



Women and the American Diabetes Association

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The data presented by Dunne et al. (1,2) are clear and add to the growing literature describing hurdles faced by women in health care and academia. Gender disparities are evident in diabetes-related professions, and in the structure of diabetes associations and governmental research funding sources, these disparities are unfortunately no surprise. As pointed out by the authors, as well as by Sandoval et al. (3,4), the reasons for this gender gap are multiple, spanning social, institutional, cultural, governmental, and organizational domains. These complex issues demand deliberate attention and actions at all organizational and governmental levels. We recognize our collective history and have been striving toward rectifying these disparities.

The American Diabetes Association (ADA) stands for equal treatment of all people, irrespective of gender, race, and ethnicity. One of our strategic priorities is helping people thrive, which can only be fully realized when we embrace diversity, equity, and inclusion (DEI). This needs to be firmly rooted in our organizational structure, volunteer composition, and community conversations. In recent years, the ADA has taken steps to improve processes, policies, practice, and culture to reduce inequalities. This evolution starts within. Here we describe the steps ADA has taken to improve equity for women and our plans for the future.

Our acknowledgment of the unequal representation of people in some positions in our organization has led us to reassess our leadership pipeline and the ways our volunteer committees are structured. This is an ongoing process, in which we are taking every action to make sure diverse voices are represented in conversations and all

people with diabetes are properly considered. We began by gathering data to better understand the current state of DEI across multiple domains. In 2020, 62% of national committee participants were female. We are proud of this statistic and committed to continuing to evaluate each facet of our organization. The year 2021 started with the establishment of the new ADA Science and Health Care Council. The executive committee of this council is charged with oversight of our national committees and to better communicate with and engage our professional members. The inaugural members of this council's executive committee are 67% women, and this committee is chaired by our two female presidents.

Among ADA's most notable contributions to women in science is the conceptualization and development of the Women's Interprofessional Network of the American Diabetes Association (WIN ADA). This network comprises more than 3,000 female clinicians, researchers, educators, and other health professionals derived from the ADA professional membership. This group works to recognize the accomplishments of women in the field of diabetes. They established several avenues for the recognition of women in science, including the Lois Jovanovic Transformative Woman in Diabetes Award and abstract awards in four specific scientific areas that are presented at the ADA annual Scientific Sessions. WIN ADA also offers career development and networking opportunities to women of all career stages to support and help them achieve their full potential.

Our clinical journals are our most public representations of the science generated in diabetes. At this time, 39% of the *Diabetes Care* editorial board, 24% of the

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See accompanying articles, pp. 1623 and 1634.

Diabetes editorial board, 92% of the *Diabetes Spectrum* editorial board, and 65% of the *Clinical Diabetes* editorial board are women. Similarly, 38% of the *Diabetes Care* associate editors, 25% of the *Diabetes* associate editors, 89% of the *Diabetes Spectrum* associate editors, and 44% of the *Clinical Diabetes* associate editors are women. While these percentages represent a marked improvement in the last few years, we continue to strive to do better.

Our quest for equity importantly extends to our research grant portfolio and career awards. Currently, 48% of ADA research grant recipients are female, and of our Pathway to Stop Diabetes grantees (our largest dollar awards), 36% are women. With regard to career awards, ADA presents annual awards in recognition of contributions of individuals to the field of diabetes. With the charge of equity in mind, ADA is working to develop new policies that ensure DEI is considered when choosing members of research grant review committees as well as career award selection committees. We are committed to improvement and progress.

ADA is taking additional actionable steps to build equal opportunities for all people within and connected to our organization. Together, we are working to understand the roots and the conscious and unconscious bases for behavior. Currently, the ADA staff composition is made up of 73% women, with 68% of the vice presidents and above as women. Our efforts to promote equity are also reflected at the core of ADA's organizational mission, which includes the launch of the Health Equity Bill of Rights.

Many women associated with ADA are trailblazers. Through these special people we identify opportunities to care, connect, and innovate that are not easily realized in operational silos. Each individual has a unique set of offerings. It is with pride that we celebrate the value of women in science and health care in pursuit of our mission to prevent and cure diabetes and improve the lives of all people affected by diabetes.

Editor's Note. All authors are connected to the American Diabetes Association by either employment or national leadership position. ADA titles for the authors are as follows: Cynthia E. Munoz, President, Health Care and Education; Ruth S. Weinstock, President, Medicine and Science; Tracey D. Brown, Chief Executive Officer; and Robert A. Gabbay, Chief Scientific and Medical Officer.

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