



Diversity, Equity, and Inclusion 2023 Annual Report

The demographic diversity of the
AASM's leadership and members

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LETTER FROM THE AASM PRESIDENT

It is with great pleasure that I, on behalf of the AASM board of directors, present the 2023 Diversity, Equity, and Inclusion report. Our commitment to fostering representation and collaboration across our membership has long stood as a central tenet of the AASM's mission. This report, developed by the DEI Committee and now in its fifth year, enables us to pinpoint underrepresented segments within our organization, identify participation barriers, and chart avenues for advancement.

The strides made by the AASM in forging a more diverse and inclusive community are both remarkable and heartening. In the past year, the DEI Committee crafted a dynamic roadmap exploring the patient journey, illuminating points where they may experience disparities in care. These insights empower the AASM and its members to pinpoint opportunities for intervention and cultivate equitable access to sleep care.

However, our commitment extends beyond the confines of the AASM. We hold a responsibility to our patients and the communities we serve, driving us to address health care disparities and improve accessibility. Looking ahead, the DEI Committee is creating resources to enhance cultural knowledge and, in collaboration with the AASM Foundation, developing grant programs to provide staff training in rural communities.

To make further progress, we seek your input. I encourage you to review and update the demographic profile within your online AASM member account, enabling us to fully comprehend our membership landscape.

Finally, I thank the dedicated members of our DEI Committee, whose diligence propels the AASM toward its vision of being an inclusive, equitable, and diverse organization for all members.

Warm regards,



A handwritten signature in black ink, appearing to read 'James A. Rowley'.

James A. Rowley, MD, FAASM

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 2023 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.

Our collective efforts to improve data acquisition systems and educating members on the importance of how providing key demographic data helps the AASM make better decisions to advance the organization and the field are paying off, as you will see below.

We identified the following key findings from the data for the 2022/23 year:

- The percentage of AASM members who have provided demographic information has greatly improved since we began analyzing this information.
 - Race
 - 2021 – 31.2 % of members
 - 2022 – 30.7 % of members
 - 2023 – 49.7% of members
 - Practice Setting
 - 2021 – 35.3 % of member
 - 2022 – 35.1 % of members
 - 2023 – 49.3 % of members
- The number of leaders and volunteers analyzed in this report is comparable to last year:
 - 2021 – 350 Leaders and Volunteers
 - 2022 – 341 Leaders and Volunteers
 - 2023 – 370 Leaders and Volunteers
- AASM membership consists of 57.8% male, 40.3% female. Over the years there has been a decline in male members. This year male members decreased 1.6% and female members increased by 1.3%. This year 1.8% of members left this field blank or selected not disclosed.
 - There was a 2.7% decrease in male volunteer members this year, while female volunteers increased by 2.7%. In leadership roles, there were minimal changes in the gender percentages.
- 49.7% of AASM members have reported their race. Of those who did, the majority (55.0%) identified as White/Caucasian and the remaining (45.0%) identified in one or more of the other race categories. This year, the makeup of race in volunteer roles was minimal, while in leadership, there was an 8.5% decline with White/Caucasian and 7.3% increase in Asian members.
- Overall, there were minimal changes in member geographic locations, with the exception of international members who grew by 1.2% this year. Most members reside in Southern states, but volunteers are mostly from Southern and Midwestern states. There was also a 2.2% increase in volunteer members who reside internationally. In leadership, members in the Midwest are the majority at 37.1%.
- Of AASM members who are board certified in sleep, the majority are in Internal Medicine (43.1%), followed by Psychiatry and Neurology (22.8%). Pediatrics continues to have higher representation among volunteer members (11.4%) and leadership roles (12.5%) compared to 5.8% of total members.

The following pages outline the detailed analysis of AASM membership data as of April 20, 2023.

2023 Demographic Report

MEMBER CATEGORY

The data below is based off of 8,497 AASM members as of April 20, 2023, compared to 8,608 members from the previous year.

Full members are still the predominant member group at 69.5%, although there was a decline from 2022 of 4.9%. Team members are the next largest segment at 14.8%, which has also declined slightly by 1.5% - these decreases are due in part to membership dues increase in 2023. The student/resident membership category has significantly increased by 5.2% to 10.7% this year, due in part to the promotion of complimentary dues. International members have also increased by 1.3% to 3.2%.

	2019	2020	2021	2022	2023
Affiliate Membership	2.0%	1.9%	1.9%	1.9%	1.8%
Circumstance Membership	0.0%	0.0%	0.0%	0.0%	0.0%
Full Membership*	81.7%	80.2%	77.7%	74.4%	69.5%
International Membership	1.4%	1.6%	1.5%	1.9%	3.2%
Student and Resident Membership	1.9%	2.0%	2.6%	5.5%	10.7%
Team Membership	13.0%	14.3%	16.1%	16.3%	14.8%

*Full member category includes former Fellow, Retired and Emeritus categories as standings (changed in 2021).

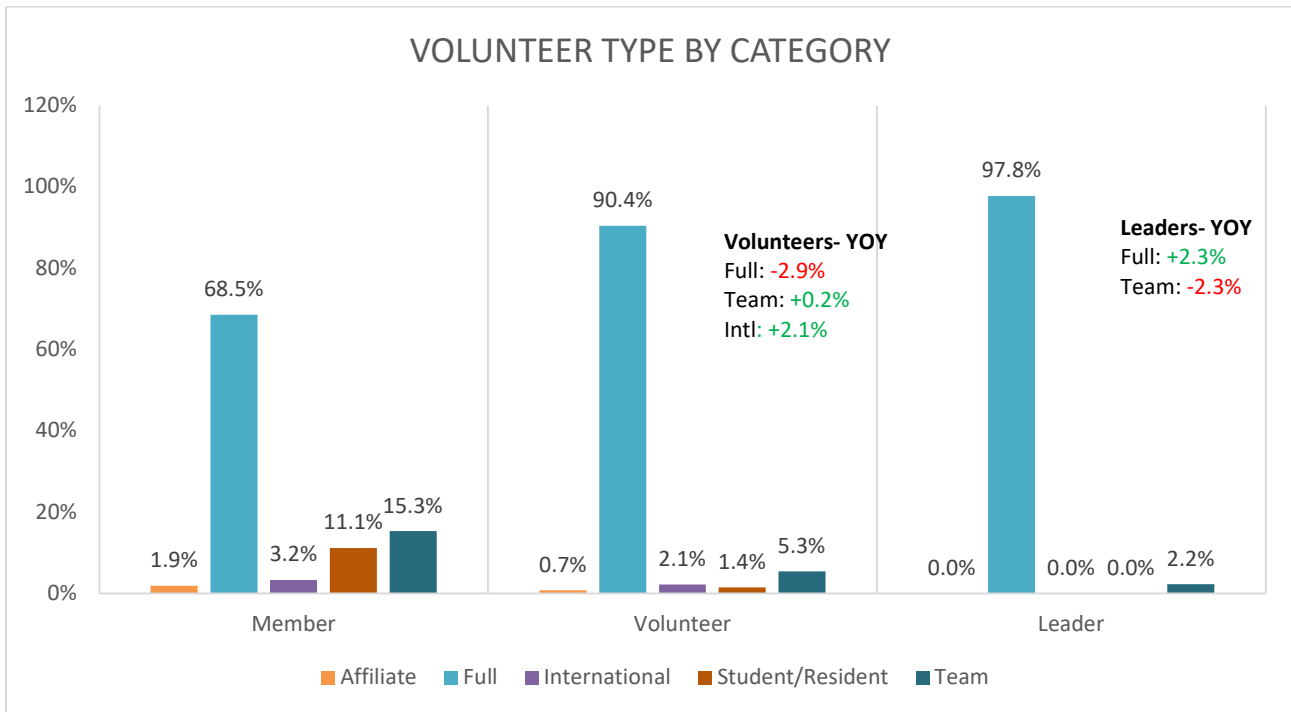
Volunteer Type

Volunteer Types – 3 Year Trend

This year, the number of volunteers totaled 370 (281 volunteers and 89 leaders), which is comparable to 2022 volunteers. The chart below shows the breakdown of membership by volunteer type for the past three years.

	2021		2022		2023	
	Count	%	Count	%	Count	%
Member	8,048	95.8%	8,267	96.0%	8,127	95.6%
Volunteer	258	3.1%	253	3.0%	281	3.3%
Leader	92	1.1%	88	1.0%	89	1.0%
TOTAL	8,398		8,608		8,497	

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

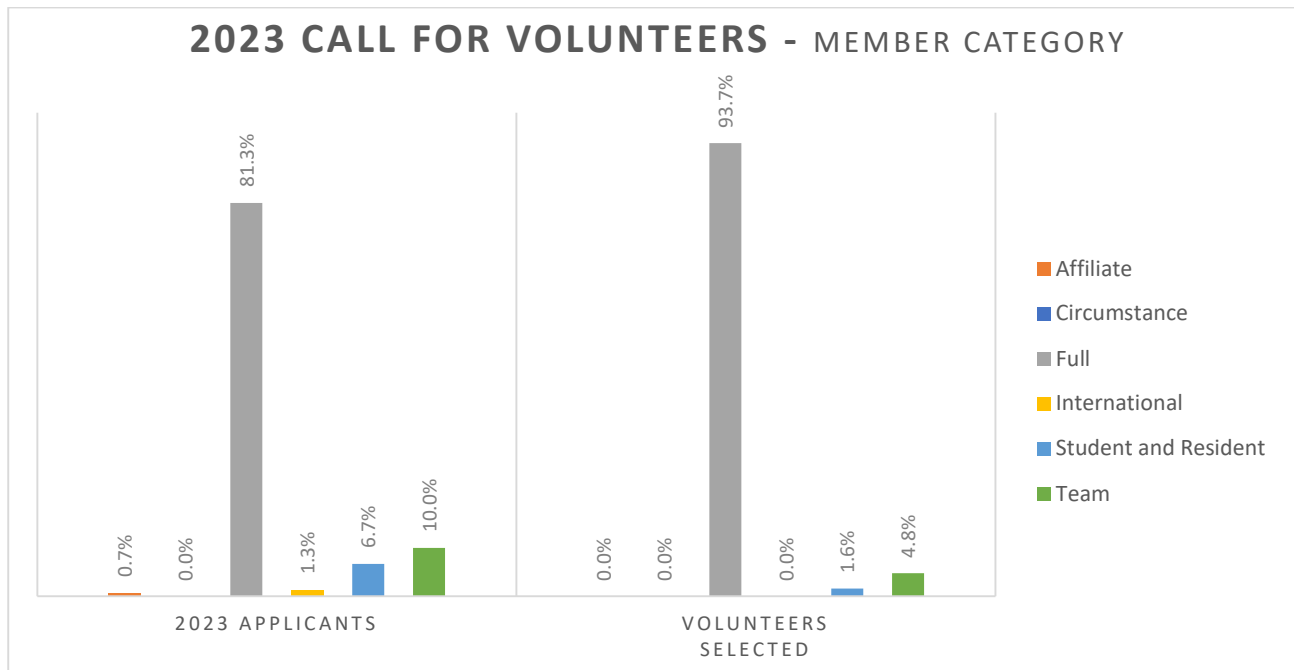


The chart above shows a breakdown by volunteer type, excluding Circumstance members. Team members represent 5.3% of the volunteer roles and 2.2% of leader roles (a decrease of 2.3% YOY). Full members are the largest groups in both volunteer and leadership roles at 90.4% and 97.8% respectively. There has also been an increase in the number of international volunteers at 2.1% compared to none in the previous year.

2023 Call for Volunteers by Member Category

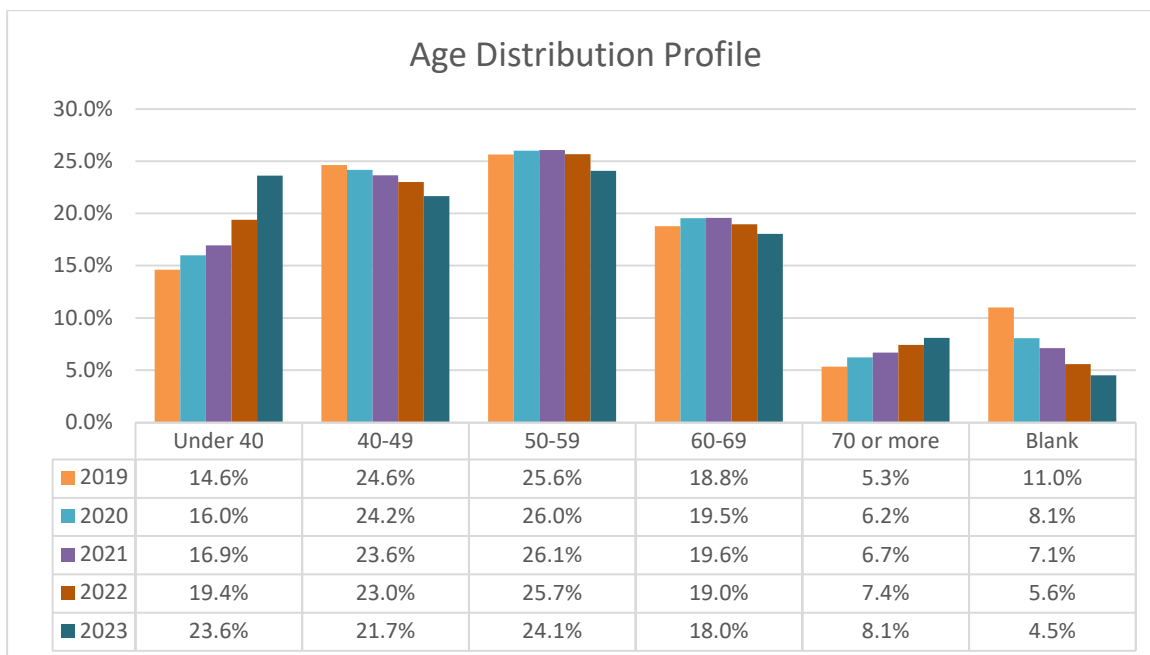
AASM received 150 volunteer applications in 2023. Most applicants came from the Full member category (81.3%), followed by Team members (10.0%), and Student/Resident members (6.7%).

More Full members were selected (93.7%) compared to their representation within the applicant pool. Team members were 4.8% and Student/Resident were 1.6%.



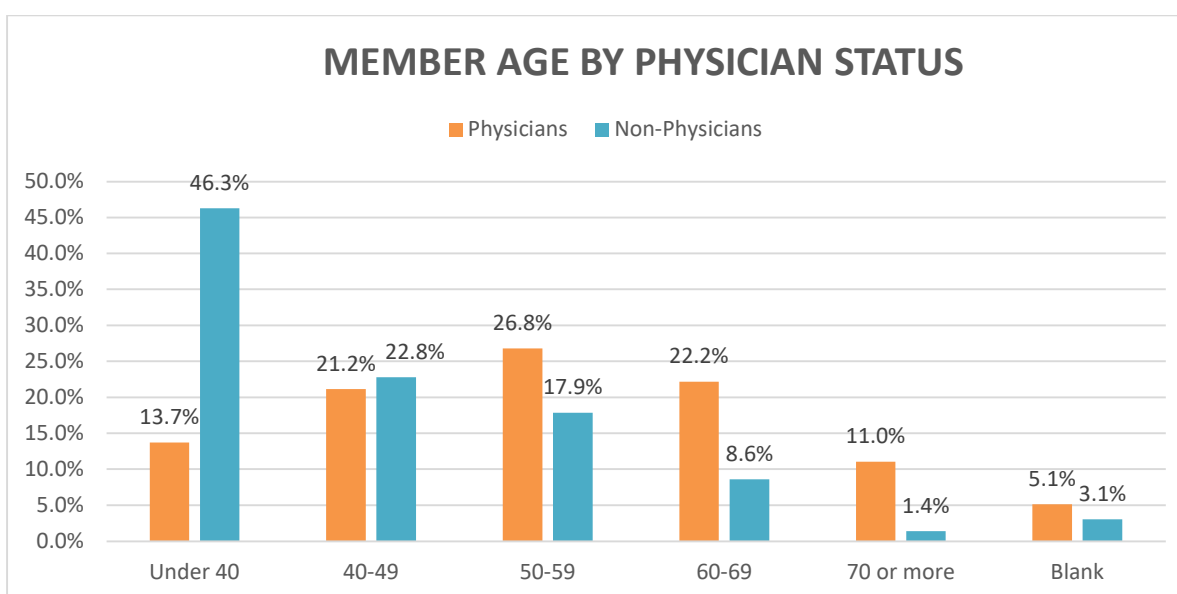
AGE

Approximately 95.5% of members have provided their age in their membership profile. The average age for all AASM members is 50.3 years old, compared to 51.2 years last year. (U.S. physician population is 52.6 years). The average age of members with a doctoral degree is 54.1 years, compared to 53.6 years in 2022. The average age of Team members is 47.0 years and 32.5 for students/resident members.



Practitioner Type Profile

The majority of AASM members with a doctoral degree (*Physicians*) are between 40-69 years (70.2%), with the majority falling in the 50-59 range (26.8%). For members without doctoral degrees, the majority are under 40 to 59 years (87.0%), with the most being under 40 years (46.3%). The Student/Resident and Team categories contribute to the high percentage of non-physicians under 40.

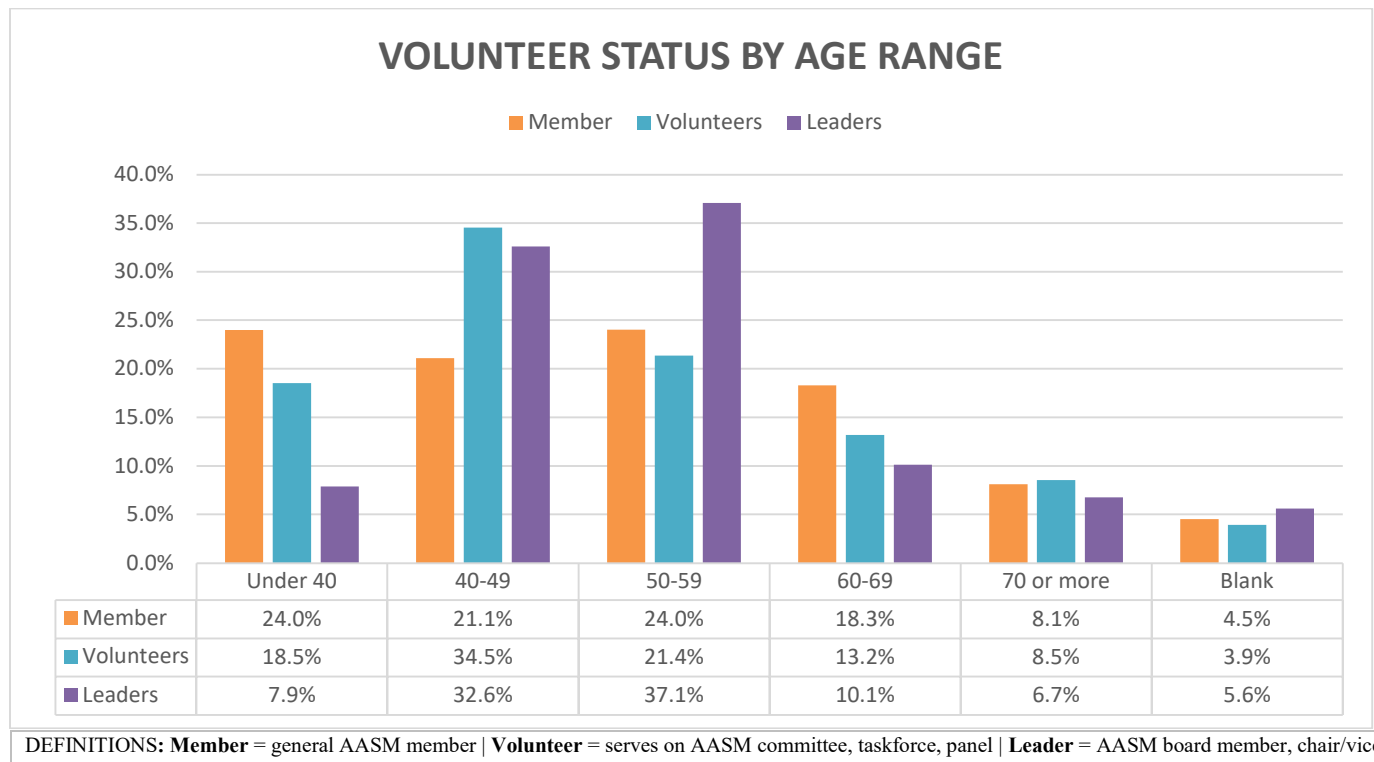


***Physicians** = Full members with doctoral degrees, includes Regular, Fellow, Emeritus, Retired, Sleep Medicine Trainees

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

Volunteer Type Profile for Age

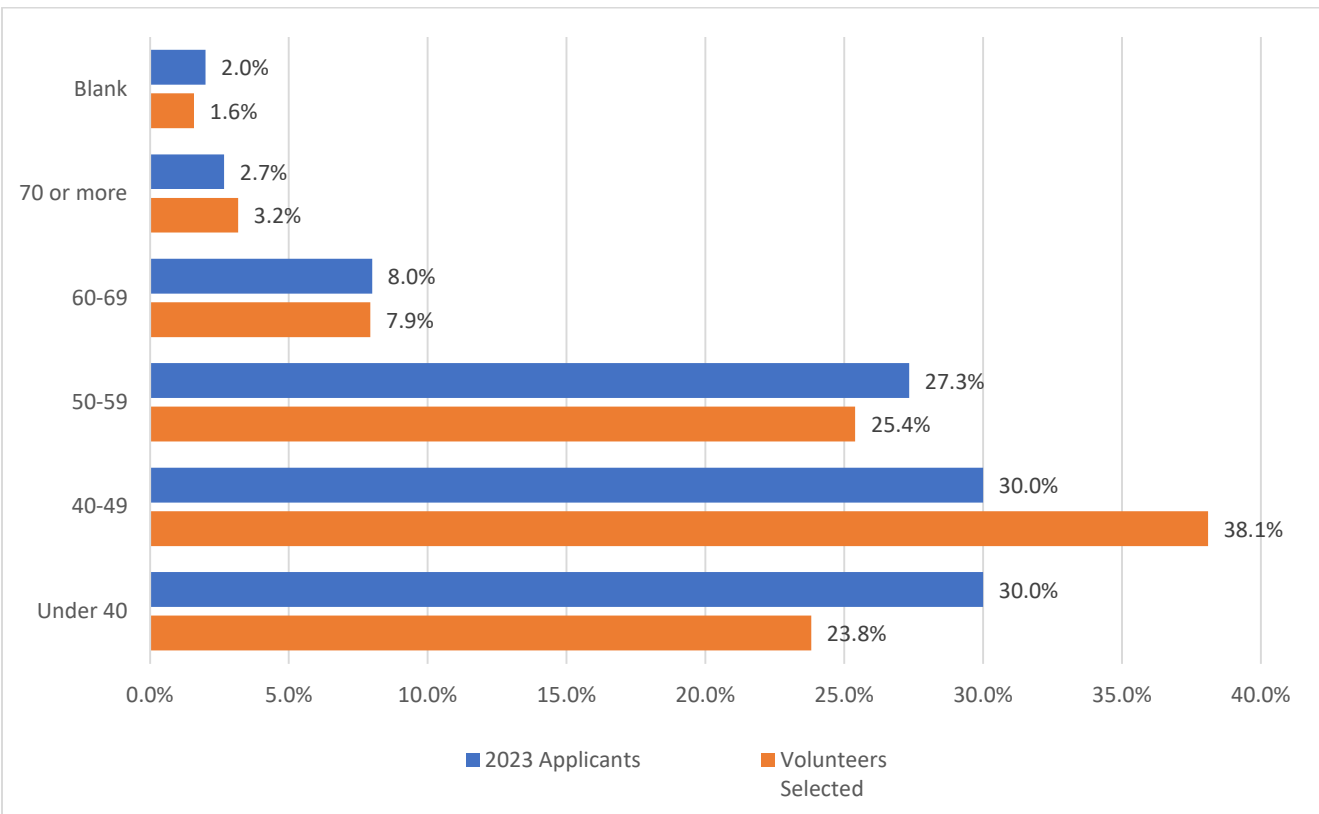
AASM members between the ages of 40 and 59 represent 45.1% of membership, 55.9% of volunteers, and 69.7% of leaders. Members under 40 represent 24% of membership, 18.5% of volunteers, and 7.9% of leaders. AASM members 60 or older represent 26.4% of membership, 21.7% of volunteers, and 16.8% of leaders.



3 Year Age Trend by Volunteer Type

	Member			Volunteers			Leaders		
	2021	2022	2023	2021	2022	2023	2021	2022	2023
	8,048	8267	8127	258	253	281	92	88	89
Average Age (Mean)	51.9	51.2	50.3	47.8	49.4	49.8	50.7	51.8	52.0
Under 40	16.9%	19.5%	24.0%	21.7%	18.6%	18.5%	8.7%	8.0%	7.9%
40-49	23.0%	22.5%	21.1%	34.9%	34.0%	34.5%	43.5%	38.6%	32.6%
50-59	26.1%	25.6%	24.0%	24.0%	24.9%	21.4%	25.0%	29.5%	37.1%
60-69	20.0%	19.2%	18.3%	10.1%	13.4%	13.2%	8.7%	8.0%	10.1%
70 or more	6.8%	7.5%	8.1%	2.3%	5.1%	8.5%	7.6%	9.1%	6.7%
Blank	7.1%	5.6%	4.5%	7.0%	4.0%	3.9%	6.5%	6.8%	5.6%

2023 Call for Volunteers Profile by Age



The majority of 2023 volunteer applicants were both in the under 40 and the 40-49 age groups (30.0% each), followed by 50-59 (27.3%).

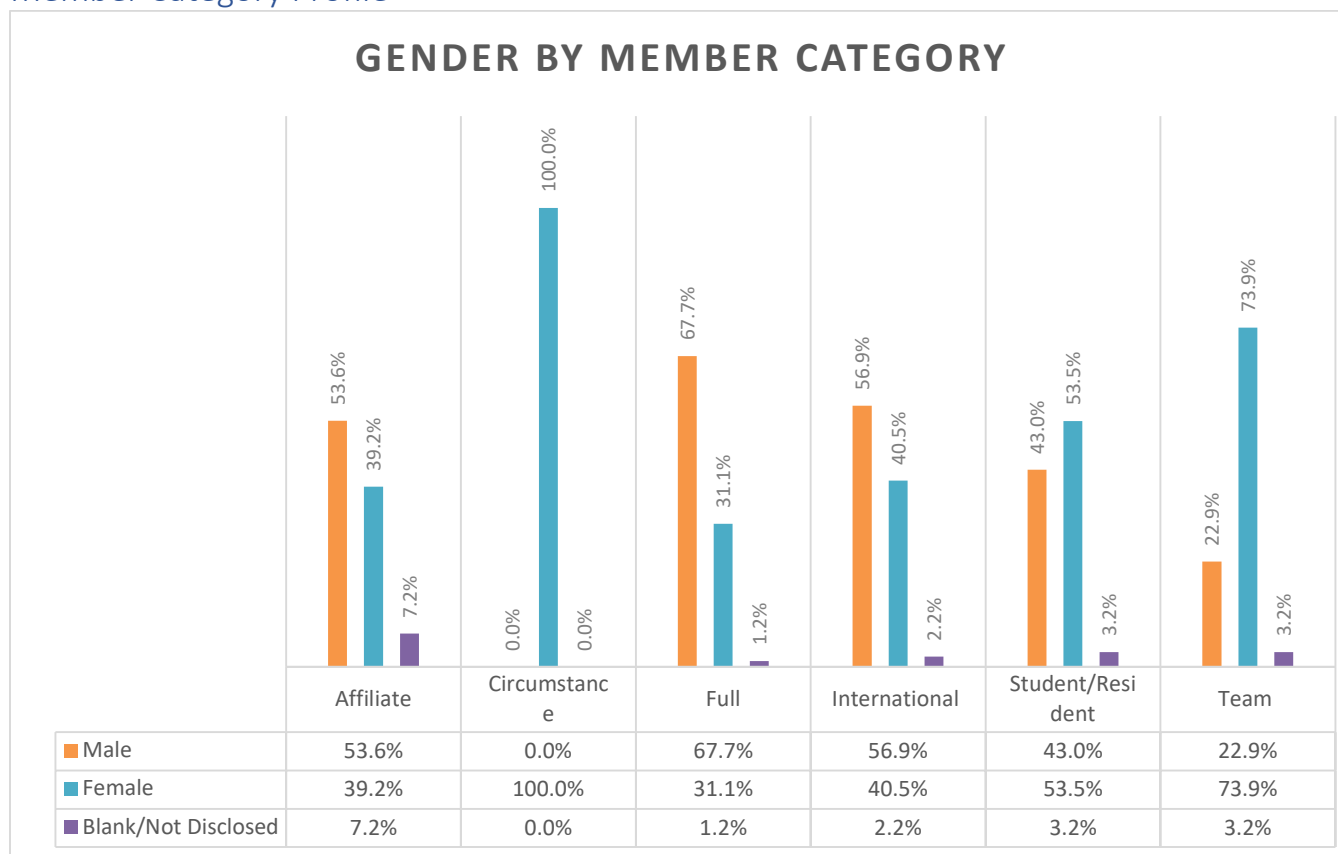
Of those selected for volunteer roles in 2023, the majority were 40-49 (38.1%), followed by 50-59 (25.4%), and then under 40 (23.8%). We continue to make efforts to increase the number of younger members selected for our volunteer opportunities.

GENDER

The gender breakdown of AASM members is 57.8% male and 40.3% female, 1.8% are blank/not disclosed. No one identified themselves as non-binary. While the majority of our membership is male, there has been a steady increase in female membership over the years, which can be attributed to the growth of our Team and Student/Resident member categories.

	All Members (%)				
	2019	2020	2021	2022	2023
Male	64.5%	63.4%	60.7%	59.4%	57.8%
Female	33.2%	34.4%	37.4%	39.0%	40.3%
Blank/Not Disclosed	2.3%	2.1%	1.9%	1.6%	1.8%
Non-Binary	0.0%	0.0%	0.0%	0.0%	0.0%

Member Category Profile

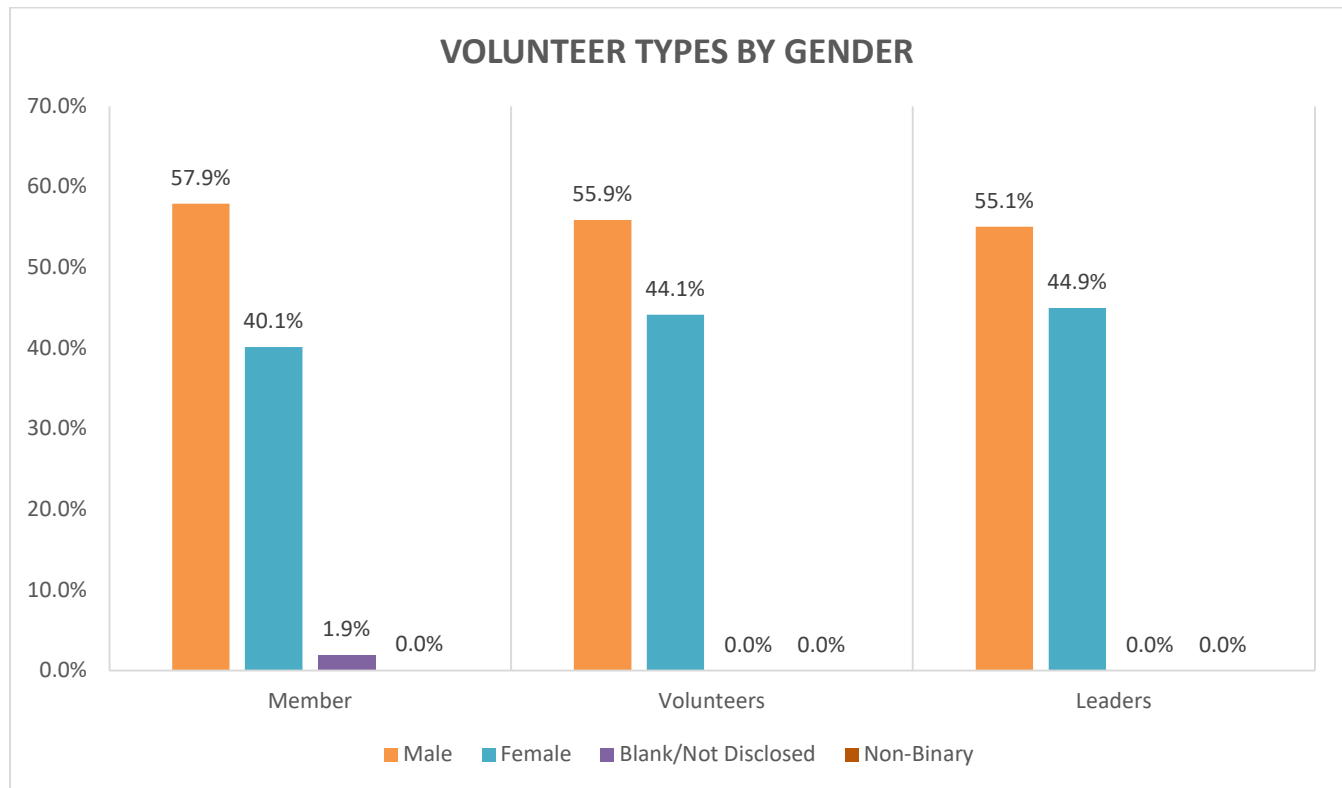


The gender breakdown for Full members is 67.7% male and 31.1% female. While most of our member categories are predominantly male, the reverse is the case for Team & Student/Resident members where females are the majority with 73.9% and 53.5% respectively.

Volunteer Type Profile by Gender

The number of volunteers in 2022/23 totaled 370 (281 volunteers and 89 leaders), which is slightly higher than 2022 volunteers at 341 (253 volunteers and 88 leaders).

AASM volunteers consist of 55.9% male and 41.4% female. There was a 2.7% increase in female volunteers, while male volunteers decreased by 2.7%. There were no significant changes in the leadership category compared last year, which is currently 55.1% male and 44.9% female.

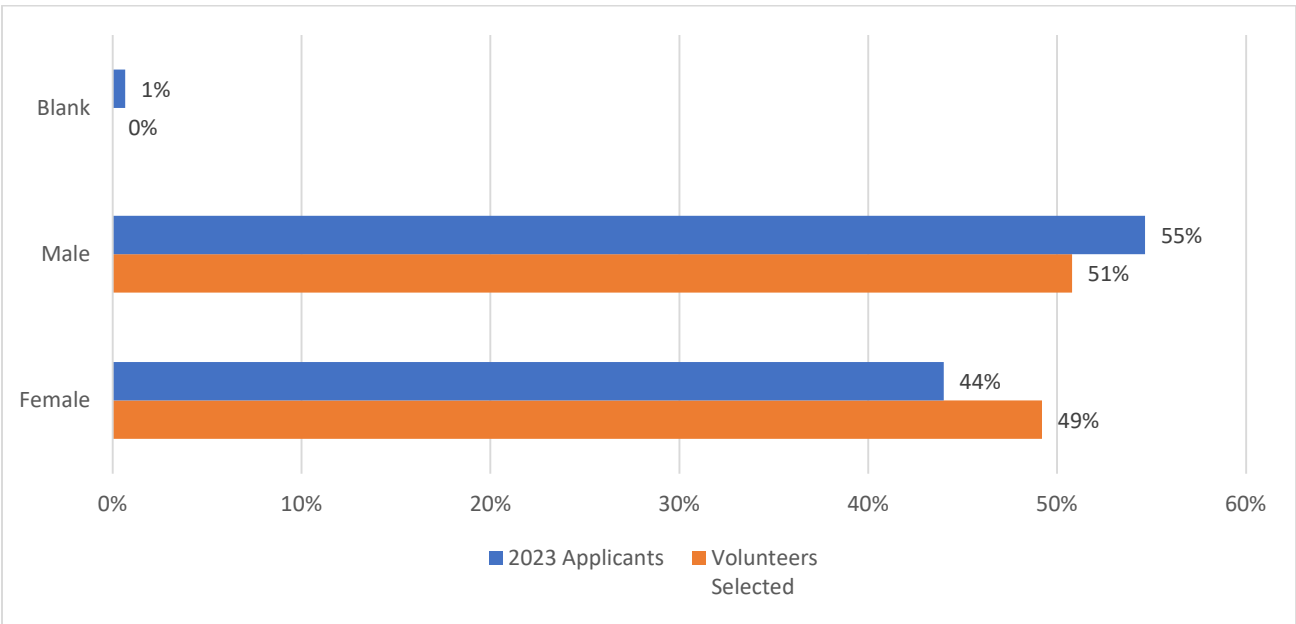


DEFINITIONS: **Member** = general AASM member | **Volunteer** = serves on AASM committee, taskforce, panel | **Leader** = AASM board member, chair/vice-chair

Gender by Volunteer Type – 3 Year Trend

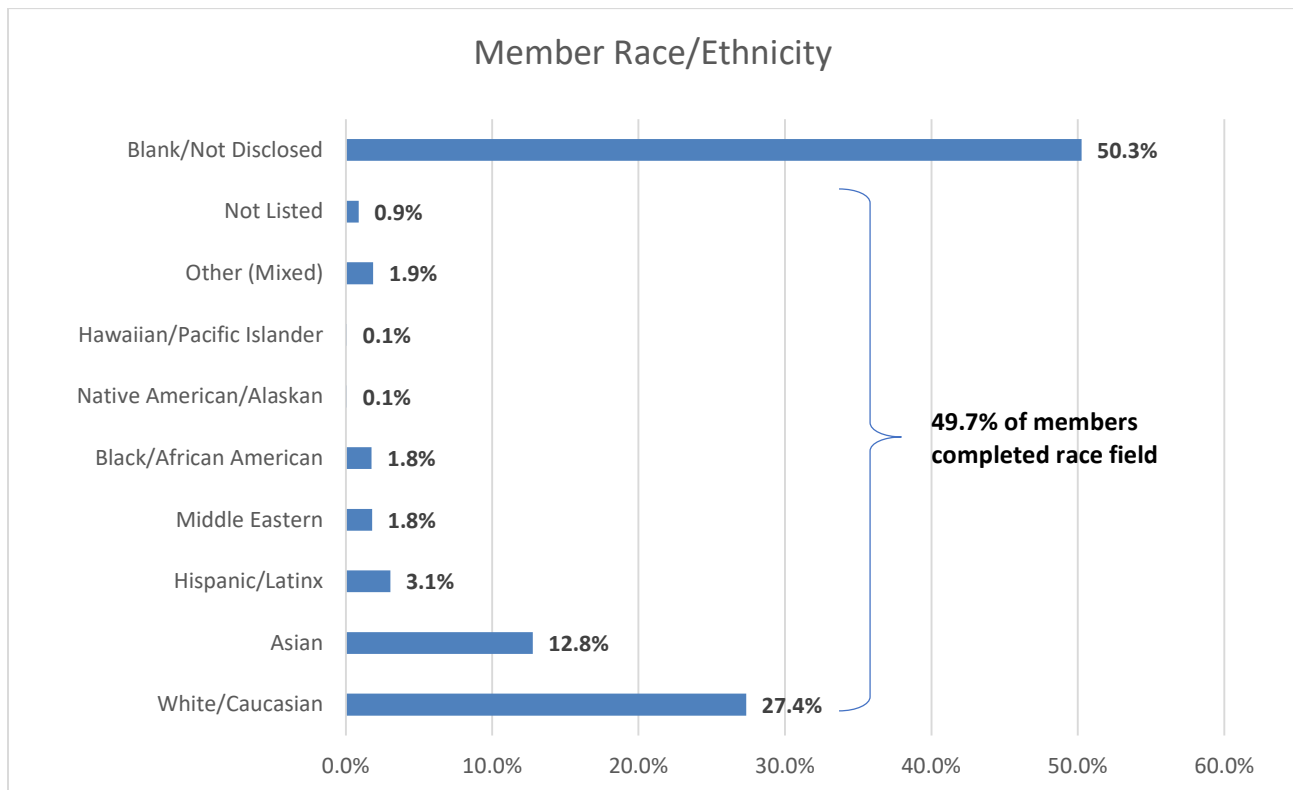
	Member			Volunteers			Leaders		
	2021	2022	2023	2021	2022	2023	2021	2022	2023
Male	61.0%	59.4%	57.9%	53.5%	58.6%	55.9%	55.4%	55.7%	55.1%
Female	37.1%	38.9%	40.1%	45.0%	41.4%	44.1%	44.6%	44.3%	44.9%
Blank/Not Disclosed	2.0%	1.7%	1.9%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-Binary	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

2023 Call for Volunteers Profile by Gender

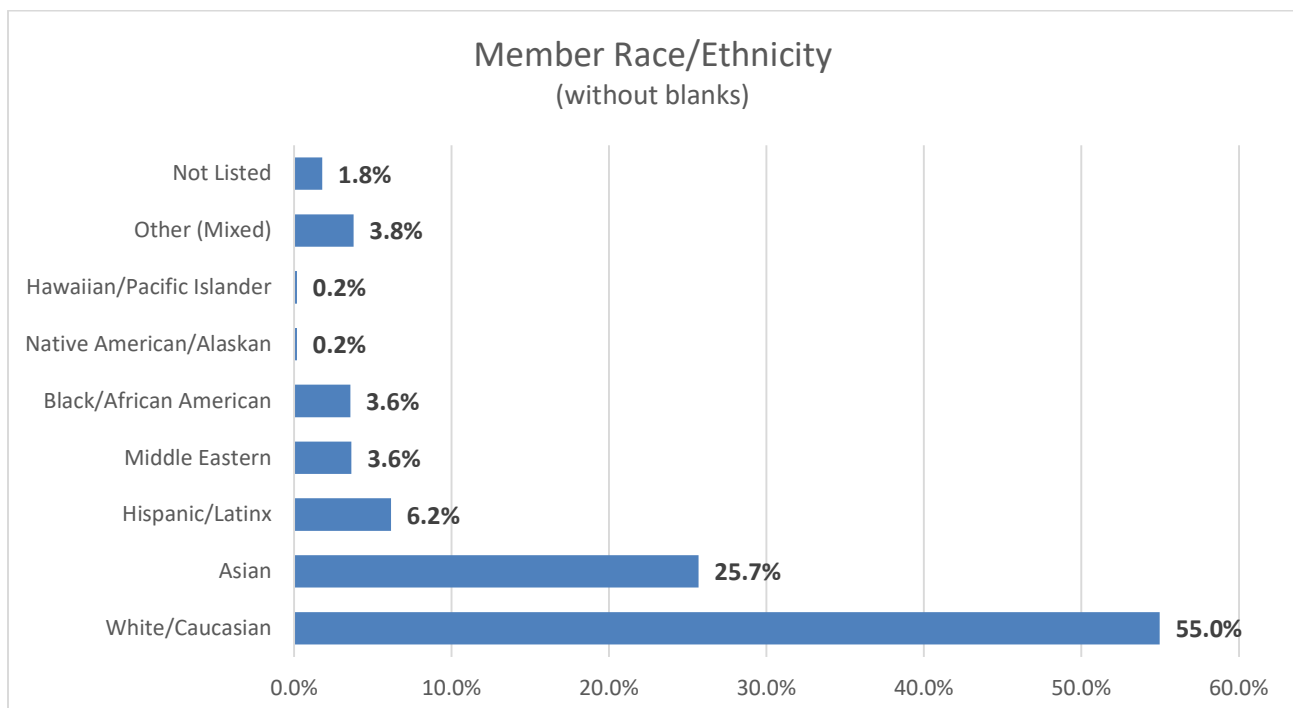


- The majority of the applicants were male (55%) and female (44%).
- The volunteers who were selected are fairly proportional to the total male and female applicants, 51% to 49% respectively.

RACE/ETHNICITY

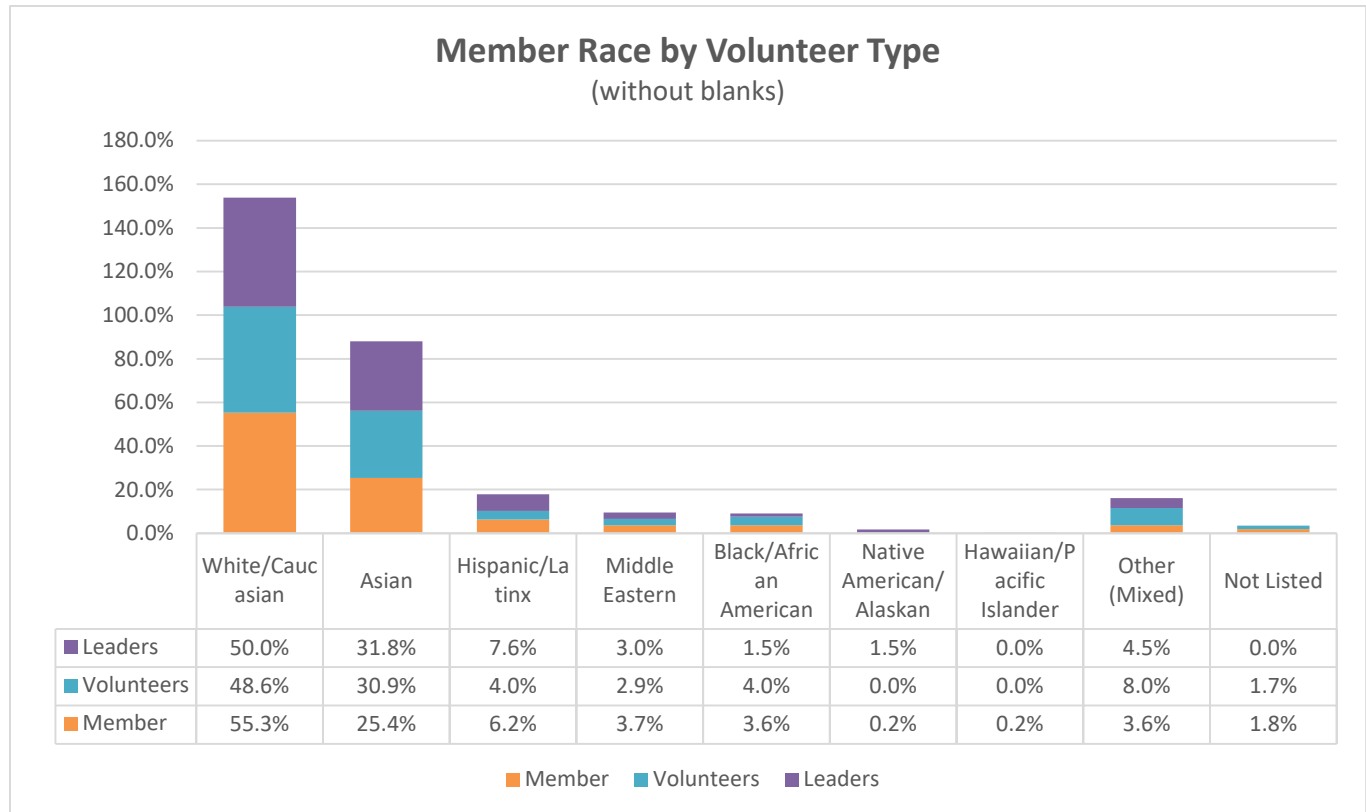


Approximately 50% of AASM have reported their race/ethnicity, an increase of 19% compared to 2022. Of those who did provide their race/ethnicity 55% are White/Caucasian, 25.7% are Asian, followed by 6.2% Hispanic/Latinx, 3.6% Middle Eastern, 3.6% Black/African American, 3.8% Other (mixed), ~2% Not Listed, 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 (48.6%), followed by Asian (30.9%). For leaders the majority is White/Caucasian (50.0%) and Asian (31.8%).

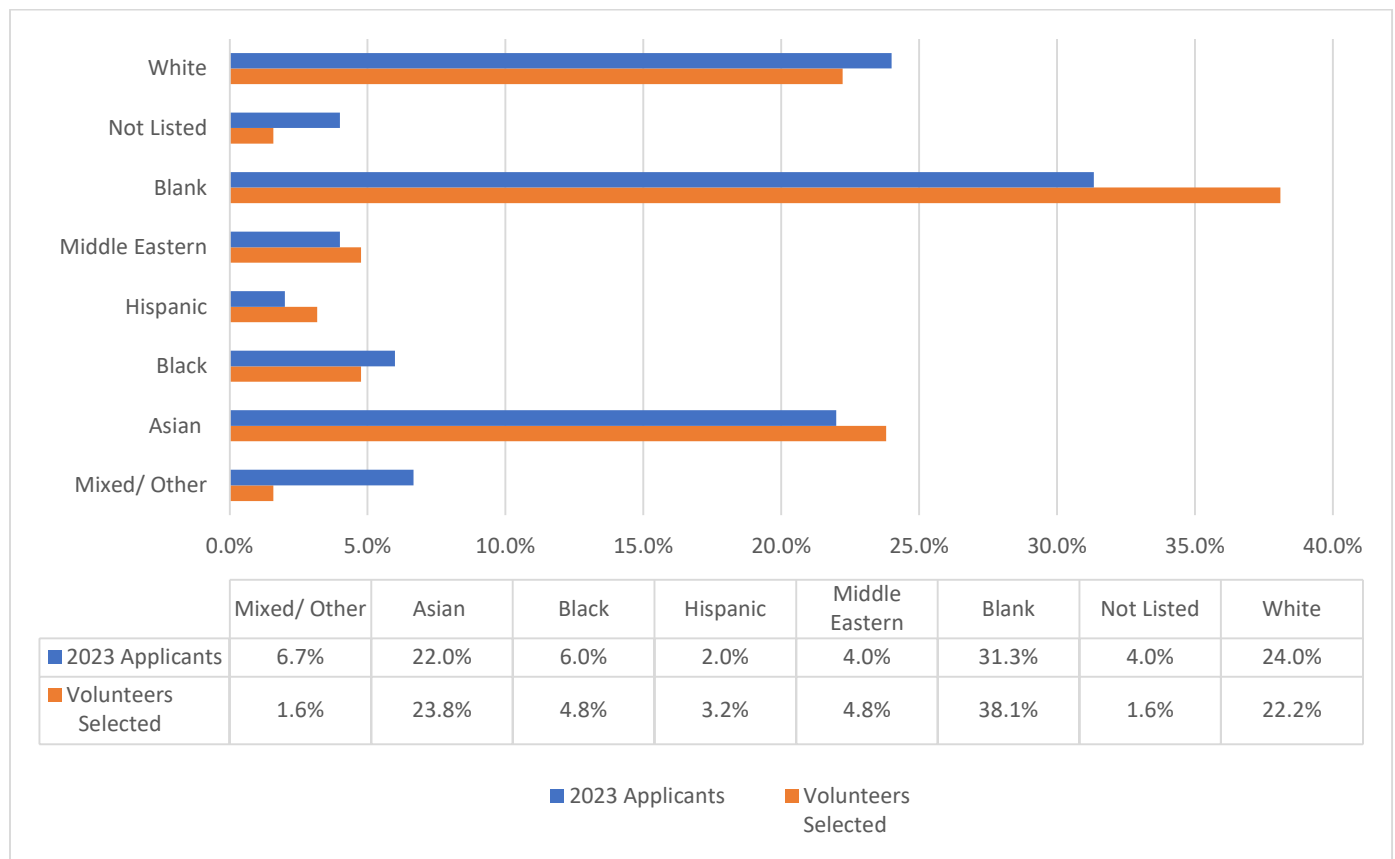


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Compared to the previous year (for members who completed this field), there is a slight decrease in Asian volunteers (1.5%), while there was a considerable increase in Other (Mixed) volunteers (3.7%). There was an 8.5% decrease for White/Caucasian leaders. There were increases in the following leader groups, Asian 7.3% and Middle Eastern 1.1%

	Volunteers			Leaders		
	2021	2022	2023	2021	2022	2023
White/Caucasian	48.4%	47.5%	48.6%	54.4%	58.5%	50.0%
Asian	29.4%	32.4%	30.9%	26.3%	24.5%	31.8%
Hispanic/Latinx	5.6%	5.8%	4.0%	8.8%	7.5%	7.6%
Middle Eastern	1.6%	1.4%	2.9%	3.5%	1.9%	3.0%
Black/African American	4.0%	4.3%	4.0%	3.5%	1.9%	1.5%
Native American/Alaskan	0.8%	0.0%	0.0%	0.0%	1.9%	1.5%
Hawaiian/Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other (Mixed)	5.6%	4.3%	8.0%	3.5%	3.8%	4.5%
Not Listed	4.8%	4.3%	1.7%	0.0%	0.0%	0.0%

2023 Call for Volunteers Profile by Race



31.3% of applicants did not list their race, however, this is a 17.9% decrease in non-responses over last year. Of those that listed race data, the largest group were White (24.0%), followed by Asian (22.0%).

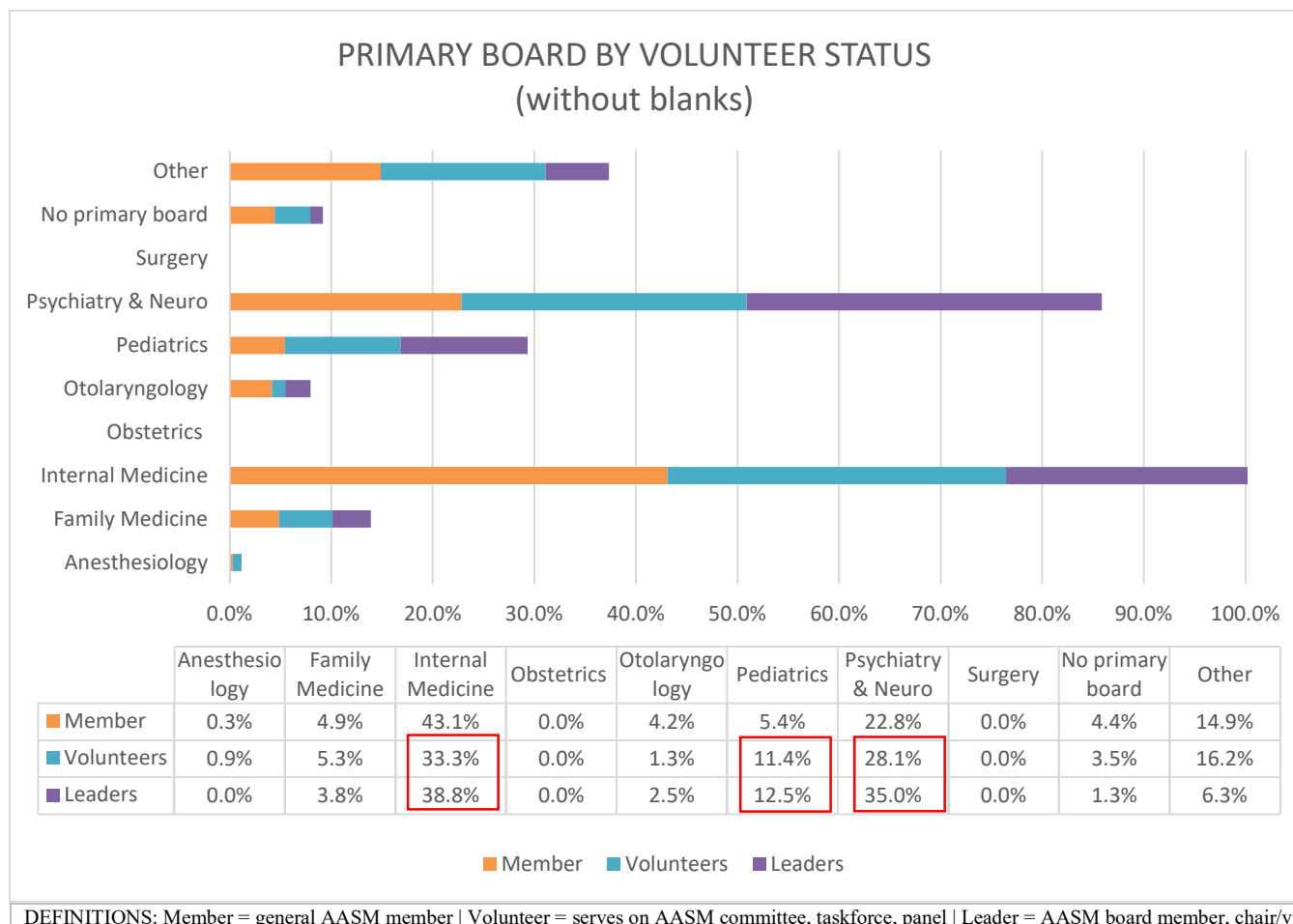
The volunteers selected match somewhat closely with the number applicants for each group with majority Asian (23.8%) and White (22.2%). Overall, the number of members chosen shows no disparities in the proportion selected from each racial group. Blanks

PRIMARY BOARD

Currently, the AASM has collected ~59% of the primary board data from our members: Internal Medicine (42.6%) and Psychiatry and Neurology (23.2%). Members with no board certification is 4.3% and those with other certification types at 14.8%.

Primary Board by Volunteer Roles

Looking closer into volunteer and leader roles, the breakdown is comparative to the total percentage of members in Internal Medicine and Psychiatry/Neurology. Although the percentage of members in Pediatrics is relatively lower (5.4%), they occupy 11.4% of volunteer and 12.5% of leader positions.



GEOGRAPHY

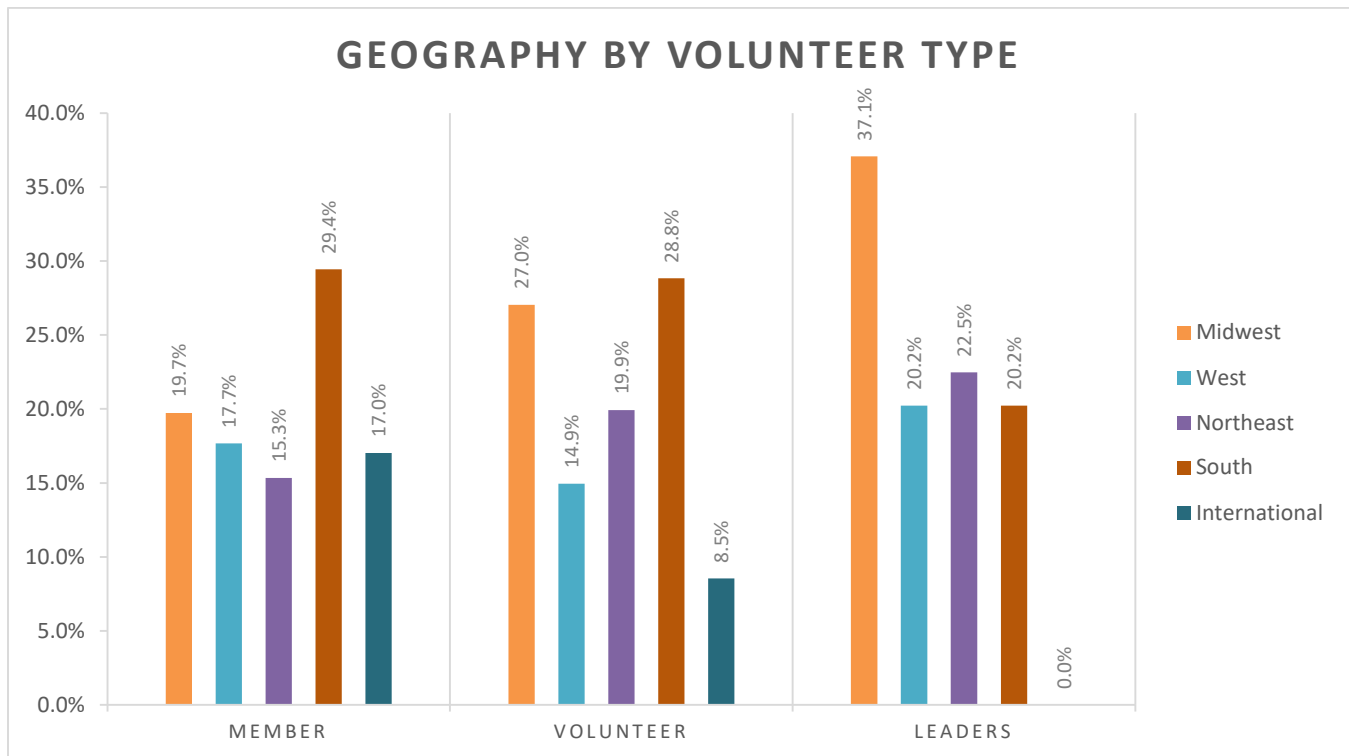
AASM has nearly 100% of member's geographic data because an address is required as part of the membership application. A majority of membership resides in the Southern states (29.4%), followed by the Midwest states (19.7%). For the second year in a row, International members have increased, this year by 1.2%.

	Member				Volunteers				Leaders			
	2021	2022	2023	Change Δ	2021	2022	2023	Change Δ	2021	2022	2023	Change Δ
Midwest	20.7%	20.4%	19.7%	-0.6%	29.8%	29.6%	27.0%	-2.6%	37.0%	36.4%	37.1%	0.7%
West	18.5%	17.6%	17.7%	0.1%	17.4%	17.8%	14.9%	-2.8%	18.5%	21.6%	20.2%	-1.4%
Northeast	15.0%	14.9%	15.3%	0.4%	19.4%	17.4%	19.9%	2.5%	22.8%	21.6%	22.5%	0.9%
South	30.3%	30.6%	29.4%	-1.1%	28.7%	28.1%	28.8%	0.8%	20.7%	19.3%	20.2%	0.9%
International	14.9%	15.8%	17.0%	1.2%	4.3%	6.3%	8.5%	2.2%	1.1%	1.1%	0.0%	-1.1%
US Territory	0.4%	0.4%	0.4%	0.0%	0.4%	0.4%	0.4%	0.0%	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%	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%	0.0%	0.0%	0.0%
Blank	0.1%	0.3%	0.4%	0.1%	0.0%	0.4%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%

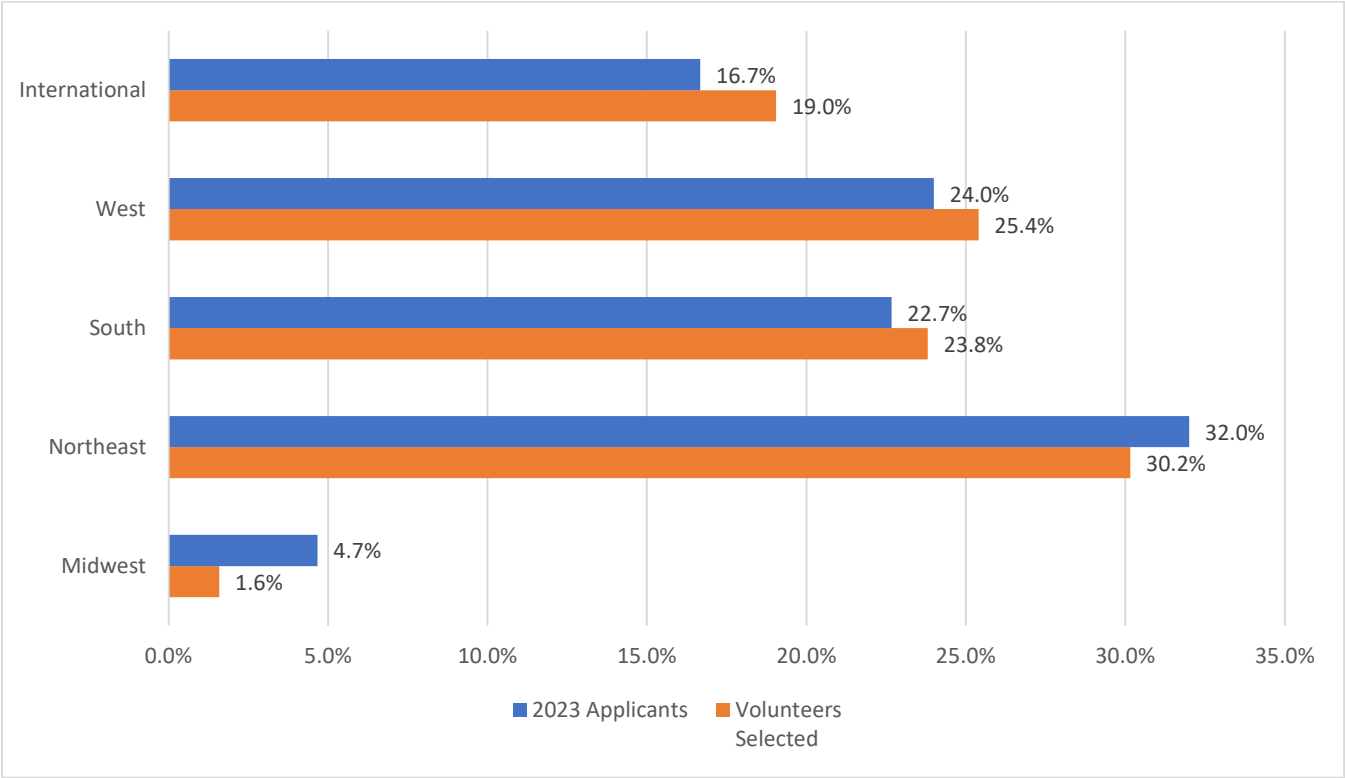
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Volunteer Type by Geography Profile

Similar to previous years, AASM volunteers typically reside in Midwest and Southern states. We also continue to see growth in our International volunteers, which increased by 2.2%. A majority of AASM leaders reside in Midwestern states.



2023 Call for Volunteers Geographic Profile



This year the majority of applicants reside in Northeastern states (32.0%), followed by Western states (24.0%) and then Southern states (22.7%). Of those volunteers selected in 2023, the majority also reside in Northeastern states (30.2%), followed by West (25.4%) and Southern states (23.8%).

PRACTICE SETTING

Approximately 49% of AASM members have reported their practice setting information, a 14% increase over last year. Of the members who reported their setting, 74.6% report that they are employed physicians and 25.4% report being in a private practice.

Looking into the practice setting by volunteer type, Academics continue to have high representation in the volunteer (63.7%) and leadership (68.7%) roles compared to those in other practice settings.

	Member	Volunteer	Leaders
Academic	32.2%	63.7%	68.7%
Employed Physician Practice	44.0%	15.5%	11.9%
Military	1.1%	1.8%	1.5%
Mixed Practice	11.7%	10.7%	13.4%
Not Listed	11.0%	8.3%	4.5%
Employed Physicians Total	74.6%	88.9%	94.4%
Group practice (Equity Owner)	41.7%	28.6%	0.0%
Solo practice (Owner)	58.3%	71.4%	100.0%
Private Practice Total	25.4%	11.1%	5.6%

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2023 Call for Volunteers by Practice Setting

Among applicants for the 2023, those with missing practice setting information was 24.7%, a decrease of 20% in non-responses over last year. Of those that completed this field, most applications came from Academic members (32.7%), followed by Employed Physicians (16.7%), and Mixed practice (12.7%). Of the volunteers selected, Academic members are still majority at 42.9%, followed by Employed Physicians at 15.9%.

SPECIAL ACCOMMODATIONS

At the time of this report, 35 members indicated a need for special accommodations. Most responses said their specific disability was not listed. Of those who did select the need for 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

2022/23 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. 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 AA 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.

2022/23 AASM DEI Committee Members:

- Fauziya Hassan, MD, Chair
- Anna Wani, MD, Vice Chair
- William Martin, PsyD
- Stephen Glazer, MD
- Lissette Jimenez Davila, MD, FAASM
- Pamela Hamilton Stubbs, MD
- Marietta Bibbs, RPSGT
- Luis D Quintero DO, MPH
- Spencer Dawson, PhD
- Sullafa Kadura, MD, MBA
- Christopher Pham, DO

Board Liaison:

Eric J. Olson, MD, FAASM

The Future: 2023/24 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. Make recommendations to improve engagement with underrepresented groups based on the DEI annual report.
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. Review AASM's Diversity, Equity and Inclusion statement on an annual basis and recommend updates to the AASM Board of Directors, if needed.
6. Identify practices within sleep medicine that contribute to health care disparities and provide strategies for members to reduce inequities.

Full 2023 Report Tables

2023 DEI Membership Report											
		All Members (#)	All Members (%)	Member	Volunteers	Leaders	Physicians*	Non-Physicians	All US Physicians (2021 AMA data)	Variance (Physicians only)	Variance (ALL Members)
Age Distribution	Average Age	50.3		50.3	49.8	52.0	54.1	42.0	52.6	1.50	-2.3
	Under 40	2008	23.6%	24.0%	18.5%	7.9%	13.7%	46.3%	29.3%	-5.6%	-5.6%
	40-49	1840	21.7%	21.1%	34.5%	32.6%	21.2%	22.8%	18.0%	3.2%	3.7%
	50-59	2045	24.1%	24.0%	21.4%	37.1%	26.8%	17.9%	16.9%	9.8%	7.1%
	60-69	1533	18.0%	18.3%	13.2%	10.1%	22.2%	8.6%	16.8%	5.4%	1.2%
	70 or more	688	8.1%	8.1%	8.5%	6.7%	11.0%	1.4%	19.0%	-7.9%	-10.9%
	Blank	383	4.5%	4.5%	3.9%	5.6%	5.1%	3.1%	0.0%	5.1%	4.5%
Gender	Male	4912	57.8%	57.9%	55.9%	55.1%	67.7%	35.3%	63.8%	3.9%	6.0%
	Female	3424	40.3%	40.1%	44.1%	44.9%	31.1%	61.2%	35.5%	-4.4%	-4.8%
	Blank/Not Disclosed	157	1.8%	1.9%	0.0%	0.0%	1.2%	3.3%	0.7%	0.5%	1.2%
	Non-Binary	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%
Race	White/Caucasian	2324	27.4%	27.1%	30.2%	37.1%	23.9%	35.2%	50.1%	-26.2%	-22.8%
	Asian	1086	12.8%	12.4%	19.2%	23.6%	12.6%	13.3%	15.4%	-2.9%	-2.6%
	Hispanic/Latinx	260	3.1%	3.1%	2.5%	5.6%	2.4%	4.6%	5.7%	-3.3%	-2.6%
	Middle Eastern	154	1.8%	1.8%	1.8%	2.2%	1.7%	2.0%	0.0%	1.7%	1.8%
	Black/African American	151	1.8%	1.8%	2.5%	1.1%	1.3%	2.8%	4.3%	-3.0%	-2.5%
	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	8	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%	0.0%	0.1%	0.1%
	Other (Mixed)	160	1.9%	1.8%	5.0%	3.4%	1.6%	2.5%	1.4%	0.2%	0.4%
	Not Listed	76	0.9%	0.9%	1.1%	0.0%	0.9%	1.0%	0.0%	0.9%	0.9%
	Blank/Not Disclosed	4270	50.3%	51.0%	37.7%	25.8%	55.4%	38.6%	22.7%	32.6%	27.5%
Primary Board	American Board of Anesthesiology	16	0.2%	0.2%	0.7%	0.0%	0.3%	0.0%	5.8%	-5.6%	-3.6%
	American Board of Family Medicine	245	2.9%	2.8%	4.3%	3.4%	4.0%	0.4%	13.4%	-9.4%	-10.5%
	American Board of Internal Medicine	2139	25.2%	25.0%	27.0%	34.8%	35.5%	1.6%	26.6%	8.9%	1.4%
	American Board of Obstetrics and Gynecology	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.4%	-5.4%	-3.4%
	American Board of Otolaryngology	201	2.4%	2.4%	1.1%	2.2%	3.4%	0.1%	0.0%	3.4%	2.4%
	American Board of Pediatrics	292	3.4%	3.1%	9.3%	11.2%	4.8%	0.3%	10.2%	-5.4%	-6.7%
	American Board of Psychiatry and Neurology	1168	13.7%	13.2%	22.8%	31.5%	19.3%	1.0%	6.1%	13.3%	7.7%
	American Board of Surgery		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	15.7%	-15.7%	-18.7%
	I do not have a primary board	218	2.6%	2.6%	2.8%	1.1%	2.4%	3.0%	0.0%	2.4%	
	Other	743	8.7%	8.6%	13.2%	5.6%	9.3%	7.6%	16.8%	-7.6%	-8.1%
	Blank	3473	40.9%	42.0%	18.9%	10.1%	21.1%	85.9%	0.0%	21.1%	40.9%
Practice Setting †	Academic	1097	12.9%	32.2%	63.7%	68.7%	39.5%	23.4%			
	Employed Physician Practice	1323	15.6%	44.0%	15.5%	11.9%	38.5%	49.4%			
	Military	36	0.4%	1.1%	1.8%	1.5%	1.3%	0.7%			
	Mixed Practice	370	4.4%	11.7%	10.7%	13.4%	12.1%	10.8%			
	Not Listed	340	4.0%	11.0%	8.3%	4.5%	8.7%	15.6%			
	Employed Physicians Total	3166	37.3%	36.1%	59.8%	75.3%	37.5%	36.7%			
	Group practice (Equity Owner)	421	5.0%	41.7%	28.6%	0.0%	42.4%	32.8%			
	Solo practice (Owner)	600	7.1%	58.3%	71.4%	100.0%	57.6%	67.2%			
	Private Practice Total	1021	12.0%	12.3%	7.5%	4.5%	15.2%	4.8%			
	Blank Total	4310	50.7%	51.7%	32.7%	20.2%	47.4%	58.4%			
Region/Location	Midwest	1712	20.1%	19.7%	27.0%	37.1%	21.1%	18.0%			
	West	1496	17.6%	17.7%	14.9%	20.2%	17.8%	17.2%			
	Northeast	1323	15.6%	15.3%	19.9%	22.5%	16.4%	13.6%			
	South	2491	29.3%	29.4%	28.8%	20.2%	32.2%	22.8%			
	International	1408	16.6%	17.0%	8.5%	0.0%	11.9%	27.3%			
	US Territory	30	0.4%	0.4%	0.4%	0.0%	0.4%	0.3%			
	United States Minor Outlying Islands	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			
	Armed Forces Europe	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			
	Blank	37	0.4%	0.4%	0.4%	0.0%	0.3%	0.7%			
Member Category	Affiliate Membership	153	1.8%	1.9%	0.7%	0.0%	0.0%	5.9%			
	Circumstance Membership	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			
	Full Membership	5909	69.5%	68.5%	90.4%	97.8%	100.0%	0.0%			
	International Membership	269	3.2%	3.2%	2.1%	0.0%	0.0%	10.4%			
	Student and Resident Membership	908	10.7%	11.1%	1.4%	0.0%	0.0%	35.1%			
	Team Membership	1257	14.8%	15.3%	5.3%	2.2%	0.0%	48.6%			

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, Students, 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 2019 AMA HOD report

The numbers for the 2022 AMA Demographics were unavailable at the time this report was created. Numbers reflected are from 2021.

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 members.aasm.org at the top left corner
2. Click on the orange "Edit" button



3. Once in your account, click on the pencil icon to edit or complete any missing demographic fields in your profile

My Account	
Purchase History	
Subscriptions	
My Organizations	
Preferences	
Payment Methods	
Giving	

Profile	
Full Name	Arnold Allen Employee
Title	Clinical Director, Darien Sleep Center
Primary Email	employee@aasm.org
Work Phone	(630) 737-9700
Home Phone	(630) 554-0000
Mobile Phone	
Date of Birth	6/1/1955
Gender	Male
Race	Asian (South/East/Southeast Asian),
Company	American Academy of Sleep Medicine
Member Standing	Regular
Professions	Dentist, Physician
Alternate Email	employee@aasm.org
Preferred Phone Type	Professional

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