The ACE Minority Affairs Committee looks towards our second quarter century

The committee was created in 1991 as an *ad hoc* Committee on Minority Affairs

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Presented at the American College of Epidemiology Minority Affairs Committee workshop, September 23, 2017

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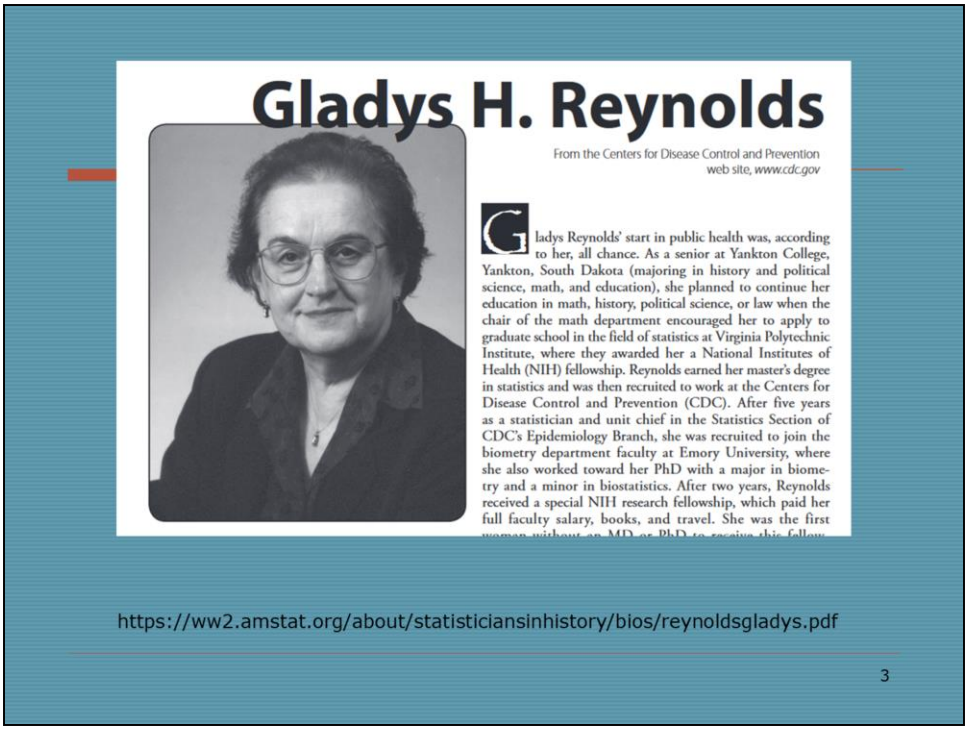
Revised 9/21/2017

Outline

- *History of the Minority Affairs Committee
- Diversity in the epidemiology profession
- A few thoughts on the current situation and challenges in definition and measurement
- Ideas for the next quarter century

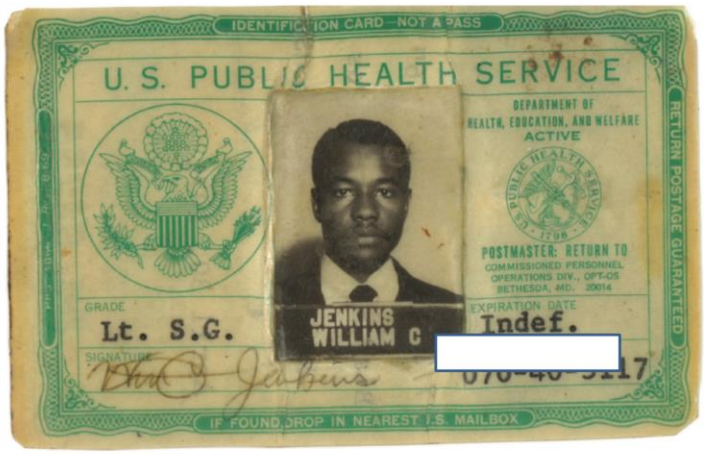


In a very real sense, the ACE Minority Affairs Committee begins with Gladys Reynolds, who joined CDC in 1960 as the first woman Epidemic Intelligence Service Officer. She later became the first woman (and the first statistician) to serve as the head of a statistics branch at CDC, serving as chief of the Evaluation and Statistical Services Branch, Division of Sexually Transmitted Diseases from 1979–1989 and as senior statistician in the Office of Minority Health from 1989–2007.

She also served as president of the Association of Executive Women at CDC and a member of the CDC Equal Employment Opportunity Advisory Council in 1986–1987 and chaired CDC's Affirmative Action Committee (1987). She was made a Fellow of the American College of Epidemiology in 1983 and was one of the original members of the ACE Committee on Minority Affairs, which she served on from 1991 to 1994 and then from 1995-1998 as liaison member to the American Statistical Association's Statistics in Epidemiology Section, where she played a key leadership role.

Among her many achievements and distinctions, Reynolds received the CDC Award for Contributions to the Advancement of Women in 1986. In 1989 she was awarded the Women in Science and Engineering (WISE) Lifetime Achievement Award.

Bill Jenkins joins the Public Health Service Commissioned Corps in 1967



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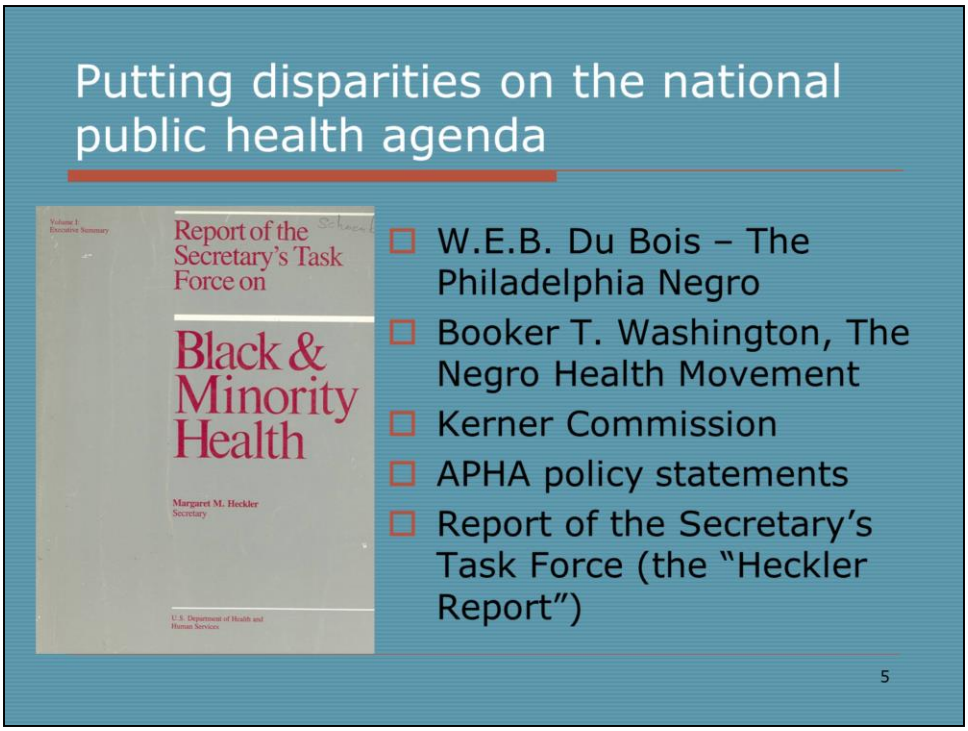
Bill Jenkins was offered a position at the National Center for Health Statistics, either as a civil servant or in the PHS Commissioned Corps. He chose the latter, but when he reported to the Centers for Disease Control in Atlanta for his physical examination to enter the Public Health Service, the receptionist insisted that he was in the wrong place. When he tried to show her his orders and debate the issue, she called security. The NCHS then flew him up to Washington DC for his physical.

Gladys recounts that when she came to CDC in Atlanta there were few minorities and no African Americans there. In 1965 CDC recruited an African American EIS officer but they could not find a place for him to rent near CDC.

When Gladys Reynolds learned that Bill had come back to Atlanta from the D.C. area, she offered him a position at CDC and then became his mentor.



Perspectives in Disease Prevention and Health Promotion Report of the Secretary's Task Force on Black and Minority Health

MMWR February 28, 1986 / 35(8);109-12

http://www.cdc.gov/mmwr/preview/mmwrhtml/00000688.htm

http://www.nytimes.com/1985/10/17/us/minorities-seen-as-still-lagging-in-health-status.html?mcubz=3

The Task Force made eight main recommendations to the Secretary, each of which was followed by several specific suggestions:

1. Implement an outreach campaign, specifically designed for minority populations, to disseminate targeted health information, educational materials, and program strategies.

2. Increase patient education by developing materials and programs responsive to minority needs and by improving provider awareness of minority cultural and language needs.

3. Improve the access, delivery, and financing of health services to minority populations through increased efficiency and acceptability.

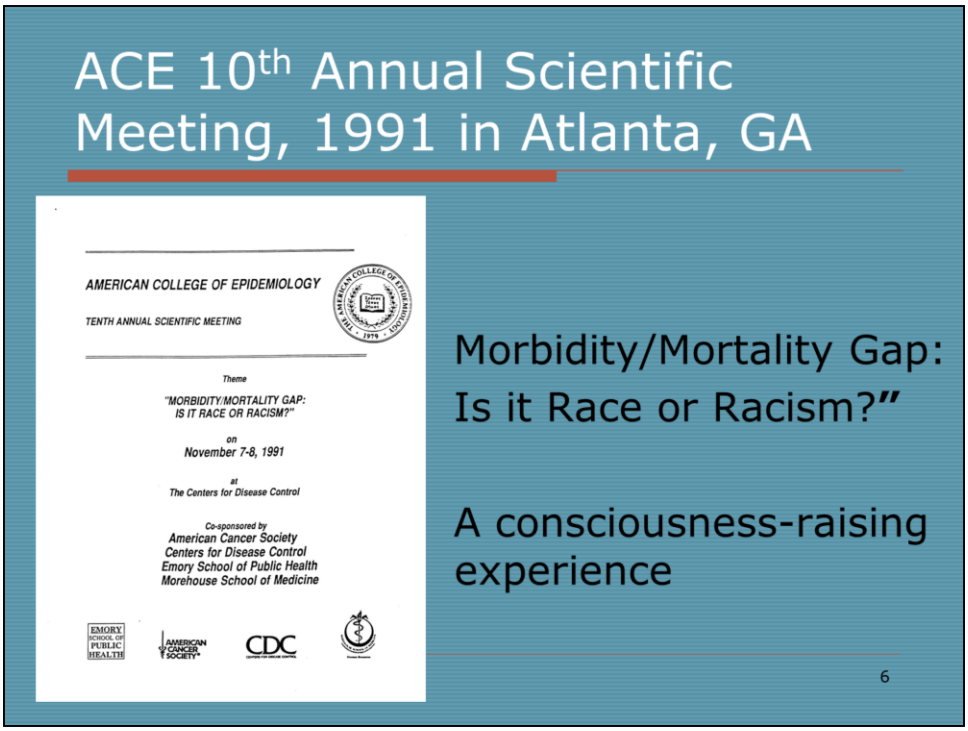
4. Develop strategies to improve the availability and accessibility of health professionals to minority communities through communication and coordination with nonfederal entities.

5. Promote and improve communication and coordination among federal agencies in administering existing programs for improving the health status and availability of health professionals to minorities.

6.Provide technical assistance and encourage efforts by local and community agencies to meet minority-health needs.

7.Improve the quality, availability, and use of health data pertaining to minority populations.

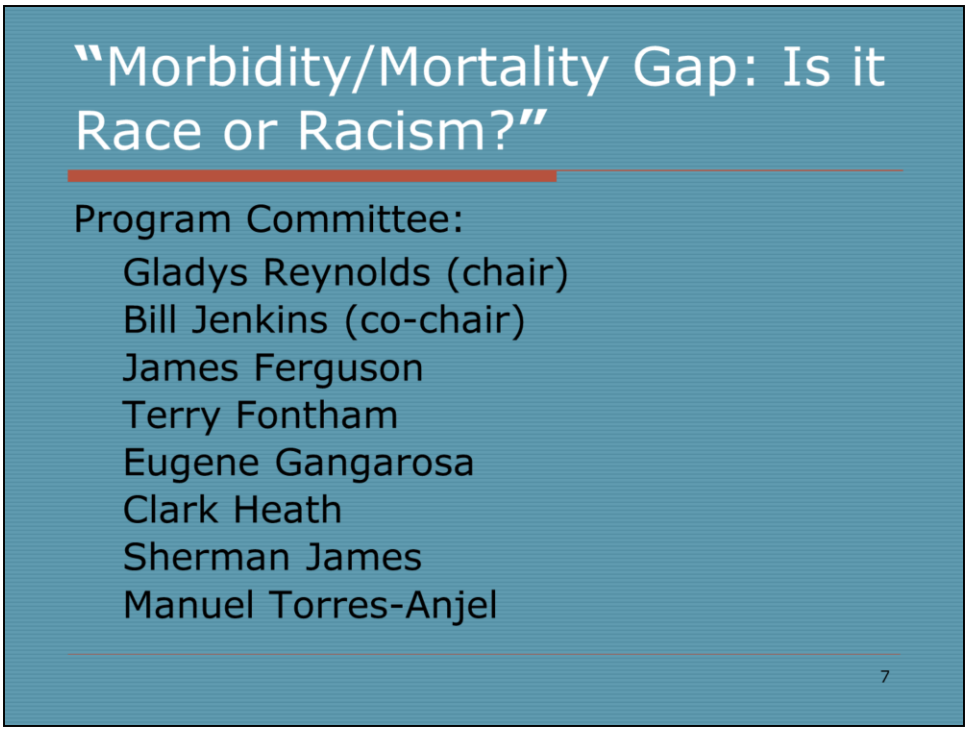
8. Adopt and support research to investigate factors affecting minority health, including risk-factor identification, education interventions, and prevention and treatment services.



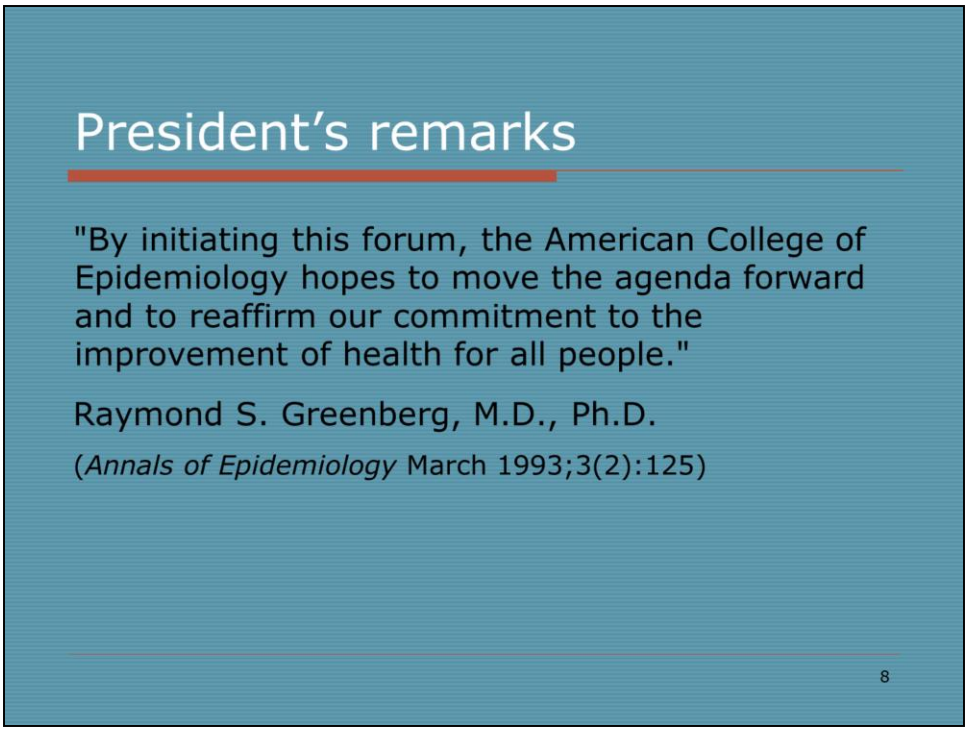
The 10th Annual Scientific Meeting of the American College of Epidemiology was a significant landmark is the history of the movement to eliminate racial/ethnic health disparities in the U.S. The 1991 meeting was co-sponsored by the American Cancer Society, the Centers for Disease Control, the Emory University School of Public Health, and Morehouse School of Medicine. The meeting was held at CDC headquarters in Atlanta. The weekend that followed had two related events, including the founding meeting of the Society for the Analysis of African American Public Health Issues (SAAPHI). During its 25 years as an APHA-related organization, SAAPHI has had a major impact on APHA and U.S. public health policy in relation to health disparities. The APHA annual meeting took place the following week.

For many of us, the program was a consciousness-raising experience.

The CDC notice of the November 7-8, 1991 meeting is at http://www.cdc.gov/mmwr/preview/mmwrhtml/00001973.htm



ACE President Ray Greenberg asked Gladys Reynolds to chair the program committee. She agreed, contingent on Bill Jenkins serving as co-chair. Eugene Gangarosa proposed the attention-catching second half of the theme, giving a significant boost to efforts to put racism on the epidemiologic research agenda.



In his Introductory Comments (page 125), Ray Greenberg wrote:

The theme of this meeting, "Morbidity/Mortality Gap: Is It Race or Racism?", was selected after the ninth annual meeting of the College, which was organized around health concerns at various stages of life. One of the dominant themes in each and every presentation was the tremendous ethnic diversity of health experience at each phase of life. It became very clear that focusing on these racial and ethnic differences was central to the role of epidemiology.…

In this country we have seen the emergence of an underclass that suffers disproportionately a variety of social, economic, and health consequences. We are also witnessing a crisis in the public health system in the United States as it struggles to meet those needs. As professionals in public health, we can no longer stand by and observe these inequities as dispassionate observers. We need to be involved in asking the difficult questions and looking for viable solutions. This conference is an attempt to begin to answer some of those difficult questions.…

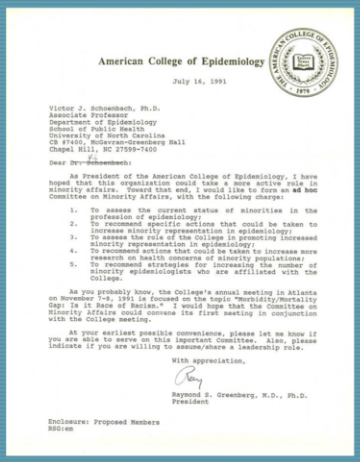
To begin to solve the kinds of problems under discussion, we need to have greater knowledge and exchange of information. Moreover, it will be necessary to develop better interventions, stimulate more public attention, and also attract greater resources. By initiating this forum, the American College of

Epidemiology hopes to move the agenda forward and to reaffirm our commitment to the improvement of health for all people.

ACE President forms *ad hoc* Committee on Minority Affairs

"As President of the American College of Epidemiology, I have hoped that this organization could take a more active role in minority affairs."

Raymond S. Greenberg, MD, PhD



American College of Epidemiology

July 16, 1991

Victor J. Schoenbach, Ph.D.
Associate Professor
Department of Epidemiology
School of Public Health
University of North Carolina
CB #7400, McGavran-Greenberg Hall
Chapel Hill, NC 27599-7400

Dear Dr. Schoenbach:

As President of the American College of Epidemiology, I have hoped that this organization could take a more active role in minority affairs. Toward that end, I would like to form an **ad hoc** Committee on Minority Affairs, with the following charge:

1. To assess the current status of minorities in the profession of epidemiology;
2. To recommend specific actions that could be taken to increase minority representation in epidemiology;
3. To assess the role of the College in promoting increased minority representation in epidemiology;
4. To recommend actions that could be taken to increase more research on health concerns of minority populations;
5. To recommend strategies for increasing the number of minority epidemiologists who are affiliated with the College.

As you probably know, the College's annual meeting in Atlanta on November 7-8, 1991 is focused on the topic "Morbidity/Mortality Gap: Is it Race of Racism." I would hope that the Committee on Minority Affairs could convene its first meeting in conjunction with the College meeting.

At your earliest possible convenience, please let me know if you are able to serve on this important Committee. Also, please indicate if you are willing to assume/share a leadership role.

With appreciation,

Raymond S. Greenberg, M.D., Ph.D.
President

Enclosure: Proposed Members
RSG:em

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In 1991, the ACE was still trying to define its role in the profession. One of the basic motivations for creating the College, credentialing of non-physician epidemiologists, was being rethought. Few people had taken the credentialing examination, and the value of the credential was uncertain. But without the certification exam, what was the College's raison-d'etre? At the same time, the College was the only epidemiology organization whose primary focus was serving the needs of practicing epidemiologists and at the time the only one willing and able to take official policy positions. The major initial policy thrust was about professional ethics. President Raymond Greenberg and others felt that racial disparities in health would be another policy area for which the organization might take leadership, and through which it could engage members who were not particularly motivated by the ethics issue.

So with enthusiastic support from the Board of Directors, President Greenberg created an *ad hoc* Committee on Minority Affairs. He put out a call to members seeking volunteers. I was one of those who responded, and Ray asked if I would serve as chair and convene an initial meeting in conjunction with the 1991 Annual Scientific Meeting. I objected, saying that someone like Sherman James should probably be chair. But when I asked Sherman, he said that I should be chair since I would follow his advice and he wouldn't have to devote as much time! On that basis I agreed.

(From Report from Ad Hoc Committee on Minority Affairs to Alan Hinman, August 20, 1993)

The Committee's charge is to:

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2. Recommend specific actions to increase minority representation in epidemiology;

3. Assess the role of the College in promoting increased minority representation in epidemiology;

4. Recommend actions to increase research on health concerns of minority populations;

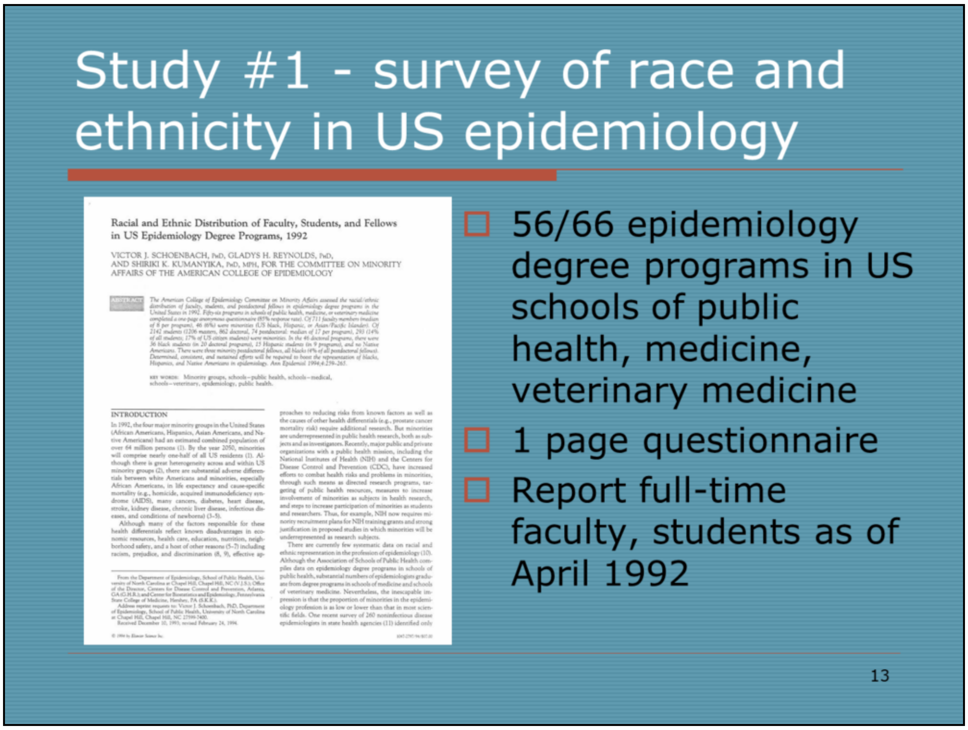
5. Recommend strategies for increasing the number of minority epidemiologists who are affiliated with the College.

Stephen Blount was on the initial committee list – Vic can't recall if he attended the first meeting or not but had little or no participation thereafter.

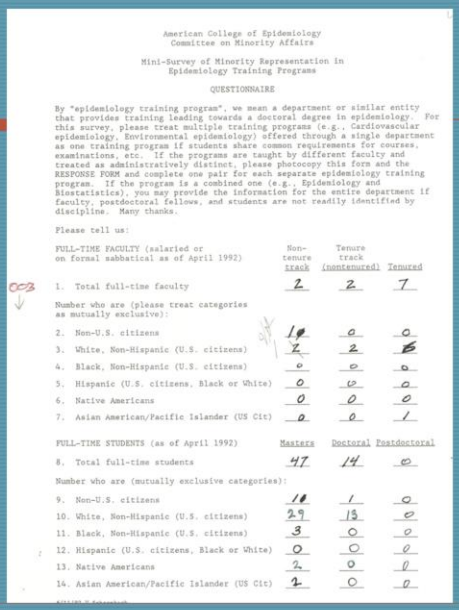
Manuel Torres-Anjel was on the initial committee but resigned in Jan 1993

Shiriki was originally an "observer", since she was not a member of the College and debated whether or not to join (correct?)

One of the first steps the committee did was to request the addition of formal liaison members from other epidemiology organizations, by asking the ACE President (then Patricia Buffler) to write to the heads of other EPID societies asking them to designate a liaison. Lucina was the first SER liaison and was later replaced by Camara.



The American College of Epidemiology Committee on Minority Affairs conducted a 1992 survey of racial/ethnic distribution in academic epidemiology, published in the *Annals of Epidemiology* in 1994 along with a commentary by the 1991 ACE President.



American College of Epidemiology
Committee on Minority Affairs

Mini-Survey of Minority Representation in
Epidemiology Training Programs

QUESTIONNAIRE

By "epidemiology training program", we mean a department or similar entity that provides training leading towards a doctoral degree in epidemiology. For this survey, please treat multiple training programs (e.g., Cardiovascular epidemiology, Environmental epidemiology) offered through a single department as one training program if students share common requirements for courses, examinations, etc. If the programs are taught by different faculty and treated as administratively distinct, please photocopy this form and the RESPONSE FORM and complete one pair for each separate epidemiology training program. If the program is a combined one (e.g., Epidemiology and Biostatistics), you may provide the information for the entire department if faculty, postdoctoral fellows, and students are not readily identified by discipline. Many thanks.

Please tell us:

FULL-TIME FACULTY (salaried or on formal sabbatical as of April 1992)	Non-tenure track	Tenure track (nontenured)	Tenured
1. Total full-time faculty	2	2	7
Number who are (please treat categories as mutually exclusive):			
2. Non-U.S. citizens	1	0	0
3. White, Non-Hispanic (U.S. citizens)	1	2	6
4. Black, Non-Hispanic (U.S. citizens)	0	0	0
5. Hispanic (U.S. citizens, Black or White)	0	0	0
6. Native Americans	0	0	0
7. Asian American/Pacific Islander (US Cit)	0	0	1

FULL-TIME STUDENTS (as of April 1992)	Masters	Doctoral	Postdoctoral
8. Total full-time students	47	14	0
Number who are (mutually exclusive categories):			
9. Non-U.S. citizens	18	1	0
10. White, Non-Hispanic (U.S. citizens)	29	13	0
11. Black, Non-Hispanic (U.S. citizens)	3	0	0
12. Hispanic (U.S. citizens, Black or White)	0	0	0
13. Native Americans	2	0	0
14. Asian American/Pacific Islander (US Cit)	2	0	0

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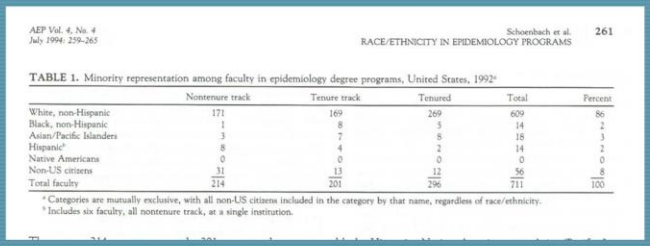
Survey results - faculty



AEP Vol. 4, No. 4
July 1994: 259–265

Schoenbach et al. 261
RACE/ETHNICITY IN EPIDEMIOLOGY PROGRAMS

TABLE 1. Minority representation among faculty in epidemiology degree programs, United States, 1992[a]

	Nontenure track	Tenure track	Tenured	Total	Percent
White, non-Hispanic	171	169	269	609	86
Black, non-Hispanic	1	8	5	14	2
Asian/Pacific Islanders	3	7	8	18	3
Hispanic[b]	8	4	2	14	2
Native Americans	0	0	0	0	0
Non-US citizens	31	13	12	56	8
Total faculty	214	201	296	711	100

[a] Categories are mutually exclusive, with all non-US citizens included in the category by that name, regardless of race/ethnicity.
[b] Includes six faculty, all nontenure track, at a single institution.

- 711 total faculty
- 14 Black (non-Hispanic) (2%)
- 14 Hispanic (incl. 6 at one instit.) (2%)
- 0 American Indians / Native Americans

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The 711 total faculty included 56 non-US citizens, included in the denominator for the percentages. Of these totals, there were 296 tenured (5 black, 2 Hispanic), 201 tenure-track (8 black, 4 Hispanic), and 214 non-tenure-track (1 black, 8 Hispanic).

Survey results - students

TABLE 2. Minority representation among students in epidemiology degree programs, United States, 1992[a]

	Masters	Doctoral	Postdoctoral	Total	Percent
White, non-Hispanic	777	575	51	1403	65
Black, non-Hispanic	63	36	3	102	5
Asian/Pacific Islanders	64	32	0	96	4
Hispanic[b]	76	15	0	91	4
Native Americans	4	0	0	4	0
Non-US citizens	222	204	20	446	21
Total students	1206	862	74	2,142	100

[a] Categories are mutually exclusive, with all non-US citizens included in the category by that name, regardless of race/ethnicity.
[b] Includes 41 masters students at a single institution.

- 2,142 students
- 102 Black (non-Hispanic) (5%)
- 91 Hispanic (incl. 41 at one instit.) (4%)
- 4 American Indians / Native Americans

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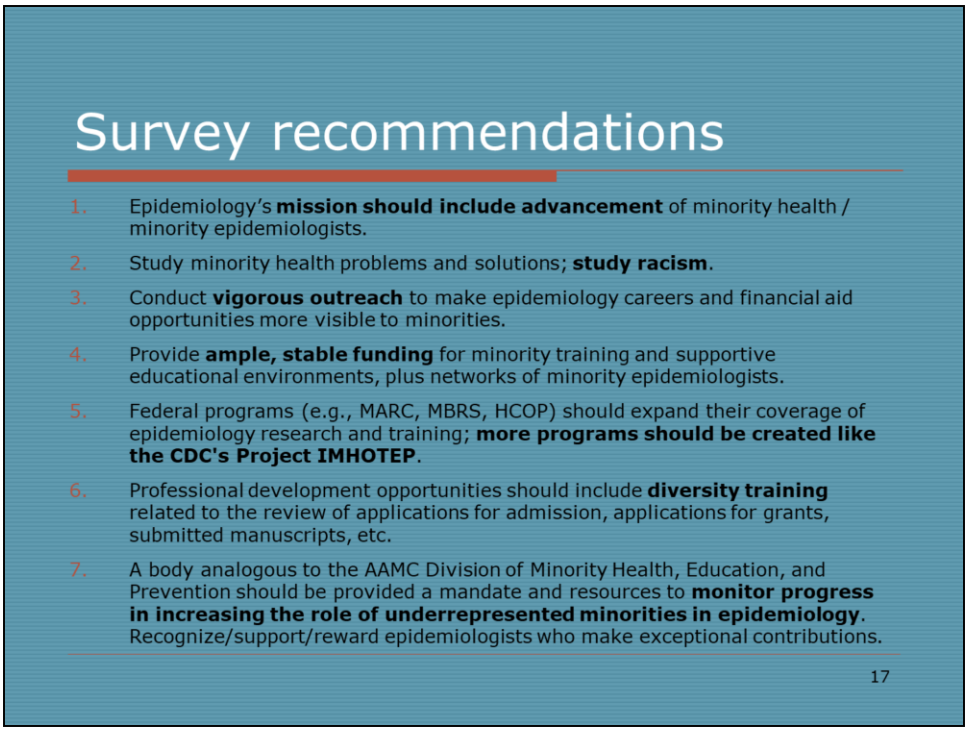
The 2142 total students included 446 non-US citizens, included in the denominator for the percentages. Of these totals, there were 1206 masters students (tenured (63 black, 76 Hispanic, 4 American Indian), 862 doctoral (36 black, 15 Hispanic), and 74 postdoctoral fellows (3 black).

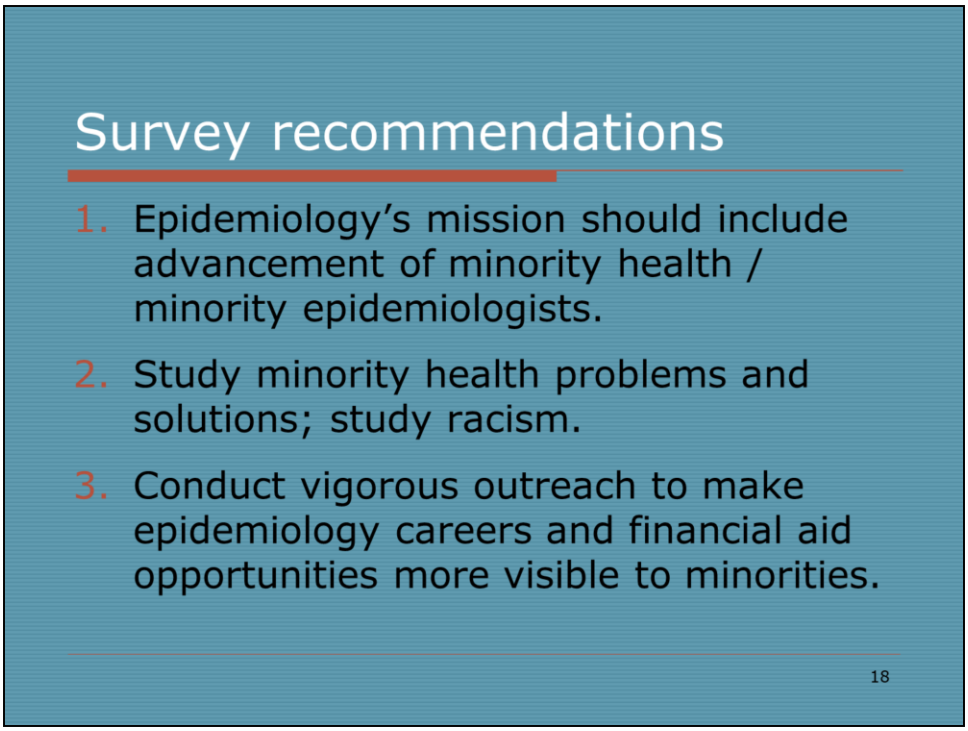


Recommendations:

1. The mission of epidemiology organizations should include advancement of minority health and of minority epidemiologists and trainees in professional, educational, corporate, and governmental settings. Institutional commitment should be expressed in the leadership provided by deans, directors, and chairs, in effective actions, in provision of resources, and in increased diversity.

2. Greater attention should be given in epidemiology journals and scientific meetings to studies that address minority health problems with insight and cultural sensitivity, and especially, that identify potential solutions to these problems. Epidemiology forums should also invite studies on the nature of, effects of, and interventions to reduce racism, both individual and institutional (8,9).

3. A vigorous outreach campaign is needed to make epidemiology careers, pathways to them, and financial aid opportunities more visible in minority educational institutions and minority communities. The potential of minority recruitment activities is illustrated by a program at the CDC EIS, where minority representation among trainees rose from 11 percent in the 1980's to 17 percent in the 1990 EIS class and 26 percent in the 1991 class (23).



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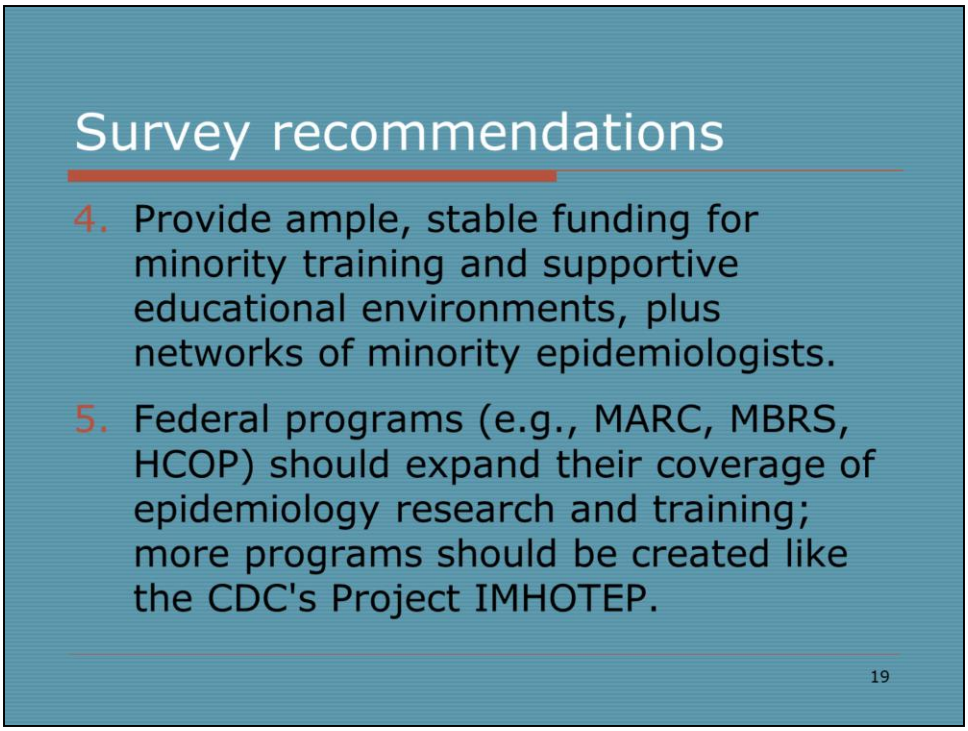
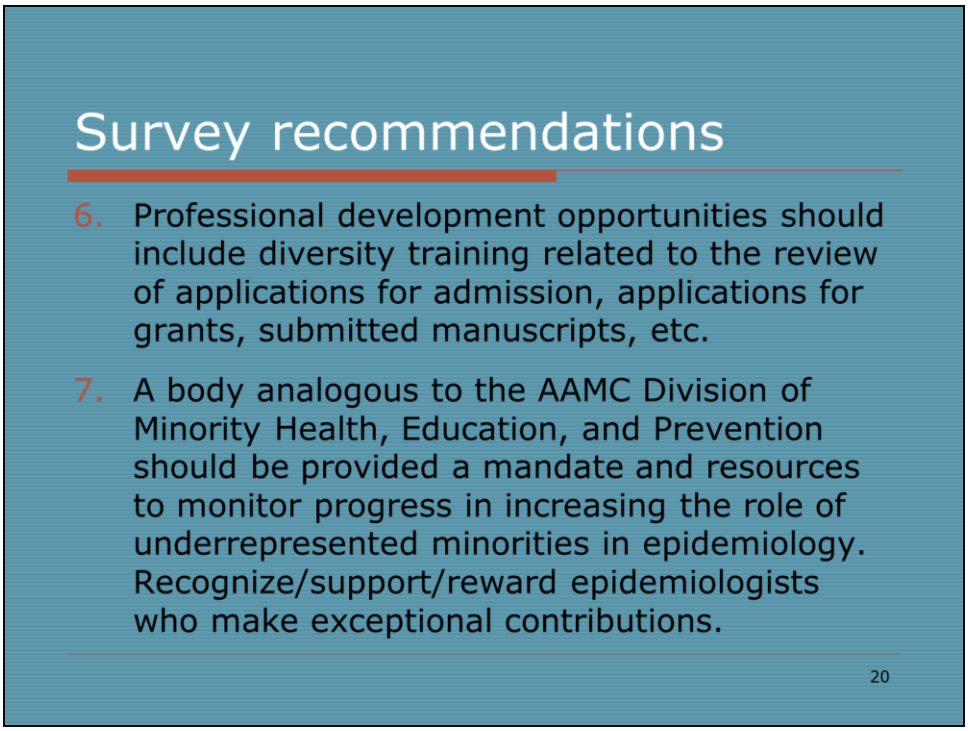


(Recommendations, continued)

4. Since minority epidemiology students are more likely to come from socioeconomically stressed situations and less likely to be able to identify role models among the faculty, recruitment activities should be supported by ample, stable funding for minority epidemiology training and by supportive educational environments with informed and culturally sensitive advising and feedback. Networks of minority epidemiologists and students across institutions are helpful for informal support, information sharing, and mentoring, since the actual numbers of minorities within most individual institutions will continue to be relatively low for some time to come.

5. The various federal programs aimed at attracting underrepresented minorities to biomedical research and the health professions (including Minority Access to Research Careers [MARC], Minority Biomedical Research Support [MBRS], Health Careers Opportunity Program [HCOP], and the minority predoctoral fellowship program of the National Institute of General Medical Sciences - see [17]) should expand their coverage of epidemiology research and training. More programs should be created like the CDC's Project IMOTEP, . . . given record numbers of minority students applying to medical school, the AAMC's "Project 3000 by 2000", and the advantages that medical training provides for epidemiologists. A recent proposal for providing research training for selected minority students and research fellowships after

residency (17) could readily be adapted to include epidemiology.



Recommendations:

6. Professional development opportunities for epidemiologists and those who manage them should include diversity training. Diversity issues related to the review of applications for admission, applications for grants, and manuscripts submitted for publication should also be considered. Current requirements, criteria, and procedures tend to favor established nonminority over less-established minority applicants, researchers, and authors, even where the minority group members have more access to, experience with, and insight into the populations of interest.

7. A body analogous to the AAMC Division of Minority Health, Education, and Prevention but representing the epidemiology profession should be provided a mandate and resources to monitor progress in increasing the role of underrepresented minorities. Mechanisms to recognize, support and reward epidemiologists who make exceptional contributions to improving minority representation should be established.

Annals of Epidemiology editorial by Ray Greenberg

EDITORIAL

Is Epidemiology Broken Down by Race and Ethnicity?

In this issue of *Annals of Epidemiology*, Schoenbach and coauthors (1) present the results of a survey conducted in 1992 of epidemiology degree programs in the United States. The purpose of this survey was to assess the racial/ethnic distribution of faculty, students, and fellows in those programs. By identifying epidemiology degree programs in a range of academic settings and in attempting to maximize participation, Schoenbach and colleagues were comprehensive in their approach.

The results of this survey are unlikely to surprise anyone who has studied or taught in an academic epidemiology program within the United States. Among faculty, only 7% of U.S. citizens were from minority groups. The corresponding minority representation levels were 20% among masters students, 13% among doctoral students and 6% among postdoctoral fellows. The reliability of these estimates is substantiated in large part by data collected independently by the Association of Schools of Public Health. The levels of minority representation within epidemiology departments in schools of public health during 1992 were 10.3% and 18.7% for faculty (2) and students (3), respectively.

In assessing these data, one might reasonably question whether the experience for epidemiology is any different from other disciplines within public health. Again, reference to the data collected by the Association of Schools of Public Health provides some insights (2, 3). When compared to the other core disciplines within schools of public health (i.e., biostatistics, health services administration, health education, and environmental sciences), epidemiology has the second lowest level of minority representation among faculty (range of other four disciplines: 7.9%–25.9%, median = 14.8%), and the lowest level among students (range of other four disciplines: 19.8%–22.7%, median = 21.2%).

Since the survey conducted by Schoenbach and colleagues (1) was cross-sectional in design, the question arises as to whether the level of minority representation in epidemiology degree programs has changed over time. The data collected by the Association of Schools of Public Health indicate that minority faculty representation was virtually unchanged between 1985 and 1992, but the percentages of minority students increased by more than one-third during that time period. The rise in minority representation among students is attributable to increases in the percentages of Hispanic and Asian students.

There are at least three reasons why epidemiologists should be concerned about the underrepresentation of minorities in our academic programs. First, we should subscribe to the general societal goal of removing historical impediments to professional education for members of minority and disadvantaged groups. Second, minority populations in this country experience disproportionate rates of morbidity and mortality, and studying these issues in culturally appropriate ways should be enhanced with a more diverse workforce. Third, within a few decades the survival of many academic programs will depend upon their ability to compete successfully for students from an increasingly diverse applicant pool.

There is a sad irony in the fact that epidemiology, one of the disciplines that has contributed substantially to understanding the costs of social disadvantage, should find its own ranks less diverse than other public health disciplines. Schoenbach and colleagues (1) have offered seven recommendations for enhancing minority representation within epidemiology degree programs. These proposals would make our profession more accessible to a wider range of people, and as a result, would build a broader and stronger foundation for the future of epidemiology.

Raymond S. Greenberg, MD, PhD
Dean, School of Public Health
Emory University
Atlanta, Georgia

REFERENCES

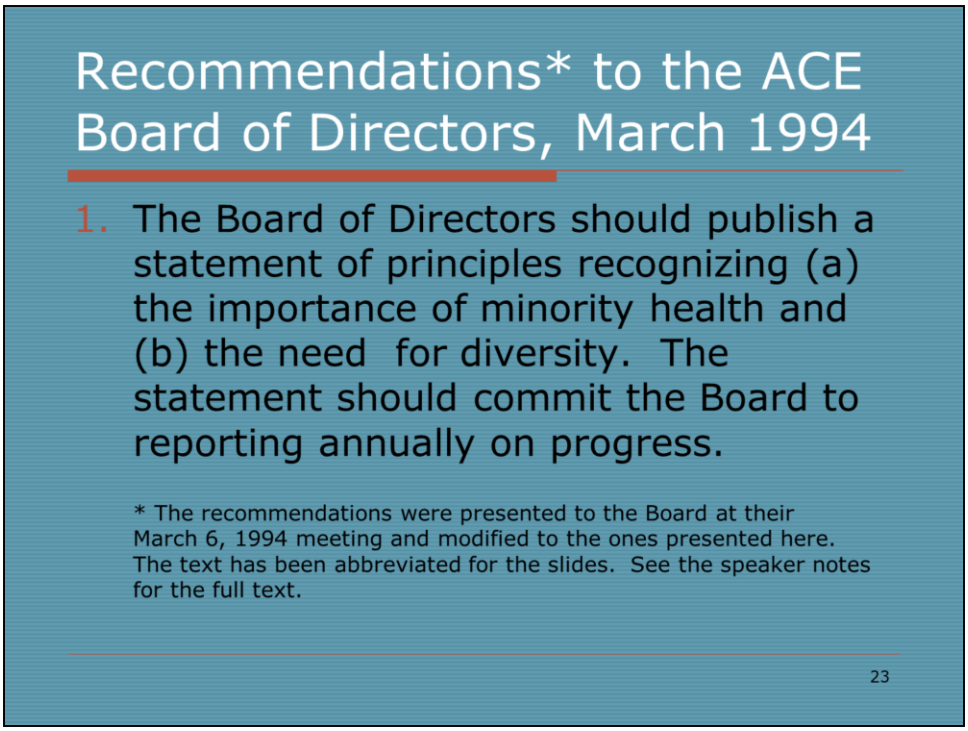
1. Schoenbach VJ, Reynolds GM, Kumanyika SK. Racial and ethnic distribution of faculty, students, and fellows in U.S. epidemiology degree programs, 1992. Ann Epidemiol. 1994;4:259–265.
2. Lewis W. Washington, DC: U.S. Schools of Public Health Report on Faculty. Association of Schools of Public Health; 1992.
3. Lewis M. Data Report on Applicants, New Enrollments and Students, Fall 1992 and Graduates and Expenditures, 1991–92 with Trend Analysis for 1977–78 Through Fall 1992. Washington, DC: Association of Schools of Public Health; 1993.

Ann Epidemiol 1994;4:257.

"These proposals would make our profession more accessible to a wider range of people, and as a result, would build a broader and stronger foundation for the future of epidemiology."

Recommendations to the ACE Board of Directors

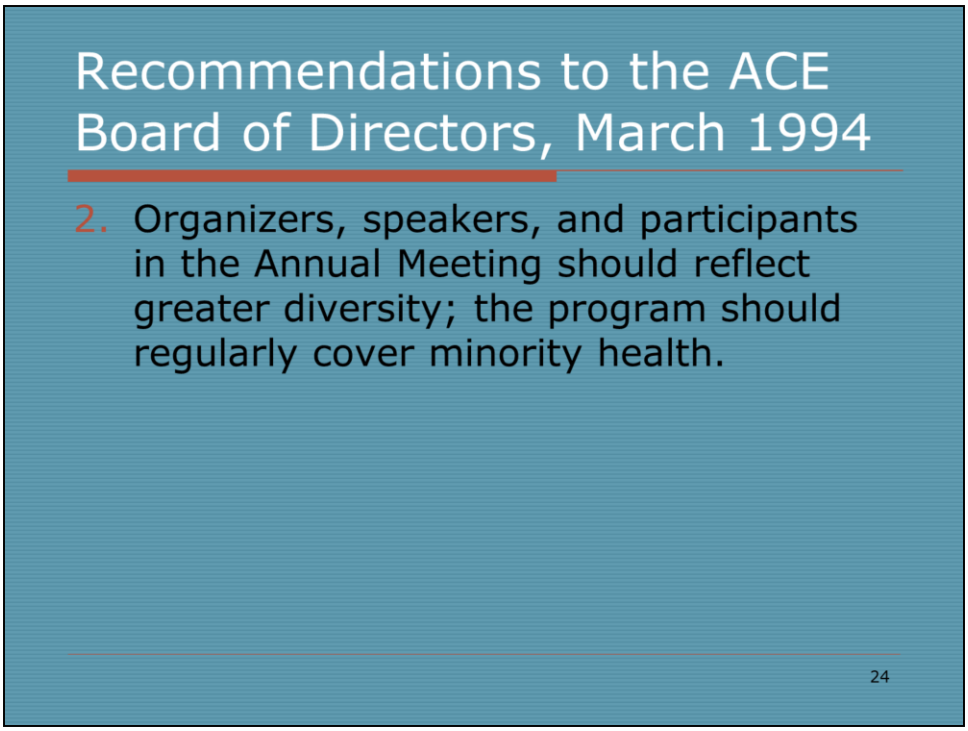
"Vic, this is a very powerful statement. I never imagined (in my more than 20 yrs in epidemiology) that I would see such a powerful statement emerging from an Epid organization. It will be more than just a little interesting to see the Board's reactions."



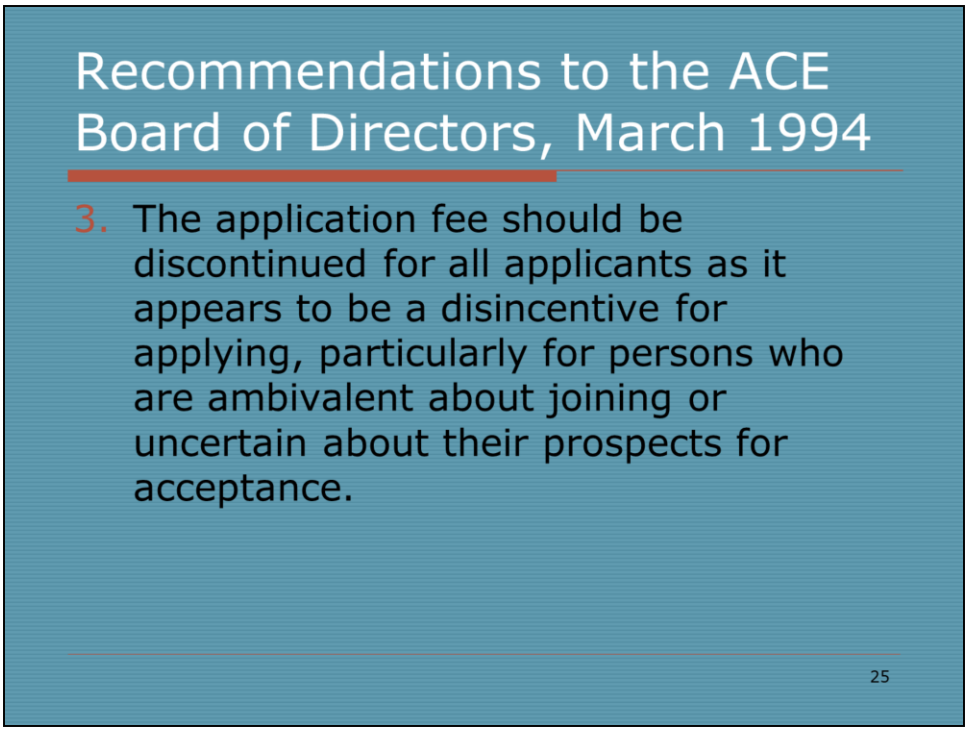
Document history: Drafted by John Nwangwu and Gladys Reynolds, revised by Vic Schoenbach in the course of telephone conference call discussions; modified 7/19/94 to reflect the discussion at the March 6, 1994 ACE Board of Directors meeting. At that meeting, the recommendations as revised were approved by the Board of Directors.

Recommendations:

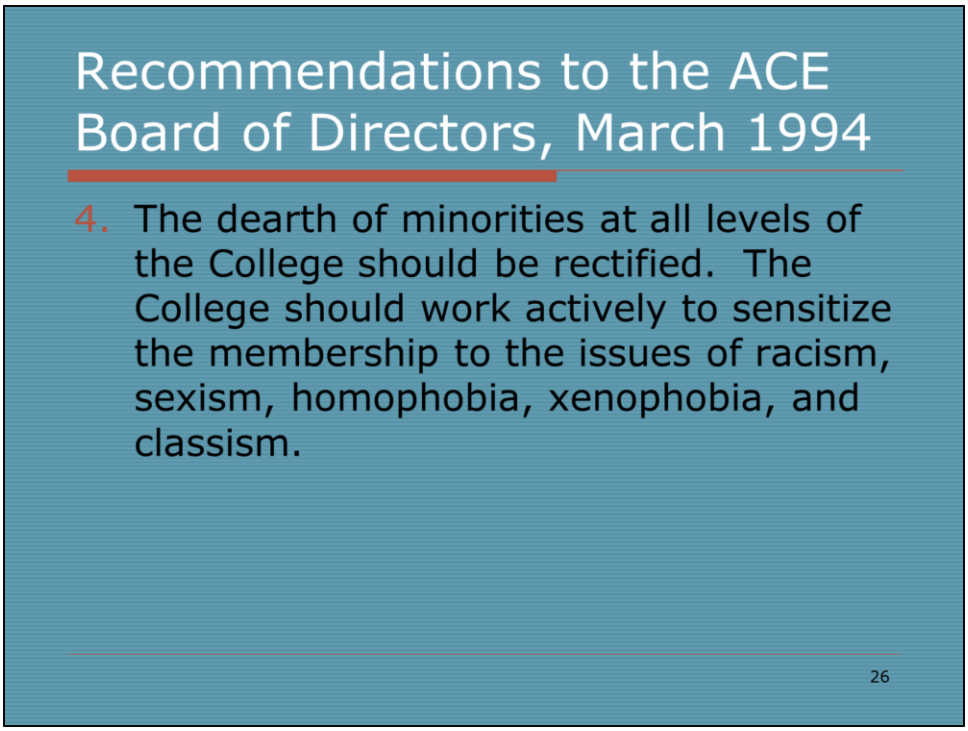
1. The Board of Directors should publish a statement of principles and goals that recognizes (a) the importance of minority health and (b) the need for diversity. The statement should commit the Board to reporting annually on progress in diversifying the membership and committees of the College.



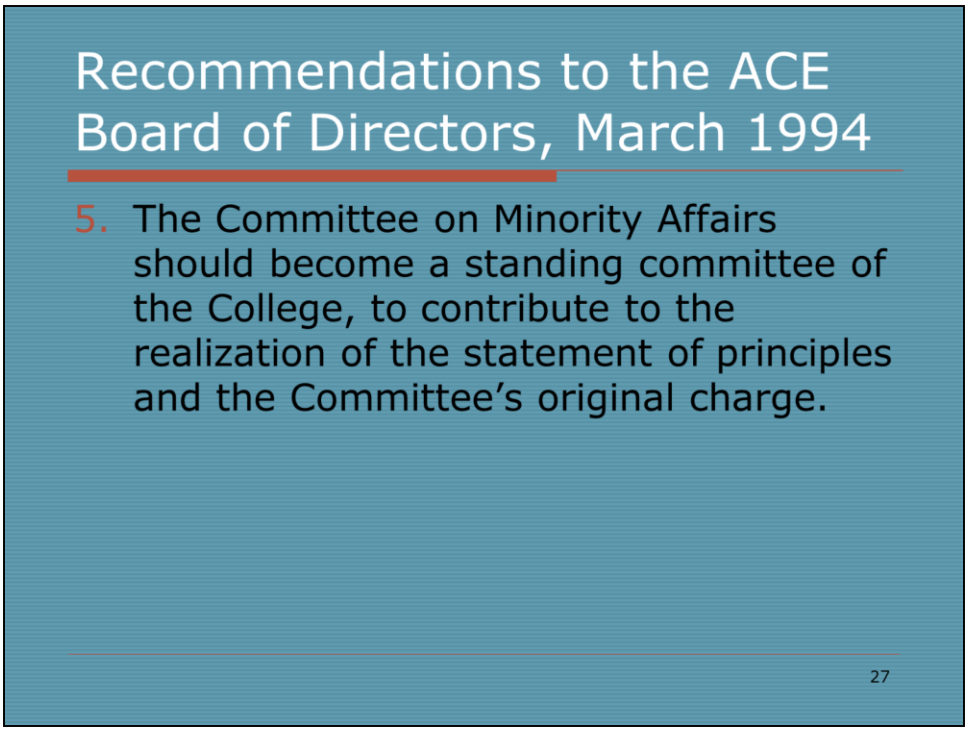
2. Organizers and participants in the Annual Meeting should reflect greater diversity; the program should regularly cover minority health; speakers should come from different racial/ethnic groups. Scholarships should facilitate attendance. The meeting should regularly feature a session(s) on minority issues.



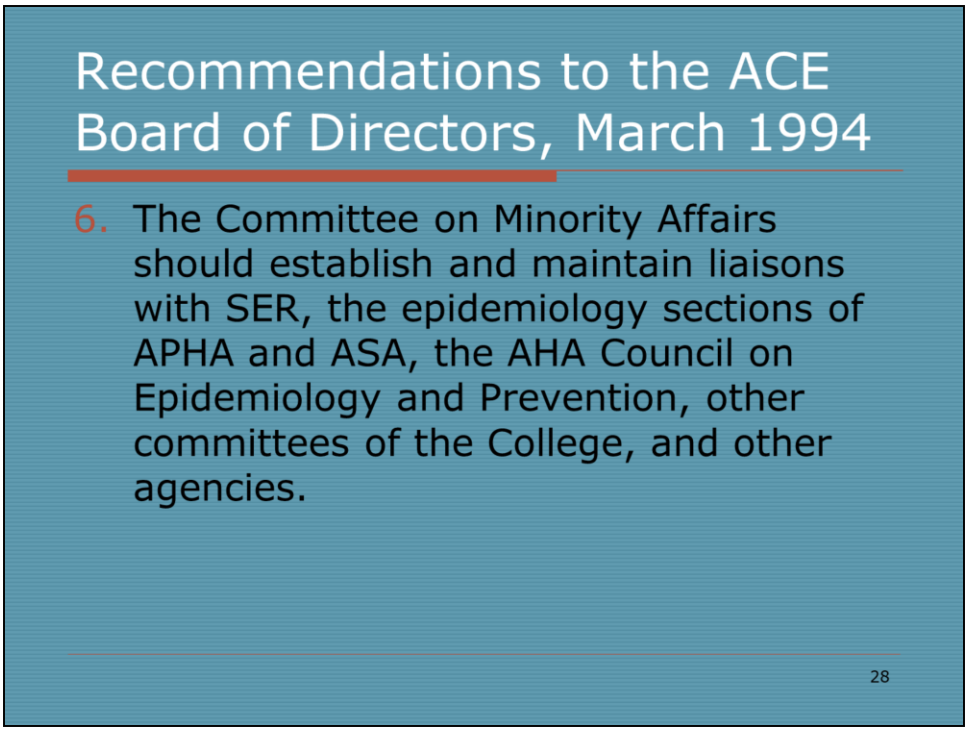
3. The application fee should be discontinued for all applicants as it appears to be a disincentive for applying, particularly for persons who are ambivalent about joining or uncertain about their prospects for acceptance.



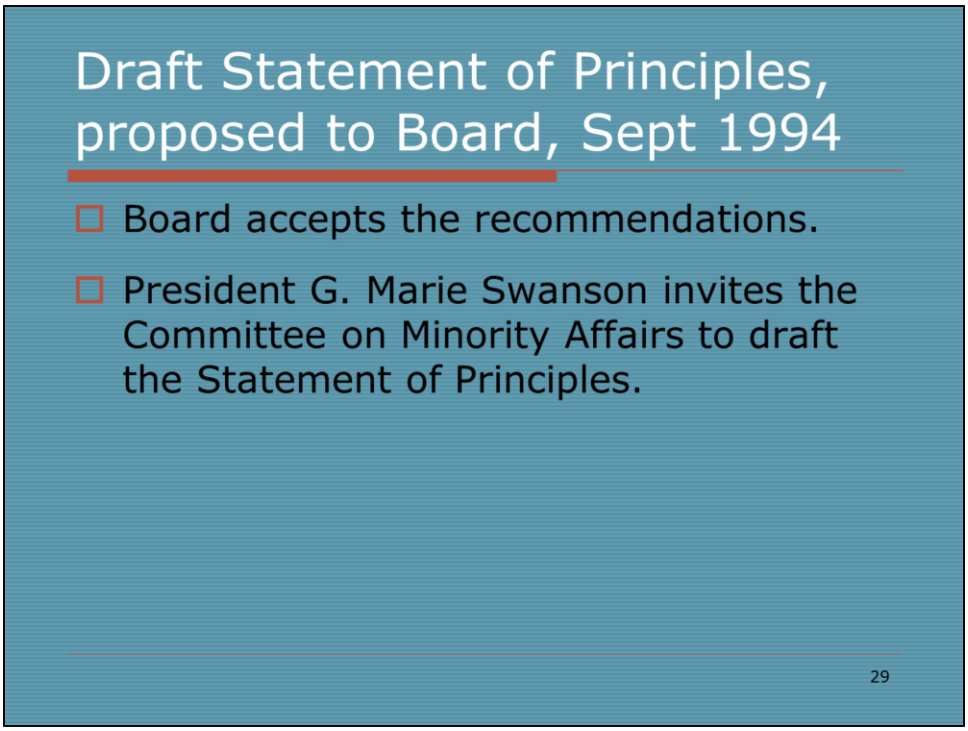
4. The dearth of minorities at all levels of the College should be rectified. The College should work actively to sensitize the membership to the issues of racism, sexism, homophobia, xenophobia, and classism and present training and/or articles on the need for equal opportunity at all levels of the organization.



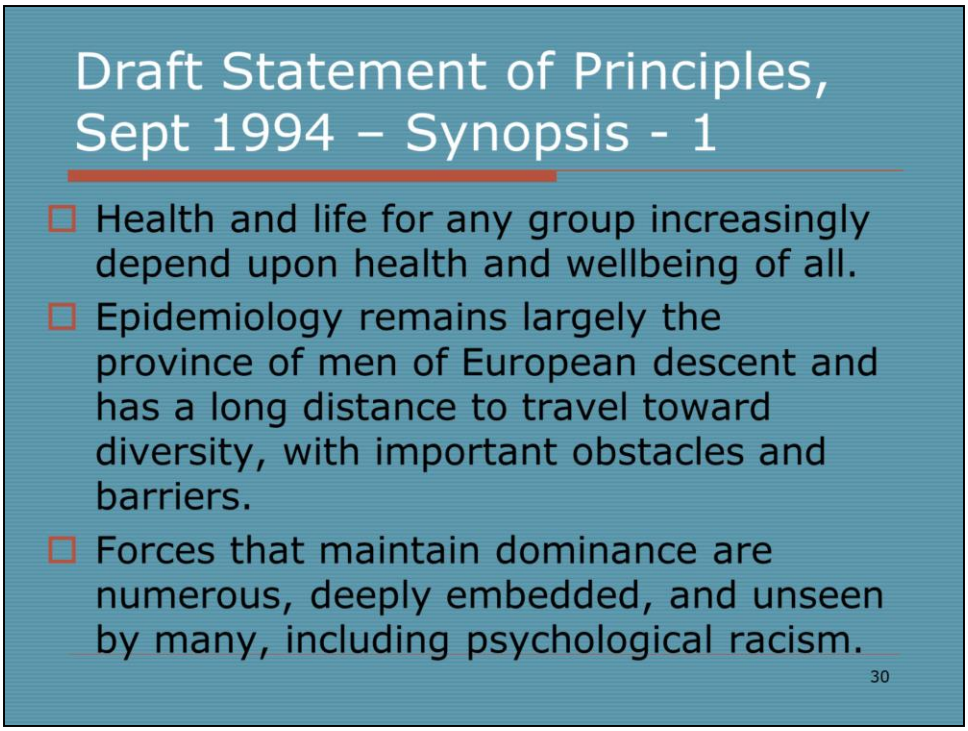
5. The Committee on Minority Affairs should become a standing committee of the College, to contribute to the realization of the statement of principles and the Committee's original charge. A member of the Board of Directors should serve on the Committee.



6. The Committee on Minority Affairs should establish and maintain liaisons with SER, the epidemiology sections of APHA and ASA, the AHA Council on Epidemiology and Prevention, other committees of the College, and other agencies.



I believe that John Nwangwu proposed having a Statement of Principles.



Here is a synopsis of the statement drafted by the Committee and presented to the Board in September 1994:

We can now see the potential for health and longevity to be more widely enjoyed than ever before.

Health and life for any group increasingly depend upon health and wellbeing of all.

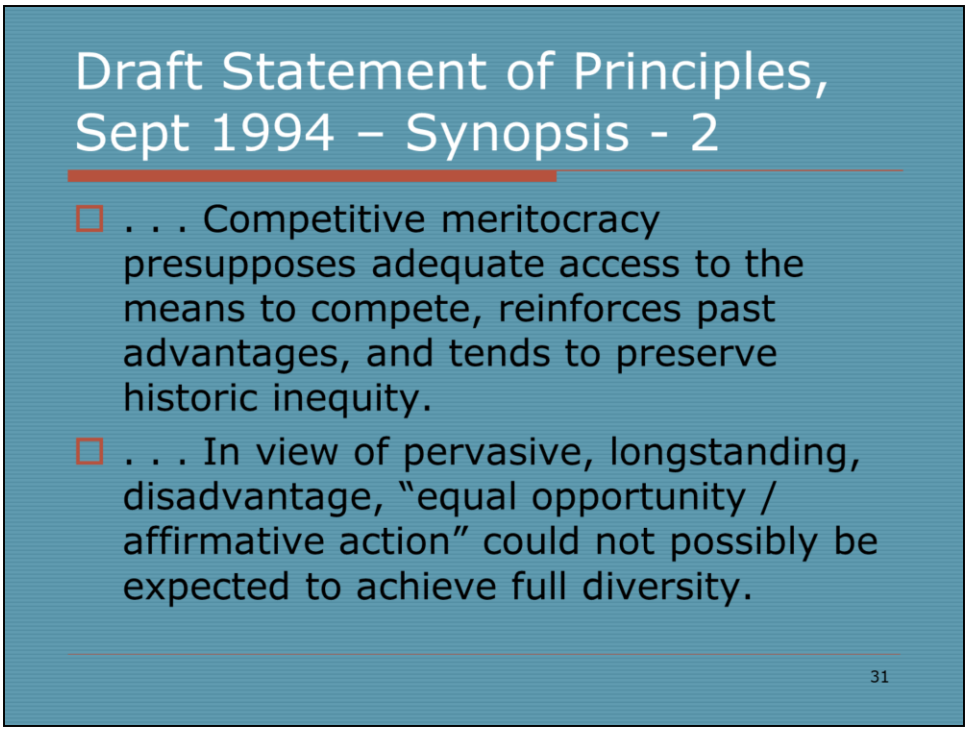
Epidemiologists have responsibility to maintain high public awareness of the reservoir of preventable disease.

Epidemiologists are particularly cognizant of need for new knowledge to control disease in all peoples. Diverse factors affect health, as do discrimination and persecution.

Leadership from epidemiologists in systematic study of minority health issues is particularly critical with evolving meaning of race/ethnicity.

Epidemiology remains largely the province of men of European descent and has a long distance to travel toward diversity, with important obstacles and barriers.

Forces that maintain dominance are numerous, deeply embedded, and unseen by many, including psychological racism.



(continues)

Competitive meritocracy as implemented works best for members of dominant groups.

Competitive meritocracy presupposes adequate access to the means to compete, reinforces past advantages, and tends to preserve historic inequity.

Children are born and raised in vastly differing circumtances which affect health, knowledge, self-esteem, confidence, skills, contacts, and experience.

In view of pervasive, longstanding, disadvantage, "equal opportunity / affirmative action" could not possibly be expected to achieve full diversity.

Epidemiologists from minority groups are needed to increase our effectiveness in addressing the health needs of minority populations and to help advance epidemiology.

To accelerate the pace and disseminate a vision of the goal, expressions and demonstrations of commitment are needed.

Draft Statement of Principles, Declarations - 1

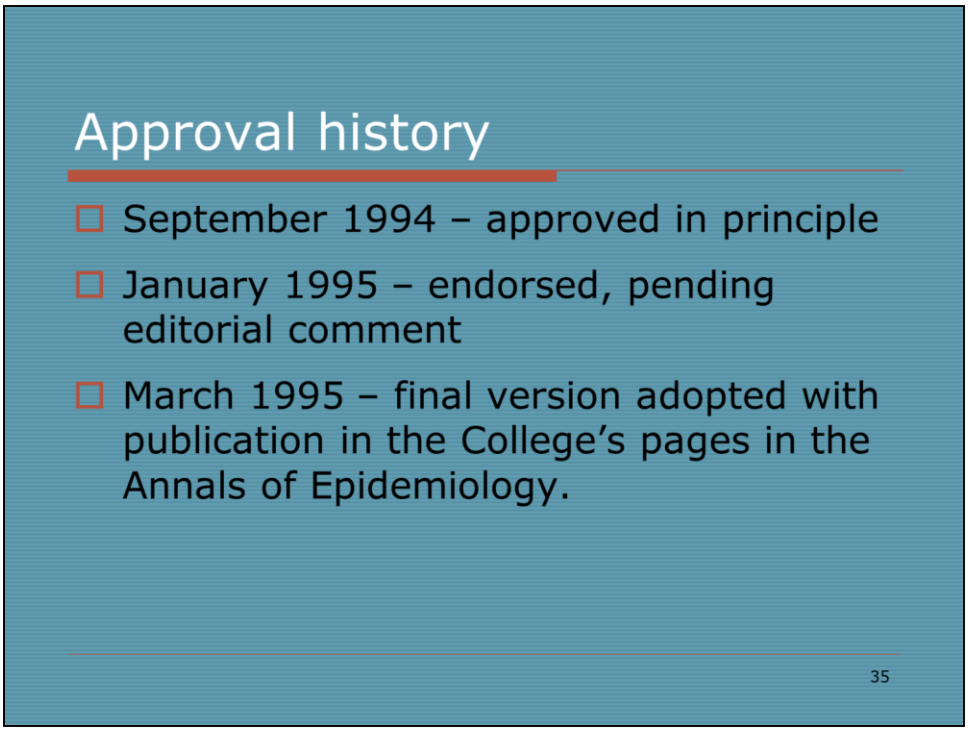
The American College of Epidemiology declares that:

1. The health of all, especially the disadvantaged, is of critical importance for public health.
2. The epidemiology profession must achieve true diversity at all levels in order to contribute effectively.

Draft Statement of Principles, Declarations - 2

3. Universities have a special responsibility to recruit students from disadvantaged backgrounds, to diversity their faculties, to teach their students about minority health.
4. Funders should support students from disadvantaged backgrounds and also programs for undergraduate and precollege levels.

I drafted the first version of the statement. Bill Jenkins gave me the “ultimate compliment” of saying that he wished he had written it.



The original version reviewed by the Board was long. Although the Board voted to accept in principle, board member Michael Bracken then sent me a list of changes and edits, primarily excisions and shortening. Although some objected to the excisions, there were certainly advantages to having the statement be shorter!

Declarations

Final version - five declarations, followed by background and rationale, and actions to be taken by the College: Declarations:

1. The of epidemiology needs racial, ethnic health of all racial and ethnic groups, is of critical importance.
2. The profession and cultural diversity.

Declarations

3. [Educational organizations] . . . have a special responsibility to seek out and support, diversity, inform.
4. Sponsors of public health should ensure that funding is available.
5. Organizations should work actively to sensitize their constituencies to the issues of racism, sexism, religious favoritism, homophobia, …

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Actions by the College

The President of the College will report annually to the Board of Directors and to the membership on progress in diversifying the College and will recommend measures to accelerate progress where it is inadequate.

More actions by the College

1. Annual Scientific Meeting will reflect diversity and regularly include topics concerning health of minorities.
2. Dearth of minorities at all levels of the College will be rectified.
3. College has created Committee on Minority Affairs to contribute to the realization of the Statement and to establish and maintain liaisons.

ELSEVIER

Statement of Principles[1]
Epidemiology and Minority Populations

Epidemiologic data have called attention to major disparities in health and health risks between the United States population as a whole and U.S. minority groups, including African Americans, Hispanics/Latinos, American Indians, Alaskan Natives, Pacific Islanders, and Asian Americans. In order to improve public health and especially the health of minority populations, and to enhance the ability of epidemiology and epidemiologists to contribute to the achievement of such improvement, the following principles are declared:

1. *The health of all racial and ethnic groups, especially of their disadvantaged members, is of critical importance for public health.* Epidemiologists, individually and collectively, are urged to promote health for all through their research, teaching, practice, consultation, influence on policy, and other activities. Attention should also be given to understanding and modifying individual and collective behaviors, such as racism and excessive self-aggrandizement, that interfere with the advancement of all.
2. *The profession of epidemiology needs to achieve racial, ethnic and cultural diversity, at all levels, in order to contribute fully to public health for all populations.* Epidemiologists are urged to work toward diversity in their place of employment, their academic institutions, their professional organizations, and their advisory boards. Criteria that tend to exclude members of minority groups from succeeding in competitions should be revised. Diversity implies not only the presence of members from different backgrounds but also a shift in the cultural attitudes of the collective group and its individual members to ensure full and collegial welcome, participation, and support.
3. *Organizations that provide training in epidemiology, above all universities, have a special responsibility to seek out and* objectives. Specific faculty members and administrators should be charged with the responsibility to see that minority students, faculty, and staff are welcomed, supported, and advanced.
4. *Sponsors of public health and public health education should ensure that funding is available for students from disadvantaged backgrounds, particularly but not limited to racial and ethnic minorities, to obtain training in epidemiology at the masters, doctoral, and postdoctoral levels.* Stipend levels should be adequate to attract physicians and other health professionals who wish to become proficient in epidemiology. Sponsors for epidemiologic training and research should cooperate with others in supporting quality educational programs for minority populations at the undergraduate and precollege level, so that more students will be equipped for graduate training in epidemiology, and in supporting outreach programs to inform minority students and their advisors about epidemiology careers, pathways to them, and financial aid opportunities.
5. *Professional organizations, universities, funding agencies, and employers should work actively to sensitize their constituencies to the issues of racism, sexism, religious favoritism, homophobia, xenophobia, and classism and should present training and/or articles on the need for input, fairness, equal opportunity, and diversity at all levels.* All actions regarding opportunities, such as invitations to speak, nomination and voting for office, hiring of research and teaching staff, choice of advisees, hiring of consultants, even if lacking an intent to discriminate, should be considered in terms of their contribution to diversity. Policies and practices should be evaluated in terms of their effects on diversity and modified as needed.

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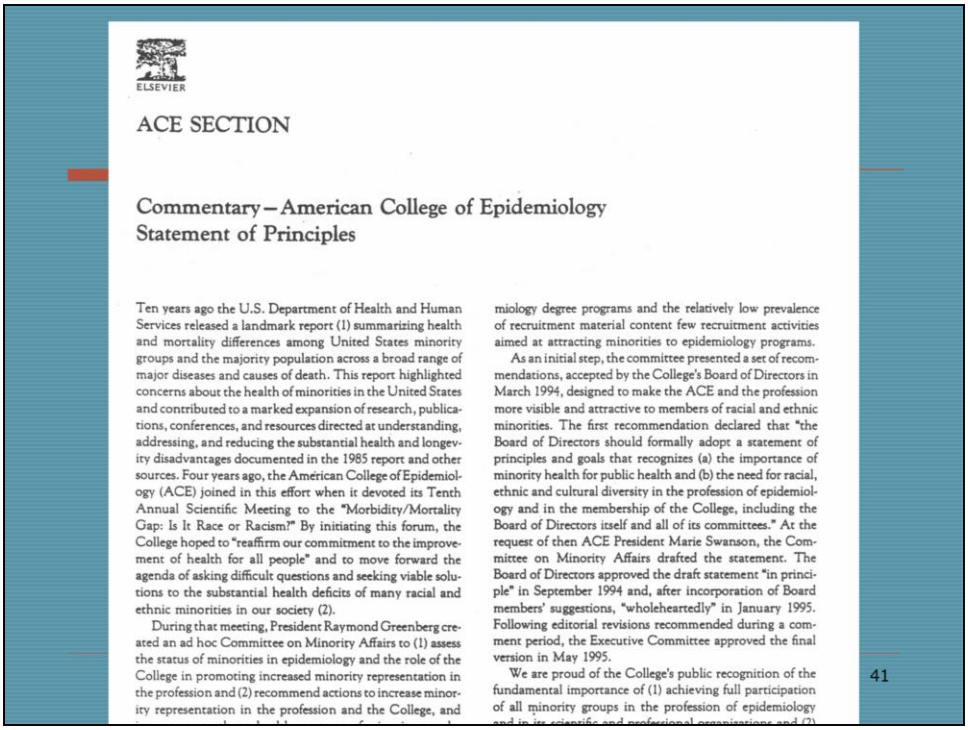
At the September 1994 meeting the Board approved the proposed statement “in principle” and invited members to suggests. At its January 1995 meeting the Board approved the revised Statement “wholeheartedly” but requested a further comment period for editorial suggestions. These came principally from Board member and President=Elect Michael Bracken, who requested that the Statement be significantly shortened. Following these editorial changes the Board adopted the Statement at its May 1995 meeting and agreed to its publication in the College’s pages in the *Annals of Epidemiology*.

The final version begins with five declarations, followed by the background and rationale, and concludes with the actions to be taken by the College: The declarations are:

1. The health of all racial and ethnic groups, especially of their disadvantaged members, is of critical importance for public health.
2. The profession of epidemiology needs racial, ethnic and cultural diversity, at all levels, to contribute fully to public health for all populations.
3. [Educational organizations] . . . have a special responsibility to seek out and support students from disadvantaged backgrounds, particularly racial and ethnic minorities, to diversify faculties and research staff, and to disseminate information about minority health
4. Sponsors of public health and public health education should ensure that funding is available for students from disadvantaged backgrounds . . .
5. Organizations should work actively to sensitize their constituencies to the issues of racism, sexism, religious favoritism, homophobia, xenophobia, and classism and should present training and/or articles on the need for input, fairness, equal opportunity, and diversity at all levels.



ELSEVIER

ACE SECTION

Commentary – American College of Epidemiology Statement of Principles

Ten years ago the U.S. Department of Health and Human Services released a landmark report (1) summarizing health and mortality differences among United States minority groups and the majority population across a broad range of major diseases and causes of death. This report highlighted concerns about the health of minorities in the United States and contributed to a marked expansion of research, publications, conferences, and resources directed at understanding, addressing, and reducing the substantial health and longevity disadvantages documented in the 1985 report and other sources. Four years ago, the American College of Epidemiology (ACE) joined in this effort when it devoted its Tenth Annual Scientific Meeting to the "Morbidity/Mortality Gap: Is It Race or Racism?" By initiating this forum, the College hoped to "reaffirm our commitment to the improvement of health for all people" and to move forward the agenda of asking difficult questions and seeking viable solutions to the substantial health deficits of many racial and ethnic minorities in our society (2).

During that meeting, President Raymond Greenberg created an ad hoc Committee on Minority Affairs to (1) assess the status of minorities in epidemiology and the role of the College in promoting increased minority representation in the profession and (2) recommend actions to increase minority representation in the profession and the College, and

miology degree programs and the relatively low prevalence of recruitment material content few recruitment activities aimed at attracting minorities to epidemiology programs.

As an initial step, the committee presented a set of recommendations, accepted by the College's Board of Directors in March 1994, designed to make the ACE and the profession more visible and attractive to members of racial and ethnic minorities. The first recommendation declared that "the Board of Directors should formally adopt a statement of principles and goals that recognizes (a) the importance of minority health for public health and (b) the need for racial, ethnic and cultural diversity in the profession of epidemiology and in the membership of the College, including the Board of Directors itself and all of its committees." At the request of then ACE President Marie Swanson, the Committee on Minority Affairs drafted the statement. The Board of Directors approved the draft statement "in principle" in September 1994 and, after incorporation of Board members' suggestions, "wholeheartedly" in January 1995. Following editorial revisions recommended during a comment period, the Executive Committee approved the final version in May 1995.

We are proud of the College's public recognition of the fundamental importance of (1) achieving full participation of all minority groups in the profession of epidemiology

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The Statement of Principles, after revision and acceptance, appeared in the *Annals of Epidemiology* along with a commentary signed by seven ACE presidents and past presidents.

Signed by 7 ACE presidents

AEP Vol. 5, No. 6
November 1995: 503–504

progress in achieving diversity, and (3) join with the American College of Epidemiology in developing ideas, marshaling resources, and undertaking initiatives to enhance the profession's commitment and capability to work toward the achievement of health for all.

Supported in part by 1 R01 CA64060 from the National Cancer Institute.

Authors:
Raymond S. Greenberg; President, ACE, 1990–1991
Patricia A. Buffler; President, ACE, 1991–1992
Alan R. Hinman; President, ACE, 1992–1993
G. Marie Swanson; President, ACE, 1993–1994
Genevieve M. Matanoski; President, ACE, 1994–1995
Philip C. Nasca, President; ACE, 1995–1996
Michael B. Bracken; President-Elect, ACE, 1995–1996
Victor J. Schoenbach; Chair, ACE Committee on Minority Affairs

REFERENCES

1. U.S. Department of Health and Human Services. Report of the Secretary's Task Force on Black and Minority Health. Washington, D.C., U.S. Government Printing Office, 1985.
2. Greenberg RS. American College of Epidemiology Tenth Annual Scientific Meeting. Introductory comments. Ann Epidemiol 1993;3:125.
3. Schoenbach VJ, Reynolds GH, Kumanyika SK. Racial and ethnic distribution of faculty, students, and fellows in U.S. epidemiology degree programs, 1992. Ann Epidemiol 1994;4:259–265.
4. Morssink C, Kumanyika SK, Tell G, Schoenbach VJ. Recruiting minorities into the profession of epidemiology: surveying the applicants' mail. Ann Epidemiol. In press.
5. Reynolds GH. American College of Epidemiology Tenth Annual Scientific Meeting. Foreword. Ann Epidemiol 1993;3:119.

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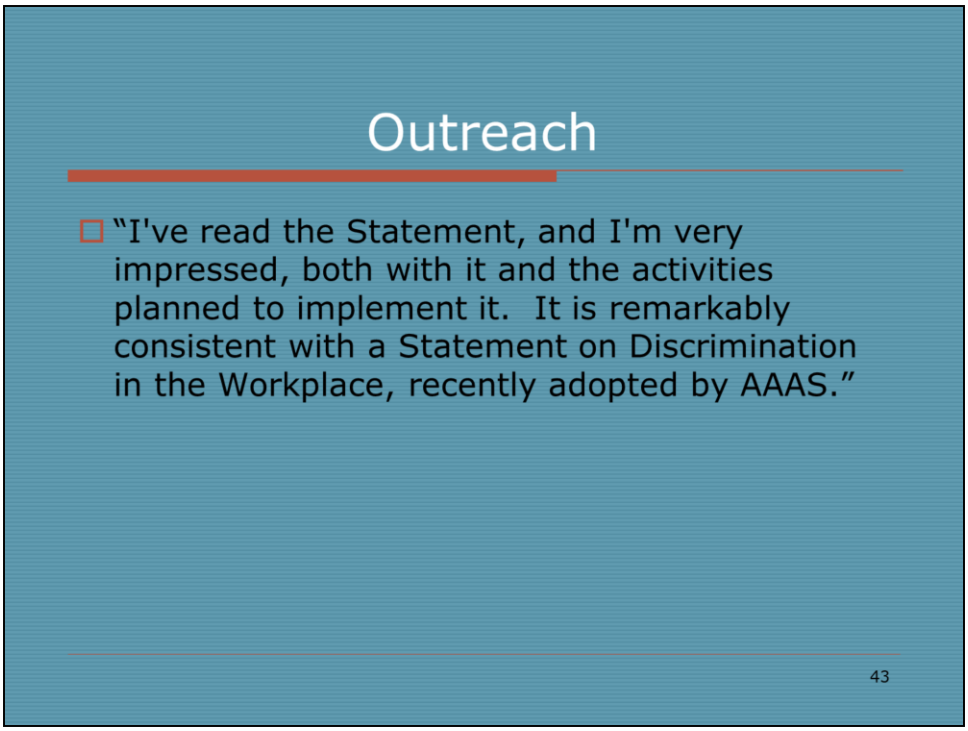

AAAS circulated the statement on various lists:

From: Gardenier, John S.

To: ALL-NCH07A/HYAT; ALL-NCH08A/HYAT; ALL-NCH09A/HYAT; ALL-NCH10A/HYAT;

All-NCH11A/HYAT

Subject: FW: FYI - work of the ACE Committee on Minority Affairs

Date: Friday, May 26, 1995 9:34AM

Priority: High

For those interested, the Committee on Minority Affairs of the American College of Epidemiology has made recommendations to the Board of Directors which are summarized below. This information was provided by the American Association for the Advancement of Science. John G.

Sender: AAAS Minority Perspectives on Ethics in Science and Technology <AAASMSP@GWUVM.BITNET>

From: AFOWLER <afowler@AAAS.ORG>
Subject: FYI - work of the ACE Committee on Minority Affairs
X-To: aaasmsp@gwuvm.gwu.edu
To: Multiple recipients of list AAASMSP <AAASMSP@GWUVM.BITNET>
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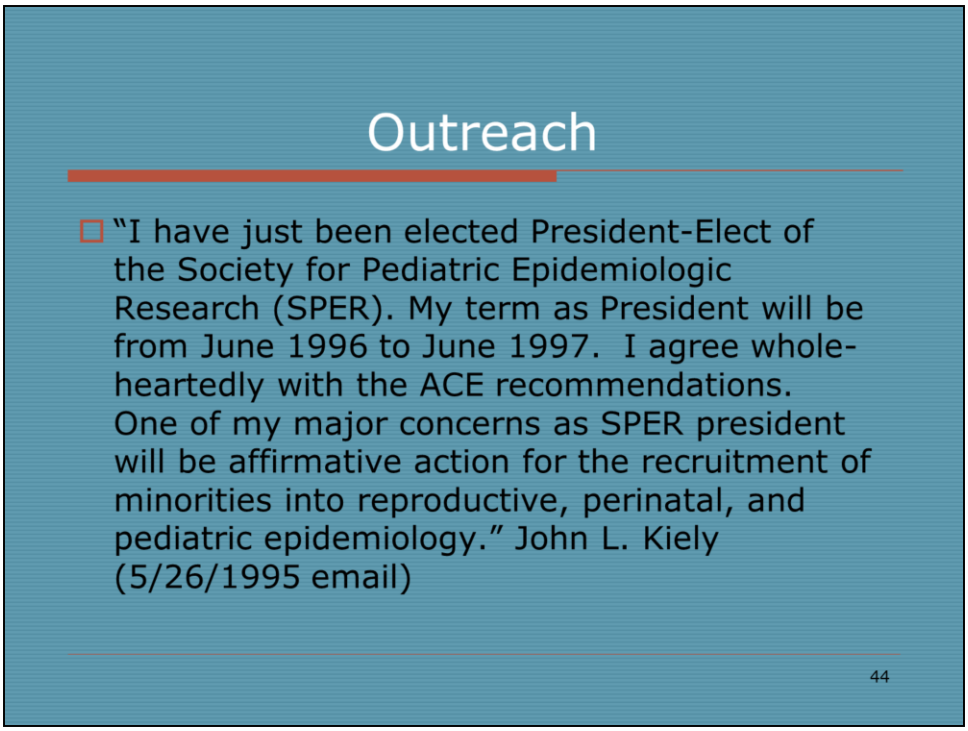
American College of Epidemiology
Committee on Minority Affairs

Policy Recommendations approved by the ACE Board of Directors
at their March 6, 1994 meeting



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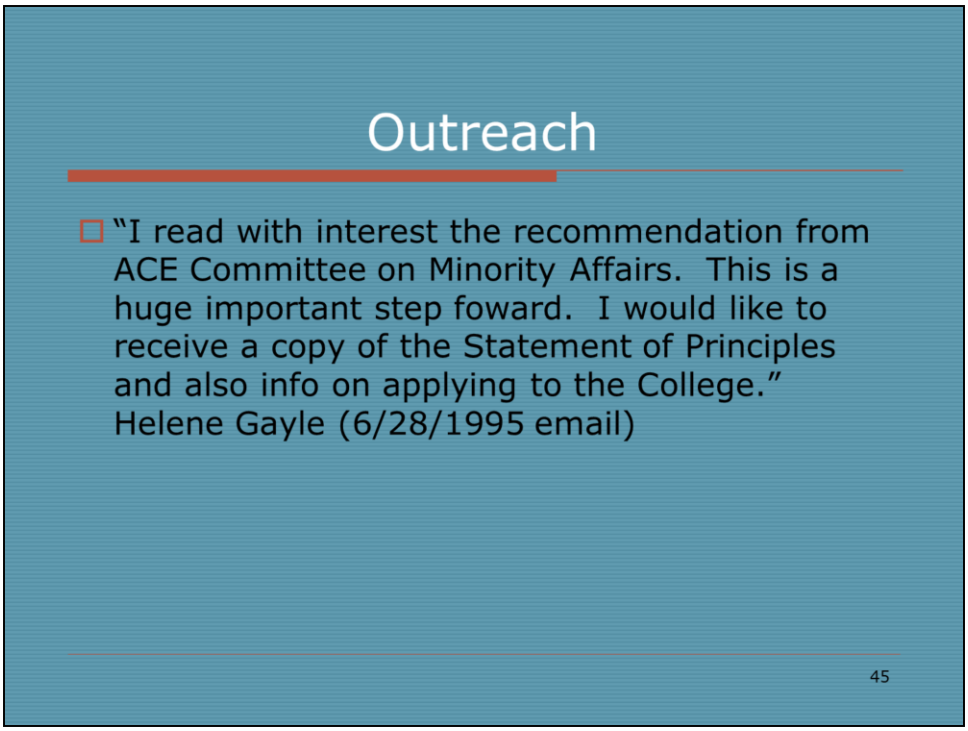

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American College of Epidemiology
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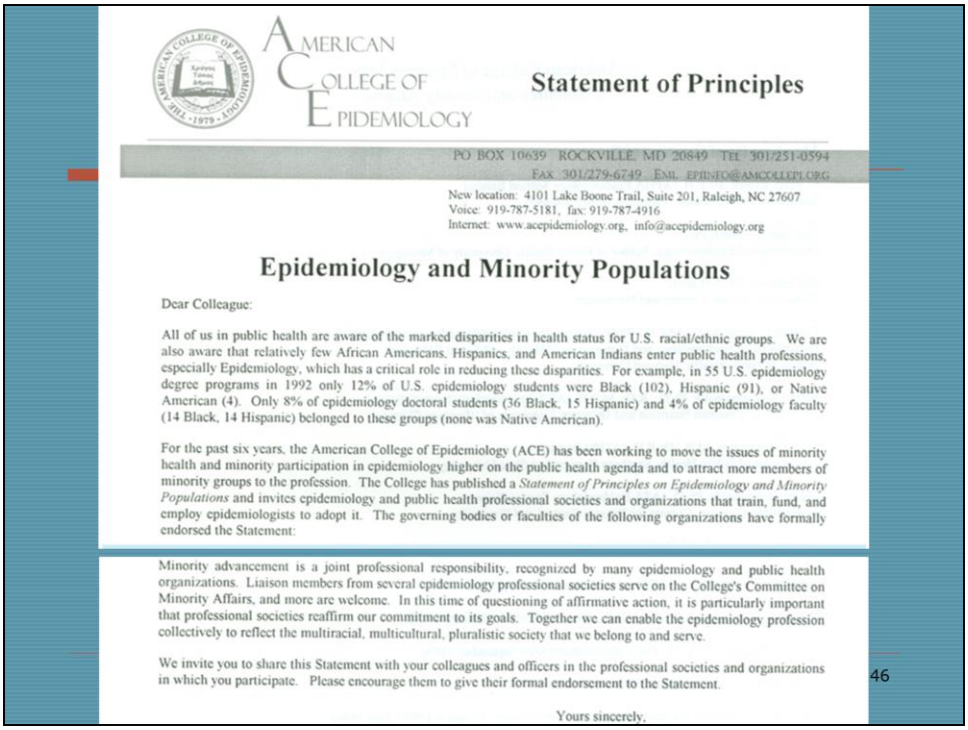

AMERICAN COLLEGE OF EPIDEMIOLOGY

Statement of Principles

PO BOX 10639 ROCKVILLE, MD 20849 TEL 301/251-0594
FAX 301/279-6749 EMIL EPIINFO@AMCOLLEPI.ORG

New location: 4101 Lake Boone Trail, Suite 201, Raleigh, NC 27607
Voice: 919-787-5181, fax: 919-787-4916
Internet: www.acepidemiology.org, info@acepidemiology.org

Epidemiology and Minority Populations

Dear Colleague:

All of us in public health are aware of the marked disparities in health status for U.S. racial/ethnic groups. We are also aware that relatively few African Americans, Hispanics, and American Indians enter public health professions, especially Epidemiology, which has a critical role in reducing these disparities. For example, in 55 U.S. epidemiology degree programs in 1992 only 12% of U.S. epidemiology students were Black (102), Hispanic (91), or Native American (4). Only 8% of epidemiology doctoral students (36 Black, 15 Hispanic) and 4% of epidemiology faculty (14 Black, 14 Hispanic) belonged to these groups (none was Native American).

For the past six years, the American College of Epidemiology (ACE) has been working to move the issues of minority health and minority participation in epidemiology higher on the public health agenda and to attract more members of minority groups to the profession. The College has published a *Statement of Principles on Epidemiology and Minority Populations* and invites epidemiology and public health professional societies and organizations that train, fund, and employ epidemiologists to adopt it. The governing bodies or faculties of the following organizations have formally endorsed the Statement:

Minority advancement is a joint professional responsibility, recognized by many epidemiology and public health organizations. Liaison members from several epidemiology professional societies serve on the College's Committee on Minority Affairs, and more are welcome. In this time of questioning of affirmative action, it is particularly important that professional societies reaffirm our commitment to its goals. Together we can enable the epidemiology profession collectively to reflect the multiracial, multicultural, pluralistic society that we belong to and serve.

We invite you to share this Statement with your colleagues and officers in the professional societies and organizations in which you participate. Please encourage them to give their formal endorsement to the Statement.

Yours sincerely,

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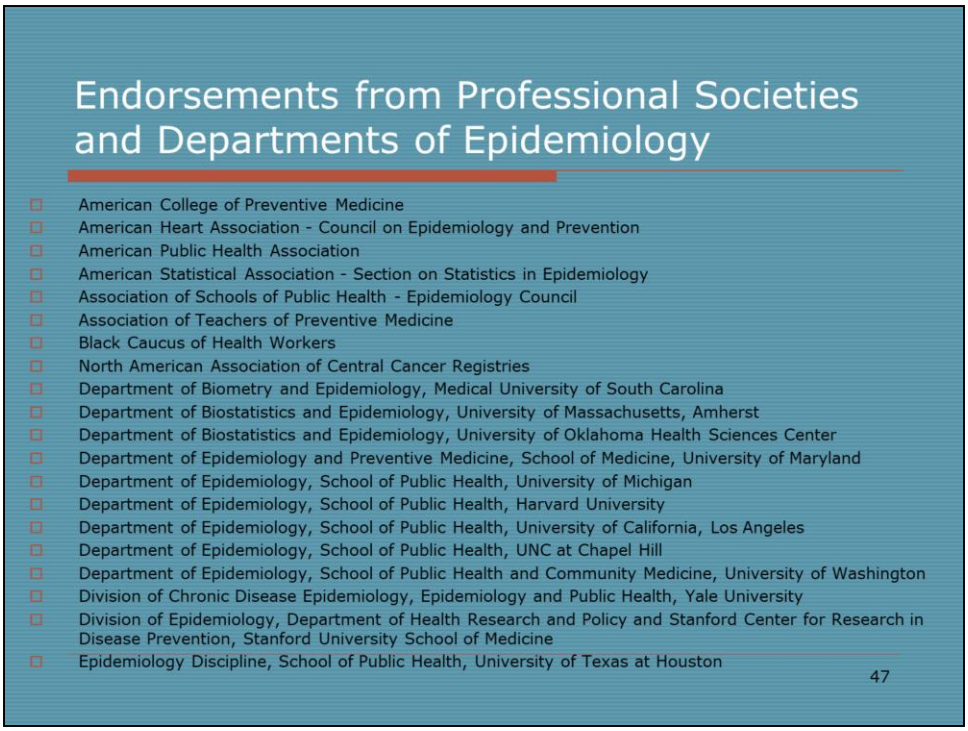
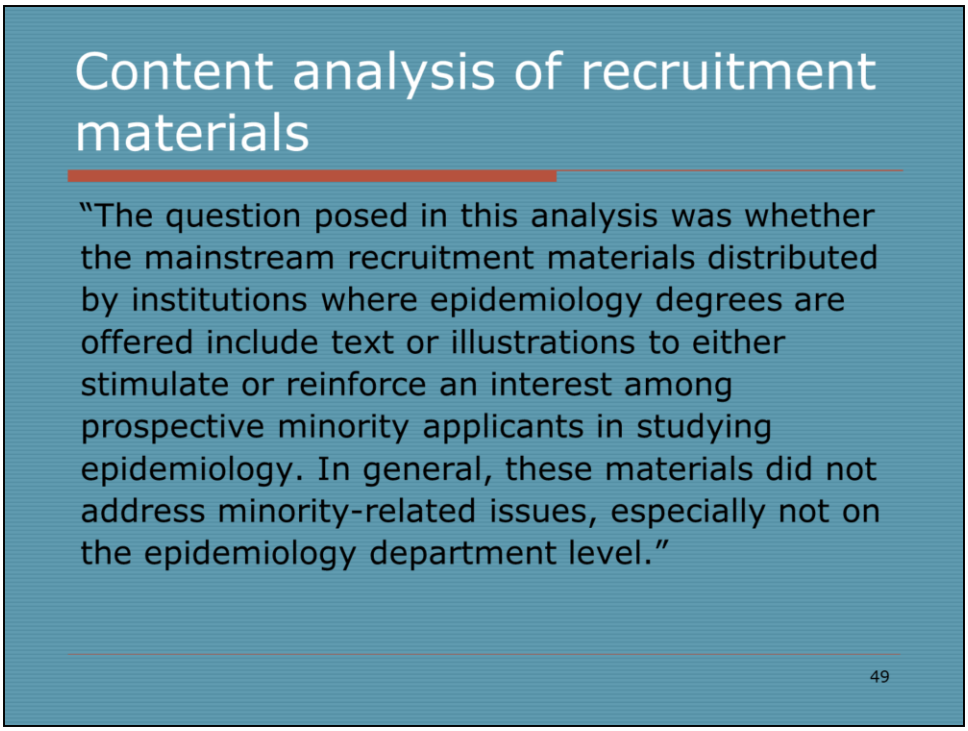
The Statement was subsequently endorsed by over 20 epidemiology organizations and departments.



https://www.acepidemiology.org/ACE/PolicyStatements/Epidemiology_and_Minority_Populations__Statement_of_Principles.aspx

Study #2 - Content analysis of recruitment materials

- Christiaan Morssink
  Shiriki Kumanyika
  Grethe Tell
  Victor Schoenbach
- Published in same issue of the *Annals* as the Statement of Principles (November 1995)



"The question posed in this analysis was whether the mainstream recruitment materials distributed by institutions where epidemiology degrees are offered include text or illustrations to either stimulate or reinforce an interest among prospective minority applicants in studying epidemiology. In general, these materials did not address minority-related issues, especially not on the epidemiology department level."

Committee on Minority Affairs – Plans, November 1995

1. Use the Statement of Principles to build commitment.
2. Recruit minority epidemiologists to the College.
3. Develop a statement on community participation in research
4. Recommend and facilitate ways to improve:

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ACE9509-Presentation.DOC

Committee on Minority Affairs – Plans - continued

- a. Information, communications, networking
- b. Outreach to colleges, medicine and veterinary medicine with large minority enrollments
- c. Financial aid for minority students, fellows, and researchers
- d. Education for the profession about minority health and diversity
- e. Research related to minority health and minority advancement.

Study #3 - Survey of recruitment activities

- Data collected for 1993-1994
- Authors: Diane-Marie M. St. George
  Victor J. Schoenbach
  Gladys H. Reynolds (proposed the idea)
  John Nwangwu
  Lucile Adams-Campbell
- Published: *Annals of Epidemiology*, 1997
- About 2/3 of schools did outreach and about 1/6 departments

52

Committee chairs

- Victor Schoenbach, 1991-1997
- Bill Jenkins, 1997-1999
- Vickie Mays, 1999-2005
- Jorge Ibarra, 2005-2010
- Charles Oke, 2010-2013
- Maulik Baxi, 2013-2014
- Bertha Hidalgo, 2014-
- _____ (your name here?)

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Updated 8/20/2017

2009 Silver Spring MD - *"Achieving Diversity in the Field of Epidemiology: Progress Made,*

Challenges and Opportunities"

2010 San Francisco - *"Health Disparities: Definition, Measurements, Determinants, and Controversies"*

2012 Chicago -

2013 Louisville – Systems dynamics

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2012 Chicago -

2013 Louisville – Systems dynamics

Annals of Epidemiology article by Camargo and Clark

Increasing Diversity Among the American College of Epidemiology Membership

CARLOS A. CAMARGO JR, MD, DRPH, AND SUNDAY CLARK, MPH, SCD

PURPOSE: Our objective is to describe the American College of Epidemiology (College) membership, including recent trends in member demographic profile and professional characteristics.
METHODS: College members were divided into two groups: i) year 2000 member (i.e., member as of December 31, 2000), and ii) new member admitted into the College between January 1, 2001, and January 1, 2005. The two groups were compared by using descriptive statistics. Proportions are reported with 95% confidence intervals.
RESULTS: As of December 31, 2000, there were 859 active members. During the next 48 months, an additional 300 members joined the College. Compared with members on December 31, 2000, new members were younger (52 versus 43 years; $p < 0.001$). New members also were less likely to be men (66% versus 53%; $p = 0.002$) and white (87% versus 69%; $p < 0.001$). The full race/ethnicity breakdown for year 2000 was 87% white, 4% black, 2% Hispanic, and 7% other, whereas that of new members was 69% white, 11% black, 2% Hispanic, and 18% other.
CONCLUSIONS: In recent years, the College has become more diverse in terms of sex and race/ethnicity. Continued improvements in membership diversity across these and other domains bode well for the College as it strives to maintain a vital membership base representing all aspects of epidemiology. *Ann Epidemiol* 2006;16:529–532.

KEY WORDS: Diversity.

859 active members of ACE as of 12/31/2000 compared to 300 new ACE members during 1/1/2001-12/31/2004:

Black: 4 + 11

Hispanic: 2 + 2

American Indian: 0+1

Asian: 6 + 16

2006 Congress of Epidemiology survey of participants

- *Annals of Epidemiology*, April 2009
- Olivia D. Carter-Pokras
  Robert Spirtas
  Lisa Bethune
  Vickie Mays
  Vincent L. Freeman
  Yvette C. Cozier
- 7.4%, 7%, and 1.3% of attendees were Black, Latino, or AI/AN

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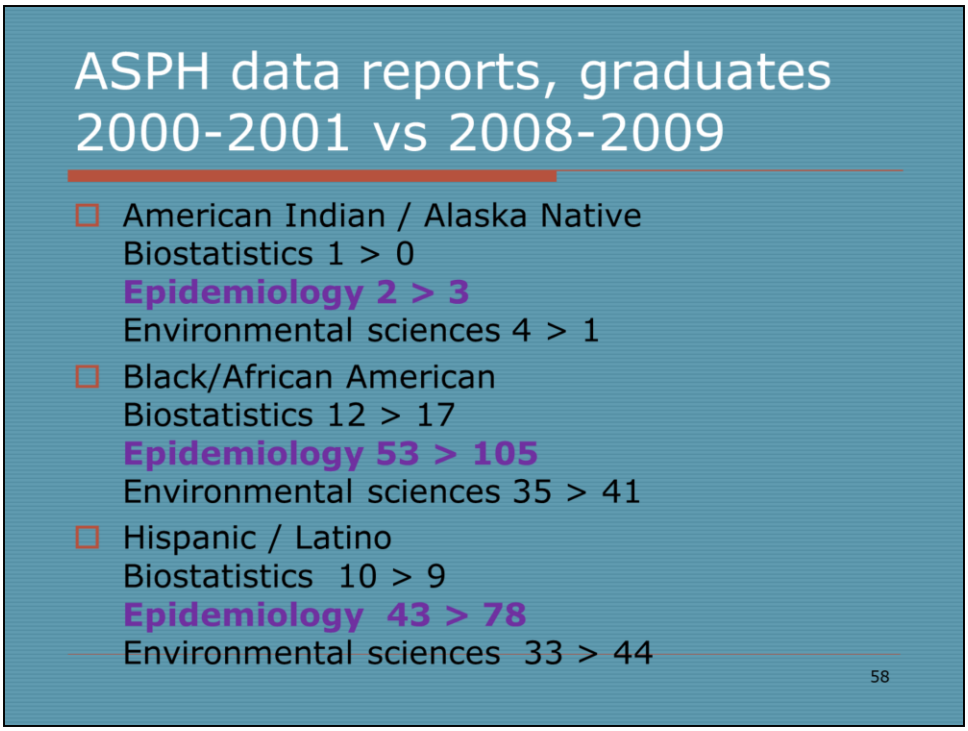

Source: Association of Schools of Public Health, Annual Data Report for 2001 2001 and 2009

2001 report:

Table 4-6 Graduates by Program Area, Gender, Citizenship & Race/Ethnicity /1 (2000-2001)

2009 report:

Table 4.10 – Graduates by Program Area, Gender, and Citizenship (2008-2009)

Numbers from spreadsheet – verify #'s

The conversation has changed

- Health disparities are now high on the agenda.
- Diversity and inclusion are regarded as necessary and important.
- Diversity includes sexual/gender identity, disability/special needs, and religious minorities.
- Underrepresentation is acknowledged to be a problem, but solutions remain elusive.
- Have the political tides shifted?

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Measurement challenges

- "Underrepresentation" – how to define and measure? Who qualifies?
- What is the appropriate denominator – total population? U.S.? Age-matched population? High-school graduates? College graduates? Science majors?
- What about factors that have constrained the denominators?

A few ideas for the future

- Connections and collaborations with other societies (e.g., SER, APHA) and organizations (e.g., HDEART)
- Grant proposals (e.g., Victor Cardenas and Jorge Ibarra)
- Give an annual award in the name of a committee founder, chair, or supporter (e.g., Ray Greenberg, Gladys Reynolds, Bill Jenkins, John Nwangwu, Sherman James, Vickie Mays, Victor Cardenas, Jorge Ibarra, Charles Oke, Bertha Hidalgo, …)

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Epidemiologic research on David Lynch Foundation program impacts

Thank you!

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- Visit the "Virtual Library" at http://go.unc.edu/sjae
- Or Google

  minority affairs committee site:sakai.unc.edu