

TOPICAL FEATURE

## Results of the 2022 AMWA DEI Survey

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The AMWA Board of Directors (BOD) issued a statement in June 2020 acknowledging that health and well-being for all cannot exist alongside endemic racial health inequities. The statement emphasized that diversity is a strength that enriches AMWA membership. In 2021, the BOD confirmed the goal of creating a more inclusive, diverse, and collaborative environment for members and set a direction for enhancing diversity and inclusion efforts within the organization. In addition to the updated [AMWA diversity, equity, and inclusion \(DEI\) statement](#),<sup>1</sup> the BOD appointed a Diversity and Inclusion (D&I) Assessment Task Force. The task force was charged with analyzing membership data and gathering member input to help determine the current status of the organization's D&I; identify deficiencies, needs, opportunities, and challenges related to D&I; and recommend initial strategies to enhance D&I within the organization.

The task force developed the 2022 AMWA DEI Survey with the goals of gaining a clearer understanding of the existing diversity of membership, identifying current shortcomings, and recognizing how to build upon AMWA's current strengths to enhance the overall atmosphere of D&I within AMWA. This survey allowed the task force to assess the demographics of our members. Asking the right questions and offering members the chance to holistically share information about their identities provides AMWA with the opportunity to better serve their members and learn key areas for improvement.

The survey was sent to 4,649 AMWA members, of whom 397 responded. The demographic data presented here identify some clear opportunities for growth, particularly as relates to better serving members who are disabled and members who may belong to marginalized groups. In March 2023, the task force reported to BOD with survey results and recommendations. The scope of this article is to summarize the information on AMWA membership gathered as results of the survey. Responses to open-ended questions and decisions to be made on the basis of the survey responses are not included in this article and will be addressed in future communications.

### MEMBERSHIP STATUS

To ensure that the survey captured an accurate picture of current AMWA membership, respondents were asked to provide their membership status. Of survey respondents who answered this question (N = 396), 98% (n = 388), reported that they were current members of AMWA at the time of the survey.

### AGE

We received 395 responses to the question about age. AMWA membership is primarily aged 40 to 59, with 28% of members identifying as aged 40 to 49 (n = 112) and 28% of members identifying as aged 50 to 59 (n = 109). Twenty percent of members were aged 60 to 69 (n = 78), 16% aged 30 to 39 (64), and 2% aged 25 to 29, with 4% either younger than 30 or over 80.

### VETERAN/MILITARY STATUS

Of the 388 respondents to this question, 99% did not identify as a veteran or member of the US military service.

### EDUCATIONAL BACKGROUND

One hundred eighty-five members (47%) hold a doctoral degree, whereas 34% of members (n = 133) hold a master's degree. Nineteen percent of members (n = 74) have attained an undergraduate degree.

### EMPLOYMENT ROLE, AREA OF FOCUS, AND EXPERIENCE

To characterize the work roles of AMWA members, 54% (n = 215) identified themselves as employees of companies, whereas 37% (n = 148) are freelance workers. Five percent are looking to enter the field, and 4% do not actively work in the field or are retired. The largest group of members worked for pharmaceutical or biotechnology companies (22%, n = 86), with 20% working in medical communication as a close second. Eleven percent work for a research or academic institute, 9% work for a clinical or contract research organization, and 7% work for a medical research education

company. Six percent of respondents work for a health care organization or provider, and 6% of respondents work for a nonprofit organization or professional society. Five percent of respondents work for a medical device company, and the remaining 3% work for a publisher or journal office (2%) or a government agency or contractor (1%). The remaining 11% of respondents (n = 42) work for a different type of organization or client.

AMWA respondents' primary work interests or focus areas were primarily regulatory writing and editing (32%; n = 127) and scientific publications (26%; n = 102). However, 10% of respondents (n = 39) listed their primary work interest/area of focus as health communication/public health/journalism/patient education. Fewer than 10% of respondents selected each of continuing education, publications for professional audiences, promotional writing/marketing/advertising/public relations, medical affairs, grant proposals, and sales training as their primary work interest or focus area, and 6% of respondents selected that their primary work interest or focus area is another type of medical writing or editing.

Survey respondents varied in experience, but 46% (n = 193) of respondents have worked in the field from 11 to 30 years, with 23% (n = 91) working in the field from 11 to 20 years and 23% (n = 92) working in the field from 21 to 30 years. However, the percentages that do not fall into this group are still sizable, with 17% (n = 68) who have worked in the field for 0 to 2 years, 14% (n = 54) for 3 to 5 years, and 13% (n = 52) for 6 to 10 years. Finally, 10% (n = 40) of respondents have worked in the field for more than 31 years (Figure 1).

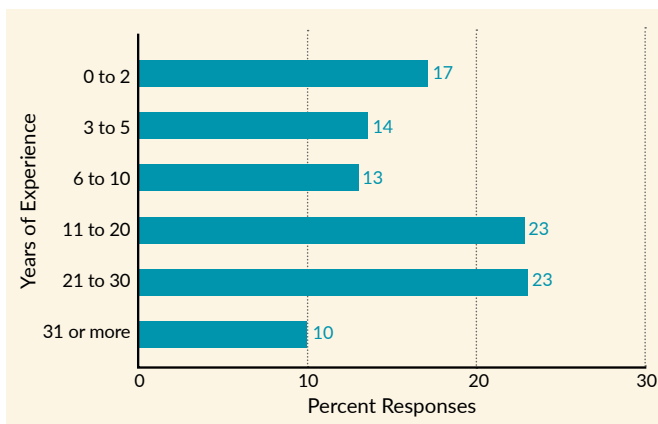


Figure 1. Question 14: Years of experience as a medical writer and/or editor. Total respondents = 397.

## RESIDENCY

By far the largest group (91%; n = 360) of respondents who answered this question lived within the United States. The state with the highest number of respondents was Pennsylvania (9%; n = 33), with California and North Carolina also at 9% with 30 respondents each.

Massachusetts and Texas each had 7% of respondents, or 24 respondents each. New Jersey, Illinois, and Maryland each had 5% (with 18, 17, and 16 respondents, respectively), and 4% of respondents lived in each of Colorado (n = 15), New York (n = 15), and Florida (n = 13). For respondents who lived outside the United States, the most common country of residence was Canada, with 50% (n = 17) of respondents. Remaining numbers of respondents are too low to disclose without potentially identifying members.

## DISABILITY, CHRONIC ILLNESS, AND NEURODIVERSITY

Of 395 survey respondents, 17% indicated that they had a disability; the most common disabilities were chronic illness (43%), mental health condition (24%), and other (12%; details were provided on the survey but are not included to preserve the privacy and identities of the respondents) (Figure 2).

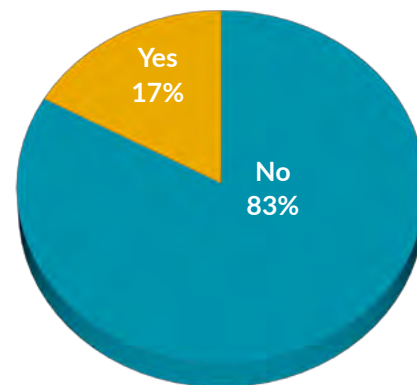


Figure 2. Question 7: Do you have a disability? Total respondents = 395.

Among 42 respondents who declared a disability and did not experience barriers to participation in AMWA, methods of accessing AMWA services included online (64%) (“internet,” “computer,” and “virtually”), other (14%), online or other electronic medium with in-person attendance (ie, hybrid) (12%), with help of accommodation or regulation within their own limits (7%), with help of assistive device (5%), and via mailing list (2%). Of note, given that some respondents who answered no to having a disability responded to this question (n = 11), there appear to be AMWA members interested in both online and hybrid formats in general and who would benefit from accessibility accommodations even though they may not consider themselves disabled. Several respondents mentioned in their response restrictions/barriers to access, including expense (n = 2) or other barrier (n = 1). Several (n = 5) respondents also indicated that although they attend virtually when they can, they wish that there were more virtual options for participation, celebrated the greater number of virtual options available in recent years, or noted limited options for virtual

participation. Twenty-three participants who answered that they had a disability did not answer the question on how they access AMWA services.

Among 17 respondents who declared a disability and noted that they require accessibility accommodations for virtual conferences, online learning, webinars, or virtual networking, accommodations included having available virtual/online learning opportunities in general (35%); technological options enabled for closed caption, chat, and/or ability to control speed of or repeat audio (29%); other (24%); and copies of large-font materials and advance availability of materials (6% each). Similar to the above, some respondents who answered no to having a disability responded to this question (n = 5), with an additional accommodation for diet-related concerns, so there appear to be AMWA members interested in having these types of accommodations available even though they do not consider themselves disabled. Multiple respondents noted a need for accommodations beyond technology and physical space (eg, scent-free spaces, noise reduction).

Among the 397 survey respondents, 5% indicated they were neurodivergent, with 13% indicating they were not sure if they are neurodivergent and no response for 3% (Figure 3).

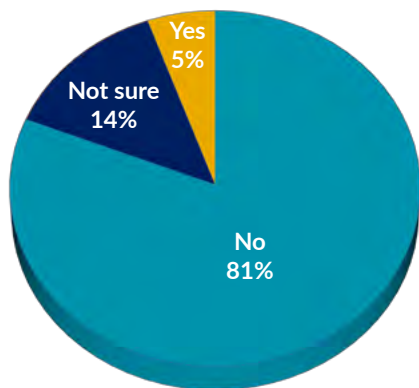


Figure 3. Question 9: Are you neurodivergent? Total respondents = 385.

Most of the respondents who scored AMWA as 1 or 2 with respect to Accessibility and Belonging were disabled. Among respondents who gave low (1 or 2 out of 5; the scale ranged from 0 [poor] to 5 [excellent]) scores to “Rate how well AMWA is currently doing on” belonging, diversity, equity, and inclusion, most respondents who rated AMWA’s performance on “belonging” as 1 or 2 (n = 17) identified as having a disability, and half of respondents who rated AMWA’s performance on “diversity,” “equity,” or “inclusion” as 1 or 2 (n = 29, 20, and 22, respectively) identified as having a disability.

## RACE AND ETHNICITY

Over 80% of the survey respondents were White (n = 326), with 9% identifying as Asian American, Southeast Asian, East Asian, or of Asian descent. Members who identified as

Black, African American, or of African descent were 5% of respondents, and 4% of respondents identified as multiracial or mixed race, with many identifying as 2 or more races. Six percent of respondents self-identified as Latine/Latina/Latino/Latinx or Hispanic. Additional remaining percentages were too low to disclose. It will be important in future analyses to evaluate associations between self-identified race and ethnicity and answers to survey questions regarding belonging, inclusion, accessibility, equity, and diversity.

## SEXUAL ORIENTATION AND GENDER IDENTITY

We examined answers to the pronoun, gender identity, and sexual and romantic identity questions. Of 79 respondents to the question about the individual use of personal pronouns, 53 respondents indicated that they use “she/her,” 52 indicated that they use “he/him,” and 8 indicated that they use “they/them.” Additionally, 15 of 79 respondents selected “I do not use personal pronouns.” There were some challenges evaluating this section of the survey. Some LGBTQIA+ people do not identify with any personal pronouns. However, many of the respondents who selected this last option seem, based on their answers to other questions on the survey, to have done so either because they did not understand what personal pronouns are or because they were using the option to protest the inclusion of multiple gender identities.

When asked about sexual and/or romantic orientation, 19% (75 of 397 respondents) represented diverse sexual or romantic orientations and 82% (n = 324) identified as heterosexual or straight. See Table 1 for the sexual or romantic orientations included.

Table 1. Question 5. Sexual and/or romantic orientation or self-identify. Check all that apply.

Answer Choices	Responses (%)
Heterosexual	225 (58)
Straight	118 (31)
Bisexual	19 (5)
Queer	16 (4)
Lesbian	14 (4)
Gay	11 (3)
A sexual or romantic orientation not listed here. Please specify:	11 (3)
Demisexual	9 (2)
Asexual	5 (1)
Questioning	4 (1)
Demiromantic	3 (1)
Panromantic	3 (1)
Pansexual	3 (1)
Aromantic	1 (0)
Bioromantic	0 (0)
<b>Total Respondents</b>	<b>385</b>

Regarding gender identity, 12% (n = 49) of respondents are transgender or gender diverse. All other respondents (88%; n = 348) identified as cisgender (or identifying with the sex they were assigned at birth).

Additional information provided in the open response questions indicates the following opportunities for AMWA: additional work needs to be done to (1) refine the language used in these questions, (2) address safety and inclusion for these members, and (3) provide platforms for educating members on inclusive language. Additional analyses of open response questions related to AMWA's culture of inclusion around sexual orientation and gender identity will be provided in a follow-up article.

## DEI AND AMWA

Survey respondents were asked to rank 8 strategies they felt would be most helpful for AMWA as it works toward cultivating a more inclusive culture. The 3 top-ranked strategies were having diverse representation in AMWA authors, speakers, and presenters; having diverse representation in leadership/governance; and providing programs and resources on DEI topics. Respondents were also asked to identify topics for potential resources relating to DEI that would be most helpful to them as medical communicators. The top 3 responses were resources on using inclusive language in medical communication, how to develop inclusive health communications, and health equity and health disparities.

The task force is grateful to everyone who participated in the survey. We hope that this information will enable AMWA to learn how to enhance the overall atmosphere of D&I within AMWA.

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### Reference

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