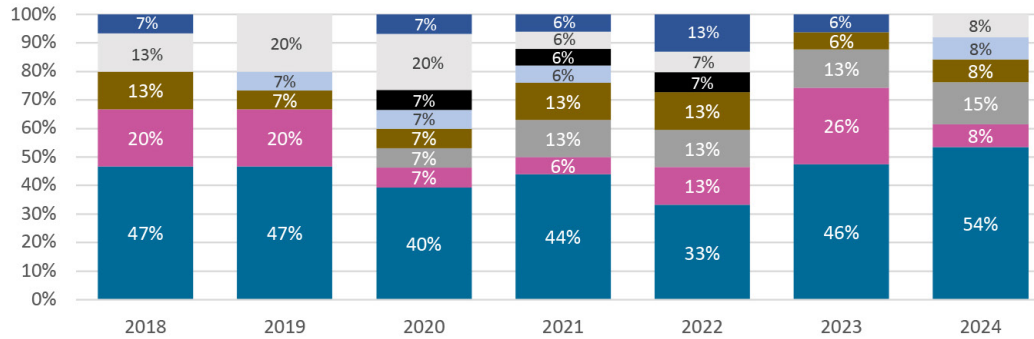
# Demographics

## Professional Activity of Board of Directors, Governance Volunteers<sup>1</sup> and Membership (2018-2024)

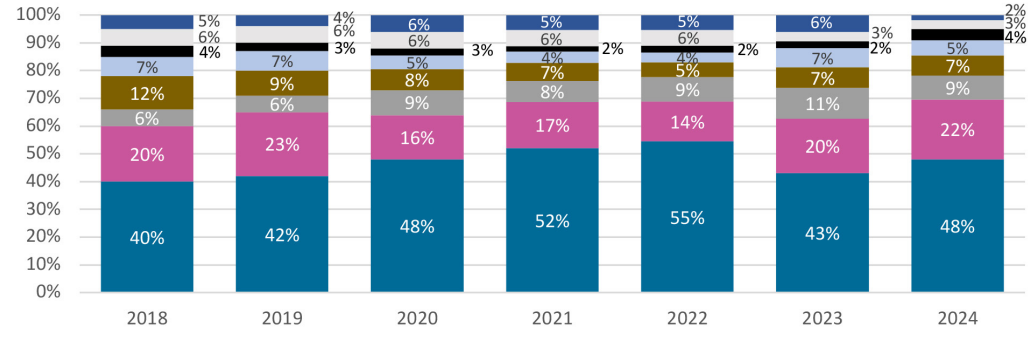
IDSA's definition of diversity includes the spectrum of primary professional activities in which our members engage. Representation of those whose primary activity is patient care among our **governance volunteers** has been a challenge. We have made strides within this category over the past four years, and we continue to have an opportunity to more closely mirror our membership across volunteer opportunities. Efforts have been made to increase the representation of patient care professionals within our communities of practice, which are currently in the process of being staffed.

■ Patient Care     
 ■ Clinical Research     
 ■ Teaching/Education     
 ■ Basic Research  
■ Public Health     
 ■ Administration     
 ■ Clinical Microbiology     
 ■ Hospital Epidemiology

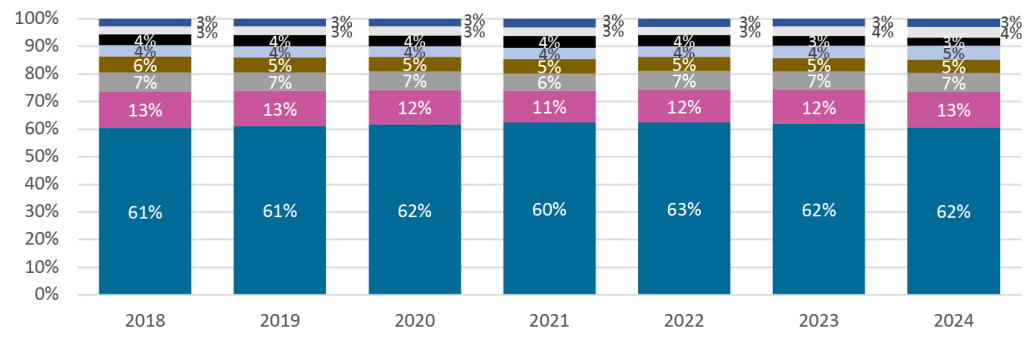
**Board of Directors - Primary Professional Activity**



**Governance Volunteers - Primary Professional Activity**



**Membership - Primary Professional Activity**



Demographic Chart  
Population Size<sup>2</sup>

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
- n = 13 for 2024

Governance Volunteers

- n = 367 for 2018
- n = 459 for 2019
- n = 597 for 2020
- n = 764 for 2021
- n = 677 for 2022
- n = 565 for 2023
- n = 586 for 2024

Membership

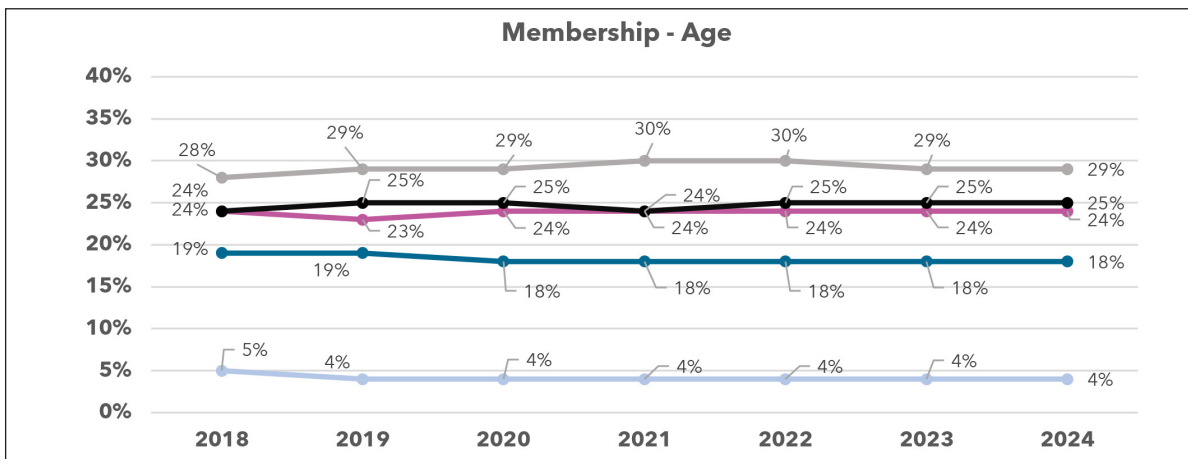
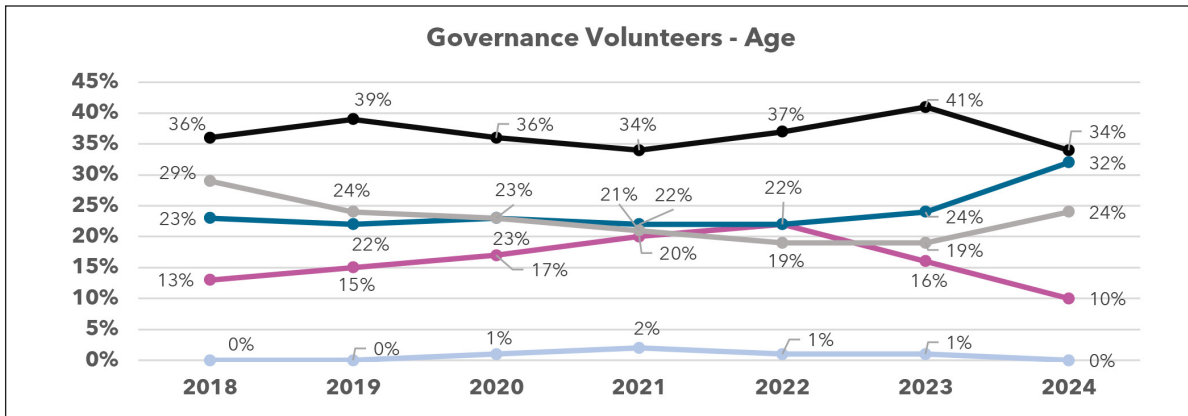
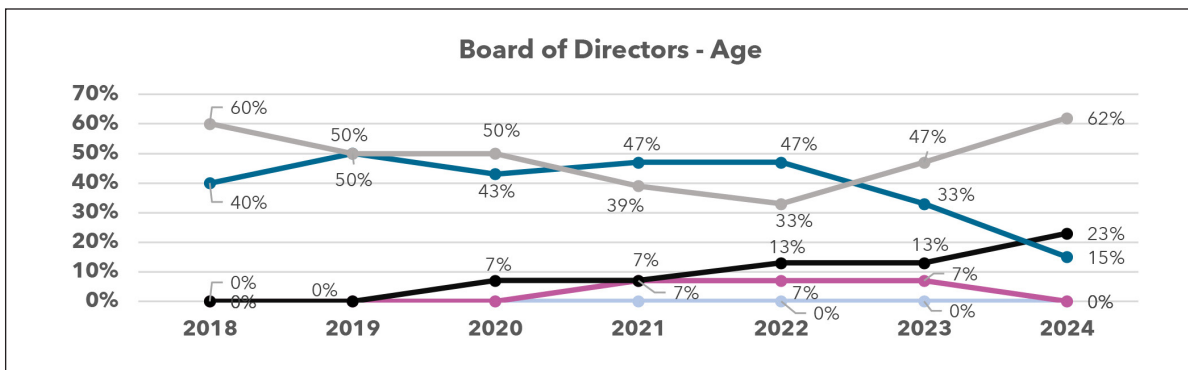
- n = 10,754 for 2018
- n = 10,706 for 2019
- n = 11,383 for 2020
- n = 11,169 for 2021
- n = 11,202 for 2022
- n = 11,728 for 2023
- n = 11,355 for 2024

## Age of Board of Directors, Governance Volunteers and Membership (2018-2024)

We strive to have a **Board of Directors** and **governance volunteers** that reflect the full range of career stages to ensure a more diverse set of perspectives is brought to bear in a rapidly evolving field. Increasing representation of our mid-career segments continues to be an opportunity.

DEMOGRAPHIC CHART POPULATION SIZE <sup>2</sup> (n)							
	2018	2019	2020	2021	2022	2023	2024
Board of Directors	15	15	15	16	15	15	13
Governance Volunteers	367	459	597	764	677	565	586
Membership	10,754	10,706	11,383	11,169	11,202	11,728	11,355

— Younger than 30 — 30-39 — 40-49 — 50-59 — 60 and older

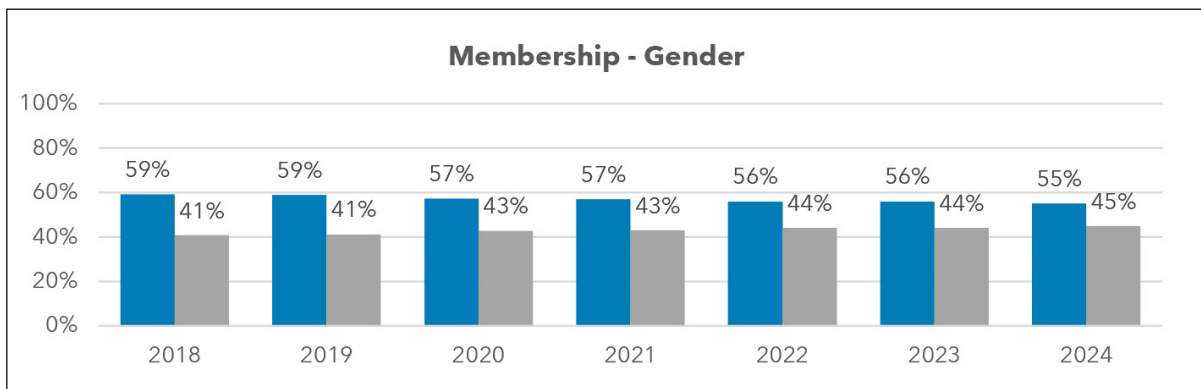
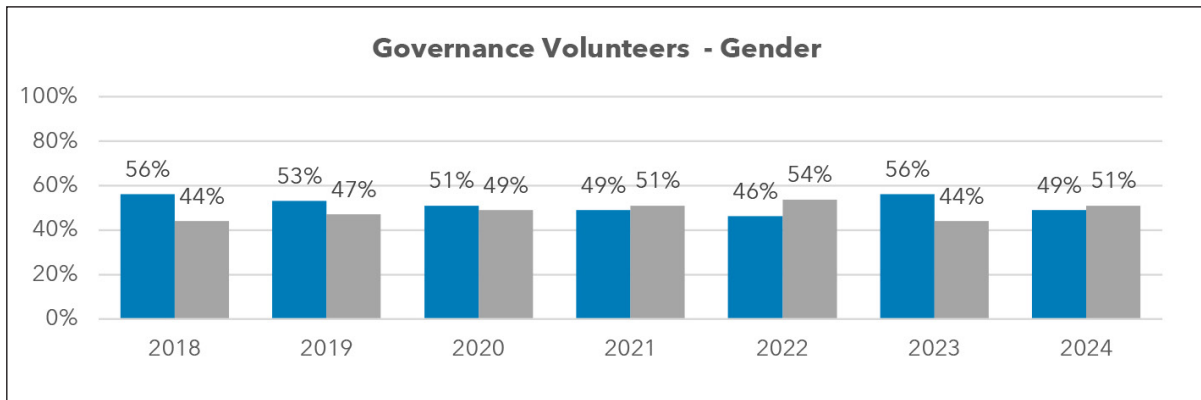
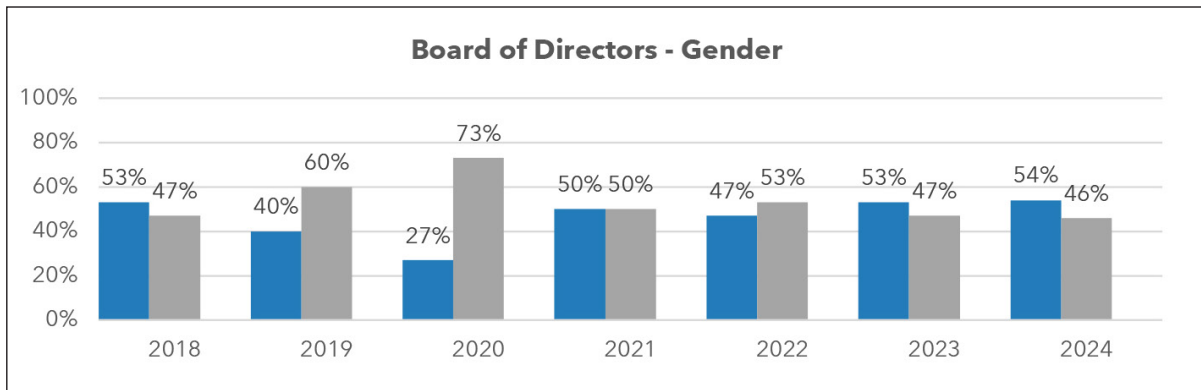


## Gender of Board of Directors, Governance Volunteers and Membership (2018-2024)

Historically, IDSA's **membership** has been majority male, though this gap has been narrowing over the last 7 years. Since 2021, the **Board of Directors** has had a higher proportion of female members than the overall membership, as have the **governance volunteers**, apart from 2023. This trend reflects the future of IDSA given that for mid-career and younger segments, the majority now identify as female.

	DEMOGRAPHIC CHART POPULATION SIZE <sup>2</sup> (n)						
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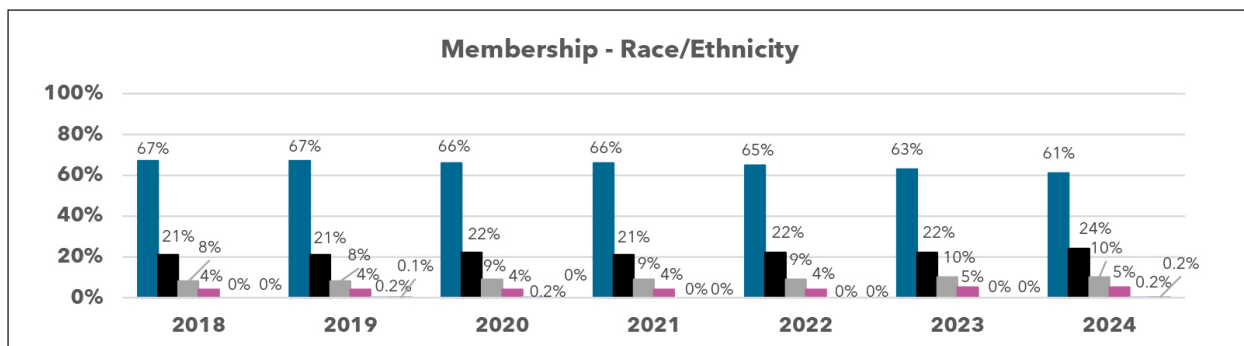
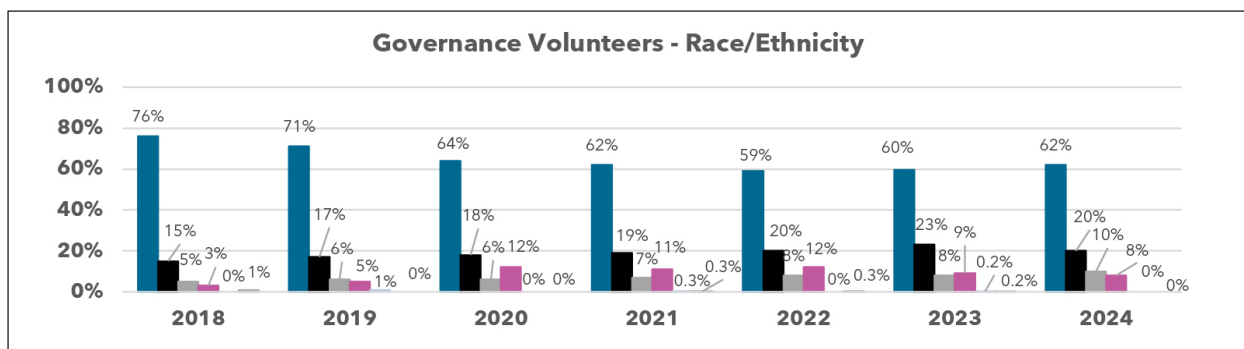
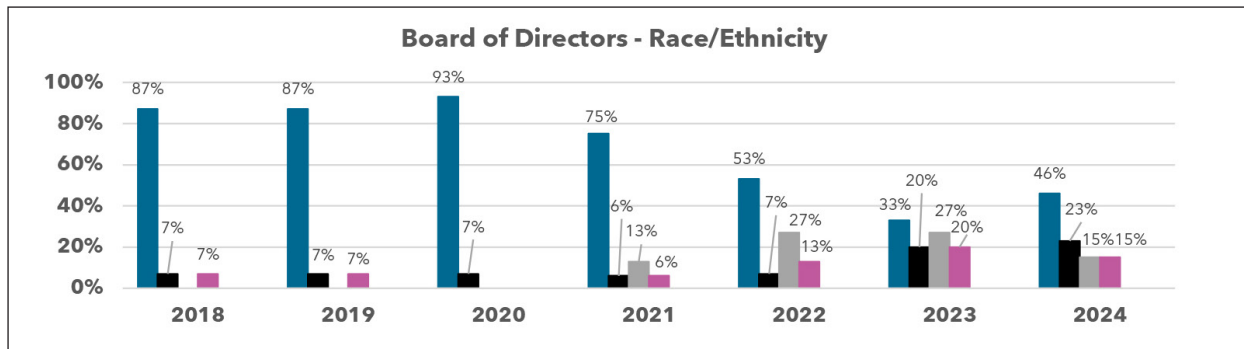
■ Male ■ Female



## Race/Ethnicity of Board of Directors, Governance Volunteers and Membership (2018-2024)

IDSA remains committed to attracting individuals from underrepresented populations into the field of ID and supporting efforts by the field of medicine to reflect the identities of the general population. Over the last 3 years, the **Board of Directors** has made notable strides toward this goal, becoming more diverse, representing a significant and intentional shift from previous years. Governance volunteers have also become more diverse over the past 5 years.

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*“We’ve all seen it! Extraordinary things happen when a community comes together. We aim to create a sense of community within the ID world. Our hope is that by coming together and building bridges through networking, we can work together to further LGBTQ+ health in the populations we serve.”*

—Anais Ovalle, MD, MPH, infectious diseases physician, Dartmouth Hitchcock Medical Center; co-lead of the Health Equity Longitudinal Curriculum at Geisel School of Medicine; assistant professor of medicine at Geisel School of Medicine; IDSA IDA&E Committee member



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

*IDSA deepened its commitment to fostering a greater sense of inclusion and belonging by highlighting diverse experiences and narratives, enhancing inclusive meeting practices and implementing comprehensive unconscious bias and upstander training.*

- [Clinical Infectious Diseases](#) launched “[Voices of ID](#),” a section featuring personal stories from the ID community about how their work impacts their lives and those of their families and friends. Initially, it called for papers on the COVID-19 pandemic, resulting in powerful narratives from diverse perspectives. “Voices of ID” is now open to submissions on any topic.
- IDSA conducted unconscious bias and upstander awareness training for the Board in March and for Society employees in August. IDA&E training will be added to the Leadership Summit agenda for all committees, subcommittees and community of practice chairs and vice chairs.
- IDSA interest groups continued to grow with the launch of the new LGBTQ+ group, Proudly ID. Ongoing activities and **IDWeek** events from established groups like George Counts and Hispanics in ID have helped to strengthen connections, fostering a deeper sense of belonging and shared purpose.
- In honor of Black History Month, IDSA produced the [Black in ID](#) episode of the “Let’s Talk ID” podcast. In this episode, featured members shared their personal journeys, highlighting their lived experiences as infectious diseases physicians.
- **IDWeek 2023** design ensured a welcoming and inclusive environment by incorporating features such as a nursing lounge, childcare services and options to stream closed captioning on mobile devices.





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

*IDSA improved the Board application and committee selection processes to more deeply embed IDA&E principles.*

- IDSA adopted a new Board application process that enables the Leadership Development Committee to better evaluate candidates' alignment with IDSA leadership characteristics, including embodiment of IDA&E principles.
- IDSA developed a tool for staff liaisons and selection committees to effectively assess the current diversity of committees and volunteer groups, identify opportunities for enhancing diversity (including primary professional activity and other demographics) and implement actionable steps to improve diversity.
- IDSA is nearing completion of an overhaul of our member demographic categories encompassing both personal and professional demographics. The new standards leverage best practices from government and leading nonprofits while also reflecting the unique characteristics of the infectious diseases community and our global membership. For example, we will have more inclusive demographic category options for professional areas of concentration, including transplant ID and addiction medicine, gender identity and work settings such as congregate settings. These new categories will help us better serve the community of IDSA, better understand and represent the field of ID and support integration of our IDA&E principles.
- Our inclusion, diversity, access and equity principles were foundational to the 2023 governance restructuring. They informed how we incorporated member feedback, designed and structured our entities, and shaped policies and practices that foster ongoing engagement and cultivate a sense of belonging among our diverse membership.



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

*IDSA journals developed opportunities to expand access to editorial roles, broaden perspectives and cultivate a more inclusive and diverse ID editorial landscape. And the Member Advocacy Program experienced significant growth after its revamp, which centered on increasing transparency and expanding the volunteer base.*

- The IDSA journals' Editorial Mentoring Program pilot was a success, with all participating mentees indicating that the experience exceeded their expectations. Based on the success of the pilot, the program is continuing in 2024. Applications for the 2024 mentoring cohort met IDSA's goal to increase the percentage of applicants from backgrounds underrepresented in medicine.
- [Open Forum Infectious Diseases](#) expanded its Editorial Advisory Board significantly, increasing from 70 members to 130. The larger board also has a larger proportion of non-U.S. members (from 17% to 38%) and a larger number of countries represented (from 9 to 24).
- The revamped [Member Advocacy Program](#), designed to offer transparent and equitable opportunities for member participation in advocacy, achieved a 162% growth in membership over the past year.





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

*IDSA continued to publish articles, policy briefs and other media to educate the community, support advocacy and inform IDA&E initiatives on critical issues like ID workforce diversity and health equity. Additionally, IDSA journals began to proactively collect author and reviewer demographic data to gain deeper insights into representation within the field.*

- In May 2024, IDSA launched an initiative to collect demographic data from journal authors and reviewers through a new module provided by Oxford University Press. IDSA teams actively encouraged participation to help IDSA understand the current state of representation in our publications.
- HIVMA published several policy briefs and resources to amplify IDA&E-related issues and support advocacy:
  - **2023:** [Improving HIV Service Delivery: Policy Recommendations for HRSA's HIV/AIDS Bureau & CDC's National Center for HIV, Viral Hepatitis, STD and TB Prevention](#) developed in partnership with the Ryan White Medical Providers Coalition, outlines policy recommendations aimed at enhancing HIV service delivery.
  - **2024:** [Access to Prevention and Health Care Services for Immigrants With Communicable Diseases: A Resource for Public Health, Prevention & Care Providers](#) is an updated resource developed with NASTAD focusing on public health program services and featuring information for health care providers, facilities and patients.
  - **2024:** [Let's Talk HIV: Why Medicaid Matters](#) is a four-part podcast series with accompanying fact sheets designed to educate and support the HIV clinical community in advocating for improved access to HIV services through state Medicaid programs.
- Several articles were published in IDSA's journals illuminating health disparities, including the following:
  - **2023:** [Health Equity and Antibiotic Prescribing in the United States: A Systematic Scoping Review](#)
  - **2023:** [Tele-ID Politesse: Recognizing Cross-Culturally Sensitive Care With Hijab and Niqab](#)
  - **2023:** [Racial and Ethnic Identity and Vulnerability to Upper Respiratory Viral Infections Among U.S. Children](#)

- **2024:** [Sexual and Gender Minorities' Vaccine Uptake and Behavioral Change in Response to the Mpox Outbreak in the United States: August 2022 Through November 2022](#)
- **2024:** [Participant Diversity in United States Randomized Controlled Trials of Antibacterials for \*Staphylococcus aureus\* Infections, 2000–2021](#)
- IDSA journals published articles that explore how people enter the field and identify opportunities to address access-related barriers and recruit more people into the field:
  - **2023:** [Deeper Pathways for Recruitment Efforts: Identifying Opportunities for Undergraduate and Medical Student Involvement in Infectious Diseases](#)
  - **2023:** [The Next Generation: Mentoring and Diversity in the Antibacterial Resistance Leadership Group](#)
  - **2024:** [Paying for Parenthood: Understanding Parental Leave Policies in Infectious Disease Fellowship](#)
  - **2024:** [Ending Race-Conscious College Admissions and Its Potential Impact on the Infectious Disease Workforce](#)





*“Engaging in health advocacy and policy work, including working with the U.S senators and representatives to promote the representation of underrepresented minorities in the medical community, to engage in discussions on how to expand the workforce especially in infectious diseases and to advocate for bills to help fight infectious diseases, has been fun and fulfilling. It’s a rewarding journey where [you] not only make a difference in people’s lives but also enjoy the process of creating positive change for a healthier, more equitable future through meaningful collaboration with policymakers at the highest levels.”*

—Laila Woc-Colburn, MD, DTM&H, FIDSA, associate professor, Division of Infectious Diseases, Emory University School of Medicine



## **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 legislative and regulatory advocacy and championed policy recommendations that address structural barriers to health care and promote health equity. Additionally, the HIV Clinical Fellowship Program made strides in training and developing diverse HIV specialists, deepening their commitment to the field and serving in high-need areas.*

- IDSA developed and advocated for a new “add-on” code to boost reimbursement for infectious disease care. The code was included in the Centers for Medicare and Medicaid Services’ 2025 [Medicare Physician Fee Schedule Proposed Rule](#). If approved, the proposed add-on code is expected to enable better recruitment of a diverse ID workforce and improve access to ID care.
- IDSA and HIVMA have continued to build momentum to fund the [Bio-Preparedness Workforce Pilot Program](#). In response to IDSA advocacy, Reps. Raul Ruiz, MD, (D-CA) and Mariannette Miller-Meeke (R-IA) provided testimony to the Appropriations Committee in favor of funding for the pilot program. Additionally, 56 signatures were secured for bipartisan House and Senate letters in support of funding the program.
- IDSA engaged in outreach to the Congressional Tri-Caucus — comprising the Congressional Asian Pacific American Caucus, the Congressional Black Caucus and the Congressional Hispanic Caucus — to highlight equity concerns related to [antimicrobial resistance](#) and the [infectious diseases workforce shortage](#).

- HIVMA co-led advocacy efforts to establish a [national PrEP program](#) aimed at addressing significant racial and ethnic disparities in access to PrEP. HIVMA's advocacy was instrumental in preventing nearly \$800 million in cuts to federal HIV programs and securing funding for a PrEP pilot program at CDC.
- In August 2024, four physicians completed the [HIV Clinical Fellowship](#) designed to increase the number of HIV care providers, particularly those whose experiences reflect the populations most affected by the HIV epidemic. Notably, half of the fellows were female, and all were people of color. The fellowship had a significant impact on their career aspirations, which include becoming HIV specialists, joining AIDS Education and Training Center faculty and practicing as general primary care and HIV primary care providers.
- IDSA is a key partner in multiyear coalition efforts to increase the diversity of applicants into medical school and reduce systemic barriers in medical schools and early career pathways for those underrepresented in medicine.
- IDSA is expanding partnerships with minority-serving institutions to ensure ongoing collaboration to diversify the pathway for ID professionals from backgrounds underrepresented in medicine.



# Appendix – Demographics

## Medical Degrees<sup>3</sup>

### Medical Degrees - Membership

	Jan 2024		Jan 2023		Jan 2022		Jan 2021		Jan 2020		Jan 2019		Jan 2018	
Physicians	10699	84%	10223	83%	9890	85%	9859	85%	10191	85%	9676	86%	9723	86%
PhD	1145	9%	1089	9%	941	8%	929	8%	978	8%	887	8%	859	8%
PharmD	806	6%	799	7%	680	6%	664	6%	737	6%	629	6%	624	6%
APPs	163	1%	159	1%	147	1%	127	1%	100	1%	81	1%	56	0%

### Medical Degrees - Governance Volunteers

	2023-2024		2022-2023		2021-2022		2020-2021		2019-2020		2018-2019		2017-2018	
Physicians	447	89%	533	89%	570	83%	637	84%	567	92%	423	92%	334	88%
PhD	14	3%	40	7%	40	6%	9	1%	9	2%	12	3%	32	8%
PharmD	28	6%	19	3%	78	11%	88	12%	25	4%	12	3%	5	1%
APPs	3	1%	4	1%	1	0%	2	0%	0	0%	2	0%	0	0%

### Medical Degrees - Board of Directors

	2023-2024		2022-2023		2021-2022		2020-2021		2019-2020		2018-2019		2017-2018	
Physicians	13	100%	15	88%	15	83%	15	83%	15	94%	15	94%	15	94%
PhD	0	0%	2	12%	3	17%	3	17%	1	6%	1	6%	1	6%

## Major Census Regions

### Major Census Regions - Membership

	Jan 2024		Jan 2023		Jan 2022		Jan 2021		Jan 2020		Jan 2019		Jan 2018	
Northeast	2710	26%	2621	25%	2616	25%	2662	26%	2830	26%	2651	26%	2698	26%
Midwest	2125	20%	2134	20%	2131	20%	2075	20%	2177	20%	2047	20%	2037	20%
South	3570	34%	3526	34%	3549	34%	3480	34%	3595	33%	3311	33%	3386	33%
West	2143	20%	2101	20%	2142	20%	2108	20%	2130	20%	2095	21%	2052	20%
U.S. Territories	52	0%	60	1%	60	1%	53	0%	55	1%	57	1%	61	1%

### Major Census Regions - Governance Volunteers

	2023-2024		2022-2023		2021-2022		2020-2021		2019-2020		2018-2019		2017-2018	
Northeast	124	25%	120	17%	163	24%	179	23%	141	24%	78	17%	85	23%
Midwest	106	21%	137	20%	155	23%	183	24%	148	25%	99	22%	80	22%
South	173	35%	322	46%	248	36%	263	34%	195	33%	164	37%	134	37%
West	95	19%	116	17%	117	17%	139	18%	107	18%	105	24%	63	17%
U.S. Territories	0	0%	0	0%	1	0%	1	0%	0	0%	0	0%	0	0%

### Major Census Regions - Board of Directors

	2023-2024		2022-2023		2021-2022		2020-2021		2019-2020		2018-2019		2017-2018	
Northeast	2	15%	2	13%	2	13%	3	19%	4	27%	3	20%	3	20%
Midwest	5	38%	5	33%	4	27%	4	25%	4	27%	4	27%	6	40%
South	5	38%	6	40%	7	47%	6	37%	4	27%	7	47%	5	33%
West	1	8%	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%	0	0%

Notes:

- (1) Governance volunteers include active IDSA committees, HIVMA committees, panels, the Coordinating Council, work groups and communities of practice.
- (2) *n*=the highest response rate to any of the other demographic questions. For membership, the 2024 response rate of 98% was used to calculate the *n*. Annual membership numbers are as of mid-August of each year.
- (3) Physician degrees include MD and DO. Membership degree data have been restated for 2018-2023 to include DOs. Volunteer degree data have been restated for 2021-2023 given data availability.