

Re: Demographic representation among speakers at the Society for Healthcare Epidemiology of America (SHEA) Spring conferences

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To the Editor—As the 2024 SHEA Spring Conference program planning committee chairs, we want to applaud Dr Wiley et al for their thoughtful article, “Demographic Representation among Speakers at the Society for Healthcare Epidemiology of America (SHEA) Spring Conferences.” This analysis provides critical perspective on disparities in both SHEA’s membership and speakers at SHEA’s Spring conferences from 2019 to 2022. These researchers have also documented critical demographic data gaps: Race and ethnicity are not known for nearly half of SHEA’s membership, and key information for SHEA Spring speakers was not consistently recorded over the study period.

In terms of speakers at SHEA Spring conferences, these researchers found that individuals from community settings, from racial and ethnic minoritized communities, and those with non-doctoral degrees were all underrepresented. These data provide tangible targets for intentional interventions that can be made by the SHEA Spring Planning Committee to enhance speaker diversity. We are pleased to share that in 2023, we actively increased the speaker budget for reimbursement to broaden the pool of potential speakers, which included an intentional effort to increase speaker invitations to underrepresented groups.

The 2024 SHEA Spring Planning Committee is continuing to address speaker diversity gaps by exploring data-driven approaches that would more consistently enhance the diversity of SHEA Spring conference speakers. The study by Wiley et al also supports SHEA’s continued enhanced financial investment allowing for speaker recruitment.

SHEA leadership, in partnership with the SHEA Diversity, Equity, and Inclusion Committee, is using these data more broadly to inform areas such as SHEA volunteer opportunities on committees and writing groups. SHEA is actively working on shoring up membership demographic information as well as SHEA Spring presenter data to better inform diversity efforts moving forward. We agree with Wiley et al that accurate membership and speaker demographic data will be critical to tactically and consistently address diversity in the SHEA Spring speaker group. Having speaker demographics accurately reflect the membership is one step toward ensuring that SHEA membership accurately reflects the healthcare epidemiology workforce and subsequently, the communities they serve.

As one of the premier healthcare epidemiology and antimicrobial stewardship conferences, SHEA Spring is an ideal setting to support and grow diversity in our field. The SHEA Spring conference also offers an excellent opportunity for SHEA to demonstrate commitment to its diversity, equity, and inclusion pledge: “SHEA is dedicated to providing equitable opportunities and access to all individuals regardless of race, color, ethnic or national origin, gender, gender identity, gender expression, age, disability, sexual orientation, religion, citizenship, or veteran’s status.”

We look forward to engaging with our community on this important topic, and we encourage anyone with ideas or questions to reach out to either the SHEA Spring Planning Committee or the SHEA Diversity, Equity, and Inclusion Committee. We again thank Wiley et al for this important work.

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