

The American College of Sports Medicine (ACSM) Leadership and Diversity Training Program (LDTP): Harnessing Mentorship to Diversify Organizational Leadership

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ABSTRACT

In the 21st century, exercise-related fields face the daunting challenge of addressing inactivity and chronic disease epidemics driven by vast sociodemographic disparities related to gender, race/ethnicity, socioeconomic status, and disability status. The underrepresentation of scientists and practitioners from communities with the lowest physical activity and highest chronic disease rates makes responding more difficult and diversifying the field to focus on relevant perspectives a priority. For over a decade, the American College of Sports Medicine (ACSM), the world's largest physical activity-focused professional organization, has engaged in a variety of efforts to diversify its membership and leadership. These efforts are summarized here, along with progress, lessons learned, and future plans.

Keywords: ■ American College of Sports Medicine (ACSM) ■ Diversity ■ Inclusion ■ Leadership and Diversity Training Program (LDTP) ■ Mentorship

INTRODUCTION

In the early 1950s, British epidemiologists demonstrated that adults in physically active occupations had lower rates of coronary heart disease than those in sedentary occupations (Morris, Heady, Raffle, Roberts, & Parks, 1953). In the 1970s, the protective effects of physical activity for coronary heart disease and stroke were documented in large prospective cohort studies of longshoremen (Paffenbarger & Hale, 1975; Paffenbarger, Laughlin, Gima, & Black, 1970) and Harvard alumni (Paffenbarger, Wing, & Hyde, 1978). The enormity of the knowledge acquired since those initial studies is illustrated by the 2018 Federal Physical Activity Guidelines, which list 26 major health benefits of physical activity with strong empirical support (Piercy et al., 2018).

Benefits range from increased bone health to lower depression and reduced risk for four of the five leading causes of premature death (Piercy et al., 2018). An estimated 6-10 percent of the global burden of chronic disease and premature death can be attributed to inadequate physical activity (Carlson, Adams, Yang, & Fulton, 2018; Lim et al., 2012), while 15 percent is attributed to poor cardiorespiratory fitness (Blair, 2009). Although chronic disease mechanisms vary, physical activity researchers are now investigating how physical activity benefits us on the molecular level (Maruvada et al., 2017).

Ironically, this growth in knowledge has coincided with steep increases in sedentary time and decreases in overall physical activity, despite modest increases in leisure-time physical activity. From 1965 to 2009, total physical activity energy expenditure—including leisure-time, household, travel, and occupational physical activity—fell by 32 percent, and weekly sedentary time rose from 26 hours to 38 hours (Ng, S. W., & Popkin, 2012). From 1980 to 2013, the number of overweight and obese individuals increased from 857 million to 2.1 billion, a 245 percent increase (Ng, M., et al., 2014), and diabetes prevalence in the United States rose 355 percent, from 0.2 percent to 7.1 percent (Geiss et al., 2014). According to self-report, roughly half of adults in the US meet physical activity guidelines (Marquez, Neighbors, & Bustamante, 2010), but when device-based assessments are used, fewer than 8 percent do (Troiano et al., 2008).

Compounding low rates of adherence are vast disparities by gender, race, ethnicity, and socioeconomic status (Hawkins et al., 2009; Troiano et al., 2008). For example, 50 percent of Latinas report participating in zero minutes of leisure-time physical activity (Marquez et al., 2010). The identified disparities in physical activity mirror disparities in obesity and chronic disease rates. The magnitude of these disparities is so large they cannot be disentangled from

the overall obesity, chronic disease, and physical inactivity epidemics (Murray, Kulkarni, & Ezzati, 2005). For example, the estimated obesity rate among Asian-Americans is 11 percent, while the estimated obesity rate among African Americans is 48 percent (Ogden, Carroll, Kit, & Flegal, 2014).

Addressing these epidemics and the disparities driving them is especially daunting because the population subgroups with the lowest physical activity and highest chronic disease rates are also underrepresented in science and medicine. According to the National Center for Science and Engineering Statistics (NCSES, 2019), racial/ethnic minority groups underrepresented in science and engineering include Hispanics or Latinx, blacks or African Americans, and American Indians or Alaska Natives. Taken together, these groups constitute ~28 percent of the US population but receive only 9 percent of science and engineering doctoral degrees. Similarly, women make up 52 percent of the US population but hold only 38 percent of academic doctoral positions. Efforts to increase the number of diverse researchers and clinicians are unlikely to yield the desired results unless the racial gaps in professional pipelines are addressed through organizational networking and training activities.

THE AMERICAN COLLEGE OF SPORTS MEDICINE (ACSM)

Founded in 1954, the American College of Sports Medicine (ACSM) is the world's largest and most influential physical activity-focused professional organization. It has more than 50,000 members from 90 countries spanning more than 70 physical activity-related professions. The ACSM “advances and integrates scientific research to provide educational and practical applications of exercise science and sports medicine” with the ultimate goal of “helping people worldwide live longer, healthier lives” (ACSM, 2019). Its signature initiatives reflect this goal. The Exercise is Medicine® Global Health Initiative works to integrate the fitness and healthcare industries (Lobelo, Stoutenberg, & Hutber, 2014), and the American Fitness Index® ranks and compares the health-related behaviors, outcomes, policies, and infrastructure of America's 100 largest cities (ACSM, 2019; Patch, Zollinger, Coffing, Zollinger, & Ainsworth, 2019). Each year, more than 6,000 health professionals, scientists, and clinicians attend the ACSM Annual Meeting, with an additional 5,000-7,000 attending the annual meetings of its ten regional chapters.

In 1995, the ACSM made its most widely known contribution, partnering with the Centers for Disease Control and Prevention (CDC) to author the original Physical Activity Guidelines for Americans (Pate et al., 1995). They recommended that adults accrue 30 minutes of moderate-to-vigorous physical activity on most, preferably all, days of the week. A decade later, ACSM partnered with the American Heart Association (AHA) to update the guidelines (Haskell et al., 2007). The new guidelines, recommending 150 minutes per week of moderate-to-vigorous physical activity for adults (Haskell et al., 2007), have been carried

forward with modest adjustments in federal guidelines published in 2008 (DHHS, 2008) and updated in 2018 (DHHS, 2018; Piercy et al., 2018).

Hence, ACSM members have been at the forefront of global efforts to stem the physical inactivity and chronic disease epidemics for decades. They have conducted and disseminated thousands of research studies and synthesized findings to inform public health guidelines and campaigns. However, we have failed to move the needle at a population level, in part, because it requires addressing the health of subgroups historically underrepresented among our members. In response, the ACSM has sought to diversify its membership and leadership.

ACSM DEMOGRAPHICS AND DIVERSITY EFFORTS

The ACSM is composed largely of academic and medical professionals, and its membership mirrors the demographics of these fields. According to 2008 reports, 55 percent were men; 82 percent Caucasian, 8 percent Asian, 5 percent Hispanic, 4 percent African American, and <1 percent Arabic, Hawaiian, or Native American. The leadership was more homogeneous. The organizational structure consists of paid staff, administrators, volunteers, and fellows, who can be nominated to serve as elected officers (i.e., vice-president and president), elected trustees, or president-appointed committee chairs and members. ACSM fellowship is an elite status for long-term professional members, intended to recognize distinguished achievement in research and/or service to the profession and to encourage continued service to the ACSM in leadership roles. Fellowship is attained through a formal application and assessment process, and minimal requirements include a doctoral degree. In 2009, 82 percent of the 1,329 ACSM fellows were men. The demographic differences between members and fellows are stark; for example, in 2008-2009, 45 percent of members but only 18 percent of fellows were women. These disparities are a barrier to diversifying the organization's leadership since only fellows are eligible to serve.

Efforts to achieve racial-ethnic diversity in ACSM membership and leadership have a decades-long history, and recently, they have extended to socioeconomic background, gender, and disability status. Below, we focus on the ACSM's institutionalized efforts over the past decade, especially its signature Leadership and Diversity Training Program (LDTP). In 2003, ACSM President-Elect W. Larry Kenney, made diversity his platform. Dr. Kenney, a white man, brought his three African American children on stage during his presidential address and said to the crowd, "I want to tell my children that they too can one day be President of ACSM, but looking at our history I can't tell them that. I think it's time for that to change." He followed through by establishing the Task Force on Diversity Action.

THE ACSM LEADERSHIP AND DIVERSITY TRAINING PROGRAM (LDTP)

Current ACSM President and co-author Dr. NiCole Ruth Keith conceived the LDTP. In 2005, she had been an ACSM member for 14 years but was never able to access senior leadership and had experienced some difficult moments as one of very few black members. At the annual meeting, Dr. Keith's husband, Mr. Floyd A. Keith, was scheduled to discuss potential collaborations that could assist in diversifying ACSM with Drs. Bill Roberts and Bob Sallis, who would respectively become ACSM president and president-elect the following evening. Mr. Keith was Executive Director of the Black Coaches and Administrators Association, which was coincidentally having its conference in the same location. Also by coincidence, Dr. NiCole Keith shared an elevator with Drs. Roberts and Sallis—she was on her way to her room, and they were headed to meet with her husband. When they learned she was an ACSM member and Mr. Keith's wife, they invited her to join the meeting. Dr. Keith readily shared several ideas about increasing ACSM diversity.

Following the meeting, Dr. Roberts invited Dr. Keith to sit at his table during his inaugural dinner. She recalls that the only other people of color she could see in the room were Dr. Kenney's three children. At the 2006 annual meeting, Dr. Roberts invited Dr. Keith to join him for many events and introduced her to members of his professional network. In 2007, Dr. Sallis appointed Dr. Keith to chair the Ad Hoc Committee on Diversity Action, where her experiences with Dr. Roberts served as a blueprint for the LDTP.

Today, the LDTP works to mentor and retain members from minority groups underrepresented in medicine and science. Participants, termed *protégés*, must be ACSM members, involved in regional and national ACSM meetings and committees, presenting and publishing their findings, and pursuing ACSM fellowship. They are assigned mentors and granted funding to perform the steps necessary to remain involved with ACSM from student membership to the achievement of fellowship. Emulating Dr. Keith's experience in 2006, protégés are familiarized with the ACSM structure and decision-making apparatus, shown a path to fellowship, and connected with support networks that can help them to achieve their next career step. After over a decade of iteration, the defining characteristics of the LDTP structure are:

- Eligibility corresponds with the National Institutes of Health (NIH) definitions of minority groups underrepresented in science (NIH, 2019).
- Applicants are grouped into three levels—(1) Master's students, (2) doctoral students, and (3) postdoctoral trainees and junior faculty—and two categories—previous participants and new applicants.
- The assessment process is structured.
 1. At least two Diversity Action Committee members score applications based upon applicants' productivity, their articulated vision for future

contribution to the College, and their ongoing participation and service to the College.

2. The three highest scoring applicants at each level are accepted (nine slots), and the remaining applicants are rereviewed independently by three committee members and compete for the remaining eleven slots. Ten of the 20 slots are reserved for new applicants each year.
 3. Applicants not receiving awards are invited to discuss ways to strengthen their application for the following year during a phone call with the LDTP Director.
- Awarded applicants are paired with an ACSM fellow based upon their mutual professional interests and region; 32 percent of mentors have been past presidents or vice-presidents.
 - The pair enter into a formal mentor/protégé relationship with instructions, expectations, and shared activities defined prior to the upcoming ACSM annual meeting.
 - Protégés receive full funding to attend the annual meeting, including flights, registration, hotel, and a per diem for meals.
 - Throughout the 5-day annual meeting and scientific sessions, mentors are charged with bringing their protégés to all of their meetings and introducing them to their professional networks. Protégés are charged with sharing their goals and plans with their mentors and joining them for meetings and activities. Mandatory activities, which differ by career stage, are intended to familiarize protégés with the ACSM organizational structure and practices as well as the path to fellowship.
 - Following the annual meeting, \$500 is budgeted for each participant to visit the mentor's campus, research facility, or medical center during the year of the award.
 - Participants are encouraged to re-apply each year for up to 5 years, or until they achieve fellowship, and to stay with the same mentor until awarded fellowship.

Full documentation, including application forms, scoring rubrics, activities by level, mentorship instructions, protégé instructions, and orientation presentations are available upon request by contacting the corresponding author (EEB).

The LDTP format is intended to generate strong bonds between protégés and mentors as the dyadic relationship evolves across years and career stages and with the ACSM, as they both become further invested in its mission. Each cohort is also expected to network with and support one another. We have continually observed mentors and protégés connecting across dyads; for example, many protégés develop strong nationwide networks with other protégés at more advanced career stages.

In our view, the features of the program that have led to success include: (1) the focus on relationships between and across protégé/mentor pairs; (2) their maintenance across career phases; (3) the structured activities with expectations communicated directly and clearly; and (4) the distribution of workload to avoid burnout among volunteer and professional staff.

The first feature—the mentor/protégé relationship—is primary in the protégés’ experience. It facilitates their understanding of the structures and goals of the organization and enables them to see a leadership role for themselves and a path to get there. Participants often try a few mentors before finding the right fit, but once it is found, we have seen profound and lifelong relationships build. A knowledgeable network to help them navigate the pursuit of professional success in such a competitive field, where each career stage brings new challenges and requires adaptation, has unique value for underrepresented minority trainees.

The importance of the second feature—long-term maintenance of the mentor/protégé relationship—emerged unexpectedly. It evolves from year-to-year, moving from superficial introductions to the College in the first year to shared investment and professional collaborations in years 3 to 5. Eventually, the partners feel a sense of accomplishment, responsibility, and pride as the protégé becomes a fellow and the mentor’s peer. This experience is built into university science and medicine doctoral programs, but gaining a mentor with no occupational incentive to steer the protégé’s career in any specific direction is tremendously beneficial for protégés.

The third feature—clearly defined structure and communication—has proven profoundly important. Across hundreds of participants, we see a full range of abilities to establish and maintain relationships, exert effort, and engage with activities. Many mentors and protégés benefit from written instructions and expectations. These are operationalized through a 1-hour orientation for protégés on the first morning of the annual meeting in which expectations are reviewed and discussed in-person, and a Meet Your Mentor event on the first night, when initial introductions occur and expectations are briefly reviewed. In addition to the LDTP Director, a coordinator assigned to each level checks in on protégés and mentors and is available for troubleshooting when inevitable difficulties arise.

Finally, as in all volunteer efforts, a small group tends to take on a disproportionate amount of the work and, in time, burns out. The structure we have put into place—a director separate from the chair and three coordinators, one for each level—distributes the work and leadership. Many individuals carry a sustainable workload and get credit and recognition for their efforts. The structure is reinforced by the chair, Dr. Michael Brown (co-author), and the staff liaison, Ms. Chris Sawyer (co-author).

ACSM LDTP OUTCOMES AND DIVERSITY PROGRESS

To date—May 2020—102 individuals have participated in LDTP: 71 percent remain ACSM members; 16 have achieved fellowship status; six alumni have been elected to the Board of

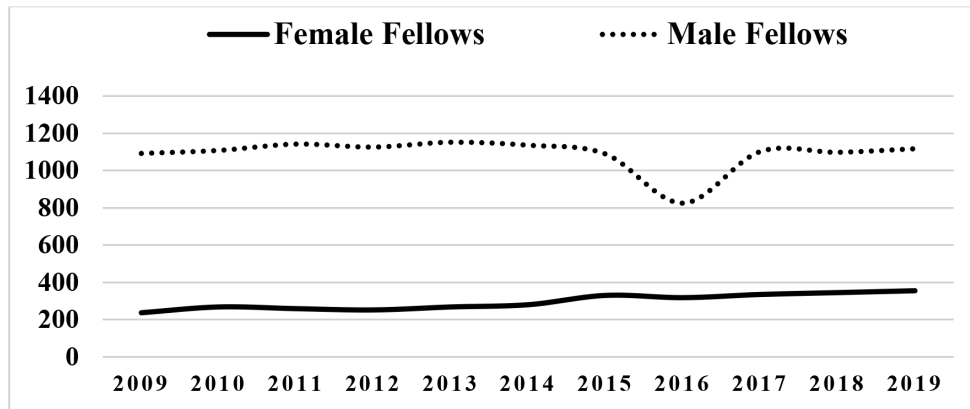


Figure 1. ACSM Fellows by Gender (2009–2019)

Trustees; and two alumni have served on regional chapter boards. Many more participants are still in the pipeline. Figure 1 shows the number of ACSM fellows by gender over the past decade. The total number of fellows has risen from 1,329 to 1,472, and the number of women has risen from 237 to 355, a 33 percent increase. Data on race are self-reported and under-reported, and due to ACSM's international membership, knowing the race of all members is impossible. However, each year since the inception of LDTP, we have observed an increase in the number of new fellows from underrepresented minority groups.

Figures 2 and 3 show ACSM member demographics from 2008 to 2019 by gender and race/ethnicity. Over the past decade, the number of members has risen from 20,007 to 22,128, and the proportion of female members has risen from 45 to 50 percent. Only 19 to 39 percent of members report race/ethnicity in a given year. Among those who do, the proportion of members identifying as Asian has increased from 8 to 10 percent; Hispanic from 5 to 7 percent, and African American from 4 to 7 percent. Arabic, Hawaiian, and Native American membership remains below 1 percent.

Finally, over the past decade, half of the ACSM Board of Trustees have been women. Trustees are elected as representatives of their membership category, including Medicine, Basic and Applied Science, and Education and Allied Health. Some elected trustees independently represent international members and students. In 2016, the position of Diversity, Equity, and Inclusion (DEI) trustee was established to ensure that the board always has three members who are attentive to DEI considerations when decisions are made. In 2009, Dr. Keith became the first member of an underrepresented minority group to be elected to the Board of Trustees. In the ten years since, seven underrepresented minority members have been elected, five of whom were former LDTP participants.

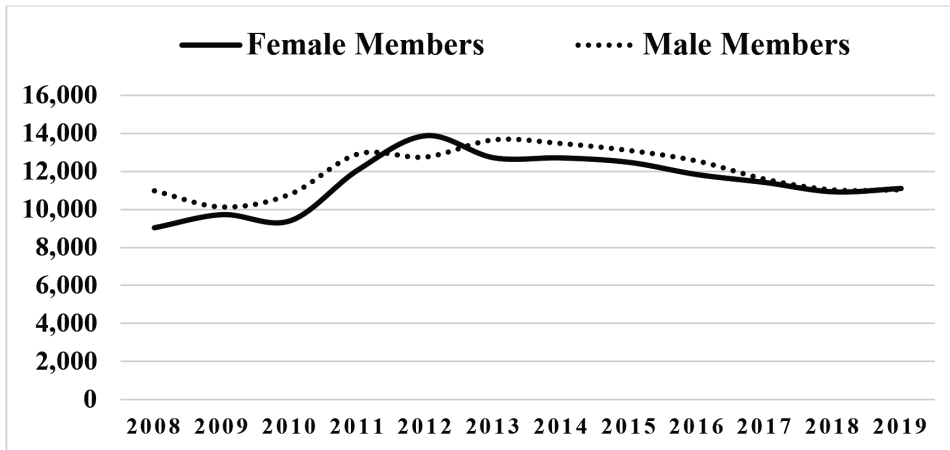


Figure 2. ACSM Members by Gender (2009-2019)

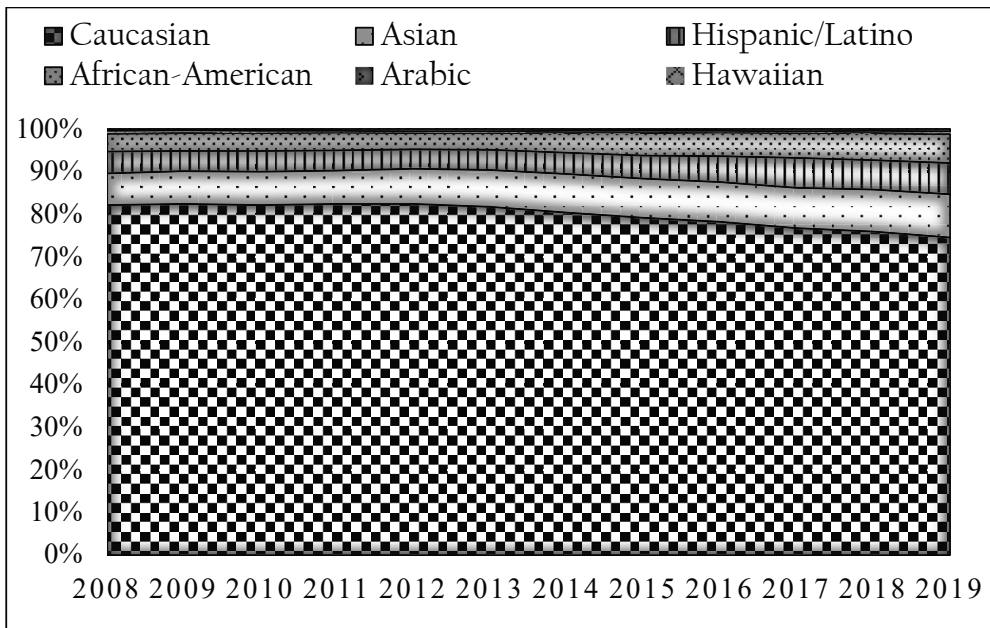


Figure 3. ACSM Members by Race/Ethnicity (2008-2019)

MENTORSHIP AS A PART OF COORDINATED DIVERSITY PROMOTION

We do not contend that the ACSM's gains in diversity are solely due to the LDTP or the Diversity Action Committee. With few years and relatively small numbers (20 participants per year, 10 repeat and 10 new), the LDTP has the potential to groom future officers and trustees in the coming decades but not to shift the demographics of 20,000 members. Rather, any larger gains are due to many concurrent, integrated efforts and societal trends. Table 1 provides an overview of past and ongoing ACSM diversity-focused programs, initiatives, and policies; they represent the platforms of several past-presidents, including Drs. W. Larry Kenney, Barbara Ainsworth, Lawrence Armstrong, Walter Thompson, and current President NiCole Keith. Efforts have included the establishment of an organization-wide diversity statement, mentorship programs, an annual diversity symposium, an annual diversity reception, an annual women's breakfast, monitoring the demographics of members and leaders, monitoring DEI-related programming, and a professional network for alumni of ACSM mentorship programs.

Beyond this broad suite of programs and activities, we have also focused on integrating efforts. For example, all LDTP applicants who are not awarded participation in a given year have been referred to the Federation of American Societies for Experimental Biology (FASEB) Maximizing Access to Research Careers (MARC) Dream program, a mentorship program associated with the 30-year-old travel awards program discontinued by the federal government in 2020 (FASEB, 2019). Similarly, LDTP mandatory activities include the Annual Diversity Reception, the Annual Joint Symposium on Diversity, the Minority Health and Research Special Interest Group meeting, and the Diversity Advancement Network (DAN) meeting. The DAN organizes the over 200 protégés who have participated in various ACSM mentorship programs into four working groups on (1) communications, (2) research, (3) outreach and networking, and (4) professional development. One aim is to extend our pipeline to the undergraduate level by reaching out to students at ACSM regional meetings.

OVERCOMING OBJECTIONS AND BUILDING CONSENSUS

ACSM members and leaders have discussed and debated the initiatives described above. Each effort has direct costs, indirect costs in the form of volunteer and staff time, and an opportunity cost since each dollar and hour put toward diversity is not put toward other worthy pursuits, including scientific discovery and health promotion, which is the ACSM mission. Acknowledging these costs, the ACSM is fully invested in diversifying. We have achieved broad support by having difficult conversations honestly and consistently. Intelligent individuals who are deeply invested in the ACSM have raised legitimate, well-founded concerns and questions, including: (1) How can we justify spending a minute of time on diversity when

Table 1: Past and Current ACSM Diversity Activities

Activity	Years	Description
Leadership and Diversity Training Program (LDTP)	2008-Present	The LDTP aims to retain and advance members from groups underrepresented in science by offering mentoring to Master’s students, doctoral students, and postdoctoral trainees and junior faculty. They must be ACSM members, involved in regional and national ACSM meetings and committees, delivering ACSM professional presentations and publications, and pursuing fellowship.
FASEB MARC Dream Program	2015-2020	The FASEB MARC travel award helps to defray costs related to ACSM meeting attendance. It pairs applicants with mentors and structured activities to familiarize them with the College.
Mentoring Women to Fellowship (MWF)	2016-Present	The MWF program pairs female ACSM members who have doctorates but are not yet fellows with a fellow who mentors them in navigating the fellowship process.
Joint Symposium on Diversity	2008-Present	The Annual Joint Symposium on Diversity partners with an external organization to provide a cutting-edge presentation on diversity at the ACSM annual meeting. Past partners include the Robert Wood Johnson Foundation and the National Research Mentoring Network.
Monitoring membership and diversity-related programming	2018-Present	The Diversity Action Committee monitors organizational demographics and diversity programming related to such topics as health equity, health disparities, and underrepresented minority groups.
Diversity Advancement Network (DAN)	2018-Present	The Diversity Advancement Network is composed of the 200+ alumni of ACSM mentorship programs and works to connect and support them and to expand recruitment efforts.
Exercise is Medicine® Underserved Populations Committee (EIM USP)	2010-Present	The EIM USP supports the broader EIM Global Initiative to ensure that underserved populations receive the benefits of the overall EIM effort.

(continued)

Table 1: Past and Current ACSM Diversity Activities (continued)

Activity	Years	Description
Strategic Health Initiative on Health Equity	2011-Present	Informed by Dr. Barbara Ainsworth's presidential platform—Healthy, Inclusive, Active—the initiative focuses on increasing health equity and eliminating health disparities. ACSM is partnering with several national organizations to develop strategies to increase health equity.
Minority Health & Research Special Interest Group (MHR SIG)	2001-Present	The MHR SIG connects researchers and practitioners interested in minority health to facilitate research collaboration and presentations at the annual meeting.
Strategic Initiative for Women's Health	1994-Present	The Strategic Health Initiative on Women, Sport, and Physical Activity addresses current concerns through clinical practice, research, public information, leadership/ mentoring programs, and advocacy. The committee also manages the MWF program and the women's breakfast.
Annual Diversity Reception	2007-Present	Each year, mentor-protégé pairs from LDTP, FASEB MARC Dream, and MWF are recognized at a reception. All past and current presidents, vice-presidents, and trustees receive invitations
Josephine L. Rathbone Memorial Breakfast	1982-Present	This breakfast serves as a tribute to the extraordinary women involved with the college. Josephine L. Rathbone was the only female founder of the college. A true trailblazer for ACSM, the breakfast honors her remarkable life.
Three Trustee Positions Dedicated to Diversity and Inclusion	2017-Present	Each year, members elect one trustee to focus on diversity and inclusion. There are no demographic restrictions for candidates. Each elected trustee holds a three-year term. Therefore, in any given year, three individuals are present in this position.

that minute could be used to collect data or treat patients? (2) How can we spend finite money on diversity efforts when that money could be used to pursue more direct ACSM goals? (3) As we diversify demographically, what if we also diversify our goals and waste time fighting about which direction to go? (4) As we diversify, what if we lose the culture and norms that have made ACSM so successful?

These questions led us to seek professional consultation, to investigate the scientific literature on organizational diversity, and to think through how best to design our diversity efforts to achieve our organizational mission and avoid potential pitfalls. That is, accepting and working through the objections has led to stronger, more comprehensive, more thoughtful, and more robust approaches to organizational diversity. Among the factors sparking widespread support are: (1) close bonds between scientists, clinicians, and practitioners, who respect and value each other's expertise and accomplishments and have long histories of collaboration; (2) trust in the leadership and in one another to pursue the ACSM's best interest; (3) clearly articulated, shared goals, which all members embrace with a sense of purpose and urgency, and which are communicated clearly to all mentorship program participants; (4) most members' desire for the organization to become more inclusive and representative; (5) the clear connection between membership and leadership diversity and promoting health and physical activity, our primary goals; (6) the scientific literature demonstrating that diverse groups have advantages over groups of like-minded experts in predicting and solving problems where diversity is relevant (Page, 2008); and (7) the framing of diversity initiatives as part of the organization's broader growth strategy; diversity is not a zero-sum game but crucial to expanding our size and influence.

CONCLUSION

The ACSM diversity statement reads:

ACSM is committed to diversity. ACSM values and seeks diverse and inclusive participation within the fields of exercise science and sports medicine. It promotes expanded diversity in membership, involvement, and access to leadership. Diversity within ACSM creates a working and learning atmosphere that encourages varied perspectives and an open exchange of ideas. ACSM will review programming annually to best determine how to maintain diversity initiatives.

In pursuing the realization of this vision, ACSM has deployed a large, sustained effort. The LDTP has been an indispensable tool. Seeing the protégés develop and contribute has deepened ACSM's culture of industrious volunteers with a shared passion for scientific discov-

ery and health promotion. We cannot imagine separating diversity from mentorship. Each mentor instills the values of science and medicine while showing the protégé a path toward professional contribution. Sustained mentorship develops leaders among populations who otherwise may be excluded, ensuring that their insights and experiences are brought to bear on the problems organizations wish to solve.

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