

From the Editor

Diversity and Inclusion to Reduce Disparities

This issue, last year I wrote an editorial advocating for awareness of and actions to reduce disparities in health-care delivery and academic scholarship (1). In this issue our own Bob Groom and his collaborators in Kenya has come through with a first-ever survey of practicing perfusionists there, describing the challenges and achievements they have attained in their practice of cardiac surgery and perfusion (2). In particular, the work identified variations in techniques and familiarity with standards and guidelines published by western professional societies; thus helping to identify disparities that can be addressed. In a similar vein, Gupta, et al. has endeavored to discuss disparities uncovered from their excellent bibliometric analysis of the extracorporeal membrane oxygenation (ECMO) literature (3). In this article, the authors identified the 100 most frequently cited ECMO articles, which in itself is a worthwhile and very interesting project. But Gupta et al. go on to tease out the ECMO articles' author geographical and gender disparities and discuss the real-world impacts of these factors. These two articles are tangible examples of our authors highlighting for the perfusion community where disparities lie and I am proud that JECT can play a role in disseminating such work!

While our authors are contributing to reducing disparities, the question that I have been asking myself is, "how else can JECT's leadership contribute?" The most obvious answer is to look at our list of leaders on the front pages of the journal and it became clear to me that we have not been too diverse in our membership there. I accept full accountability for my part in not reducing, in particular, the gender imbalance in our leadership and oversight group as I have been the Editor-in-Chief for 3 years now. Coincidentally in this issue Mongero et al., reports on their survey of women in the perfusion workforce (4) where they highlight that women still feel gender discrimination in the workplace and question whether they are treated with comparable respect as male counterparts. Well, gender inequity has no place in JECT and the first step needs to consist of increasing female representation on our editorial board.

As you will see in Table 1, basic metrics of member diversity on this issue's journal leadership page is



Raymond K. Wong at The University of Arizona. <https://www.arizona.edu/about#land-acknowledgment>.

compared with that of last year's issue. A few editorial board members who have served us commendably for years and have completed their terms are no longer listed, while several new names have been added. This brings our leadership group to now consist of 29% female representation, much better than the 17.5% this time last year. Longtime peer review contributors like Jane Ottens and Jennifer Schaadt have graciously accepted my long overdue invitations to join our editorial board, thus contributing their diverse voices in our journal's future stewardship. We are not done yet as there are other female perfusionists in the pipeline I am actively developing. These efforts are only catching up to the changing demographics in perfusion as reflected in recent American Board of Cardiovascular Perfusion workforce surveys which show how older generations of perfusionists were predominantly

Table 1. JECT Editorial board membership-metrics of diversity.

	n (%)	
	2021	2022
Editorial board members: total	40 (100%)	42 (100%)
Women	7 (17.5%)	12 (29%)
Underrepresented minorities	2 (5%)	3 (7%)
People of color	7 (17.5%)	7 (17%)

male, but more recent age groups have been much more gender equal or even female-dominant (5)! In sum, the U.S. gender identity ratio of 2020–2021 CCPs is 61.6% male to 38% female but the data predicts this ratio will continue changing and JECT's leadership will endeavor to track that balance right along.

Are we done? Of course not! Our leadership still has dismal membership from underrepresented minorities and people of color (Table 1). Just as the U.S. president says that our supreme court should look like the people of the nation, our journal leadership should look more like the people we serve, the perfusion community and even our patients if at all possible. That requires much more work and we might need help from readers to refer us to qualified and willing people. For my part, I am proud and honored to announce the appointment of Erick McNair, PhD, CCP as our latest JECT Associate Editor and Erick has graciously accepted. Dr. McNair is probably more qualified to take on the role than even I am, based on his experiences, qualifications, and publications! Dr. McNair was probably as surprised as myself to discover that he is the only African American perfusionist who has a doctorate and has served on the journal as a peer reviewer and more recently as an editorial board member. And until I appointed Jennifer Baeza to the editorial board recently, I don't believe we've had a Hispanic member either. Jennifer too is well-qualified and has extensive research experience; I know since she is a University of Arizona graduate. I look forward to Erick and Jennifer's help in identifying and mentoring other underrepresented minorities in the perfusion community who would like to get involved in the academic endeavors of research and publishing.

In other journal leadership changes, I have elevated Drs. Robert Baker and Donald Likosky as Consulting Editors. They have both served the journal for very long

periods and while they have completed their terms as Associate Editors, I believe they have a role to play in continuing to guide the journal in days to come. Both gentlemen have been founts of ideas for improving the journal. Among their more recent contributions, Dr. Baker for example has acted as an indispensable conduit with our ANZCP (Australia and New Zealand College of Perfusionists) partners helping invite manuscript submissions and guest editorials. Dr. Likosky was first in suggesting the use of visual abstracts and proposing that the journal highlight and address the issues on healthcare disparities where possible. They have both been champions of maintaining high standards of quality in the papers we publish. I thank them both and hope they will continue to contribute for years to come in their new consultant roles.

Finally, in this issue, we present an extensive celebration and remembrance of Jeffrey Riley (6). Bob Groom and Mark Kurusz led the effort in compiling and presenting Jeff's long career and contributions but they have also collected an extensive set of tributes from people who have been touched by encountering Jeff in their respective perfusion careers. It is clearly an incomplete list of people but the comments I'm sure are representative of others' experiences working with and learning from Jeff. The long list of references at the end is astoundingly ONLY his JECT references. Can you imagine the full bibliography on his CV? Please read and join us in commemorating Jeff.

Raymond K. Wong, PhD, CCP
Editor-in-Chief

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