



Outgoing SVS president outlines state of Society diversity

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BY BRYAN KAY

Delivering data demonstrating the composition of the SVS along age, gender and ethnic lines, he indicated work remained to be done to achieve a more diverse organization, telling the Vascular Annual Meeting (VAM) replacement that “we ought to be able to do better.”

Last year, the SVS Executive Board established an Equity, Diversity & Inclusion Task Force, co-chaired by John Eidt, MD, and Bernadette Aulivola, MD, charging them with looking at the issue broadly, explained Hodgson, “to focus not just on gender or racial disparities, but also those related to sexual orientation or identity, age, or, the group that I think is most discriminated against: foreign medical graduates.”

SVS DIVERSITY

Broadly, he said, the SVS is only 15% female. “But clearly this is not what is reflected in all of the different facets of our Society. For example, as you can see, women make up 38% of those of us younger than 39 years, 24% between 40–49 years, 11% between 50–59 years, and only 3.5% of members 60 years old or greater. This is important to keep in mind since different positions within the organization typically require different levels of prior experience, which usually correlates with age. [It's similar] with [the composition of] our organizational ethnic diversity, for which age had no impact.”

The relevant statistics read: 73% white, 15% Asian/Indian, 6% Hispanic/Latino, 2% African American and 4% other.

While the Executive Board is entirely white, Hodgson said “the Strategic Board doesn’t look too bad when comparing it against the ethnic make-up of our society but Hispanics and African Americans, while admittedly in short supply in the pool, could be better represented,” he told viewers of the address.

The statistics to which Hodgson refers demonstrate an SVS Strategic Board (n=25) composed of 80% white members, 12% Indian/Asian, 6% Hispanic/Latino and 4% other.

MEMBERSHIP

At the council level, Hodgson continued: “Obviously it’s difficult if not impossible to completely mirror your membership, particularly poorly represented cohorts thereof, on all councils and committees, but perhaps we could do better here.”

The ethnic diversity of the SVS councils were recorded as (n=50) 74% white, 20% Asian/Indian and 6% other.

“Things look a little better at the committee level, but please note that the larger, the ‘n’ the more unknowns and ‘others’ we have,” Hodgson said. “Again, we can serve you better if we know more about you, so please plan to tell us so in the fall.”

The SVS committee statistics (n=346) read: 58% white, 20% Asian/Indian, 3% Hispanic/ Latino, 3% African American, 8% unknown and 8% other.

Continuing, Hodgson said: “Rutherford associate editors, typically a group 50 years old or over, were 17% female for the 9th edition and will be 42% female for the 10th. And while the 9th edition had virtually no ethnic diversity at the associate editor level—even the international editors were Caucasian—the 10th edition is looking much better.”

Said 10th edition editors break down as follows: 50% white, 25% international, 8% Hispanic/Latino, 8% African American and 8% other. There were no Asian/Indian associate editors on the 10th edition.

“I’ve looked at the gender and ethnic diversity for the VESAP4 editors and question authors, VESAP5 editors, the APDVS [Association of Program Directors in Vascular Surgery] executive council, the Vascular Surgery Board, the JVS [Journal of Vascular Surgery] and JVS-VL [Journal of Vascular Surgery-Venous and Lymphatic Disorders] editors and editorial boards, and all the data tell a similar tale,” Hodgson went on.

“While different contingents may debate whether the gender data represent a glass half empty, half full or even too full, I will stay out of that debate and say that the data are what they are. However, no one can argue that, particularly with regard to the Hispanic and African American contingent, we ought to be able to do better on ethnic diversity. Not just in vascular surgery but in medicine as a whole.”

EXPERIENCE

Hodgson provided some insight from a personal point of view. “In my 35-year career, I have only once had the opportunity to train an African American vascular fellow, an outstanding young man who I would trust with my own care,” he continued. “I noticed that over the two years he was with me, that many of my Black patients actually started following my advice. And I came to realize that they believed it when it came from him or in his presence, but they didn’t really trust me on my own.

“Think about that for a minute. A large proportion of our patients struggle to be sure that their doctor’s interests are in their best interests. Good outcomes for the population we serve requires trusting in patient engagement, and sometimes that takes having a doctor that looks and talks like you.”

UNDERREPRESENTED

But Hodgson went on to argue that a lack of diversity on SVS committees, councils and boards was not “indicative” of discrimination under the prism of the appointments process “during which we constantly strive for diversity.” Rather, he continued, this was reflective of a lack of diversity in the membership body as a whole.

“While underrepresented in all of medicine, but especially in the surgical specialties, Hispanic and African Americans are more commonly seen on the slopes of Aspen, Colorado, than in our meeting halls.”

Achieving greater diversity within the SVS ranks needn't be a forlorn journey, Hodgson pointed out. The Society has

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been down a similar road before.

Hodgson concluded: "As a society we have had outreach efforts directed at other underrepresented groups in the past, and much of the data I have just shown you indicates that such efforts can be successful.

"The Task Force has documented who we are today. We now need to ask how do we address our remaining diversity challenges, and I am encouraged that the Task Force has proposals to tackle just that."

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