

Joint Cardiovascular Society Statement Regarding Potential Implications of SCOTUS Ruling on Affirmative Action Case

With racial and ethnic demographics in the U.S. continuing to evolve at a rapid pace, ensuring a health care workforce that is reflective of the patients being served is critical. Studies have shown that patients treated by health care providers of similar race, ethnicities and cultures have better outcomes and improved satisfaction. As such, **American College of Cardiology (ACC), American Heart Association (AHA), American Society of Nuclear Cardiology (ASNC), Association of Black Cardiologists (ABC), American Association of Heart Failure Nurses (AAHFN), Heart Failure Society of America (HFSA), Heart Rhythm Society (HRS), Society for Cardiovascular Angiography & Interventions (SCAI), Society of Cardiovascular Computed Tomography (SCCT), Society of Cardiovascular Magnetic Resonance (SCMR),** and the **Society for Vascular Medicine (SVM)** have been focused on building opportunities starting as early as middle school and high school to encourage careers in medicine and foster a diverse and inclusive pipeline of future clinicians and leaders.

The decision by the Supreme Court of the United States (SCOTUS) to reverse course on allowing race to be among the factors in determining college admissions will remove equitable factors for some and could decrease the diversity of college admissions, including medical school admissions, over time. A reduction in the diversity of college and medical students would have significant downstream effects on the diversity of residents, fellows and cardiologists – harming the strength of our clinician workforce and ultimately impacting the care of patients in underrepresented communities.

Maintaining diversity where it did not always exist requires a conscious effort. The ACC, AHA, ASNC, ABC, AAHFN, HFSA, HRS, SCAI, SCCT, SCMR and SVM remain more committed than ever to continuing and expanding our efforts to support diversity, equity and inclusion in the cardiovascular profession. Together, we will build upon our efforts to provide implicit bias training, develop mentoring and professional development programs for young scholars and medical school attendees, and support young investigators with dedicated research awards and funding. At the end of the day, we will succeed in fostering the diverse care ecosystem needed to ensure cardiovascular health equity for all patients and their families over the course of generations to come.