



Diversity, Equity, and Inclusion 2021 Annual Report

The demographic diversity of the
AASM's leadership and members



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LETTER FROM THE AASM PRESIDENT

On behalf of the AASM board of directors, I'm pleased to present the 2021 Diversity, Equity, and Inclusion report. Ensuring representation and contributions from throughout our membership has long been a goal of the AASM. This report, developed by the DEI Committee and now in its third year, helps us identify underrepresented groups in the organization, barriers to participation and opportunities for improvement.

As you'll see, the AASM has been able to make significant progress towards creating a more diverse community that is welcoming and inclusive to members from all backgrounds. Our varied experiences in our path to sleep medicine make the AASM uniquely positioned to attract multi-disciplinary perspectives from physician and non-physician members. The board, other volunteers and staff have undergone training to help us recognize and manage our implicit biases, and we have updated policies and processes to support building a more inclusive organization.

Our efforts, however, need to extend beyond the Academy. We have an obligation to our patients and the communities we serve to improve health equity and access to care. Future goals for the DEI Committee include identifying disparities within sleep medicine and providing strategies for members to reduce inequities.

We need your input to make further progress, so I encourage all of you to complete the demographic profile in your AASM record to help us get a full picture of our membership. Thank you to the members of our DEI Committee who are working hard to help the AASM realize its goal as a diverse, inclusive, and equitable organization for all members.

Sincerely,



A handwritten signature in black ink, appearing to read 'R. Malhotra'.

Raman Malhotra, MD
AASM President

EXECUTIVE SUMMARY

As part of the American Academy of Sleep Medicine's (AASM) ongoing commitment to fostering a welcoming environment for all members, the Diversity, Equity, and Inclusion Committee produces an annual report to assess the current AASM membership to identify underrepresented groups, detect barriers, monitor trends, and recommend strategies for improvement. The 2021 AASM Diversity Membership Data Report provides an analysis of AASM's member, volunteer, and leader demographic data using self-reported information provided by its members.

We identified the following key findings from the data:

- The percentage of AASM members who have provided demographic information for the two newly added fields (Race and Practice Setting) has increased each year:
 - Race
 - 2019 – 16.0% of members
 - 2020 – 22.4% of members
 - 2021 – 31.2 % of members
 - Practice Setting
 - 2019 – 18.4% of members
 - 2020 – 25.8% of members
 - 2021 – 35.3 % of members
- AASM expanded the volunteer types we track which increased the number of leaders and volunteers analyzed in this report:
 - 2019 – 138 Leaders and Volunteers
 - 2020 – 199 Leaders and Volunteers
 - 2021 – 350 Leaders and Volunteers
- The number of volunteers with terminal degrees decreased by 3.67% compared to last year and were offset by a 3.67% increase of other membership types.
- AASM membership is 60.9% male and 37.1% female. Compared to 2020, male members decreased by 2.7%, female members increased by 2.9%, and 1.9% left this field blank or selected not disclosed.
- 69% of member's race data is still blank, but an improvement over 2020 where 78% was missing. Of those who did report their race, the majority (59.6%) identify as White/Caucasian and the remaining (40.4%) identified themselves in one or more of the other race categories.
 - In 2021, there was an increase of both Hispanic/Latinx (1.6%) and increase in Middle Eastern (2.2%) leaders.
 - Black/African American members are in volunteer (4%) and leadership (3.5%) roles in a higher proportion compared to the number of members (3%).

		Members			Volunteers			Leaders		
		2020	2021	Change Δ	2020	2021	Change Δ	2020	2021	Change Δ
Race	White/Caucasian	13.2%	18.3%	5.0%	19.7%	23.6%	3.9%	28.8%	33.7%	4.8%
	Asian	5.1%	6.9%	1.8%	12.2%	14.3%	2.1%	21.2%	16.3%	-4.8%
	Hispanic/Latinx	1.3%	1.8%	0.6%	5.4%	2.7%	-2.7%	3.8%	5.4%	1.6%
	Middle Eastern	0.8%	1.1%	0.3%	1.4%	0.8%	-0.6%	0.0%	2.2%	2.2%
	Black/African American	0.5%	0.9%	0.4%	0.7%	1.9%	1.3%	1.9%	2.2%	0.3%
	Native American/Alaskan	0.1%	0.1%	0.0%	0.7%	0.4%	-0.3%	0.0%	0.0%	0.0%
	Hawaiian/Pacific Islander	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Other (Mixed)	0.4%	0.6%	0.2%	1.4%	2.7%	1.4%	3.8%	2.2%	-1.7%
	Not Listed	0.3%	0.4%	0.1%	2.0%	2.3%	0.3%	0.0%	0.0%	0.0%
Blank/Not Disclosed		78.2%	69.7%	-8.5%	56.5%	51.2%	-5.3%	40.4%	38.0%	-2.3%

- AASM members in the West and South are still underrepresented in volunteer roles, but there was a 10.8% increase in leaders from the West in 2021.

		Members			Volunteers			Leaders		
		2020	2021	Change Δ	2020	2021	Change Δ	2020	2021	Change Δ
Region/ Location	Midwest	20.2%	20.7%	0.6%	27.9%	29.8%	2.0%	38.5%	37.0%	-1.5%
	West	18.1%	18.5%	0.3%	20.4%	17.4%	-3.0%	7.7%	18.5%	10.8%
	Northeast	15.7%	15.0%	-0.7%	17.7%	19.4%	1.7%	28.8%	22.8%	-6.0%
	South	30.6%	30.3%	-0.3%	30.6%	28.7%	-1.9%	25.0%	20.7%	-4.3%
	International	14.7%	14.9%	0.2%	3.4%	4.3%	0.9%	0.0%	1.1%	1.1%
	US Territory	0.3%	0.4%	0.0%	0.0%	0.4%	0.4%	0.0%	0.0%	0.0%
	United States Minor Outlying Islands	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Armed Forces Europe	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Blank	0.3%	0.1%	-0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

- Pediatrics has higher representation within volunteer (14.1%) and leadership roles (7.8%) compared to being 5.7% of members (of whom we have their primary board information).

The following pages outline the detailed analysis of AASM's membership data as of April 5, 2021.

2021 Demographic Report

MEMBER CATEGORY

As of April 5, 2021, AASM had 8,398 members. Although the Sleep Team category is still rapidly growing with an increase of 1.78%, the predominantly physician/terminal degree requiring* categories comprise the majority of AASM membership (~79.3%).

	2019	2020	2021
Affiliate Membership	2.0%	1.9%	1.9%
Corresponding Membership A	1.4%	1.6%	1.5%
Corresponding Membership B	0.0%	0.0%	0.0%
Emeritus Membership	2.0%	1.8%	1.6%
Fellow Membership	24.2%	22.8%	21.4%
In-Training Membership	1.9%	2.0%	2.6%
Regular Membership	52.8%	52.4%	51.1%
Retired Membership	0.5%	0.9%	1.3%
Sleep Medicine Trainee Membership	2.2%	2.3%	2.3%
Sleep Team Membership	13.0%	14.3%	16.1%

*Physicians = Regular, Fellow, Emeritus, Retired, Sleep Medicine Trainees (Terminal degree holders, Shaded rows)

Non-Physicians = Affiliate, In-Training, and Sleep Team and Corresponding A/B

Volunteer Type

Volunteer Types – 3 Year Trend

AASM began tracking additional volunteer roles (such as those involved in the GAP) in 2021, which provides a more comprehensive view of our total volunteers. The chart below shows the breakdown of membership for the past three years, where you can see the number of volunteers increased to 350 (258 volunteers and 92 leaders) compared to 2020 data where there were 192 (147 volunteers and 52 leaders). In 2021, 4.2% of members are engaged in a volunteer or leadership position, compared to previous years (2.4% in 2020 and 1.8% in 2019).

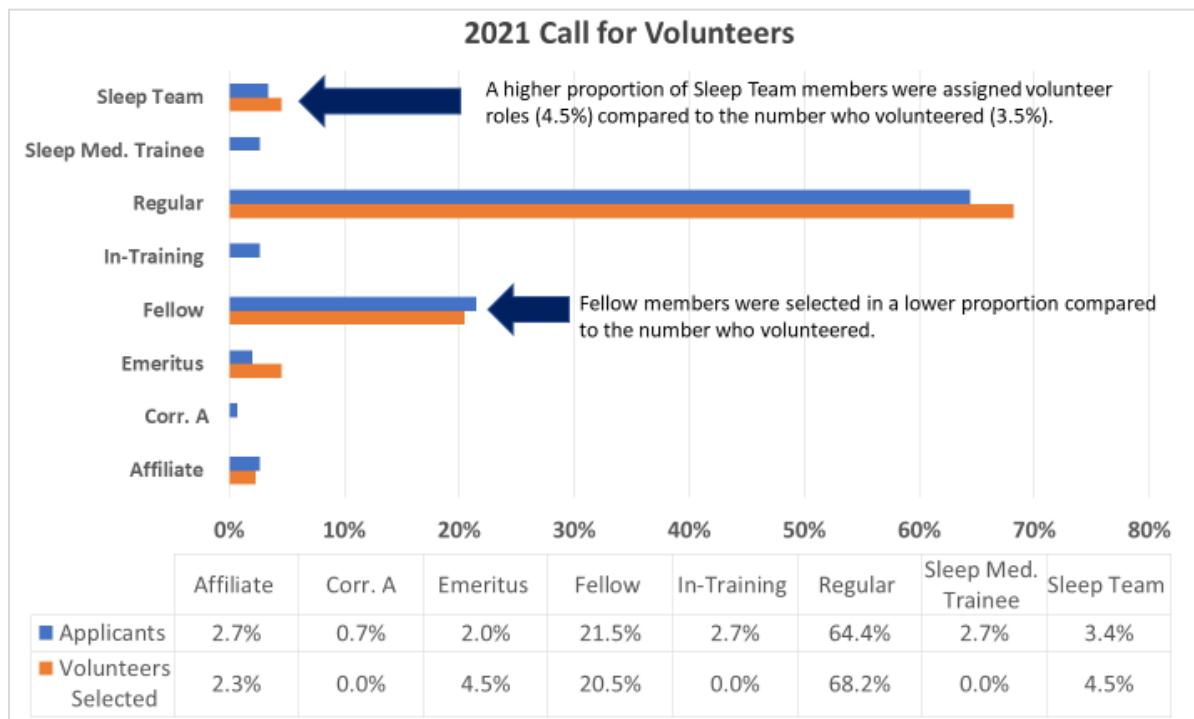
	2019		2020		2021	
	Count	%	Count	%	Count	%
Member	7,845	98.3%	7,967	97.6%	8,048	95.8%
Volunteer	110	1.4%	147	1.8%	258	3.1%
Leader	28	0.4%	52	0.6%	92	1.1%

Member = general AASM members | **Volunteer** = serve on AASM committee, taskforce, panel | **Leader** = AASM board members, chairs & vice-chairs

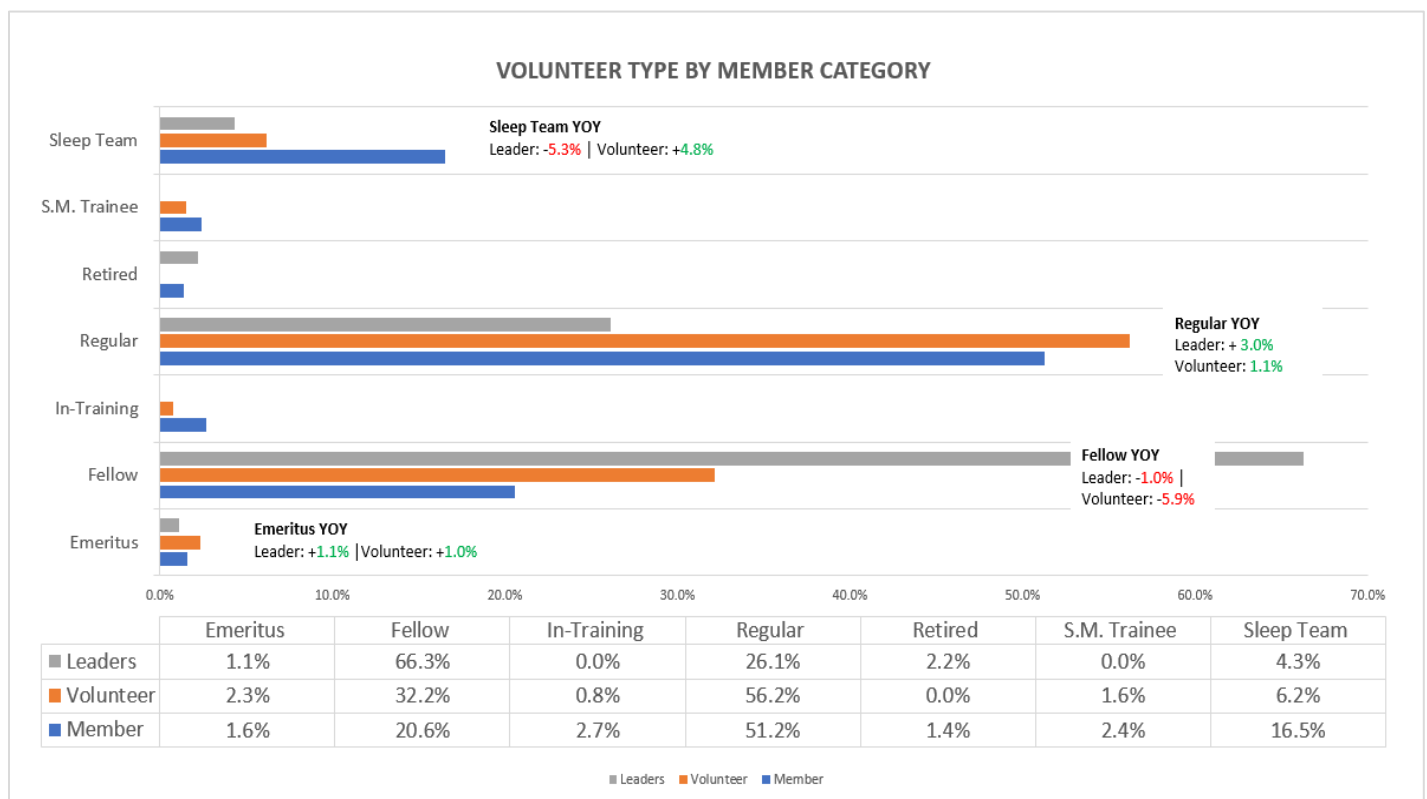
2021 Call for Volunteers by Member Category

AASM received 149 volunteer applications in 2021. The majority were Regular members (64.4%), followed by Fellow members (21.4%), and Sleep Team members (3.4%).

Regular members were selected at a higher rate (68.2%) compared to their representation within the applicant pool, Fellow members were selected at a lower rate (20.4%), Sleep Team at a higher rate (4.5%), and there were no retired volunteer applicants.

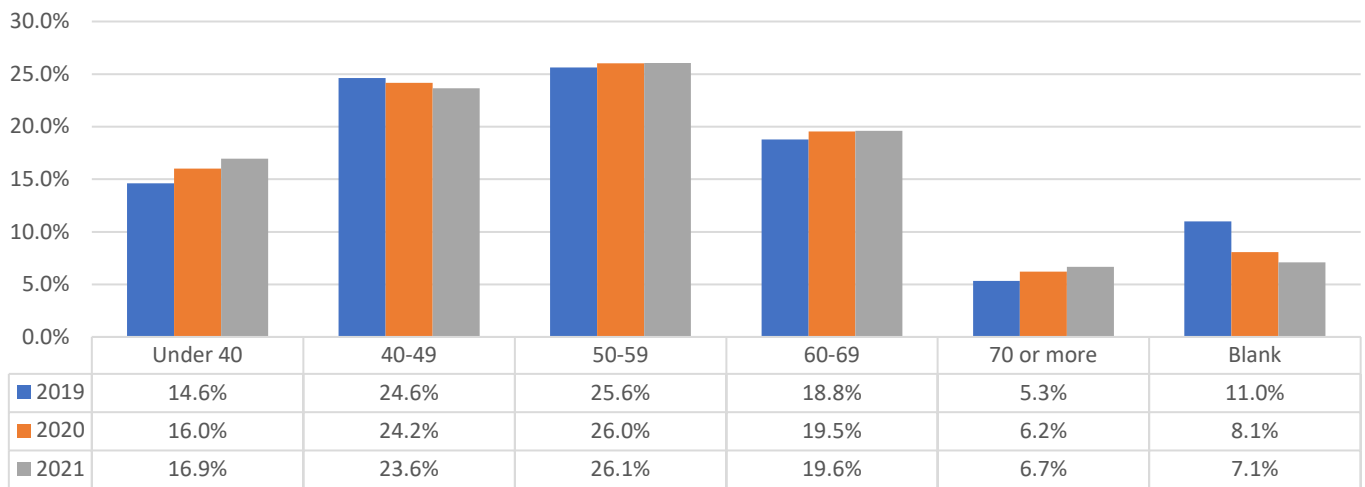


The chart below shows a 5.3% (1 person) decrease of Sleep Team in the Leader category and an increase in overall volunteers (4.8%, 14 people). In 2019, there were no leaders from the Sleep Team category and only 3.6% in volunteer roles, showing improved representation in 2021. Most leaders are Fellow members (66.3%). For volunteers, Regular members have highest representation, followed by Fellow members, then Sleep Team.



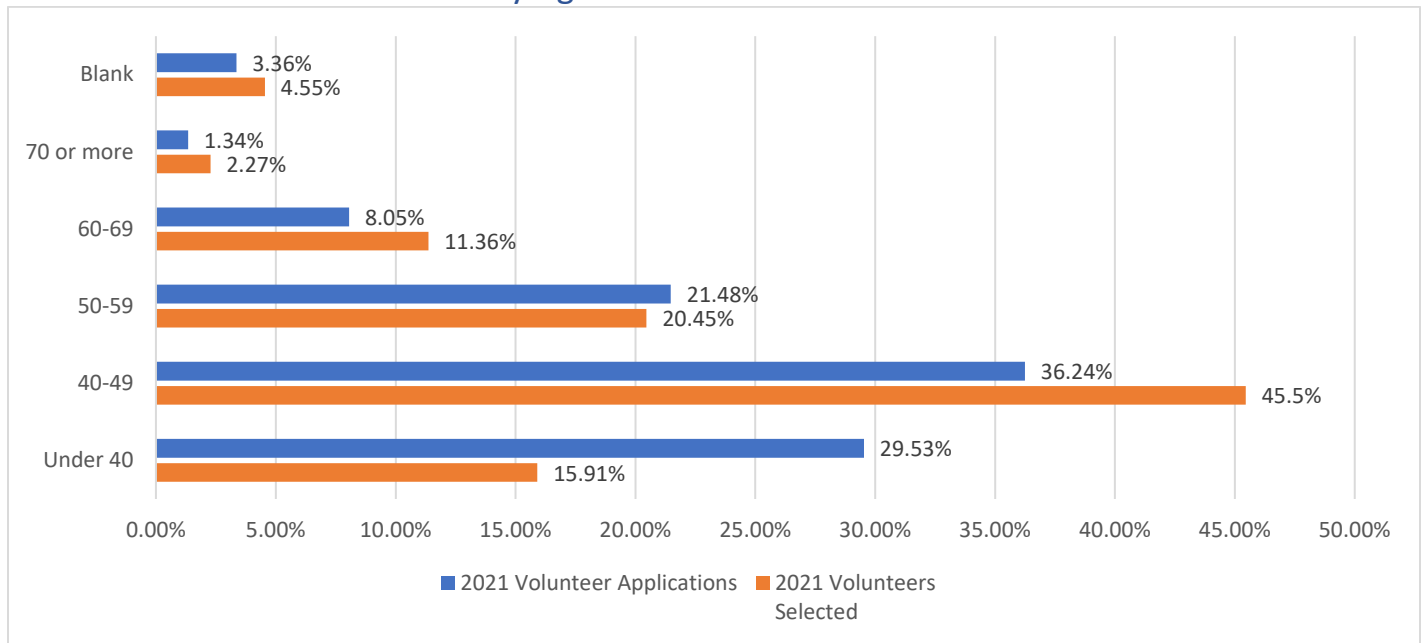
AGE

AGE DISTRIBUTION PROFILE



The AASM has collected approximately 93% of age data on membership. The mean age for all members is 51.7 years old, compared to U.S. physician population at 51.0. AASM's mean member age of those with a terminal degree is 53.3 years compared to 52.9 years in 2019. The mean for Sleep Team members age is 47.7 and 52% are 49 years or younger.

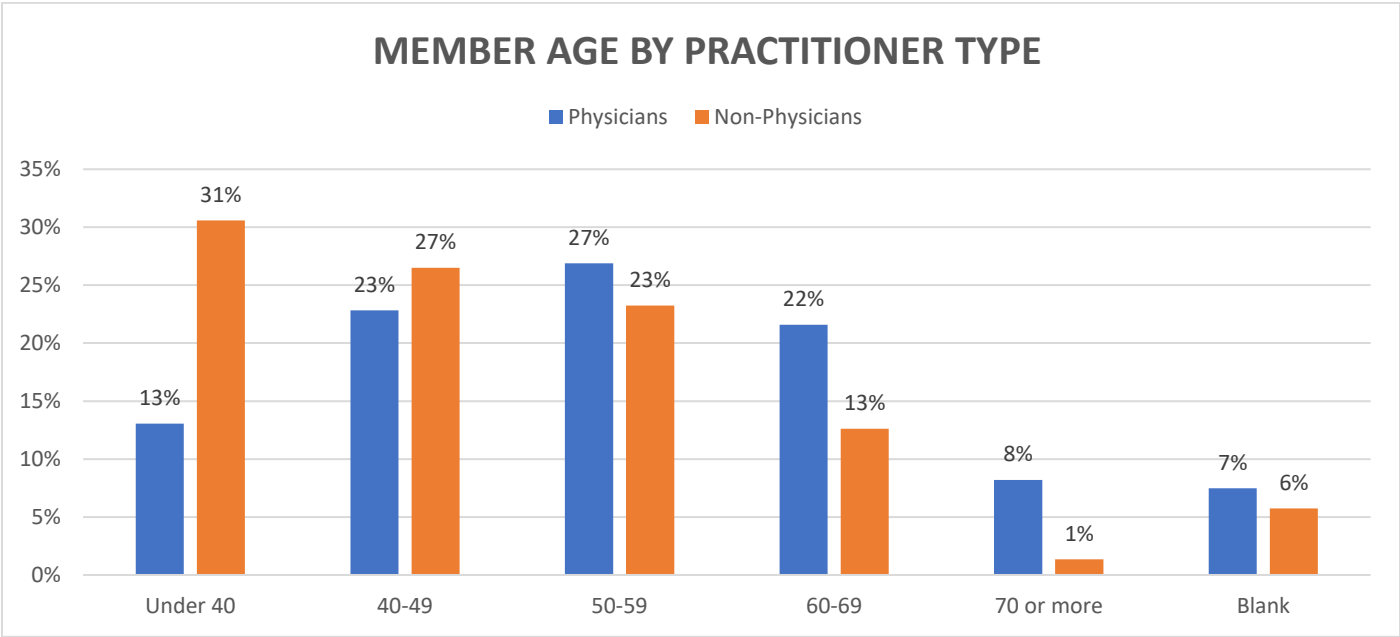
2021 Call for Volunteers Profile by Age



The majority of 2021 volunteer applicants were between 40-49 (36.4%), followed by Under 40 (29.5%), and 50-59 (21.4%). Similarly, those appointed also fell into the 40-49 age group (45.5%). Although, members in the under 40 group had the second most applications, they are not represented in a corresponding manner in the applicants picked (15.9%), or in the overall volunteer pool. This is an opportunity for improvement in 2022.

Practitioner Type Profile

The majority of AASM members with terminal degree required categories are between 40-69 years (71%), with the most falling in the 50-59 range (27%). For members without terminal degrees, the majority are 40-59 years (80%), with the most being under 40 years (31%). The non-terminal degree member categories contributing to the high under 40 totals are from the Sleep Team and Sleep Medicine Trainee member types.

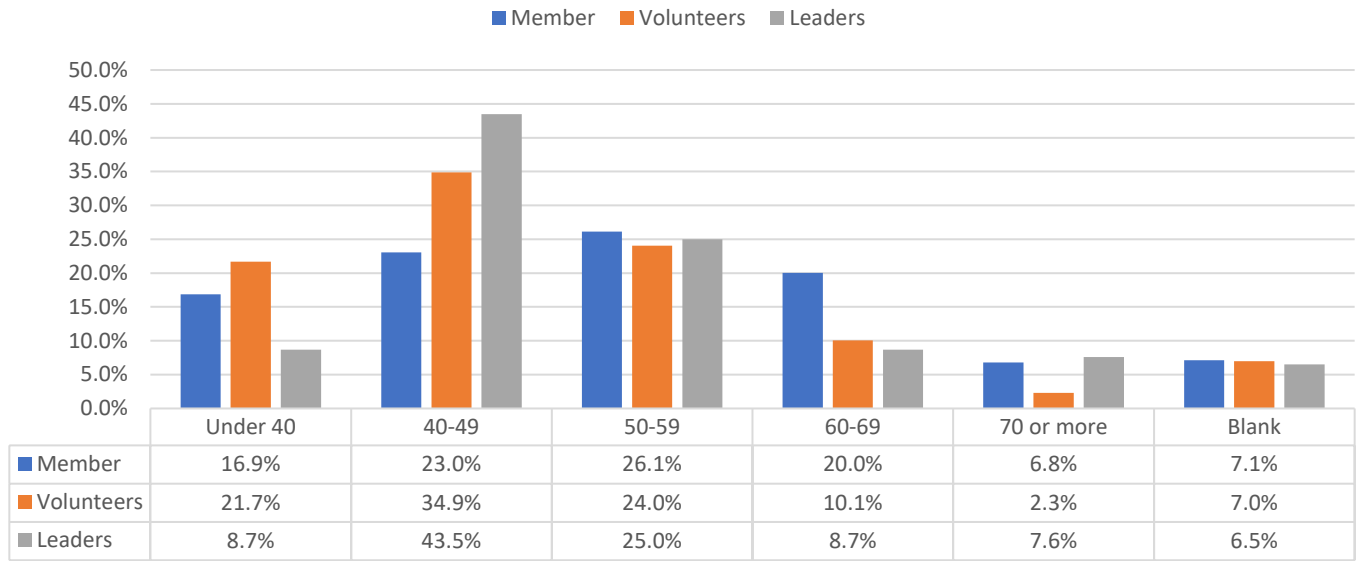


***Physicians** = Regular, Fellow, Emeritus, Retired, Sleep Medicine Trainees (members with terminal degrees)
Non-Physicians = Affiliate, In-Training, and Sleep Team and Corresponding A/B

Volunteer Type Profile for Age

49.2% of AASM members are between the ages of 40 and 59 compared to 58.9% of AASM volunteers and 68.5% of AASM leaders. 16.9% of AASM members are under 40 compared to 21.7% of volunteers and 8.7% of leaders. About 26.8% of members are 60 or older compared to 12.4% of volunteers and, 16.3% of leaders.

VOLUNTEER TYPE BY AGE RANGE



3 Year Age Trend by Volunteer Type

	Member				Volunteers				Leaders			
	2019	2020	2021	Change Δ	2019	2020	2021	Change Δ	2019	2020	2021	Change Δ
	7,845	7,967	8,048	81	110	147	258	111	28	52	92	40
Average Age (Mean)	51.7	51.2	51.9	0.7	45.5	46.8	47.8	1	50.6	48.8	50.7	2
Under 40	14.6%	15.4%	16.9%	1.5%	20.9%	21.8%	21.7%	-0.1%	3.6%	7.7%	8.7%	1.0%
40-49	24.2%	23.8%	23.0%	-0.7%	48.2%	36.7%	34.9%	-11.9%	46.4%	50.0%	43.5%	-6.5%
50-59	25.8%	26.0%	26.1%	0.1%	16.4%	25.9%	24.0%	-1.8%	25.0%	23.1%	25.0%	1.9%
60-69	19.0%	19.9%	20.0%	0.2%	6.4%	6.8%	10.1%	3.3%	7.1%	5.8%	8.7%	2.9%
70 or more	5.4%	6.3%	6.8%	0.5%	0.9%	1.4%	2.3%	1.0%	3.6%	3.8%	7.6%	3.8%
Blank	11.0%	8.7%	7.1%	-1.6%	7.3%	7.5%	7.0%	-0.5%	14.3%	9.6%	6.5%	-3.1%

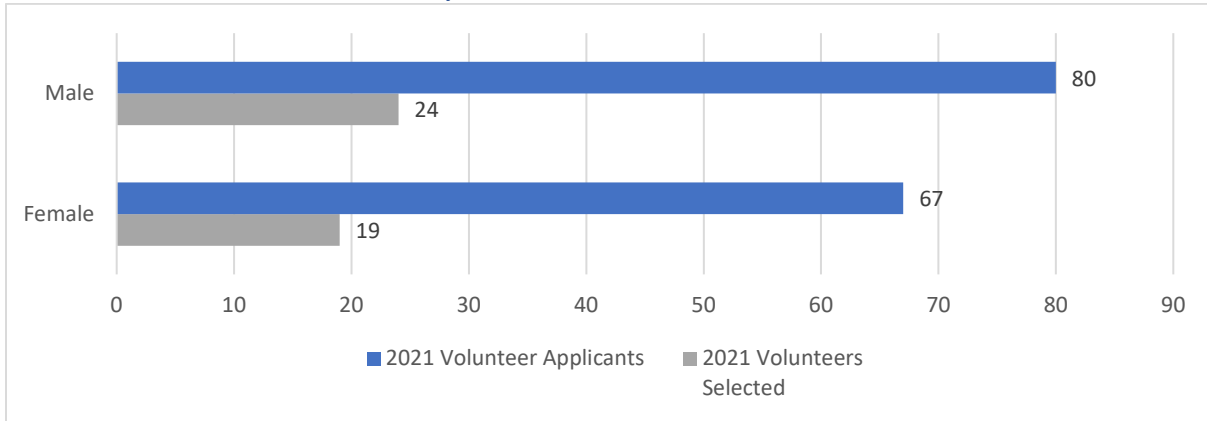
DEFINITIONS: **Member** = general AASM member | **Volunteer** = serves on AASM committee, taskforce, panel | **Leader** = AASM board member, chair/vice-chair

GENDER

The ratio of male to female members this year is 61% to 37%. The number of blank fields stands at 1.9%. No one identified themselves as non-binary in 2021. Although majority of our membership is male, there was a 2.9% increase in female membership, which we can attribute to a growth in In-Training (1%) and in Sleep Team (1.7%) member categories.

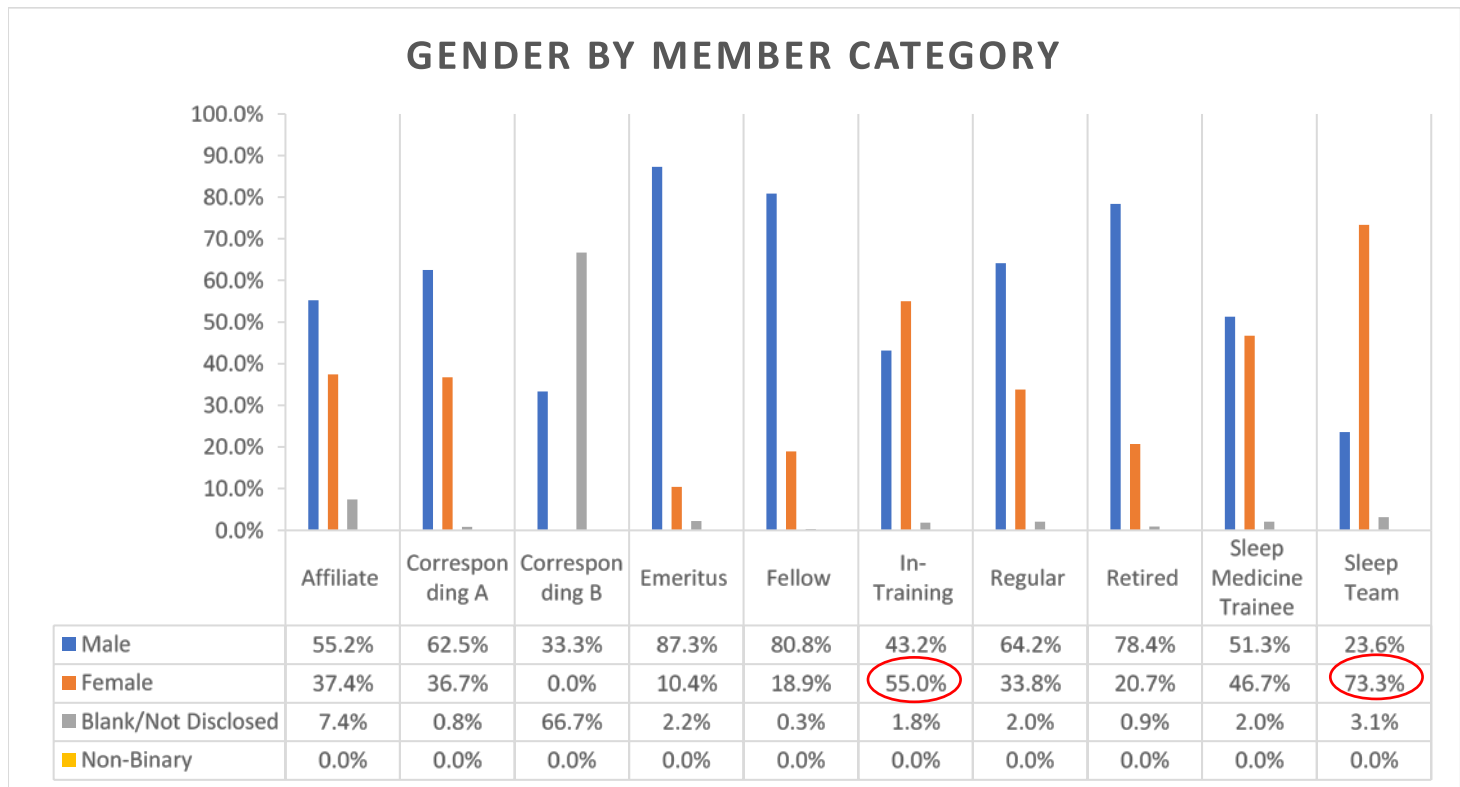
	All Members (%)			
	2019	2020	2021	Change Δ
Male	64.5%	63.4%	60.7%	-2.7%
Female	33.3%	34.4%	37.4%	2.9%
Blank/Not Disclosed	2.3%	2.1%	1.9%	-0.2%
Non-Binary	0.0%	0.0%	0.0%	0.0%

2021 Call for Volunteers Profile by Gender



- Majority of the applicants were male (54.4%) and female (45.6%)
- The applicants who were selected match closely the ratio of total male/female applicants (55.8% to 44.2%)

Member Category Profile



Sleep Team Members

While most of our member categories are predominantly male, the reverse is the case for Sleep Team members, which is 73% female. There was also 1.6% growth in female members compared to last year.

In-Training and Trainee Members

In previous years, the male to female ratio for the In-Training category were split evenly, however this year, there is a considerable increase in female members to 55%. This is a year-over-year increase of 5.9% for female In-training members. The Sleep Medicine Trainee member ratio is now male to female at 51: 47, with a 3.9% increase in male members compared to last year.

Fellow Members

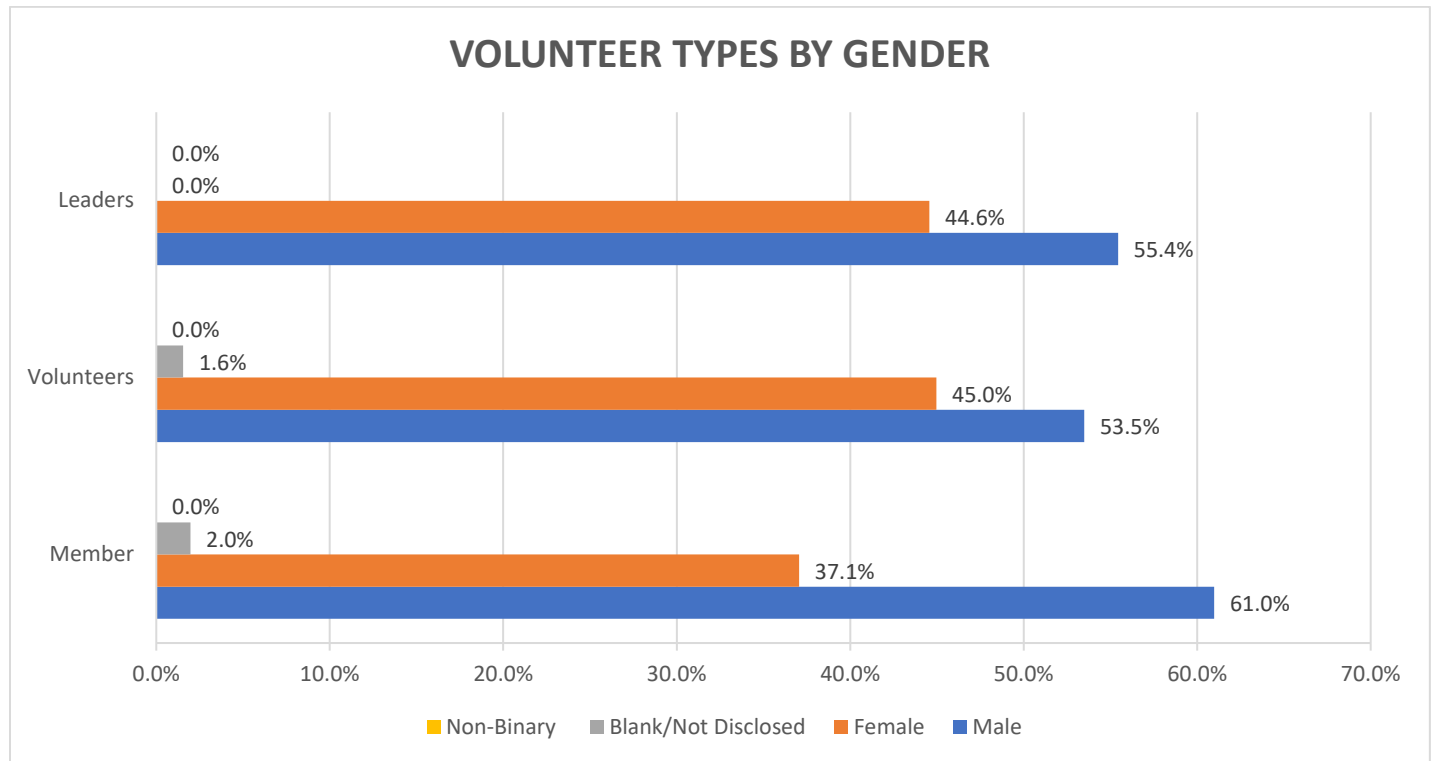
This year the AASM shifted to an annual Fellow application process, which contributed to a large number of Fellow applications for 2021 – 45 applications. The gender profile consisted of 34 male and 11 female applicants. Of the 34 Fellow members approved, 24% (8) were female and 76% (26) were male, compared to our historical ratio of 26% female and 73% male. There continues to be an opportunity to encourage Female AASM members to achieve Fellow status, which may improve when Sleep Team members are allowed to apply for Fellow status.

Emeritus and Retired Members

Retired members are still substantially more male (78% compared to 73% last year) and Emeritus (87% now; 87% last year) member categories. Individual members who meet the requirements, may request either of these membership statuses.

Volunteer Type Profile for Gender

The ratio of male to female volunteers is 53.5% to 44.9%. There was a decline in the total number of males in the volunteer category (53.5% compared to 56.4% in 2020 and 64.3% in 2019) and an increase in female volunteers (45% compared to 42.8% in 2020 and 35.7% in 2019). In the leadership category there was a decrease of male leaders (55.4% compared to 57.7% in 2020 and 54.55% in 2019) and an increase in female leaders (44.6% compared to 42.3% in 2020 and 44.5% in 2019). The number of volunteers increased to 350 (258 volunteers and 92 leaders) compared to 2020 data where there were 192 (147 volunteers and 52 leaders)

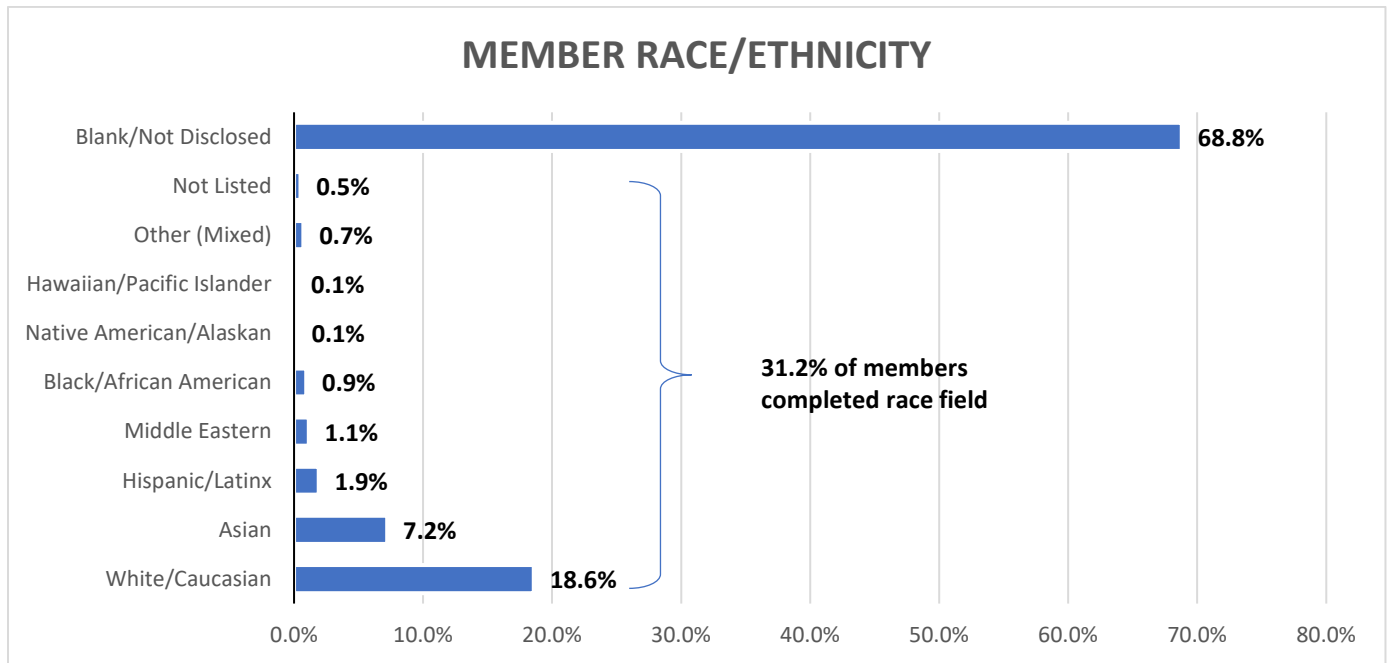


DEFINITIONS: **Member** = general AASM member | **Volunteer** = serves on AASM committee, taskforce, panel | **Leader** = AASM board member, chair/vice-chair

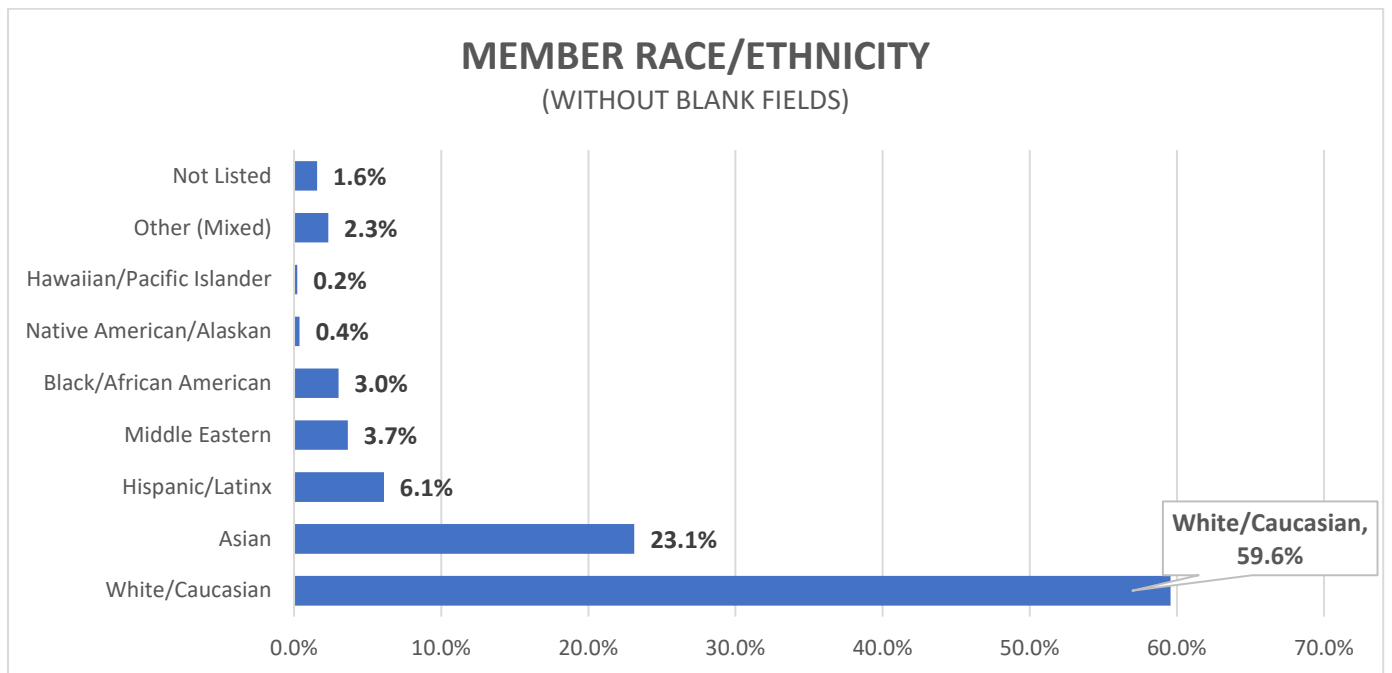
Gender by Volunteer Type – 3 Year Trend

	Member				Volunteers				Leaders			
	2019	2020	2021	Change Δ	2019	2020	2021	Change Δ	2019	2020	2021	Change Δ
Male	64.6%	63.6%	61.0%	-2.6%	64.3%	56.5%	53.5%	-3.0%	54.5%	57.7%	55.4%	-2.3%
Female	33.1%	34.2%	37.1%	2.8%	35.7%	42.9%	45.0%	2.1%	44.5%	42.3%	44.6%	2.3%
Blank/Not Disclosed	2.3%	2.1%	2.0%	-0.2%	0.0%	0.7%	1.6%	0.9%	0.9%	0.0%	0.0%	0.0%
Non-Binary	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

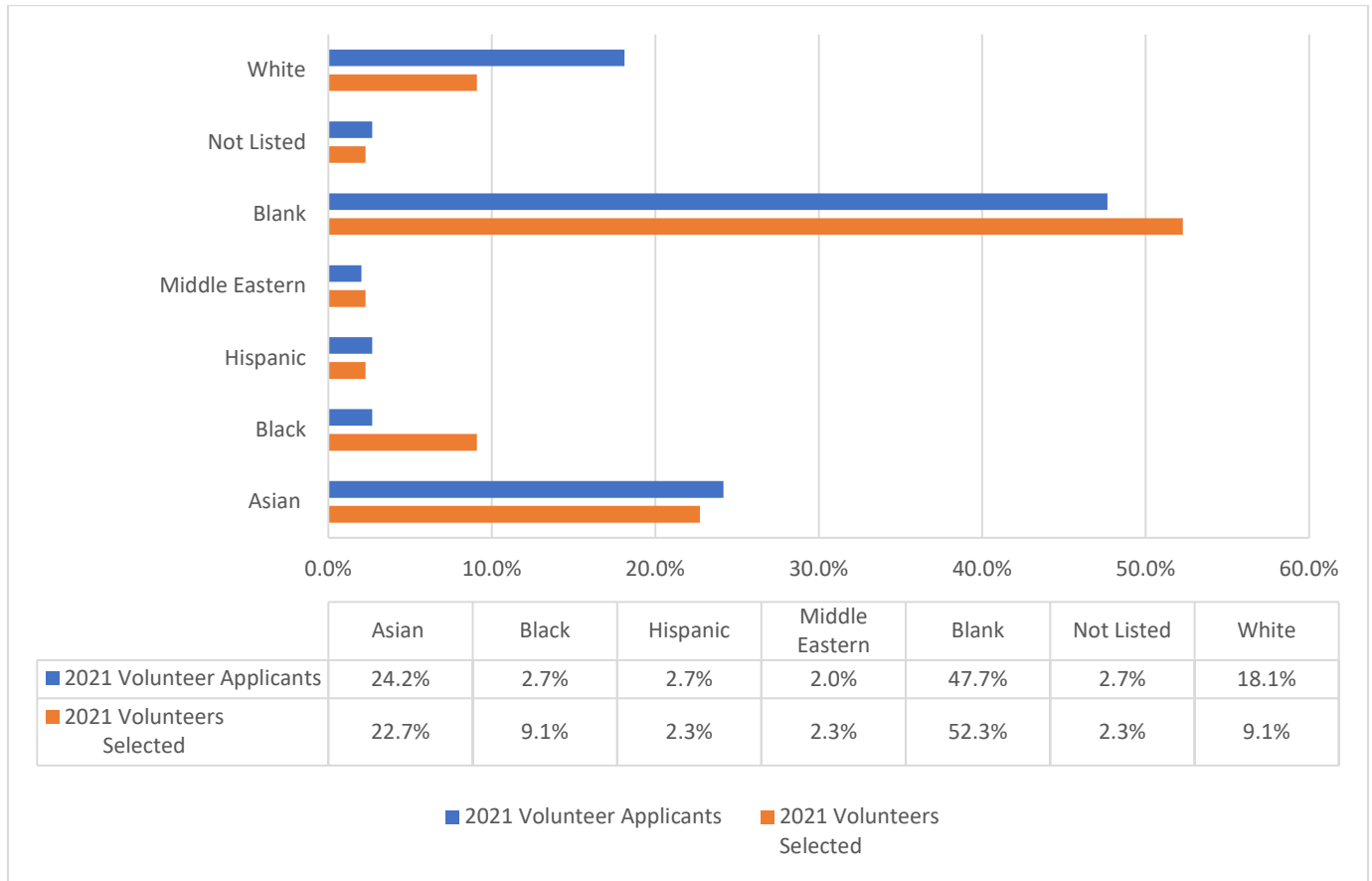
RACE/ETHNICITY



The AASM is missing this information on ~68% (compared to 77.6% last year). Of those who did provide their race/ethnicity, 59.6% are White/Caucasian and 23.1% are Asian, followed by 6% Hispanic/Latinx, 4% Middle Eastern, 3% Black/African American, ~2% for both Other and Not Listed, and less than 1% for Hawaiian/Pacific Islander and Native American/Alaskan.



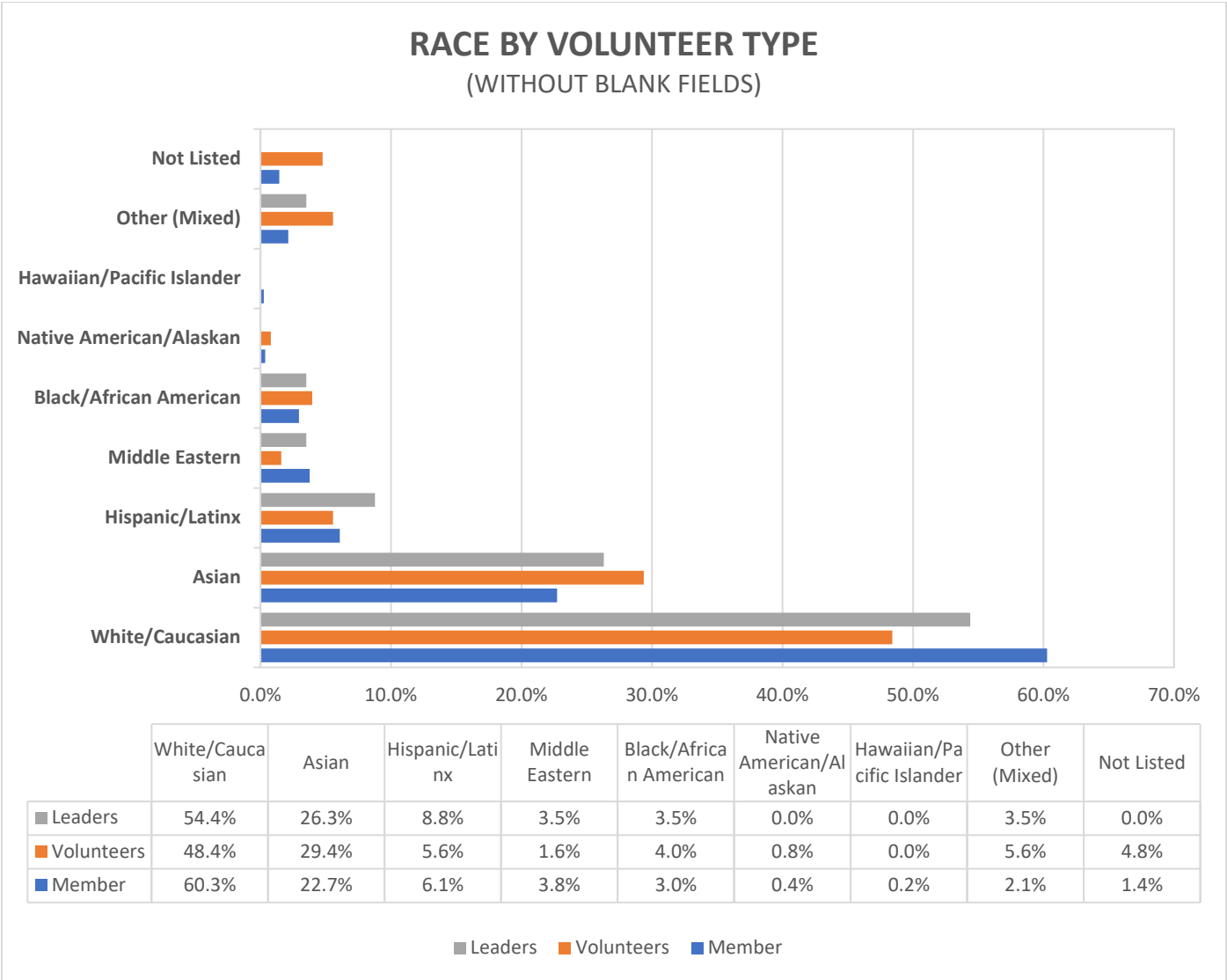
2021 Call for Volunteers Profile for Race



- Most of the new applicants did not list their race (47.7%). Overall, the largest racial group to apply were Asian (24.2%), followed by White (18.1%)
 - Hispanic, Middle Eastern, Black, and Other (Mixed) members were all under 3%
- The volunteers appointed matched closely with the applicants with 22.7% of Asians selected
 - Even though only 2.7% of the applicants were Black, 9% of those chosen were Black
- Looking at 2021 volunteers overall, not just the new applicants, White members were still the majority at 23.6%, followed by Asian (14.3%), Black volunteers (1.9%), Hispanic (2.7%), Other(mixed) (2.7%)
- AASM still needs to collect more data on this field to understand complete representation

Volunteer Type Profile for Race

When we analyzed race by volunteer type, majority of volunteers are White/Caucasian (48.4%), followed by Asian (29.4%). For leaders, majority is also White (54.4%) followed by Asian (26.3%.) Compared to the previous year (for members who completed this field), there are increases in White volunteers (3.1%), Asian volunteers (1.2%), Black volunteers (2.4%), and in Other (Mixed) (2.4%). For leaders, there was a 6% increase in White leaders, a 9.2% decline in Asian leaders, 2.3% increase in Hispanic and a 3.5% increase of Middle Eastern leaders this year.

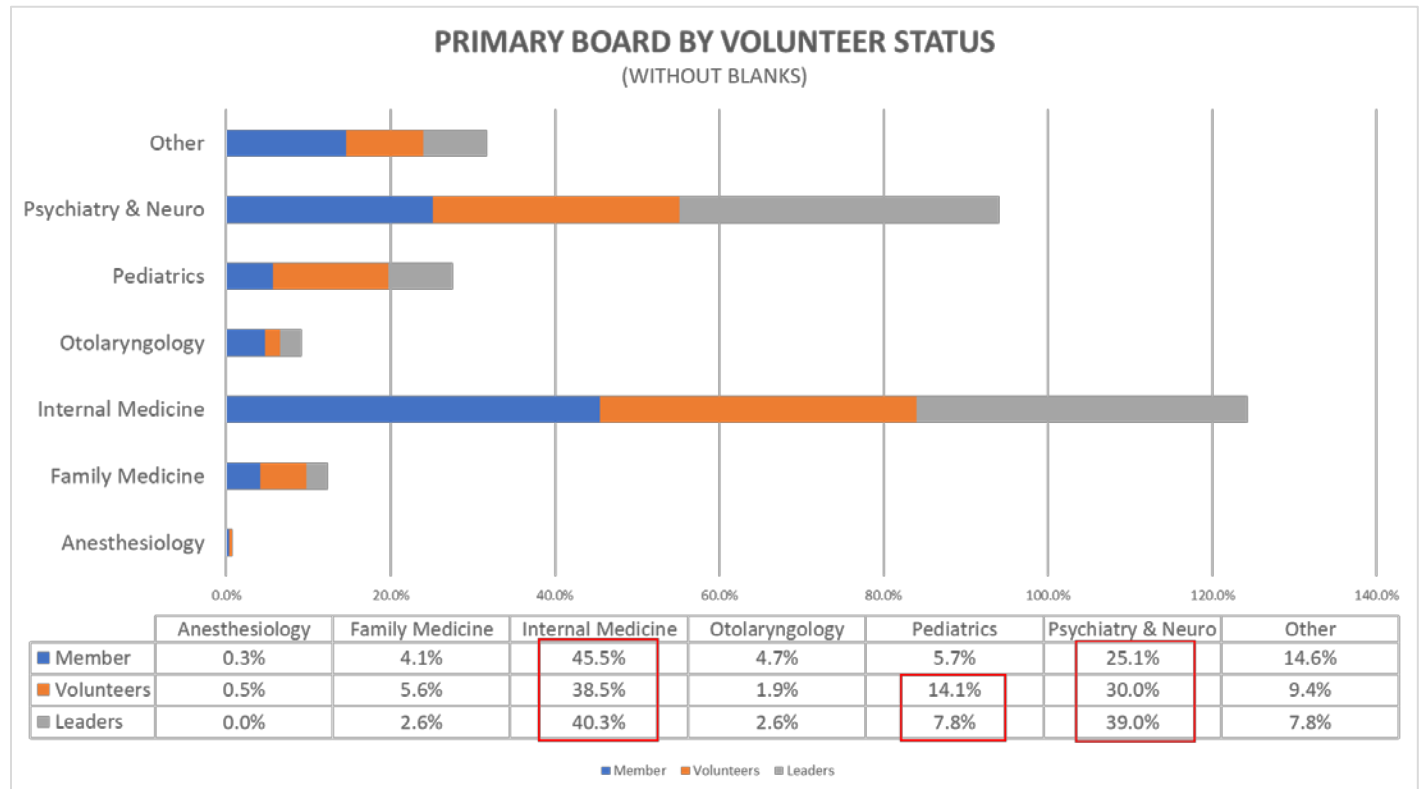


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PRIMARY BOARD

Currently, the AASM has ~61% of data for the primary board on our members. Of those that have provided this data, the majority are Internal Medicine (45.1%) and Psychiatry and Neurology (25.5%).

The number of members serving in volunteer roles match in Internal Medicine and Psychiatry and Neurology, except that we see a considerable number of volunteers come from Pediatrics (14.1%) compared to the number of total members from that board.



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GEOGRAPHY

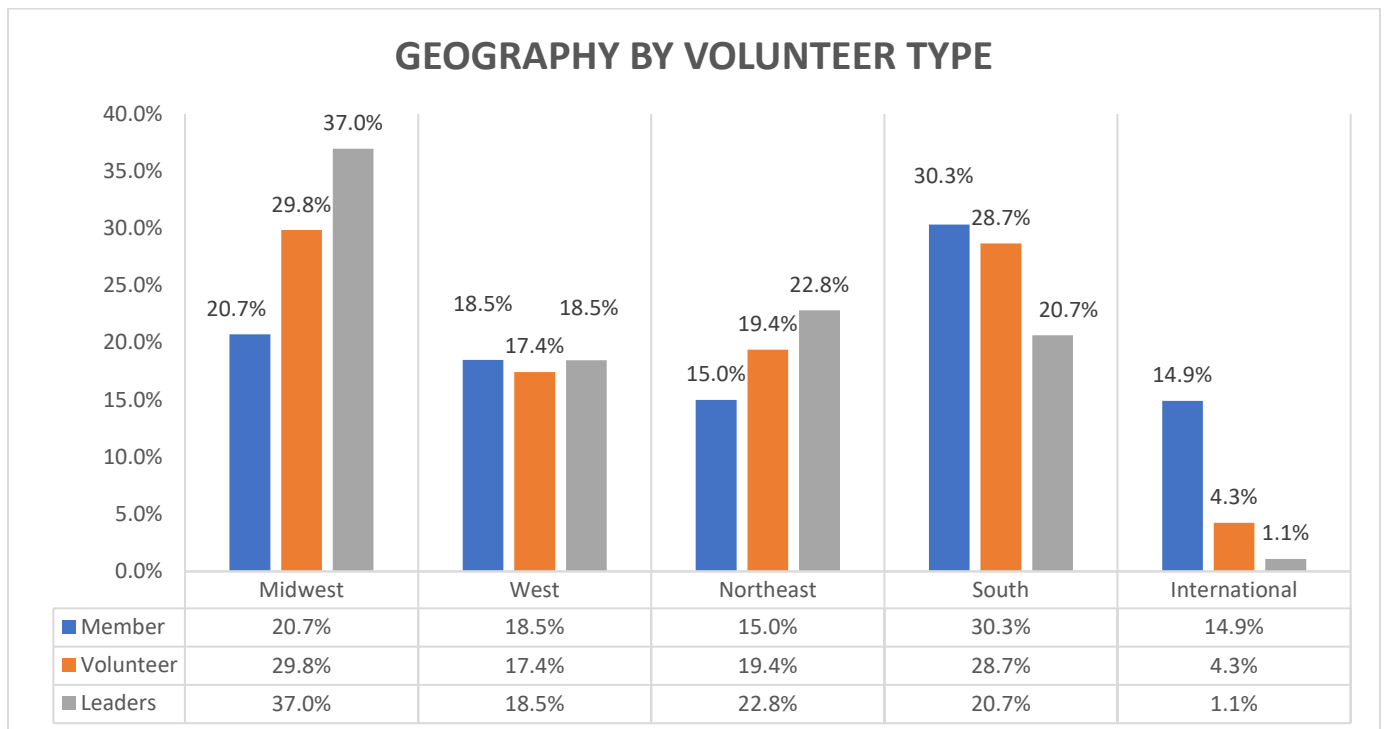
AASM has nearly 100% of member's geographic data because an address is required as part of the membership application. This year, majority of general membership representation comes from the South (30.1%), followed by Midwest (21.2%).

	Members			Volunteers			Leaders		
	2020	2021	Change Δ	2020	2021	Change Δ	2020	2021	Change Δ
Midwest	20.2%	20.7%	0.6%	27.9%	29.8%	2.0%	38.5%	37.0%	-1.5%
West	18.1%	18.5%	0.3%	20.4%	17.4%	-3.0%	7.7%	18.5%	10.8%
Northeast	15.7%	15.0%	-0.7%	17.7%	19.4%	1.7%	28.8%	22.8%	-6.0%
South	30.6%	30.3%	-0.3%	30.6%	28.7%	-1.9%	25.0%	20.7%	-4.3%
International	14.7%	14.9%	0.2%	3.4%	4.3%	0.9%	0.0%	1.1%	1.1%
US Territory	0.3%	0.4%	0.0%	0.0%	0.4%	0.4%	0.0%	0.0%	0.0%
United States Minor Outlying Is	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Armed Forces Europe	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Blank	0.3%	0.1%	-0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

DEFINITIONS: **Member** = general AASM member | **Volunteer** = serves on AASM committee, taskforce, panel | **Leader** = AASM board member, chair/vice-chair

Volunteer Type Geographic Profile

Like previous years, volunteers are mostly located in the Midwest and South. In leadership however, there was a large increase from the West (10.7%), while all other regions saw a decrease (Northeast -6%, South-4.3%)



2021 Call for Volunteers Geographic Profile

Most applicants were in the West (32.3%), followed by Midwest (26.8%), South (21.5%) and Northeast (12.8%). Of those selected, the majority also came from the West (38.6%) then Midwest and South (25%).

PRACTICE SETTING

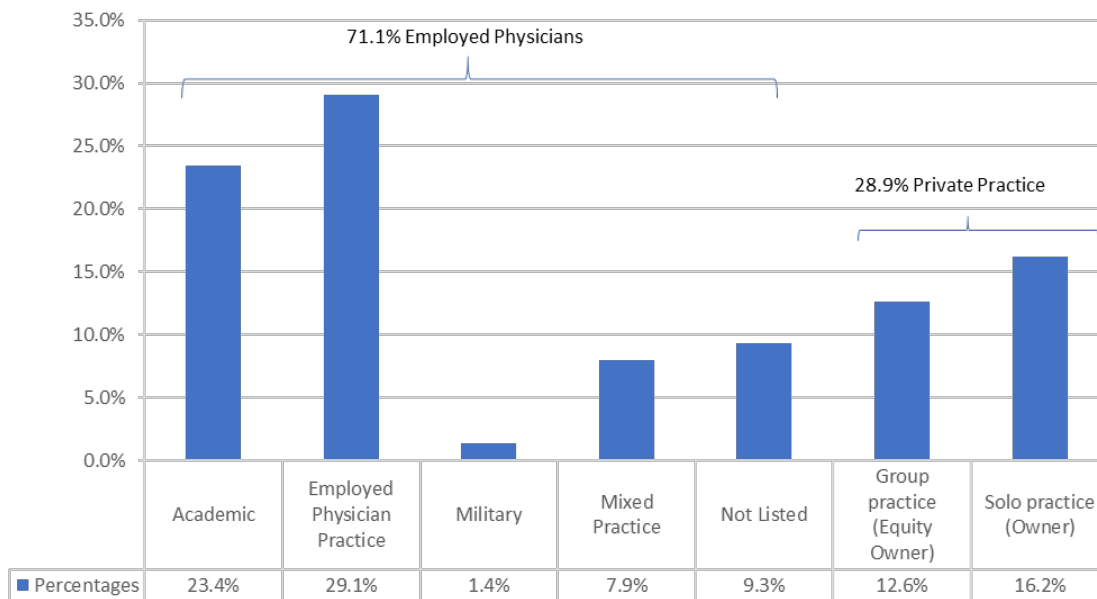
The AASM is missing about 65% of its members' practice settings, but this is an improvement over last year where 75% was missing. Almost 25% report that they are employed physicians and about 10% report being in a group or solo practice. Academics continue to have high representation in the volunteer and leadership roles while non-academic members are underrepresented.

	Members			Volunteers			Leaders		
	2020	2021	Change Δ	2020	2021	Change Δ	2020	2021	Change Δ
Academic	32.9%	30.0%	-2.9%	57.4%	63.2%	5.8%	69.0%	65.5%	-3.4%
Employed Physician Practice	39.5%	43.2%	3.7%	14.8%	17.6%	2.8%	20.7%	15.5%	-5.2%
Military	2.4%	1.9%	-0.5%	3.3%	2.4%	-0.9%	0.0%	3.4%	3.4%
Mixed Practice	10.6%	11.2%	0.5%	13.1%	10.4%	-2.7%	6.9%	12.1%	5.2%
Not Listed	14.6%	13.8%	-0.8%	11.5%	6.4%	-5.1%	3.4%	3.4%	0.0%
Employed Physicians Total	17.2%	23.9%	6.7%	41.5%	48.4%	7.0%	55.8%	63.0%	7.3%
Group practice (Equity Owner)	45.5%	43.8%	-1.7%	33.3%	50.0%	16.7%	50.0%	33.3%	-16.7%
Solo practice (Owner)	54.5%	56.2%	1.7%	66.7%	50.0%	-16.7%	50.0%	66.7%	16.7%
Private Practice Total	8.0%	10.4%	2.4%	6.1%	5.4%	-0.7%	3.8%	3.3%	-0.6%
Blank Total	74.8%	65.6%	-9.2%	52.4%	46.1%	-6.3%	40.4%	33.7%	-6.7%

DEFINITIONS: **Member** = general AASM member | **Volunteer** = serves on AASM committee, taskforce, panel | **Leader** = AASM board member, chair/vice-chair

Of the 35% of members that have completed their practice setting demographics, 71.1% are Employed Physicians while 28.9% are in a Private Practice.

AASM MEMBER PRACTICE SETTING (WITHOUT BLANKS)



2021 Call for Volunteers Profile by Practice Setting

Among applicants for the 2021, the practice setting field was blank for 42.3%. Most applications came from Academic members (32.2%), followed by Employed Physicians (12%), and Solo practice (6%). Of the volunteers selected, Academic members are still majority at 23.3%, Employed at 18.6% and Group practice at 6.9%.

SPECIAL ACCOMMODATIONS

At the time of the data report, 46 people indicated a need for special accommodation. Most responses said their specific disability was not listed. Of those who did select one, special accommodations were related to mobility (Wheelchair access), followed by Hearing, and then Visual. At this time, their needs may be addressed upon request by course attendees, etc. and through questions embedded in the registration process.

APPENDIX

2020/21 Diversity, Equity, and Inclusion Committee Goals and Accomplishments

Goals

1. Continue to assess current AASM membership and leadership to identify underrepresented groups and recommend strategies to improve diversity, equity and inclusion within the AASM's leadership and membership.
2. Identify any barriers that may deter members from underrepresented groups from serving in the AASM's leadership roles within the AASM.
3. Develop resources that will educate AASM members and leaders on issues related to diversity, equity and inclusion.
4. Assist in the administration of diversity, equity & inclusion awards and scholarships

Accomplishments

To accomplish the goals above, the committee accomplished the following initiatives in the 2020/21 year:

Goals	Accomplishments
1: Continue to assess current AASM membership and leadership to identify underrepresented groups and recommend strategies to improve diversity, equity and inclusion within the AASM's leadership and membership.	The committee examined AASM's bylaws to review the volunteer and leader assignment/election processes to identify opportunities to support DEI. They identified the need to create a diverse AASM leadership pipeline and recommended Implicit Bias Training for those involved in the committee member and leadership selection processes, which has been implemented.
2: Identify any barriers that may deter members from underrepresented groups from serving in the AASM's leadership roles within the AASM.	The committee is in the process of hosting a series of virtual discussion groups. These sessions will help us understand the barriers of membership for certain member groups and to consider potential changes for the future of membership.
3: Develop resources that will educate AASM members and leaders on issues related to diversity, equity and inclusion.	The committee has also been working on educational content for members, which is now available on-demand and free to members in the AASM store or website. More programming is coming in the near future. <ul style="list-style-type: none">– Diversity in GME– Implicit Bias and Microaggressions (1 CME/CEC)– <i>Talking Sleep</i> Podcast - OSA in Children with Down Syndrome– SLEEP 2021 Flex Session - Challenging Cases in DEI: Managing Micro- and Macro-aggressions
4: Assist in the administration of diversity, equity & inclusion awards and scholarships.	The committee has played an integral role in the launch of two new programs to encourage participation by individuals in under-represented groups and recognize efforts to improve diversity and inclusiveness in the sleep medicine and sleep and circadian research fields. <ul style="list-style-type: none">– APSS DEI Leadership Award– AASM DEI Travel and Registration Grant

2020/21 AASM DEI Committee Members:

- Andrew Spector, MD, Chair
- Kyra Clark, MD, Vice Chair
- Olufunke Afolabi-Brown, MBBS
- Loretta Colvin, APRN, RN
- Patricio Escalante, MD
- Fauziya Hassan, MD
- Venugopal Komakula, MD, MPH
- Edith Mensah-Osman, MD, PhD
- Matthew Tucker, PhD, RPSGT
- Adrian Velasquez, MD, MPH
- Anna Wani, MD
- Chadwick Denman, DDS

Board Liaison:

Carol Rosen, MD

The Future: 2021/22 Committee Goals

1. Assess AASM's membership and leadership to identify underrepresented groups and recommend strategies to improve diversity, equity, and inclusion within the AASM.
2. Identify internal and external barriers that may deter members from underrepresented groups from serving in the AASM's leadership roles within the AASM.
3. Develop resources that will educate AASM members and leaders on issues related to diversity, equity, and inclusion.
4. Assist in the administration of diversity, equity & inclusion awards and scholarships.
5. Assist in the development of a survey to collect data from accredited facilities in underserved communities.
6. Review AASM's Diversity, Equity and Inclusion statement on an annual basis and provide change recommendations to the Board of Directors, if needed.
7. Identify practices within sleep medicine that contribute to health care disparities and provide strategies for members to reduce inequities.

Full 2021 Report Tables

2021 DEI Membership Report											
		All Members (#)	All Members (%)	Member	Volunteers	Leaders	Physicians*	Non-Physicians	All US Physicians (2019 AMA data)	Variance (Physicians only)	Variance (ALL Members)
	2021 Member Counts	8,398		8,048	258	92	6,534	1,864	1,341,682		
Age Distribution	Average Age (Mean)		51.7	51.9	47.8	50.7	53.3	46.3	51.0	2.30	0.7
	Under 40	1423	16.94%	16.89%	21.71%	8.70%	13.05%	30.58%	29.75%	-16.69%	-12.30%
	40-49	1985	23.64%	23.05%	34.88%	43.48%	22.82%	26.50%	18.50%	4.32%	5.13%
	50-59	2189	26.07%	26.14%	24.03%	25.00%	26.87%	23.23%	17.35%	9.52%	8.71%
	60-69	1645	19.59%	20.02%	10.08%	8.70%	21.58%	12.61%	16.88%	4.70%	2.71%
	70 or more	560	6.67%	6.80%	2.33%	7.61%	8.19%	1.34%	17.52%	-9.33%	-10.35%
	Blank	596	7.10%	7.11%	6.98%	6.52%	7.48%	5.74%	0.00%	7.48%	7.10%
Gender	Male	5097	60.69%	60.98%	53.49%	55.43%	69.07%	31.33%	64.76%	4.30%	-4.07%
	Female	3139	37.38%	37.05%	44.96%	44.57%	29.38%	65.40%	34.70%	-4.32%	2.68%
	Blank/Not Disclosed	162	1.93%	1.96%	1.55%	0.00%	1.55%	3.27%	0.53%	1.01%	1.40%
	Non-Binary	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Race	White/Caucasian	1561	18.59%	18.25%	23.64%	33.70%	17.91%	20.98%	51.00%	-33.10%	-32.41%
	Asian	606	7.22%	6.88%	14.34%	16.30%	8.05%	4.29%	15.25%	-7.20%	-8.04%
	Hispanic/Latinx	160	1.91%	1.84%	2.71%	5.43%	1.73%	2.52%	5.51%	-3.79%	-3.61%
	Middle Eastern	96	1.14%	1.14%	0.78%	2.17%	1.30%	0.59%	0.00%	1.30%	1.14%
	Black/African American	79	0.94%	0.89%	1.94%	2.17%	0.80%	1.45%	4.21%	-3.41%	-3.27%
	Native American/Alaskan	10	0.12%	0.11%	0.39%	0.00%	0.12%	0.11%	0.26%	-0.14%	-0.14%
	Hawaiian/Pacific Islander	6	0.07%	0.07%	0.00%	0.00%	0.06%	0.11%	0.00%	0.06%	0.07%
	Other (Mixed)	61	0.73%	0.65%	2.71%	2.17%	0.75%	0.64%	1.44%	-0.69%	-0.71%
	Not Listed	41	0.49%	0.43%	2.33%	0.00%	0.55%	0.27%	0.00%	0.55%	0.49%
	Blank/Not Disclosed	5778	68.80%	69.72%	51.16%	38.04%	68.73%	69.05%	22.32%	-46.41%	-46.48%
Primary Board	American Board of Anesthesiology	16	0.19%	0.2%	0.4%	0.0%	0.2%	0.1%	5.4%	-5.15%	-5.19%
	American Board of Family Medicine	214	2.55%	2.5%	4.7%	2.2%	3.2%	0.3%	13.6%	-10.38%	-11.02%
	American Board of Internal Medicine	2319	27.61%	27.4%	31.8%	33.7%	35.0%	1.7%	26.8%	8.16%	0.77%
	American Board of Obstetrics and Gynecology	1	0.01%	0.0%	0.0%	0.0%	0.0%	0.0%	5.5%	-3.45%	-5.46%
	American Board of Otolaryngology	232	2.76%	2.8%	1.6%	2.2%	3.5%	0.2%	0.0%	3.50%	2.76%
	American Board of Pediatrics	310	3.69%	3.4%	11.6%	6.5%	4.6%	0.4%	10.2%	-3.59%	-6.52%
	American Board of Psychiatry and Neurology	1312	15.62%	15.1%	24.8%	32.6%	19.7%	1.2%	6.1%	13.63%	9.52%
	American Board of Surgery	2	0.02%	0.0%	0.0%	0.0%	0.0%	0.0%	15.6%	-15.59%	-15.60%
	Other	733	8.73%	8.8%	7.8%	6.5%	9.4%	6.3%	16.8%	-7.39%	-8.08%
	Blank	3259	38.81%	39.7%	17.4%	16.3%	24.3%	89.8%	0.0%	24.27%	38.81%
Practice Setting †	Academic	695	8.28%	29.99%	63.20%	65.52%	36.86%	20.08%			
	Employed Physician Practice	863	10.28%	43.18%	17.60%	15.52%	41.00%	40.57%			
	Military	41	0.49%	1.87%	2.40%	3.45%	2.10%	1.42%			
	Mixed Practice	235	2.80%	11.16%	10.40%	12.07%	10.64%	12.78%			
	Not Listed	276	3.29%	13.80%	6.40%	3.45%	9.40%	25.15%			
	Employed Physicians Total	2110	25.13%	23.94%	48.45%	63.04%	24.75%	26.45%			
	Group practice (Equity Owner)	375	4.47%	43.79%	50.00%	33.33%	43.57%	46.75%			
	Solo practice (Owner)	480	5.72%	56.21%	50.00%	66.67%	56.43%	53.25%			
	Private Practice Total	855	10.18%	10.41%	5.43%	3.26%	11.91%	4.13%			
	Blank Total	5433	64.69%	65.64%	46.12%	33.70%	63.35%	69.42%			
Region/Location	Midwest	1780	21.20%	20.74%	29.84%	36.96%	20.94%	22.10%			
	West	1550	18.46%	18.49%	17.44%	18.48%	17.98%	20.12%			
	Northeast	1278	15.22%	15.00%	19.38%	22.83%	15.63%	13.79%			
	South	2533	30.16%	30.32%	28.68%	20.65%	31.70%	24.79%			
	International	1213	14.44%	14.92%	4.26%	1.09%	13.33%	18.35%			
	US Territory	32	0.38%	0.39%	0.39%	0.00%	0.37%	0.43%			
	United States Minor Outlying Islands	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			
	Armed Forces Europe	5	0.06%	0.06%	0.00%	0.00%	0.05%	0.11%			
	Blank	7	0.08%	0.09%	0.00%	0.00%	0.02%	0.32%			
Member Category	Affiliate Membership	163	1.94%	2.00%	0.78%	0.00%	0.00%	8.74%			
	Corresponding Membership A	128	1.52%	1.59%	0.00%	0.00%	0.00%	6.87%			
	Corresponding Membership B	3	0.04%	0.04%	0.00%	0.00%	0.00%	0.16%			
	Emeritus Membership	134	1.60%	1.58%	2.33%	1.09%	2.05%	0.00%			
	Fellow Membership	1799	21.42%	20.56%	32.17%	66.30%	27.53%	0.00%			
	In-Training Membership	220	2.62%	2.71%	0.78%	0.00%	0.00%	11.80%			
	Regular Membership	4293	51.12%	51.24%	56.20%	26.09%	65.70%	0.00%			
	Retired Membership	111	1.32%	1.35%	0.00%	2.17%	1.70%	0.00%			
	Sleep Medicine Trainee Membership	197	2.35%	2.40%	1.55%	0.00%	3.01%	0.00%			
	Sleep Team Membership	1350	16.08%	16.53%	6.20%	4.35%	0.00%	72.42%			

Glossary and Definitions

Member - General membership

Volunteer - Serves on committee, taskforce, panel, or assembly

Leaders - Board members, Chairs & Vice-chairs

***Physician member** categories - Regular, Fellow, Emeritus, Retired and Trainees (terminal degree holders)

Non-Physician member categories - Sleep Team, Affiliate, In-Training, and Corresponding A/B

† Practice Setting - AMA style definition:

Private practice: Member is in a Self or Group practice

Employed Physician: Academic, Employed, Military or a mix of practice settings

US Physicians & Students (AMA) - Numbers from 2019 AMA HOD report

The numbers for the 2020 AMA Demographics were unavailable at the time this report was created. Numbers reflected are from 2019

Region Breakdowns

Midwest -	Ohio, Indiana, Michigan, Illinois, Missouri, Wisconsin, Minnesota, Iowa, Kansas, Nebraska, South Dakota, North Dakota
West -	Colorado, Wyoming, Montana, Idaho, Washington, Oregon, Utah, Nevada, California, Alaska, Hawaii, Arizona, New Mexico
Northeast -	Maine, Massachusetts, Rhode Island, Connecticut, New Hampshire, Vermont, New York, Pennsylvania, New Jersey
South -	West Virginia, Virginia, Kentucky, Tennessee, Texas, North Carolina, South Carolina, Georgia, Alabama, Mississippi, Oklahoma, Washington, Arkansas, Maryland, Louisiana, Florida, Delaware,
International -	Any country outside of the U.S or its territories
US Territory -	American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands

Member Categories

- Regular - MD, DO, PhD, DDS, or other healthcare doctoral degree
- Sleep Team - Nurse Practitioners, Physician Assistants, Nurses, Sleep Technologists, Respiratory Therapists, Office/Center Managers, Medical Assistants, or other professionals
- Sleep Medicine Trainee - M.D., D.O., Ph.D., or other healthcare doctoral degree and part of ACGME-accredited sleep medicine training program or similar training program
- In-Training - In formal training, such as medical school, residency, a master's degree program, a non-sleep medicine fellowship program, a Ph.D. program, or similar program
- Affiliate - those not eligible for other membership categories
- Corresponding - Individuals residing in countries classified by the World Bank or those with Hardship

> If field is blank, AMA data is not available for comparison

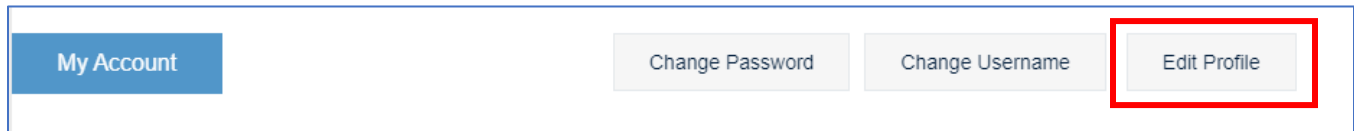
> All column totals for each data category equals 100%

Cell shading - shows highest percentages for each column per main category e.g., gender

How To Complete Your AASM Profile

The AASM seeks demographic information from our members to track our progress and implement measures to strengthen diversity and inclusion within the Association. Understanding the rich diversity of our membership also allows us to better serve our members and the profession. To update/change your demographic information, you will need to access your AASM member profile, here's how"

1. Log in to aasm.org at the top left corner
2. Click on "My Account"
3. Click on "Edit Profile" and complete any missing demographic fields and the Diversity and Inclusion Information towards the bottom of the page.



DEI Committee Contact

For further questions about this report or other diversity, equity, and inclusion efforts, please reach out to the Committee at deicommittee@aasm.org



aasm.org/diversity-and-inclusion