



Diversity, Equity, and Inclusion 2022 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, thank you for reviewing the 2022 Diversity, Equity, and Inclusion report. It is a privilege to be a part of the sleep medicine community, one that is diverse in the personal and professional experiences that brought us here and inclusive of the many team members who contribute to providing the highest levels of patient care.

The AASM is committed to promoting representation and contributions from throughout our membership. The Diversity, Equity, and Inclusion Committee develops this report annually to help us identify underrepresented groups in the organization, barriers to participation and opportunities for improvement. In the past year, the DEI Committee hosted a series of discussions with members of underrepresented groups so we could learn about their experiences with the AASM and how we can be more inclusive and welcoming as an organization. These discussions included individuals who identify as members of racial/ethnic minority groups, solo practitioners, advanced practice providers and sleep technologists. The committee is reviewing the information collected to implement new opportunities to connect with the AASM and advocate for the needs of different groups of members.

The DEI Committee also is working to improve health equity and access to care for sleep disorders. A first step in addressing this issue is identifying factors within sleep medicine that contribute to health care disparities. The committee is exploring the experiences of patients with sleep disorders to identify potential areas of intervention within the patient care journey. The goal of this effort will be to identify approaches that can make access to sleep care more equitable. Work will continue in this area so that the AASM and our members are empowered to implement strategies locally to improve access to sleep care for underserved groups.

I encourage all members to review and update the information in your member profile. This helps us to better understand and serve you. I especially ask that you keep information about your practice location and setting up to date and complete the demographic profile in your AASM record. This will help us to better understand the makeup of our membership and is an important step in our efforts toward inclusion.

Finally, I would like to thank the members of our DEI Committee who are continually focusing on these important issues, enabling us to better understand and serve our patients, provide better care, and improve overall sleep health in our communities.

Sincerely,



A handwritten signature in black ink, appearing to read 'J Martin'.

Jennifer Martin, PhD
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 2022 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. It was discovered that not all of the DEI questions included in this report are available for new members to answer at the time they are completing their online application or paper application. Staff is working to correct this issue as soon as possible.

We identified the following key findings from the data for the 2021/22 year:

- The percentage of AASM members who have provided demographic information has improved since we began analyzing this information, but there is room for improvement:
 - Race
 - 2020 – 22.4% of members
 - 2021 – 31.2 % of members
 - 2022 – 30.7 % of members
 - Practice Setting
 - 2020 – 25.8% of members
 - 2021 – 35.3 % of member
 - 2022 – 35.1 % of members
- The number of leaders and volunteers analyzed in this report is comparable to last year:
 - 2020 – 199 Leaders and Volunteers (standing committees and board members only)
 - 2021 – 350 Leaders and Volunteers
 - 2022 – 341 Leaders and Volunteers
- AASM membership consists of 59.4% male, 39% female. Over the years there has been a decline in male members, this year male members decreased 1.3%. This year female members increased by 1.6%. This year 1.6% of members left this field blank or selected not disclosed, a decrease of .3% from last year.
 - There was a 5.1% increase in male volunteer members this year, while female volunteers declined by 3.6%. In leadership roles, there was minimal changes in the gender percentages.
- In 2019, 16.7% of members provided information on their race; over the past couple of years that percentage has grown to 30.7%. Of those who did report their race, the majority (59.2%) identified as White/Caucasian and the remaining (40.8%) identified in one or more of the other race categories.
 - In 2022, there was a .9% decrease in White/Caucasian volunteer members and a 3% increase in Asian volunteer members.
- There was a 2% increase in volunteer members who reside internationally. In leadership, there was a 3.1% increase in members from the West, and members in the Midwest continue to lead this geographic category at 36.4%.
- The majority of AASM members have board certification in Internal Medicine (43.4%). Pediatrics has higher representation within volunteer members (12.4%) and leadership roles (12.2%) compared to being 5.6% of total members (of whom we have their primary board information).

The following pages outline the detailed analysis of AASM membership data as of April 4, 2022.

2022 Demographic Report

MEMBER CATEGORY

As of April 4, 2022, AASM had 8,608 members. In 2021, the AASM simplified its member categories and also introduced member “standings” to help improve classification and the recognition of members. The former Fellow, Retired and Emeritus categories are now membership standings that are included in the Full member category.

The Team category is still growing each year, with an increase of 0.2%. The new complimentary student/resident membership dues offer has significantly increased this category by 2.9%. Full members are still the predominant member group at 74.4%, although there was a decline from 2021 of 3.3%. The decline is mostly due to a decrease in retention of Fellow and Emeritus members.

| | 2019 | 2020 | 2021 | 2022 |
|---------------------------------|-------|-------|-------|-------|
| Affiliate Membership | 2.0% | 1.9% | 1.9% | 1.9% |
| Circumstance Membership | 0.0% | 0.0% | 0.0% | 0.0% |
| Full Membership | 81.7% | 80.2% | 77.7% | 74.4% |
| International Membership | 1.4% | 1.6% | 1.5% | 1.9% |
| Student and Resident Membership | 1.9% | 2.0% | 2.6% | 5.5% |
| Team Membership | 13.0% | 14.3% | 16.1% | 16.3% |

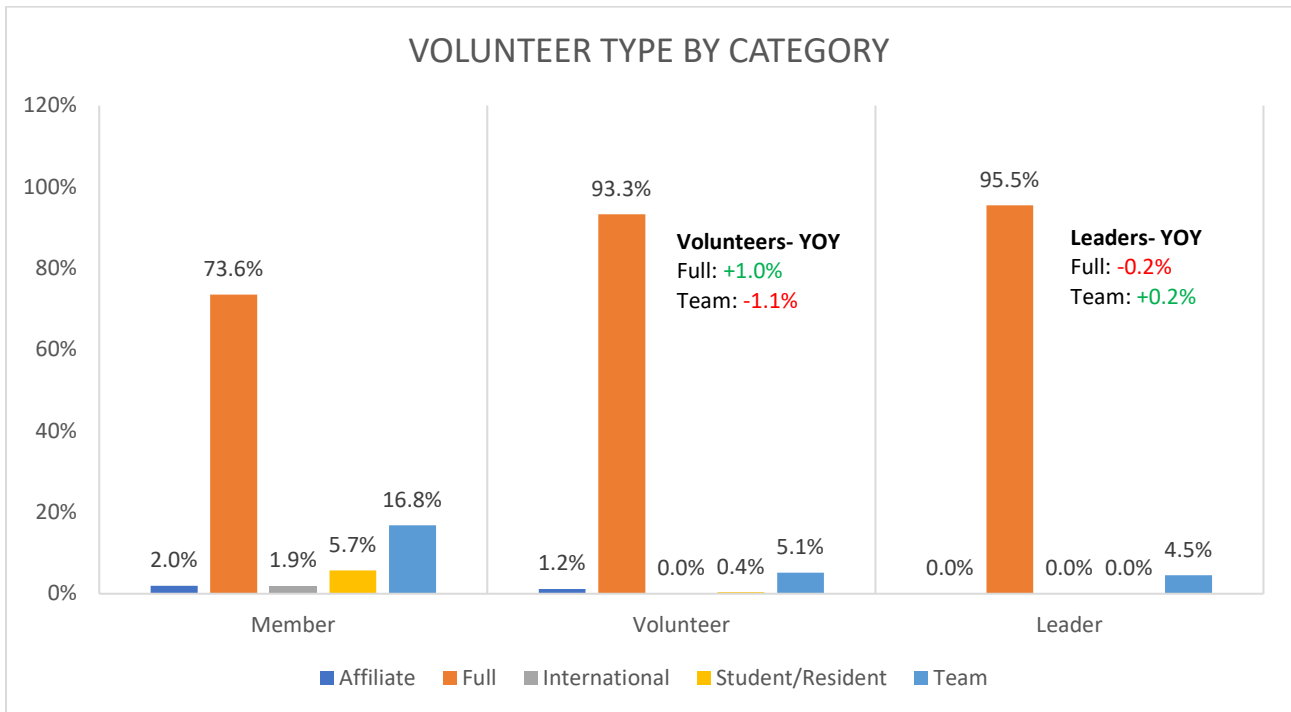
Volunteer Type

Volunteer Types – 3 Year Trend

The chart below shows the breakdown of membership by volunteer type for the past three years. The number of volunteers totaled 341 (253 volunteers and 88 leaders), which is slightly down compared to 2021 at 350 (258 volunteers and 92 leaders) and still a considerable increase over 2020 where there were 199 (147 volunteers and 52 leaders). In 2021, the AASM created and began tracking all of the diverse volunteer opportunities, which accounts for the significant increase in number of total reported volunteers compared to 2020.

| | 2020 | | 2021 | | 2022 | |
|------------|-------|-------|-------|-------|-------|-------|
| | Count | % | Count | % | Count | % |
| Members | 7,967 | 97.6% | 8,048 | 95.8% | 8,267 | 96.0% |
| Volunteers | 147 | 1.8% | 258 | 3.1% | 253 | 3.0% |
| Leaders | 52 | 0.6% | 92 | 1.1% | 88 | 1.0% |

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

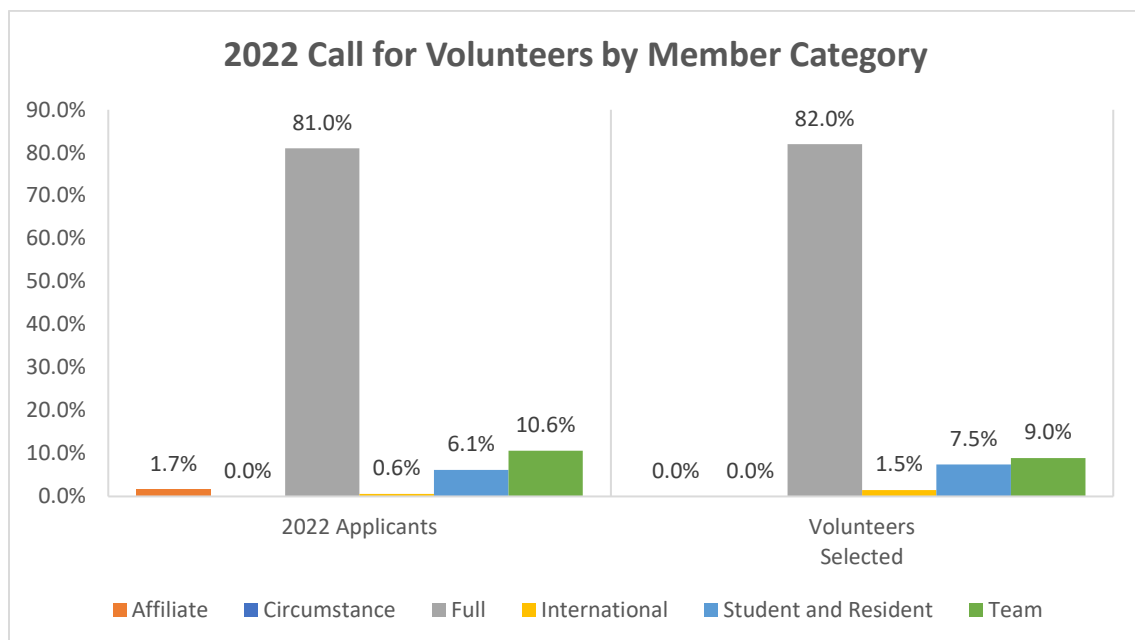


The chart above shows a breakdown by volunteer type, excluding Circumstance members. Team members represent 5.1% of the volunteer roles, which is down 1.1% from 2021. In leadership, team members account for 4.5%, which is 0.2% increase over 2021. Full members are the largest groups in both volunteer and leadership roles at 93.3% and 95.5% respectively. Compared to 2021, have an increase of 1% in volunteer roles while a decrease in leadership roles by 0.2%.

2022 Call for Volunteers by Member Category

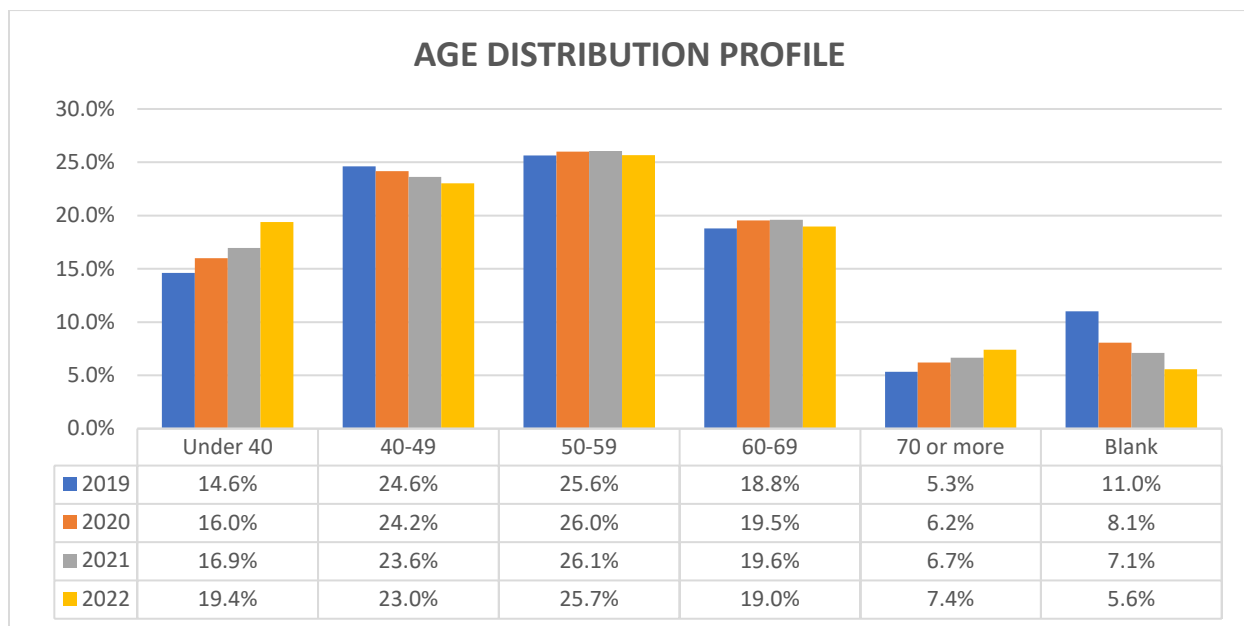
AASM received 167 volunteer applications in 2022. Most applicants came from the Full member category (81.0%), followed by Team members (10.6%), and Student/Resident members (6.1%).

Full members were selected at a similar rate (82.0%) compared to their representation within the applicant pool. Team members were 9% and Student/Resident were 7.5%.



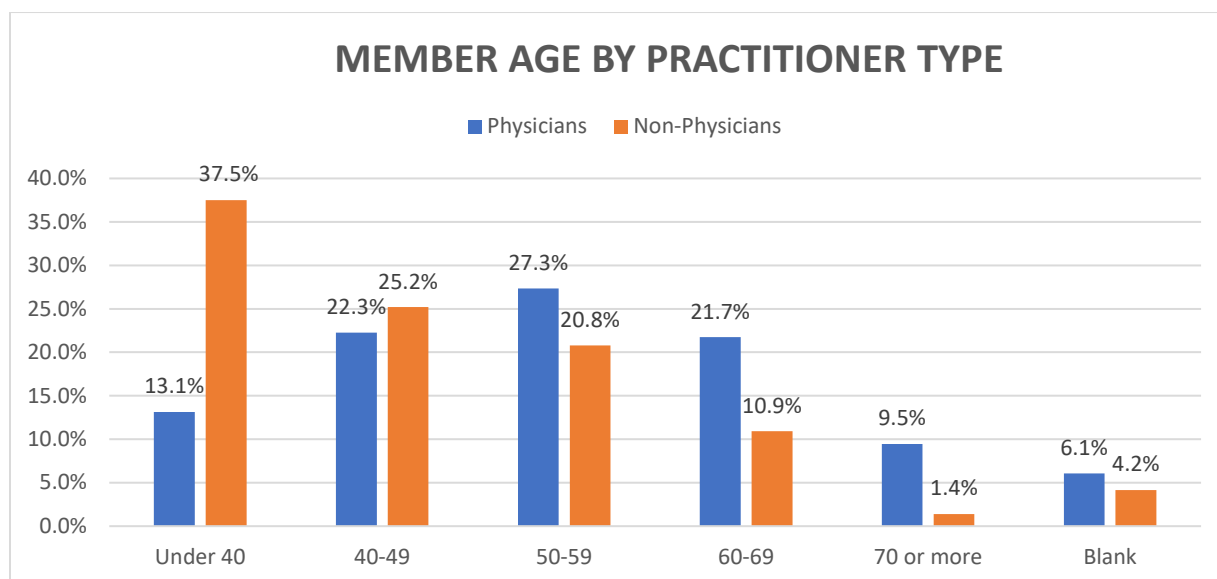
AGE

Approximately 94% of members have provided their age in their membership profile. The average age for all AASM members is 51.2 years old, compared to U.S. physician population at 52.6 years. The average age of members with a doctoral degree is 53.6 years, compared to 52.9 years in 2019. The average age of Team members is 47.1 years and 42.5% are 49 years or younger.



Practitioner Type Profile

The majority of AASM members with a doctoral degree (*Physicians*) are between 40-69 years (71.3%), with the majority falling in the 50-59 range (27.3%). For members without doctoral degrees, the majority are under 40 to 59 years (83.5%), with the most being under 40 years (37.5%). The Student/Resident and Team categories contribute to the high percentage of non-physicians under 40.

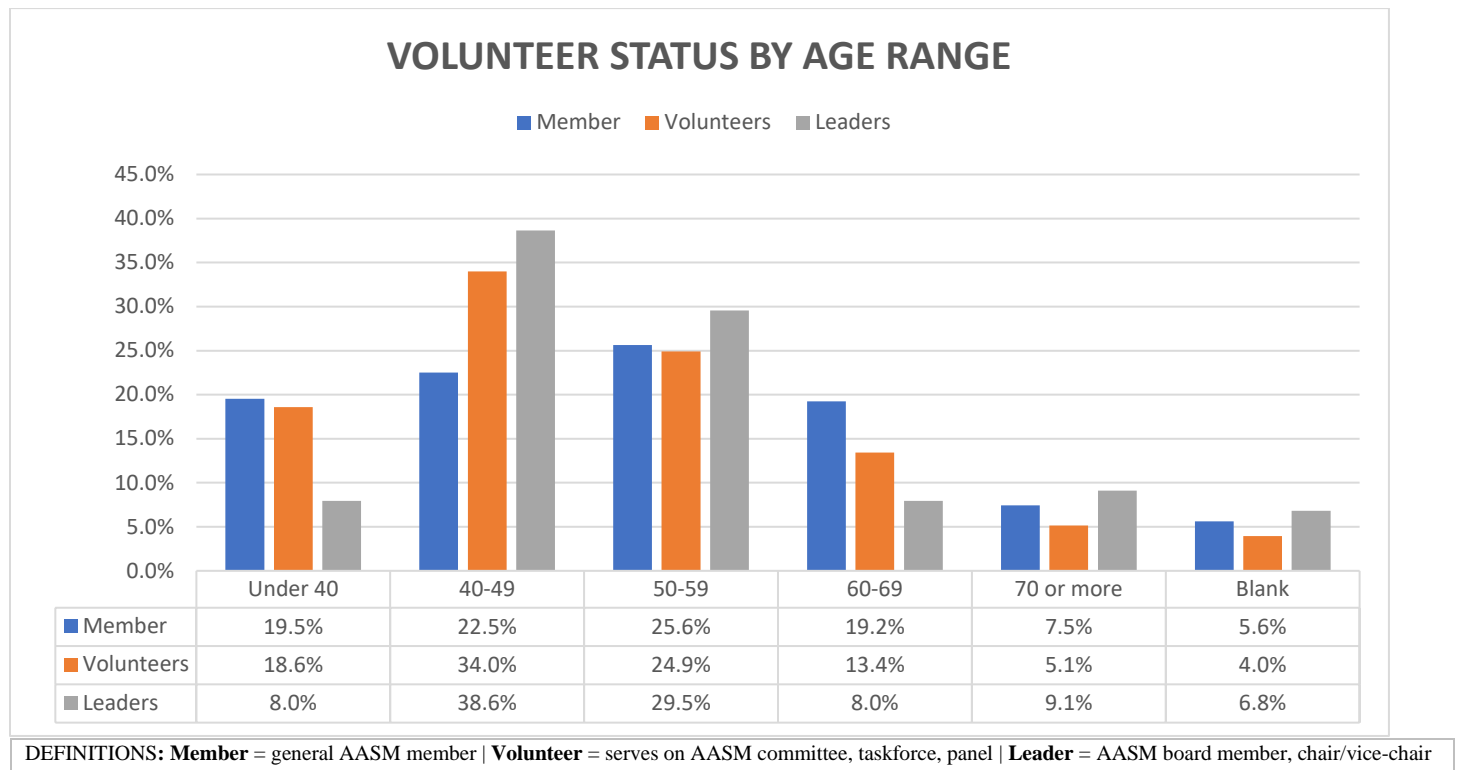


***Physicians** = Full members with doctoral degrees, includes Regular, Fellow, Emeritus, Retired, Sleep Medicine Trainees

Non-Physicians = Affiliate, Team, Student/Residents, International and Circumstance

Volunteer Type Profile for Age

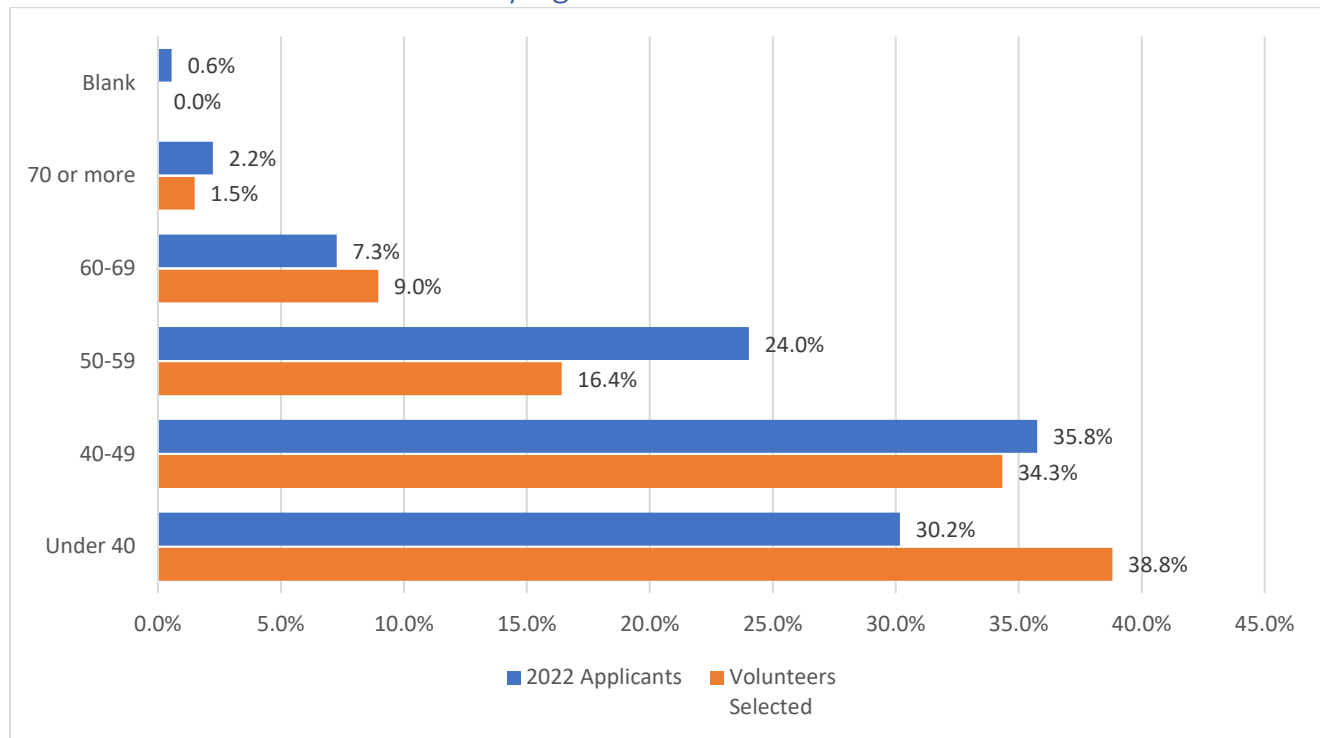
AASM members between the ages of 40 and 59 represent 48.1% of membership, 58.9% of volunteers, and 68.1% of leaders. Members under 40 represent 19.5% of membership, 18.6% of volunteers, and 8.0% of leaders. AASM members 60 or older represent 26.7% of membership, 18.5% of volunteers, and 17.1% of leaders.



4 Year Age Trend by Volunteer Type

| | Member | | | | Volunteers | | | | Leaders | | | |
|--------------------|--------|-------|-------|-------|------------|-------|-------|-------|---------|-------|-------|-------|
| | 2019 | 2020 | 2021 | 2022 | 2019 | 2020 | 2021 | 2022 | 2019 | 2020 | 2021 | 2022 |
| Total counts | 7,845 | 7,967 | 8,048 | 8267 | 110 | 147 | 258 | 253 | 28 | 52 | 92 | 88 |
| Average Age (Mean) | 51.7 | 51.2 | 51.9 | 51.2 | 45.5 | 46.8 | 47.8 | 49.4 | 50.6 | 48.8 | 50.7 | 51.8 |
| Under 40 | 14.6% | 15.4% | 16.9% | 19.5% | 20.9% | 21.8% | 21.7% | 18.6% | 3.6% | 7.7% | 8.7% | 8.0% |
| 40-49 | 24.2% | 23.8% | 23.0% | 22.5% | 48.2% | 36.7% | 34.9% | 34.0% | 46.4% | 50.0% | 43.5% | 38.6% |
| 50-59 | 25.8% | 26.0% | 26.1% | 25.6% | 16.4% | 25.9% | 24.0% | 24.9% | 25.0% | 23.1% | 25.0% | 29.5% |
| 60-69 | 19.0% | 19.9% | 20.0% | 19.2% | 6.4% | 6.8% | 10.1% | 13.4% | 7.1% | 5.8% | 8.7% | 8.0% |
| 70 or more | 5.4% | 6.3% | 6.8% | 7.5% | 0.9% | 1.4% | 2.3% | 5.1% | 3.6% | 3.8% | 7.6% | 9.1% |
| Blank | 11.0% | 8.7% | 7.1% | 5.6% | 7.3% | 7.5% | 7.0% | 4.0% | 14.3% | 9.6% | 6.5% | 6.8% |

2022 Call for Volunteers Profile by Age



The majority of 2022 volunteer applicants were between 40-49 years of age (35.8%), followed by Under 40 (30.2%), and 50-59 (24.0%).

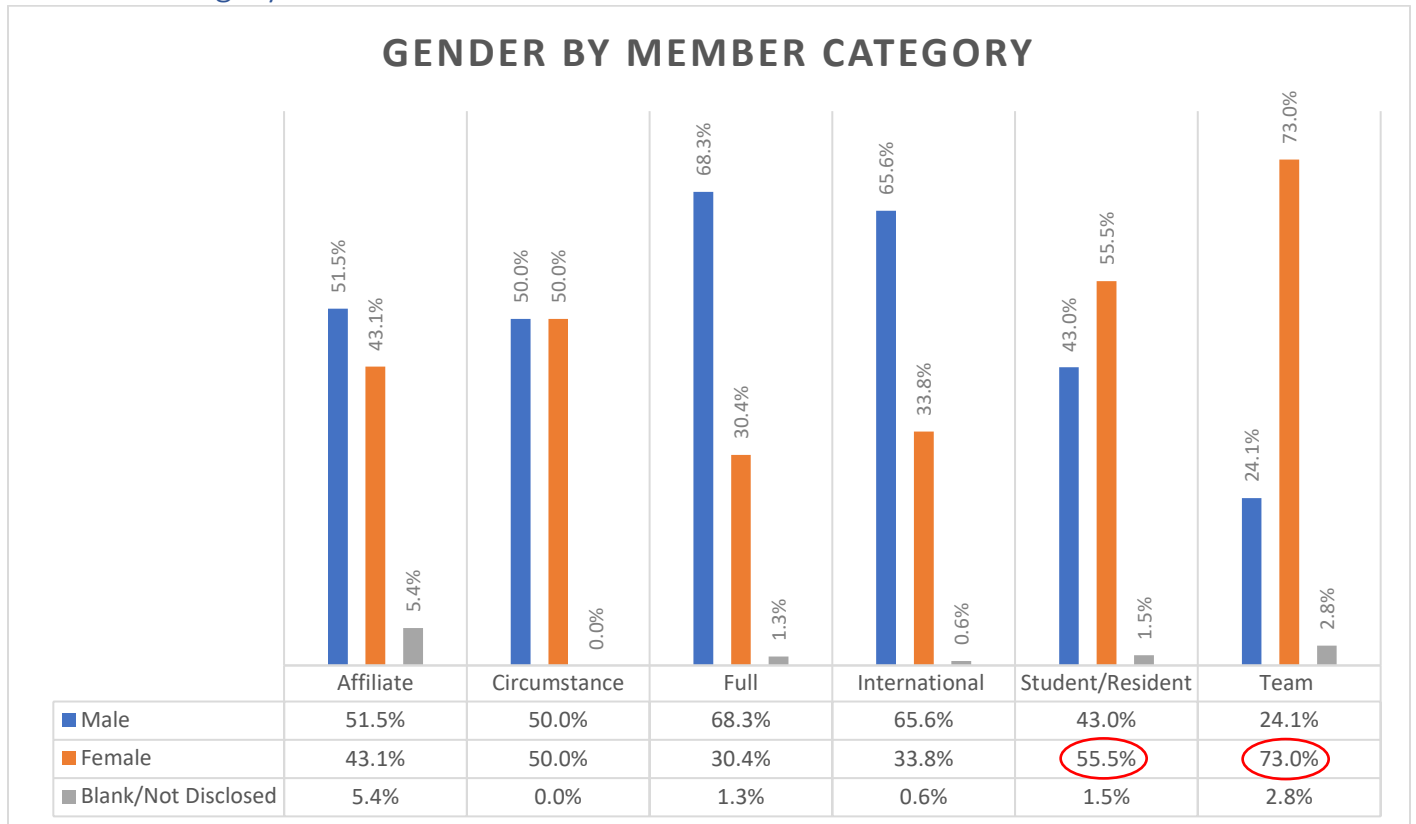
Of those selected for volunteer roles in 2022, the majority were in the under 40 age group (38.8%), followed by 40-49 (34.3%). Last year fewer members in the age group under 40 were selected; in 2022 we were able to increase the number of younger members selected for our volunteer opportunities.

GENDER

The gender breakdown of AASM members is 59.4% male and 39% female, 1.6% are blank/not disclosed. The percent of blank/not disclosed has decreased .7% over the past three years. No one identified themselves as non-binary. While the majority of our membership is male, there was a 1.6% increase in female membership, which can be attributed to the growth of our Team and Student/Resident member categories.

| | All Members (%) | | | |
|---------------------|-----------------|-------|-------|-------|
| | 2019 | 2020 | 2021 | 2022 |
| Male | 64.5% | 63.4% | 60.7% | 59.4% |
| Female | 33.2% | 34.4% | 37.4% | 39.0% |
| Blank/Not Disclosed | 2.3% | 2.1% | 1.9% | 1.6% |
| Non-Binary | 0.0% | 0.02% | 0.0% | 0.0% |

Member Category Profile



The gender breakdown for Full members is 68.3% male and 30.4% female. While most of our member categories are predominantly male, the reverse is the case for Team & Student/Resident members where females are the majority with 73.0% and 55.5% respectively.

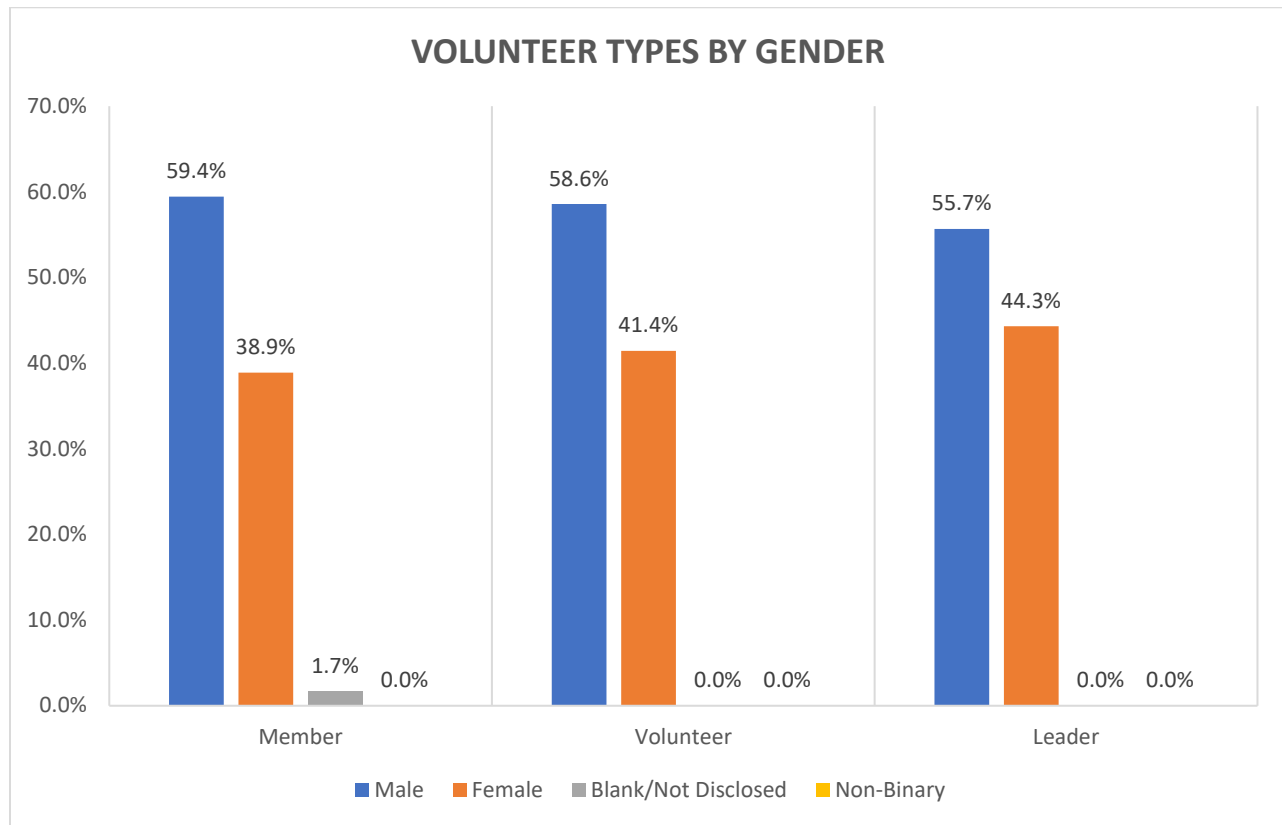
Fellow Membership Standing

In 2022, the AASM received 90 Fellow member applications, a 100% increase over last year. Of the 52 Fellow members approved, 44% (23) were female and 56% (29) were male, compared to last year at 24% female and 77% male. The AASM has continued efforts to encourage female AASM members to achieve Fellow status and this is seen as an improvement considering the increase in approved female members.

Volunteer Type Profile by Gender

The number of volunteers in 2021/22 totaled 341 (253 volunteers and 88 leaders), which is similar to 2021 volunteers at 350 (258 volunteers and 92 leaders).

AASM volunteers consist of 58.6% male and 41.4% female. There was a 5.1% increase in male volunteers in 2021(53.5%), while female volunteers decreased by 3.5% in 2021 (45%). There were no significant changes in the leadership category compared last year, 2022 55.7% male and 44.3% female.

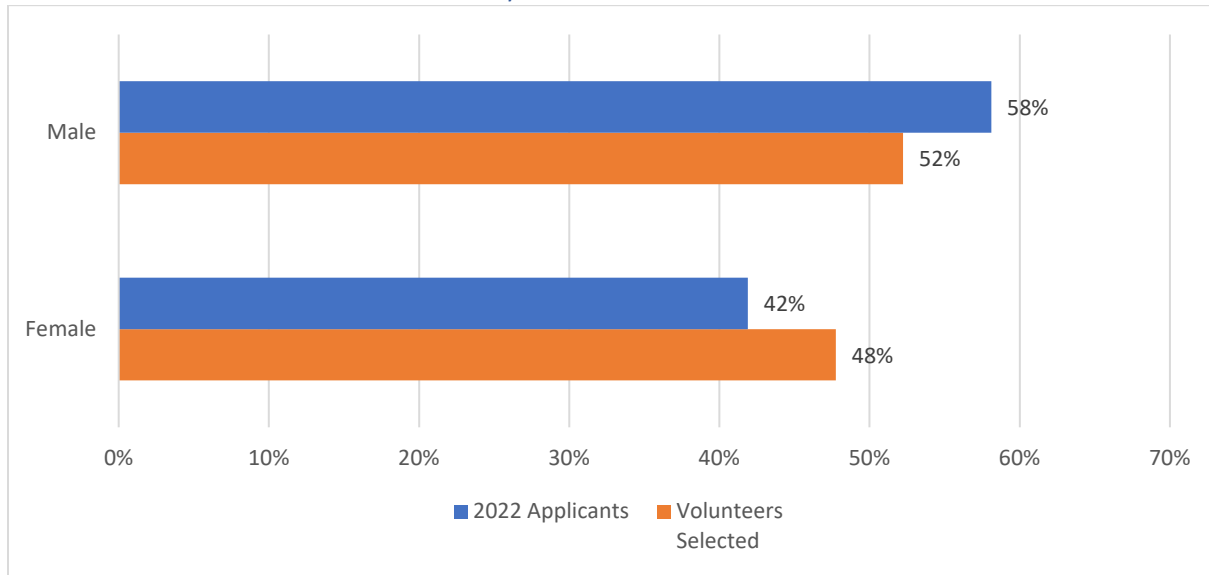


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Gender by Volunteer Type – 3 Year Trend

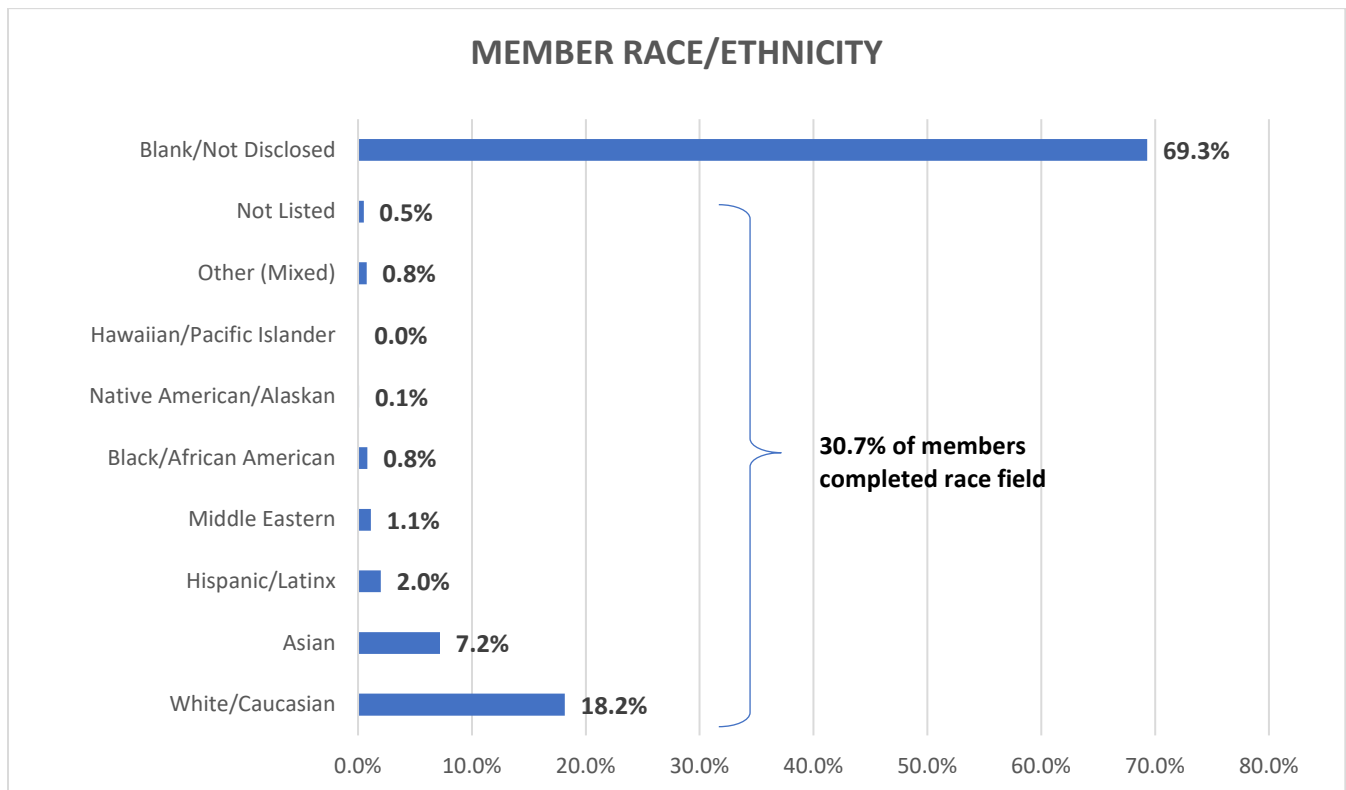
| | Member | | | Volunteers | | | Leaders | | |
|---------------------|--------|-------|-------|------------|-------|-------|---------|-------|-------|
| | 2020 | 2021 | 2022 | 2020 | 2021 | 2022 | 2020 | 2021 | 2022 |
| Male | 63.6% | 61.0% | 59.4% | 56.5% | 53.5% | 58.6% | 57.7% | 55.4% | 55.7% |
| Female | 34.2% | 37.1% | 38.9% | 42.9% | 45.0% | 41.4% | 42.3% | 44.6% | 44.3% |
| Blank/Not Disclosed | 2.1% | 2.0% | 1.7% | 0.7% | 1.6% | 0.0% | 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% |

2022 Call for Volunteers Profile by Gender

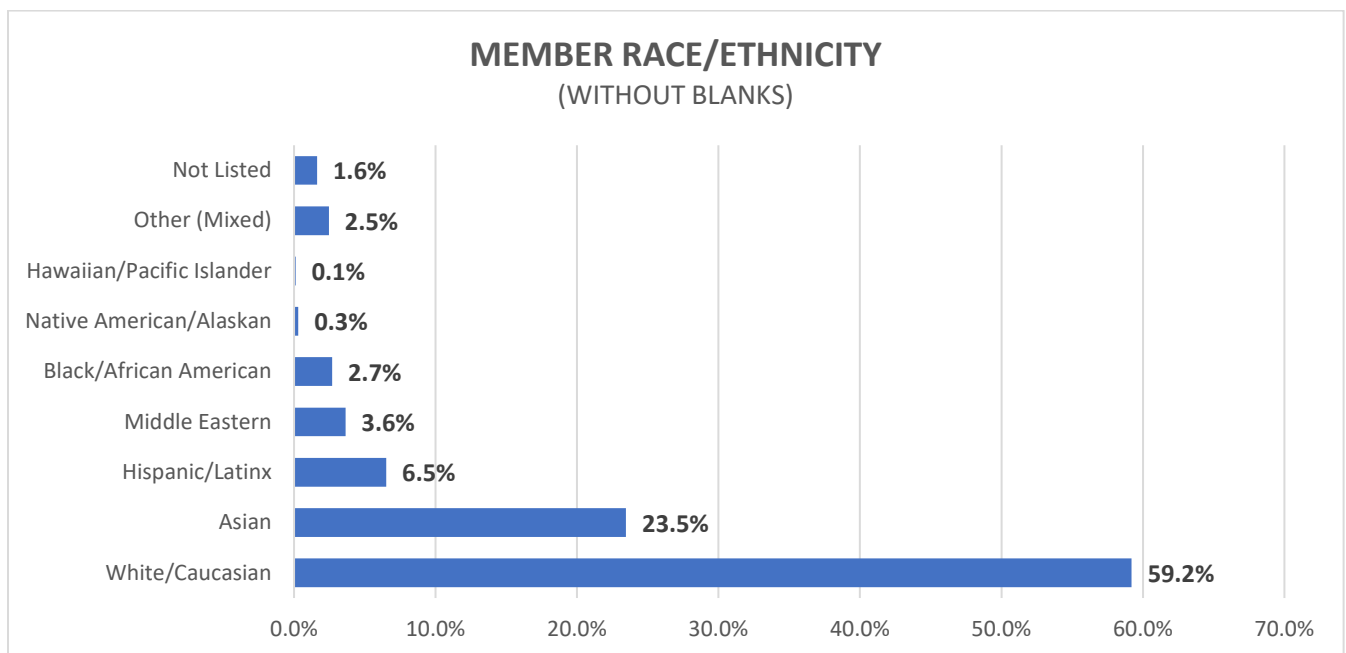


- The majority of the applicants were male (58%) and female (42%).
- The volunteers who were selected are somewhat proportional to the total male and female applicants, 52% to 48% respectively.

RACE/ETHNICITY

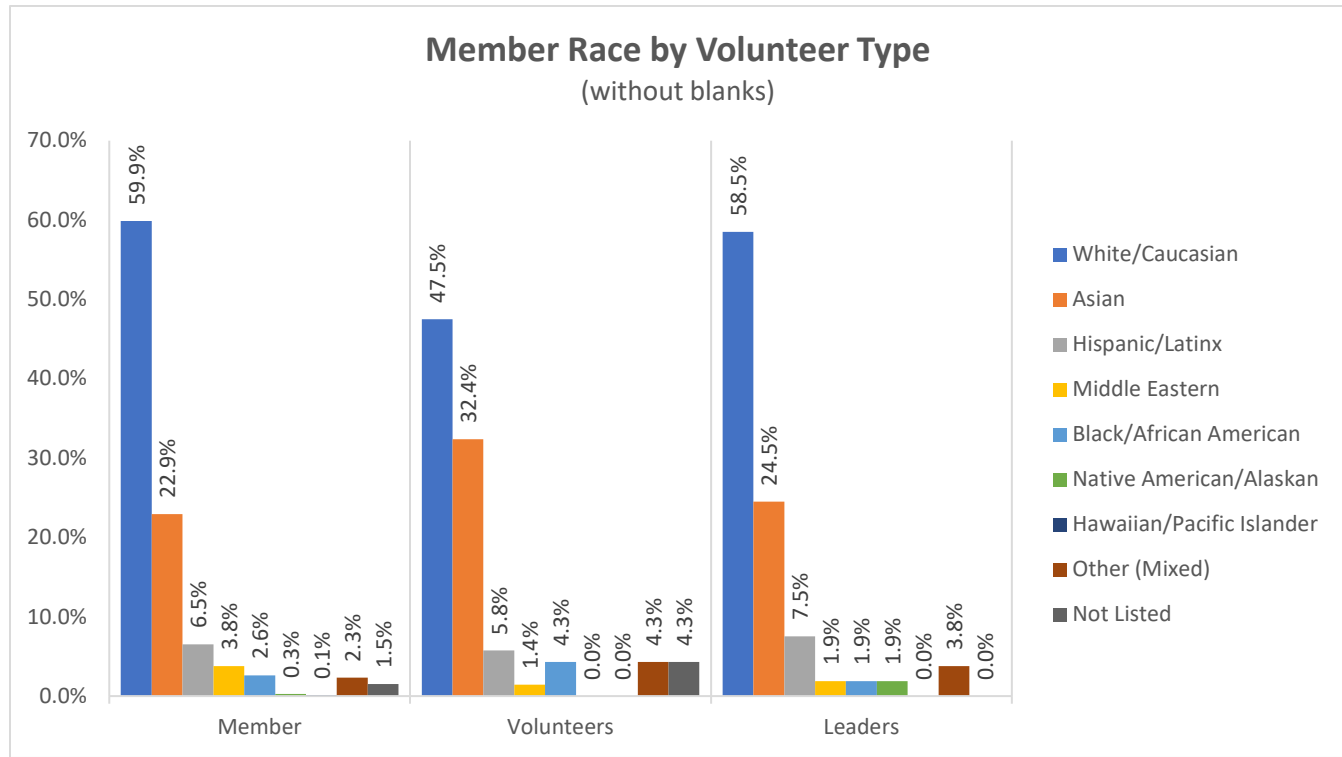


Nearly 31% of AASM have reported their race/ethnicity, an increase of 14% from 2019. Of those who did provide their race/ethnicity 59.2% are White/Caucasian, 23.5% are Asian, followed by 6.5% Hispanic/Latinx, 3.6% Middle Eastern, 2.7% Black/African American, 2.5% Other (mixed), ~2% Not Listed, and less than 1% for Hawaiian/Pacific Islander and Native American/Alaskan.



Volunteer Type Profile by Race

Looking at the volunteer type by race the majority of volunteers are White/Caucasian (47.5%), followed by Asian (32.4%). For leaders the majority is White/Caucasian (58.5%) and Asian (24.5%).

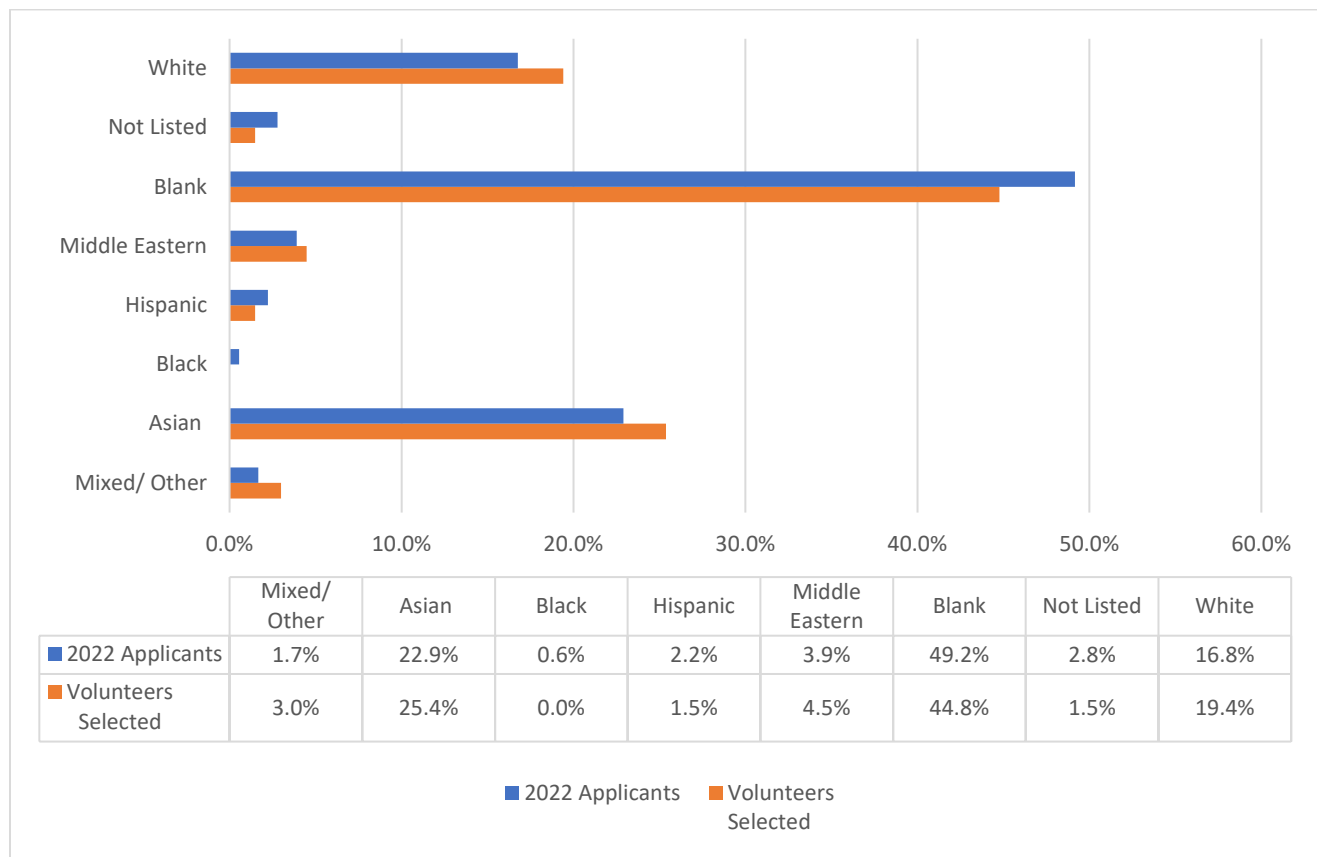


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Compared to the previous year (for members who completed this field), there is a slight decrease in White/Caucasian volunteers (0.9%), while there was a considerable increase in Asian volunteers (3%). For leaders, there was a 4.1% increase for White/Caucasian and a 1.9% increase in Native American. There were declines in the following leader groups, Asian 1.8%, Hispanic 1.3%, Middle Eastern 1.6% and Black 1.6%.

| | Volunteers | | Leaders | |
|---------------------------|------------|-------|---------|-------|
| | 2021 | 2022 | 2021 | 2022 |
| White/Caucasian | 48.4% | 47.5% | 54.4% | 58.5% |
| Asian | 29.4% | 32.4% | 26.3% | 24.5% |
| Hispanic/Latinx | 5.6% | 5.8% | 8.8% | 7.5% |
| Middle Eastern | 1.6% | 1.4% | 3.5% | 1.9% |
| Black/African American | 4.0% | 4.3% | 3.5% | 1.9% |
| Native American/Alaskan | 0.8% | 0.0% | 0.0% | 1.9% |
| Hawaiian/Pacific Islander | 0.0% | 0.0% | 0.0% | 0.0% |
| Other (Mixed) | 5.6% | 4.3% | 3.5% | 3.8% |
| Not Listed | 4.8% | 4.3% | 0.0% | 0.0% |

2022 Call for Volunteers Profile by Race



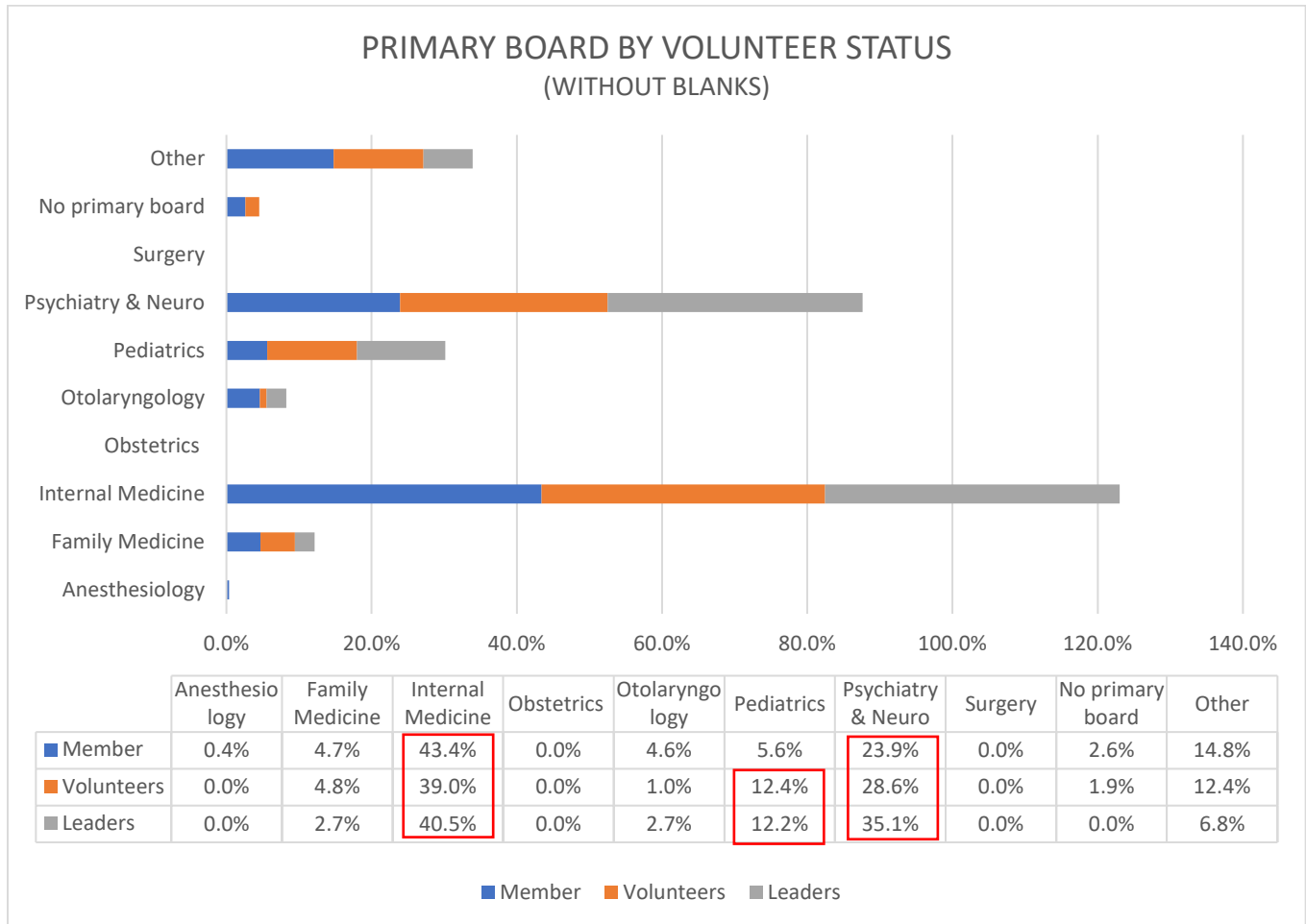
Many new applicants did not list their race (49.2%). Overall, the largest racial group to apply were Asian (22.9%), followed by White (16.8%).

The volunteers selected match somewhat closely with the number applicants for each group with majority Asian at 25.4%. Overall, the number of members chosen show no disparities in the proportion selected from each racial group. The AASM is continuing efforts to collect more data on this field to understand complete representation of members.

PRIMARY BOARD

Currently, the AASM has collected ~61% of the primary board data on our members. Of those that have provided this data, the majority come from Internal Medicine (43.4%) and Psychiatry and Neurology (23.9%). In 2022 a new field was added to capture members who do not require it or intend to become board certified, and the response was 2.6%.

The number of members serving in volunteer and leader roles is comparative to the total percentage of members in Internal Medicine and Psychiatry and Neurology. There is an outlier with Pediatrics, 5.6% of members are in this category while they represent 12.4% of volunteers and 12.2% of leaders (which is a 4.4% increase from 2021).



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

GEOGRAPHY

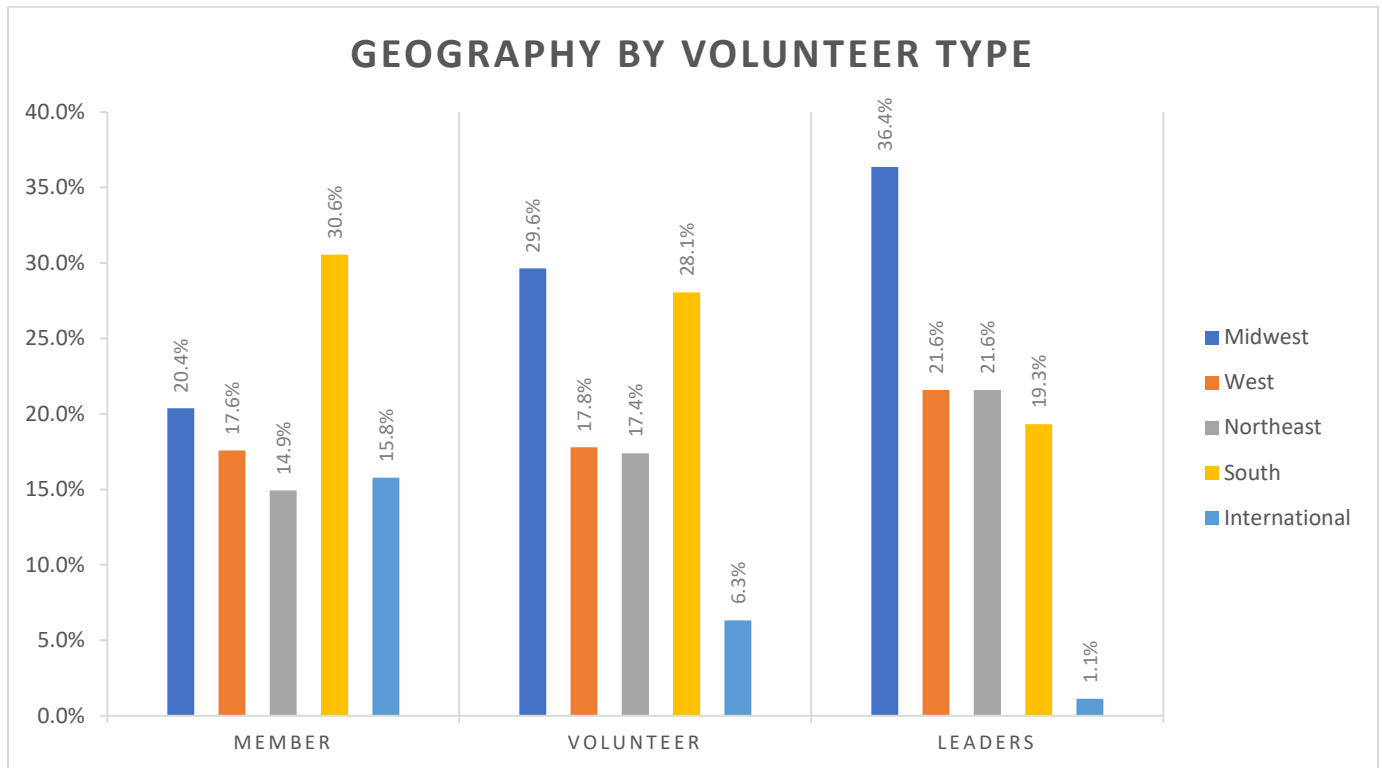
AASM has nearly 100% of member's geographic data because an address is required as part of the membership application. A majority of membership resides in the Southern states (30.6%), followed by the Midwest states (20.8%). Over the past year International members have increased by 0.9%.

| | Member | | | Volunteers | | | Leaders | | |
|-------------------------------------|--------|-------|----------|------------|-------|----------|---------|-------|----------|
| | 2021 | 2022 | Change Δ | 2021 | 2022 | Change Δ | 2021 | 2022 | Change Δ |
| Midwest | 20.7% | 20.4% | -0.4% | 29.8% | 29.6% | -0.2% | 37.0% | 36.4% | -0.6% |
| West | 18.5% | 17.6% | -0.9% | 17.4% | 17.8% | 0.3% | 18.5% | 21.6% | 3.1% |
| Northeast | 15.0% | 14.9% | -0.1% | 19.4% | 17.4% | -2.0% | 22.8% | 21.6% | -1.2% |
| South | 30.3% | 30.6% | 0.2% | 28.7% | 28.1% | -0.6% | 20.7% | 19.3% | -1.3% |
| International | 14.9% | 15.8% | 0.9% | 4.3% | 6.3% | 2.1% | 1.1% | 1.1% | 0.0% |
| US Territory | 0.4% | 0.4% | 0.0% | 0.4% | 0.4% | 0.0% | 0.0% | 0.0% | 0.0% |
| United States Minor Outlying Island | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Armed Forces Europe | 0.1% | 0.0% | -0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Blank | 0.1% | 0.3% | 0.2% | 0.0% | 0.4% | 0.4% | 0.0% | 0.0% | 0.0% |

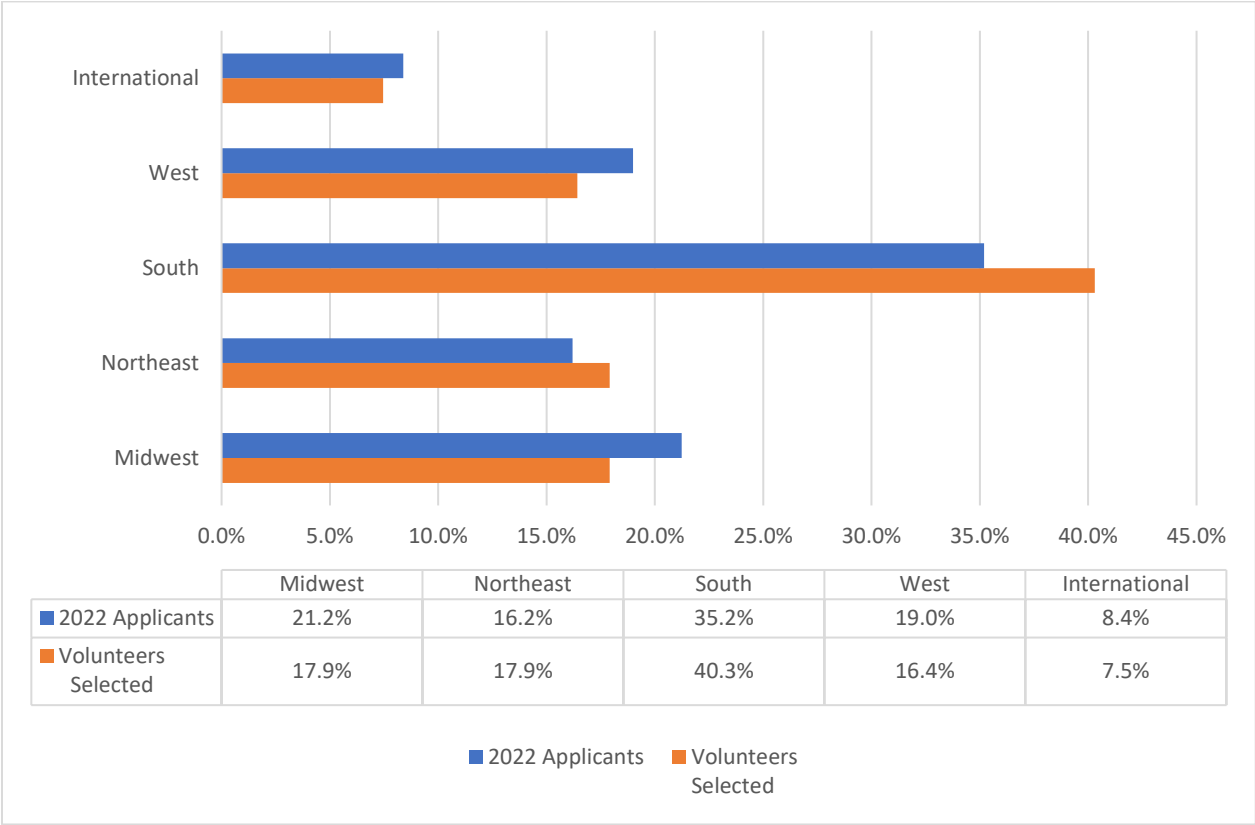
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Volunteer Type by Geography Profile

Similar to previous years, AASM volunteers typically reside in Midwest and Southern states. This past year International volunteers increased by 2.1%. A majority of AASM leaders reside in Midwestern states, and members who reside in Western states increased by 3.1% this year.



2022 Call for Volunteers Geographic Profile



Last year the majority of the volunteer applications came from members who resided in Western states, this year the majority of applicants reside in Southern states (35.2%), followed by Midwest states (21.2%) and then Western states (19.0%). Of those volunteers selected in 2022, the majority reside in Southern states (40.3%), and Midwest and Northeast states (both at 17.9%).

PRACTICE SETTING

Approximately 35% of AASM have reported their practice setting information. Of the members who reported their setting, 69.8% report that they are employed physicians and 30.2% report being in a private practice.

Looking into the practice setting by volunteer type, Academics continue to have high representation in the volunteer (63.0%) and leadership (67.9%) roles compared to those in other practice settings.

| | Member | Volunteer | Leader |
|----------------------------------|--------------|--------------|--------------|
| Academic | 31.2% | 63.0% | 67.9% |
| Employed Physician Practice | 43.4% | 16.3% | 13.2% |
| Military | 1.5% | 2.2% | 3.8% |
| Mixed Practice | 10.8% | 11.9% | 11.3% |
| Not Listed | 13.1% | 6.7% | 3.8% |
| Employed Physicians Total | 69.8% | 89.4% | 93.0% |
| Group practice (Equity Owner) | 42.4% | 43.8% | 0.0% |
| Solo practice (Owner) | 57.6% | 56.3% | 100.0% |
| Private Practice Total | 30.2% | 10.6% | 7.0% |

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2022 Call for Volunteers by Practice Setting

Among applicants for the 2022, the practice setting field was blank for 44.7%. Of those that completed this field, most applications came from Academic members (29.6%), followed by Employed Physicians (7.3%), and Solo practice (6.7%). Of the volunteers selected, Academic members are still majority at 37.3%, followed by Solo practice (7.5%), and Employed Physicians at 6.0%.

SPECIAL ACCOMMODATIONS

At the time of this report, 47 members indicated a need for a special accommodation. Most responses said their specific disability was not listed. Of those who did select a special accommodation, it was related to mobility impairments (wheelchair access), followed by hearing and visual impairments. As related to AASM courses these accommodations can be noted and addressed upon request by the attendee through questions embedded in the course registration process.

APPENDIX

2021/22 Diversity, Equity, and Inclusion 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.

Accomplishments

To accomplish the goals above, the committee accomplished the following initiatives in the 2021/22 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 final 2022 annual DEI report evaluating AASM members and leadership was completed and can be found on the DEI section of the AASM website. |
| 2: Identify any barriers that may deter members from underrepresented groups from serving in the AASM's leadership roles within the AASM. | The committee hosted a series of five virtual discussion groups between May and December with the following groups: <ul style="list-style-type: none"> – Black/African Americans – Advanced Practice Providers – Sleep Technologists – Hispanic/Latinx – Solo Practice These sessions provided valuable feedback on ways to improve the AASM member experience. And was shared with the board in January 2022. |
| 3: Develop resources that will educate AASM members and leaders on issues related to diversity, equity and inclusion. | In July 2021, the chair, Dr. Andrew Spector was featured on the AASM's <i>Talking Sleep</i> podcast to talk about the Academy's efforts to identify and eliminate barriers to inclusion, support initiatives for better diversity, and work to reduce health care disparities. |
| 4: Assist in the administration of diversity, equity & inclusion awards and scholarships. | The committee has continued to play an integral role in evaluating applications and selecting recipients for the DEI travel grant and on a joint review panel for the award. <ul style="list-style-type: none"> – APSS DEI Leadership Award – AASM DEI Travel and Registration Grant |
| 5: Assist in the development of a survey to collect data from accredited facilities in underserved communities. | The committee created a survey with 37 potential questions to help gather data. The survey is in final review by the AASM senior staff and is planned to be deployed in the late fall. |

| | |
|--|---|
| 6: Review AASM's Diversity, Equity and Inclusion statement on an annual basis and provide change recommendations to the Board of Directors, if needed. | The committee reviewed the current statement and agreed that no revisions were needed. |
| 7: Identify practices within sleep medicine that contribute to health care disparities and provide strategies for members to reduce inequities. | The committee formed a work group who are in the process of drafting a paper that will assess where disparities may show up from the patient perspective (referral to follow-up). |

2021/22 AASM DEI Committee Members:

- Andrew Spector, MD, Chair
- Kyra Clark, MD, Vice Chair
- Lourdes DelRosso, MD, FAASM
- Fauziya Hassan, MD
- Anna Wani, MD
- William Martin, PsyD
- Stephen Glazer, MD
- Lissette Jimenez Davila, MD, FAASM
- Pamela Hamilton Stubbs, MD
- Marietta Bibbs, RPSGT
- Luis D Quintero DO, MPH
- Omesh Toolsie, MD

Board Liaison:

Eric J. Olson, MD, FAASM

The Future: 2022/23 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. Analyze the data from the survey of accredited facilities and make recommendations to the AASM Board of Directors.
6. Review AASM's Diversity, Equity and Inclusion statement on an annual basis and recommend updates to the AASM 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 2022 Report Tables

| | 2022 DEI Membership Report | | | | | | | | | | |
|--------------------|---|--------------------|--------------------|--------|----------------|---------|-------------|----------------|--------------------------------------|-------------------------------|---------------------------|
| | | All Members (#) | All Members (%) | Member | All Volunteers | Leaders | Physicians* | Non-Physicians | All US Physicians (2021 AMA data) | Variance (Physicians only) | Variance (ALL Members) |
| | 2022 Member Counts | 8608 | | 8267 | 253 | 88 | 6,401 | 2,207 | 1,391,590 | | |
| Age Distribution | Average Age | | 51.2 | 51.2 | 49.4 | 51.8 | 53.6 | 44.2 | 52.6 | 1.00 | -1.4 |
| | Under 40 | 1669 | 19.4% | 19.5% | 18.6% | 8.0% | 13.1% | 37.5% | 29.3% | -16.1% | -9.9% |
| | 40-49 | 1981 | 23.0% | 22.5% | 34.0% | 38.6% | 22.3% | 25.2% | 18.0% | -4.3% | -10.0% |
| | 50-59 | 2209 | 25.7% | 25.6% | 24.9% | 29.5% | 27.3% | 20.8% | 16.9% | -10.4% | -8.7% |
| | 60-69 | 1632 | 19.0% | 19.2% | 13.4% | 8.0% | 21.7% | 10.9% | 16.8% | -4.9% | -2.1% |
| | 70 or more | 637 | 7.4% | 7.5% | 5.1% | 9.1% | 9.5% | 1.4% | 19.0% | -9.5% | -16.6% |
| | Blank | 480 | 5.6% | 5.6% | 4.0% | 6.8% | 6.1% | 4.2% | 0.0% | -6.1% | -5.6% |
| Gender | Male | 5110 | 59.4% | 59.4% | 58.6% | 55.7% | 68.3% | 33.3% | 63.8% | -4.6% | -4.4% |
| | Female | 3359 | 39.0% | 38.9% | 41.4% | 44.3% | 30.4% | 64.1% | 35.5% | -5.2% | -8.5% |
| | Blank/Not Disclosed | 139 | 1.6% | 1.7% | 0.0% | 0.0% | 1.3% | 2.6% | 0.7% | -0.6% | -0.9% |
| | Non-Binary | 0 | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Race | White/Caucasian | 1564 | 18.2% | 17.7% | 26.1% | 35.2% | 18.5% | 17.1% | 50.1% | -31.6% | -32.0% |
| | Asian | 620 | 7.2% | 6.8% | 17.8% | 14.8% | 8.5% | 3.5% | 15.4% | -6.9% | -8.2% |
| | Hispanic/Latinx | 172 | 2.0% | 1.9% | 3.2% | 4.5% | 1.9% | 2.4% | 5.7% | -3.8% | -3.7% |
| | Middle Eastern | 96 | 1.1% | 1.1% | 0.8% | 1.1% | 1.3% | 0.5% | 0.0% | 1.3% | 1.1% |
| | Black/African American | 71 | 0.8% | 0.8% | 2.4% | 1.1% | 0.8% | 0.9% | 4.3% | -3.5% | -3.5% |
| | Native American/Alaskan | 8 | 0.1% | 0.1% | 0.0% | 1.1% | 0.1% | 0.1% | 0.3% | -0.2% | -0.2% |
| | Hawaiian/Pacific Islander | 3 | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| | Other (Mixed) | 65 | 0.8% | 0.7% | 2.4% | 2.3% | 0.8% | 0.7% | 1.4% | -0.7% | -0.7% |
| | Not Listed | 43 | 0.5% | 0.4% | 2.4% | 0.0% | 0.6% | 0.3% | 0.0% | 0.6% | 0.5% |
| | Blank/Not Disclosed | 5966 | 69.3% | 70.4% | 45.1% | 39.8% | 67.5% | 74.5% | 22.7% | -44.8% | -46.6% |
| Primary Board | American Board of Anesthesiology | 18 | 0.2% | 0.2% | 0.0% | 0.0% | 0.3% | 0.0% | 5.8% | -5.5% | -5.6% |
| | American Board of Family Medicine | 243 | 2.8% | 2.8% | 4.0% | 2.3% | 3.6% | 0.6% | 13.4% | -9.8% | -10.5% |
| | American Board of Internal Medicine | 2259 | 26.2% | 26.0% | 32.4% | 34.1% | 34.8% | 1.4% | 26.6% | -8.2% | -0.4% |
| | American Board of Obstetrics and Gynecology | 1 | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 5.4% | -5.4% | -5.4% |
| | American Board of Otolaryngology | 231 | 2.7% | 2.7% | 0.8% | 2.3% | 3.6% | 0.1% | 0.0% | -3.6% | -2.7% |
| | American Board of Pediatrics | 313 | 3.6% | 3.4% | 10.3% | 10.2% | 4.7% | 0.4% | 10.2% | -5.4% | -6.5% |
| | American Board of Psychiatry and Neurology | 1269 | 14.7% | 14.3% | 23.7% | 29.5% | 19.4% | 1.1% | 6.1% | -13.4% | -8.7% |
| | American Board of Surgery | 1 | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 15.7% | -15.7% | -15.7% |
| | I do not have a primary board | 133 | 1.5% | 1.6% | 1.6% | 0.0% | 1.7% | 1.0% | | | |
| | Other | 761 | 8.8% | 8.8% | 10.3% | 5.7% | 9.7% | 6.5% | 16.8% | -5.5% | -16.3% |
| | Blank | 3379 | 39.3% | 40.2% | 17.0% | 15.9% | 22.2% | 88.8% | 0.0% | -22.2% | -48.1% |
| Practice Setting † | Academic | 734 | 8.5% | 31.2% | 63.0% | 67.9% | 37.2% | 23.3% | | | |
| | Employed Physician Practice | 881 | 10.2% | 43.4% | 16.3% | 13.2% | 40.9% | 41.0% | | | |
| | Military | 34 | 0.4% | 1.5% | 2.2% | 3.8% | 1.6% | 1.7% | | | |
| | Mixed Practice | 235 | 2.7% | 10.8% | 11.9% | 11.3% | 10.6% | 11.9% | | | |
| | Not Listed | 269 | 3.1% | 13.1% | 6.7% | 3.8% | 9.7% | 22.2% | | | |
| | Employed Physicians Total | 2153 | 25.0% | 23.8% | 53.4% | 60.2% | 26.1% | 21.8% | | | |
| | Group practice (Equity Owner) | 368 | 4.3% | 42.4% | 43.8% | 0.0% | 57.5% | 60.5% | | | |
| | Solo practice (Owner) | 503 | 5.8% | 57.6% | 56.3% | 100.0% | 42.5% | 39.5% | | | |
| | Private Practice Total | 871 | 10.1% | 10.3% | 6.3% | 4.5% | 12.4% | 3.4% | | | |
| | Blank Total | 5584 | 64.9% | 65.9% | 40.3% | 35.2% | 61.5% | 74.8% | | | |
| Region/ Location | Midwest | 1791 | 20.8% | 20.4% | 29.6% | 36.4% | 21.0% | 20.3% | | | |
| | West | 1517 | 17.6% | 17.6% | 17.8% | 21.6% | 17.5% | 18.0% | | | |
| | Northeast | 1297 | 15.1% | 14.9% | 17.4% | 21.6% | 15.7% | 13.1% | | | |
| | South | 2615 | 30.4% | 30.6% | 28.1% | 19.3% | 31.9% | 25.8% | | | |
| | International | 1322 | 15.4% | 15.8% | 6.3% | 1.1% | 13.2% | 21.7% | | | |
| | US Territory | 34 | 0.4% | 0.4% | 0.4% | 0.0% | 0.4% | 0.5% | | | |
| | United States Minor Outlying Islands | 1 | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | |
| | Armed Forces Europe | 4 | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | |
| | Blank | 27 | 0.3% | 0.3% | 0.4% | 0.0% | 0.3% | 0.5% | | | |
| Member Category | Affiliate Membership | 167 | 1.9% | 2.0% | 1.2% | 0.0% | 0.0% | 7.6% | | | |
| | Circumstance Membership | 2 | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.1% | | | |
| | Full Membership | 6401 | 74.4% | 73.6% | 93.3% | 95.5% | 100.0% | 0.0% | | | |
| | International Membership | 160 | 1.9% | 1.9% | 0.0% | 0.0% | 0.0% | 7.2% | | | |
| | Student and Resident Membership | 474 | 5.5% | 5.7% | 0.4% | 0.0% | 0.0% | 21.5% | | | |
| | Team Membership | 1404 | 16.3% | 16.8% | 5.1% | 4.5% | 0.0% | 63.6% | | | |

Glossary and Definitions

Member - General membership

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

Leaders - Board members, Chairs & Vice-chairs

***Physician member** categories - Full Members (Regular, Fellow, Emeritus, Retired and Trainees)

Non-Physician member categories - Team, Affiliate, Student/Resident, International and Circumstance

† 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 2021 AMA HOD report

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

- Full - MD, DO, PhD, DDS, or other healthcare doctoral degree/In- fellowship training, Retired, Emeritus
- Team - Nurse Practitioners, Physician Assistants, Nurses, Sleep Technologists, Respiratory Therapists, Office/Center Managers, Medical Assistants, or other professionals
- Student/Resident- 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
- International - Individuals who reside outside of the United States.
- Circumstance - For individuals who have requested and been approved for dues assistance due to special circumstances.

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

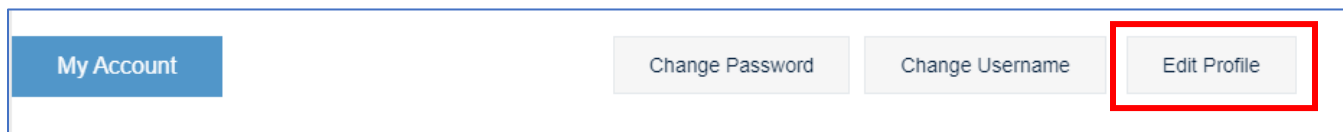
> All column totals for each data category equals 100%

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