## Journal of the American Heart Association

### **EDITOR'S NOTE**

# Equity, Diversity, and Inclusiveness in Cardiovascular Medicine and Health Care

Marc A. Simon , MD; Ferhaan Ahmad , MD, PhD; Daniel T. Eitzman , MD; Ajay K. Gupta , MD, PhD; Hani Jneid , MD; Pamela Peterson , MD; Carol A. Remme , MD, PhD; Kenneth Rice, PhD; Erik B. Schelbert , MD; Lisa M. Sullivan, PhD; Janice M. Weinberg , ScD

s noted by the *Journal of the American Heart Association* (*JAHA*)'s Editor-in-Chief Barry London<sup>1</sup>, the views presented in the recently retracted article "Diversity, Inclusion, and Equity: Evolution of Race and Ethnicity Considerations for the Cardiology Workforce in the United States of America From 1969 to 2019"<sup>2,3</sup> do not reflect the views of the *JAHA* Editorial Board, the Editor-in-Chief, or the American Heart Association. We, the *JAHA* Editors, are strong advocates of increasing equity, diversity, and inclusiveness in cardiovascular medicine and in health care broadly.

In direct contradiction to its title, the retracted article by Wang misrepresented facts to argue against affirmative action in the field of cardiology. Ample evidence supports the notion that diversity does indeed improve care and outcomes. 4-6 Some of the proposed benefits associated with increased diversity in health care include, but are not limited to, improvement in the quality of care through increased patient satisfaction and trust, enhancement in the level of cultural competency in health care, expanding minority patients' access to and utilization of healthcare services, increasing access to care for geographically underserved communities, and improvement in research. 6

We also wish to reiterate that while we welcome independent viewpoints, it is with the goal of creating an open dialogue and not a misrepresentation of evidence. Medicine is a field devoted to the care and support of others. It is a field that should be inclusive of all, and when that is achieved, will better succeed in improving the lives of all we touch and society as a

whole. That is what we are here for and what we strive to accomplish.

We deeply regret that this article was published and are grateful to the medical community for assisting in correcting this error. We are carefully examining our review and editorial process to identify steps that may have failed and working to rectify them for the future. We support all efforts to improve the peer-review and editorial process, and further promote diversity, inclusion, and equity in medicine and cardiology.

#### ARTICLE INFORMATION

#### **Affiliations**

From the Division of Cardiology, Department of Medicine, University of Pittsburgh and UPMC Heart & Vascular Institute, Pittsburgh, PA (M.A.S., E.B.S.); Division of Cardiovascular Medicine, Department of Internal Medicine, University of Iowa Carver College of Medicine, Iowa City, IA (F.A.); Department of Internal Medicine, University of Michigan, Ann Arbor, MI (D.T.E.); William Harvey Research Institute, Barts and the London School of Medicine and Dentistry, Queen Mary University of London, London, United Kingdom (A.K.G.); Barts BP Centre of Excellence, Barts Heart Centre, London, United Kingdom (A.K.G.); Royal London and St Bartholomew's Hospital, Barts Health NHS Trust, London, United Kingdom (A.K.G.); Division of Cardiology, Baylor College of Medicine, Houston, TX (H.J.); Department of Medicine, Denver Health Medical Center, Denver, CO (P.P.); Department of Medicine, University of Colorado Anschutz Medical Center, Aurora, CO (P.P.); Department of Clinical and Experimental Cardiology, Heart Centre, Amsterdam UMC, location AMC, Amsterdam, the Netherlands (C.A.R.); Department of Biostatistics, University of Washington, Seattle, WA (K.R.); and Department of Biostatistics, Boston University School of Public Health, Boston, MA (L.M.S., J.M.W.).

#### **Disclosures**

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Correspondence to: Marc A. Simon, MD, Heart & Vascular Institute, Presbyterian University Hospital, University of Pittsburgh, 200 Lothrop Street, Pittsburgh, PA 15213. E-mail: simonma@upmc.edu

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