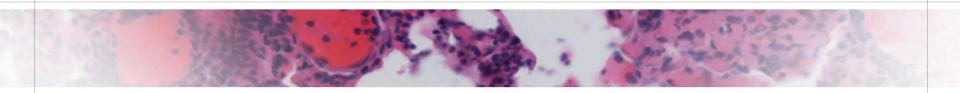




### **Diversity and Inclusion in Hematology**

ASH - an evolving story.





### ASH in 2003

What can we do to improve the diversity of the field?

# Diversity 2003-2010

- Established a volunteer lead body dedicated to diversity
  - Focused on racial and ethnic groups that have been shown to be underrepresented in health-related sciences in North America
- Designed the Minority Recruitment Initiative dedicated to recruiting and retaining underrepresented minority scientists in our field
  - Recruiting trainees to hematology
    - Medical Student and Graduate Student Awards
  - Retaining academicians by supporting advancement
    - Post Doctoral Fellow Awards in partnership with the Robert Wood Johnson Foundation's Amos Medical Faculty Development Program



# **Program Design**

- Consideration for the 'levers' that influence decision making
- Program design included
  - Research under leaders in the field
  - Mentorship
  - Financial support
  - Career development

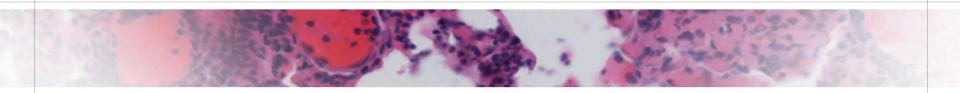
## What We Learned

- Financial support is vital
  - How can we continue to provide meaningful support
- Experiences have impact
  - Trainees need to know you will be there for them
- Mentorship is meaningful
  - How can we strengthen the current mentorship model
- Community is needed
  - How can we build a supportive community

# Ann – A Serendipitous Success Story

- An ambitious undifferentiated medical student applies to the medical student program on a whim
  - Wanted to visit Atlanta for the summer and 'this gig paid'
  - Got matched with a rising star in the field
- Inspired enough to ask if she could 'do it again' and we found a way to "Yes"
- A quiet 8 years passed... she was pursuing her fellowship in the field
- Mentor supported her application to the capstone award program success!
- In 2017 staff recruited her to into volunteer leadership





### 2011 - Turning Point

We dream of a day when our programs are no longer needed.

### **Diversity and Inclusion**

Diversity and inclusion are terms that have become so well-known that they are often used interchangeably — however they manifest in different ways:

- **Diversity is the WHO and the WHAT:** who's sitting around that table, who's being recruited, who's being promoted, and what we're tracking regarding characteristics and identities of gender and ethnicity.
- Inclusion, on the other hand, is the WHY and the HOW: Inclusion is the <u>behaviors</u> that welcome and embrace diversity. Understanding why this is important and determining how we embrace and galvanize diverse voices and identities.

#### "Diversity is being invited to the party. Inclusion is being asked to dance."



## ASH – Inclusion 2011-Present

- Leadership pivots from discrete programs to an unbroken longitudinal pathway of programs to strengthen financial support and increase the opportunity for experiences
  - Restructure medical student award program
  - Resident award added
  - Graduate Student and Fellow awards expanded
- The Society establishes a dedicated (staffed) department to focus on strengthening mentorship and building community.



## ASH – Inclusion 2011-Present

- Leadership identifies inclusion opportunities for program alumni to enhance existing career development activities
  - Support navigating engagement in the Society
  - Increase exposure in the field
  - Create opportunities for collaboration
- Leadership shifts focus to strategic inclusion in all Society activities
  - Honorific award recognizing efforts in diversity and inclusion
  - Increased representation on committees
  - Invited speakers (Scientific and Educational) and program faculty

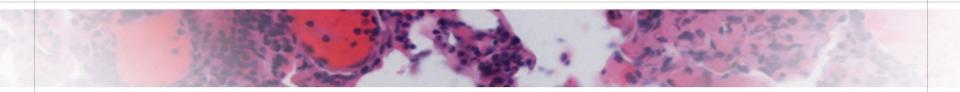


# What We Are Learning

- Strengthening Programming
  - Flexibility increases opportunity to participate
  - Requests for subsequent experiences are on the rise
  - Program alumni are applying for other ASH programs
  - Too early to measure success of efforts
- Strategic Inclusion
  - Information gaps are a barrier
  - It is time to move from informal to purposeful







### 2019 – Looking Forward

What dreams may come.

# ASH – 2019 and Beyond

- Purposeful Strategic Inclusion
  - Getting to know Society membership
    - Refining the data we collect to reflect comprehensive and global terms
    - A campaign to encourage self declarations
  - Operationalizing inclusion efforts
  - Examining our award programs and processes for bias
- Program Improvement
  - Creating Competitive Advantage layering coveted 'experiences' in to programs
- Measuring Impact of Improvements



# Ann 2.0 – Not So Serendipitous

- An ambitious undifferentiated medical student applies for our medical student program looking to strengthen her CV
  - Gets matched with a rising star in the field
- She and her mentor are encouraged to submit an application to dedicate a year to research through a second medical student award
- Reminded of an upcoming deadline, she applies for research funds during her residency to conduct a short research project
- She submits her abstract to ASH
- She is invited to participate as a junior member of the relevant guidelines panel.



# Ann 2.0 – Not So Serendipitous

- As her residency progresses, her career development mentor and contacts from the guideline panel support next steps in applying for fellowships
  - She applies for an ASH fellowship award and with her award money in hand negotiates her next move
- She and her mentor develop a plan for navigating participation in the Society, including
  - Serving on a study section for a junior ASH program
  - Engaging in review of meeting abstracts
  - Serving on a scientific committee and moderating a scientific session



### **QUESTIONS?**





"What I have learned and continue to learn from my mentor through our conversations about research, academic life, working as a clinician, and even work-life balance, has far exceeded my expectations."

The one thing that I would say mean the most to me is the relationships and networking I was able to obtain. There are people who we call the giants in the field who are actually there ...developing a professional and personal relationship with trainees who otherwise wouldn't have access."



"Most important to me is that my research addresses care for patients with sickle cell disease, a population that experiences disparity in healthcare...I see my research as a contribution to a larger body of work to help sickle cell patients live longer, more fulfilled lives as adults."

