The Epidemiology of Diversity in Epidemiology

History of the Minority Affairs Committee and possible future directions

Victor J. Schoenbach, Ph.D.

Department of Epidemiology and Minority Health Project

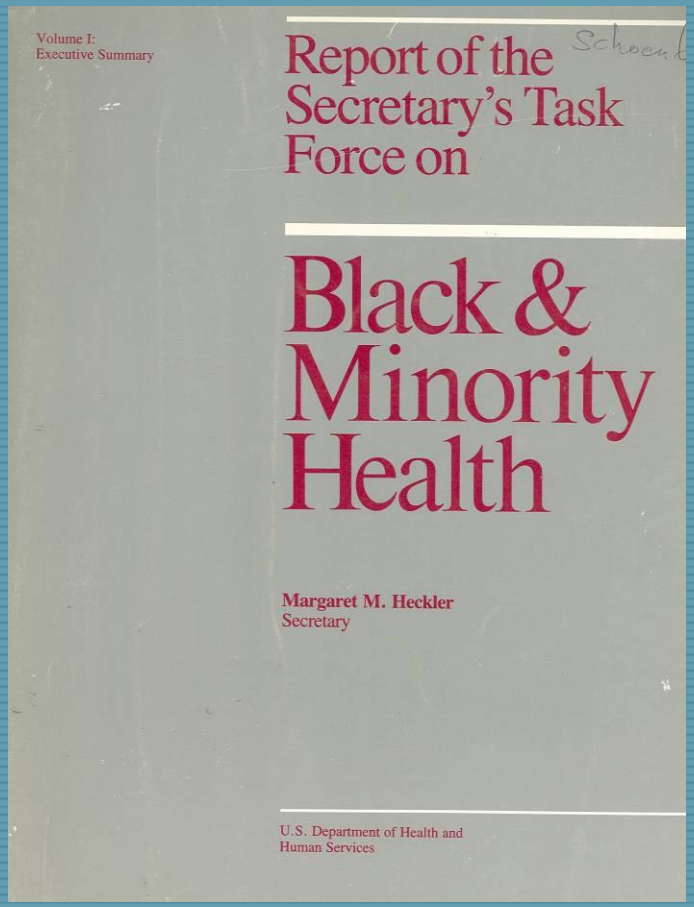
UNC Gillings School of Global Public Health

Excerpted and updated from a presentation at the American College of Epidemiology Minority Affairs Committee workshop, September 11, 2010

Outline

- History of the Minority Affairs Committee
- Diversity in the epidemiology profession
- Challenges in definition and measurement
- A few thoughts

Secretary's Task Force on Black & Minority Health, 1985

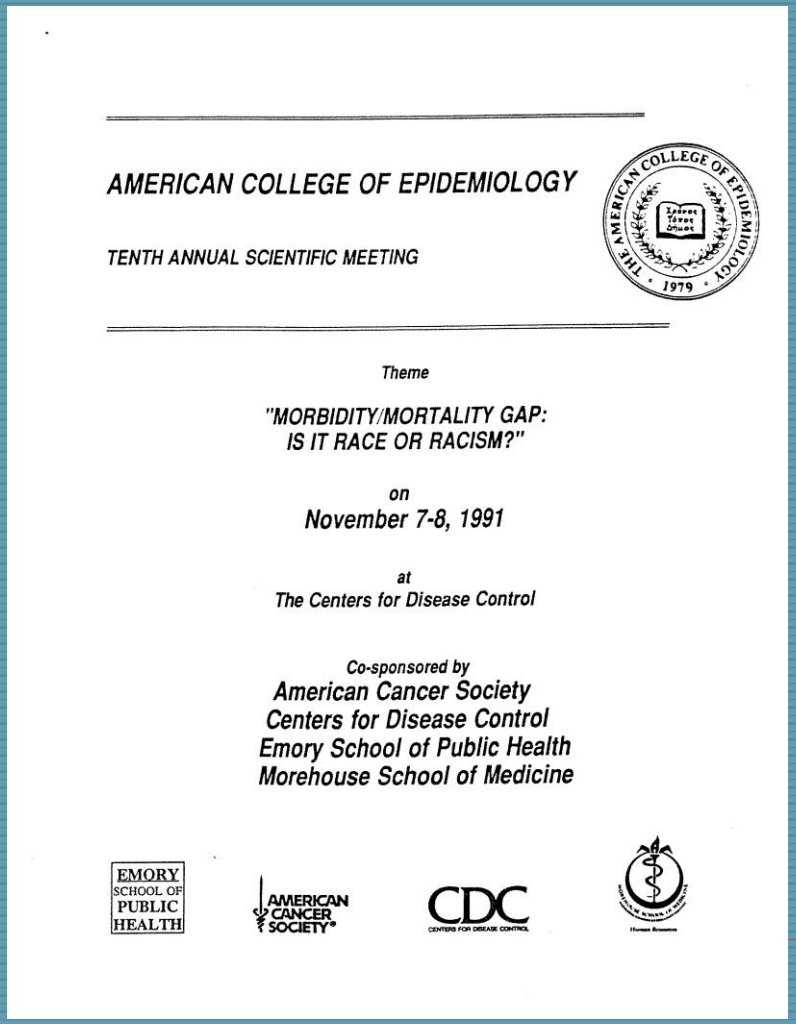


- **Useful landmark**
- **Heckler Report**
- **Minorities experience 60,000 excess deaths**
- **Eight main recommendations calling for outreach, cultural awareness, coordination, health care access, data, research**

Report of the Secretary's Task Force

"Despite the unprecedented explosion in scientific knowledge and the phenomenal capacity of medicine to diagnose, treat, and cure disease, Blacks, Hispanics, Native Americans, and those of Asian/Pacific Islander heritage have not benefited fully or equitably from the fruits of science or from those systems responsible for translating and using health sciences technology." (Introduction and Overview)

ACE 10th Annual Scientific Meeting, 1991 in Atlanta, GA



AMERICAN COLLEGE OF EPIDEMIOLOGY

TENTH ANNUAL SCIENTIFIC MEETING

Theme

"MORBIDITY/MORTALITY GAP:
IS IT RACE OR RACISM?"

on
November 7-8, 1991

at
The Centers for Disease Control

Co-sponsored by
American Cancer Society
Centers for Disease Control
Emory School of Public Health
Morehouse School of Medicine

EMORY SCHOOL OF PUBLIC HEALTH

AMERICAN CANCER SOCIETY

CDC

Morbidity/Mortality Gap

Is it Race or Racism?”

A consciousness-raising experience

"Morbidity/Mortality Gap: Is it Race or Racism?"

Program Committee:

- Gladys Reynolds (chair)
- Bill Jenkins (co-chair)
- James Ferguson
- Terry Fontham
- Eugene Gangarosa
- Clark Heath
- Sherman James
- Manuel Torres-Anjel.

President’s remarks

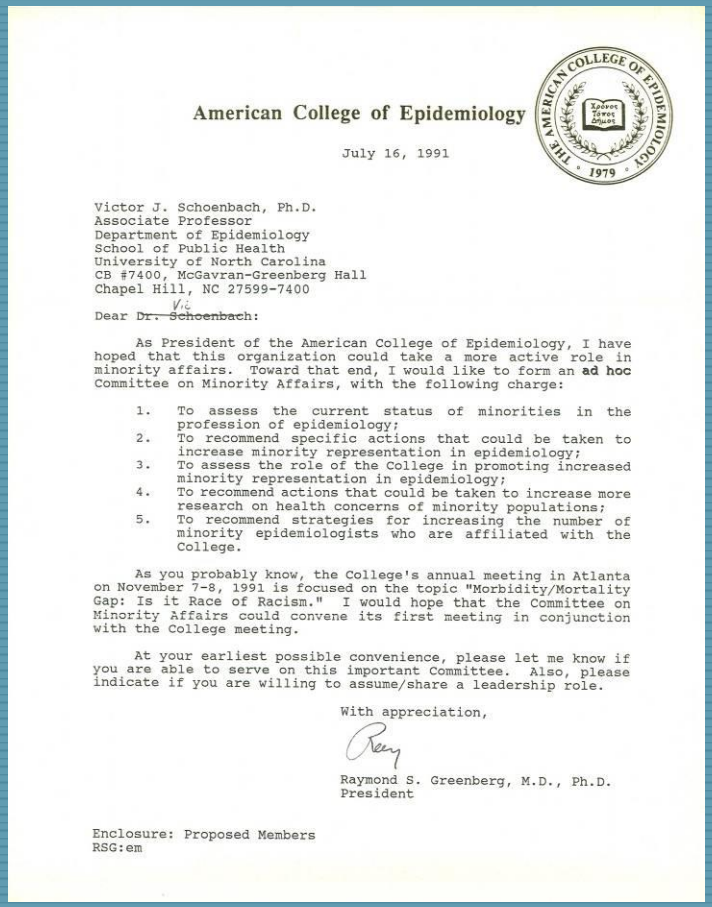
"By initiating this forum, the American College of Epidemiology hopes to move the agenda forward and to reaffirm our commitment to the improvement of health for all people."

Raymond S. Greenberg, M.D., Ph.D. (*Annals of Epidemiology* 1993;3:125)

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~~ Vic:

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

Charge of the Committee

1. Assess current status of minorities in the profession of epidemiology;
2. Recommend specific actions to increase minority representation;
3. Assess the role of the College in promoting increased representation;
4. Recommend actions to increase research on minority health;
5. Recommend strategies for increasing minority epidemiologists in ACE.

Early members (as of 8/1993)

- **Lucile Adams-Campbell**
- **James A. Ferguson**
- **Sherman A. James**
- **Bill Jenkins**
- **Shiriki Kumanyika**
- **Vickie M. Mays**
- **John T. Nwangwu**
- **Gladys H. Reynolds**
- **Victor J. Schoenbach**
- **Grethe S. Tell**
- **Glenn Solomon** (joined Oct 1995)

Liaison members

- C. Perry Brown (APHA)
- Lucina Suarez (SER #1)
- Camara P. Jones (SER #2)
- Shiriki Kumanyika (AHA EPID Council)
- John T. Nwangwu (ATPM)
- Gladys Reynolds (ASA Epid Section)

1992 survey of race and ethnicity in US epidemiology

Racial and Ethnic Distribution of Faculty, Students, and Fellows in US Epidemiology Degree Programs, 1992

VICTOR J. SCHOENBACH, PHD, GLADYS H. REYNOLDS, PHD, AND SHIRIKI K. KUMANYIKA, PHD, MPH, FOR THE COMMITTEE ON MINORITY AFFAIRS OF THE AMERICAN COLLEGE OF EPIDEMIOLOGY

ABSTRACT

The American College of Epidemiology Committee on Minority Affairs assessed the racial/ethnic distribution of faculty, students, and postdoctoral fellows in epidemiology degree programs in the United States in 1992. Fifty-six programs in schools of public health, medicine, or veterinary medicine completed a one-page anonymous questionnaire (85% response rate). Of 711 faculty members (median of 8 per program), 46 (6%) were minorities (US black, Hispanic, or Asian/Pacific Islander). Of 2142 students (1206 masters, 862 doctoral, 74 postdoctoral: median of 17 per program), 293 (14% of all students; 17% of US citizen students) were minorities. In the 46 doctoral programs, there were 36 black students (in 20 doctoral programs), 15 Hispanic students (in 9 programs), and no Native Americans. There were three minority postdoctoral fellows, all blacks (4% of all postdoctoral fellows). Determined, consistent, and sustained efforts will be required to boost the representation of blacks, Hispanics, and Native Americans in epidemiology. Ann Epidemiol 1994;4:259–265.

KEY WORDS: Minority groups, schools—public health, schools—medical, schools—veterinary, epidemiology, public health.

INTRODUCTION

In 1992, the four major minority groups in the United States (African Americans, Hispanics, Asian Americans, and Native Americans) had an estimated combined population of over 64 million persons (1). By the year 2050, minorities will comprise nearly one-half of all US residents (1). Although there is great heterogeneity across and within US minority groups (2), there are substantial adverse differentials between white Americans and minorities, especially African Americans, in life expectancy and cause-specific mortality (e.g., homicide, acquired immunodeficiency syndrome (AIDS), many cancers, diabetes, heart disease, stroke, kidney disease, chronic liver disease, infectious diseases, and conditions of newborns) (3–5).

Although many of the factors responsible for these health differentials reflect known disadvantages in economic resources, health care, education, nutrition, neighborhood safety, and a host of other reasons (5–7) including racism, prejudice, and discrimination (8, 9), effective approaches to reducing risks from known factors as well as the causes of other health differentials (e.g., prostate cancer mortality risk) require additional research. But minorities are underrepresented in public health research, both as subjects and as investigators. Recently, major public and private organizations with a public health mission, including the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC), have increased efforts to combat health risks and problems in minorities, through such means as directed research programs, targeting of public health resources, measures to increase involvement of minorities as subjects in health research, and steps to increase participation of minorities as students and researchers. Thus, for example, NIH now requires minority recruitment plans for NIH training grants and strong justification in proposed studies in which minorities will be underrepresented as research subjects.

There are currently few systematic data on racial and ethnic representation in the profession of epidemiology (10). Although the Association of Schools of Public Health compiles data on epidemiology degree programs in schools of public health, substantial numbers of epidemiologists graduate from degree programs in schools of medicine and schools of veterinary medicine. Nevertheless, the inescapable impression is that the proportion of minorities in the epidemiology profession is as low or lower than that in most scientific fields. One recent survey of 260 noninfectious disease epidemiologists in state health agencies (11) identified only

From the Department of Epidemiology, School of Public Health, University of North Carolina at Chapel Hill, Chapel Hill, NC (V.J.S.); Office of the Director, Centers for Disease Control and Prevention, Atlanta, GA (G.H.R.); and Center for Biostatistics and Epidemiology, Pennsylvania State College of Medicine, Hershey, PA (S.K.K.).

Address reprint requests to: Victor J. Schoenbach, PhD, Department of Epidemiology, School of Public Health, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400.

Received December 10, 1993; revised February 24, 1994.

1047-2797/94/$07.00

- 56/66 epidemiology degree programs in US schools of public health, medicine, veterinary medicine
- 1 pg questionnaire
- Full-time faculty, students as of 4/92

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
003 ↓ 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)	2	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	10	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

6/11/93 V Schoenbach

Results - faculty

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

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

Recommendations

1. Epidemiology's mission should include advancement of minority health / minority epidemiologists.
2. Study minority health problems and solutions; study racism.
3. Conduct vigorous outreach to make epidemiology careers and financial aid opportunities more visible to minorities.

Recommendations

4. Provide ample, stable funding for minority training and supportive educational environments, plus networks of minority epidemiologists.
5. Federal programs (e.g., MARC, MBRS, HCOP) should expand their coverage of epidemiology research and training; more programs should be created like the CDC's Project IMOTEP.

Recommendations

6. Professional development opportunities should include diversity training related to the review of applications for admission, applications for grants, submitted manuscripts, etc.
7. A body analogous to the AAMC Division of Minority Health, Education, and Prevention should be provided a mandate and resources to monitor progress in increasing the role of underrepresented minorities in epidemiology. Recognize/support/reward epidemiologists who make exceptional contributions.

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 these 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 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.
2. Levin M. Washington, DC: U.S. Schools of Public Health Report on Faculty. Association of Schools of Public Health, 1992.
3. Levin M. Data Report on Applicants, New Enrollments and Students, Fall 1992 and Graduates and Expenditures, 1991–92 with Trend Analysis for 1974–75 Through Fall 1992. Washington, DC: Association of Schools of Public Health, 1993.

Ann Epidemiol 1994;4:337.

1047-2797/94/$07.00

"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, March 1994

1. The Board of Directors should publish a statement of principles recognizing (a) the importance of minority health and (b) the need for diversity. The statement should commit the Board to reporting annually on progress.

* The recommendations were presented to the Board at their March 6, 1994 meeting and modified to the ones presented here. The text has been abbreviated for the slides. See the speaker notes for the full text.

Recommendations to the ACE Board of Directors, March 1994

2. Organizers, speakers, and participants in the Annual Meeting should reflect greater diversity; the program should regularly cover minority health.

Recommendations to the ACE Board of Directors, March 1994

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.

Recommendations to the ACE Board of Directors, March 1994

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.

Recommendations to the ACE Board of Directors, March 1994

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.

Recommendations to the ACE Board of Directors, March 1994

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.

Draft Statement of Principles, proposed to Board, Sept 1994

- Board accepts the recommendations.
- President G. Marie Swanson invites the Committee on Minority Affairs to draft the Statement of Principles.

Draft Statement of Principles, proposed to Board, Sept 1994

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

Draft Statement of Principles, Declarations

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

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.

Draft Statement of Principles, Declarations

5. Organizations should sensitize their constituencies on issues of racism, fairness, diversity; all actions should be evaluated in respect to diversity.
6. The College is committed to diversity in its membership, all committees, and the Board. The President will report annually. The Annual Meeting will incorporate greater diversity.

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.

Approval history

- September 1994 – approved in principle
- January 1995 – endorsed, pending editorial comment
- March 1995 – final version adopted with publication in the College's pages in the Annals of Epidemiology.

Declarations

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

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

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

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

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.

AMERICAN COLLEGE OF EPIDEMIOLOGY

PO BOX 10639 ROCKVILLE, MD 20849 TEL 301/251-0594
FAX 301/279-6749 EML 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

Statement of Principles

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,

Endorsements

www.acepidemiology.org/policystmts/SoPrinEndorse.asp

- American College of Preventive Medicine
- American Heart Association - Council on Epidemiology and Prevention
- American Public Health Association
- American Statistical Association - Section on Statistics in Epidemiology
- Association of Schools of Public Health - Epidemiology Council
- Association of Teachers of Preventive Medicine
- Black Caucus of Health Workers
- North American Association of Central Cancer Registries
- Department of Biometry and Epidemiology, Medical University of South Carolina
- Department of Biostatistics and Epidemiology, University of Massachusetts, Amherst
- Department of Biostatistics and Epidemiology, University of Oklahoma Health Sciences Center
- Department of Epidemiology and Preventive Medicine, School of Medicine, University of Maryland
- Department of Epidemiology, School of Public Health, University of Michigan
- Department of Epidemiology, School of Public Health, Harvard University
- Department of Epidemiology, School of Public Health, University of California, Los Angeles
- Department of Epidemiology, School of Public Health, UNC at Chapel Hill
- Department of Epidemiology, School of Public Health and Community Medicine, University of Washington
- Division of Chronic Disease Epidemiology, Epidemiology and Public Health, Yale University
- Division of Epidemiology, Department of Health Research and Policy and Stanford Center for Research in Disease Prevention, Stanford University School of Medicine
- Epidemiology Discipline, School of Public Health, University of Texas at Houston

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)

Content analysis of recruitment materials

"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:

Committee on Minority Affairs – Plans - continued

- a. Information, communic., 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.

Survey of recruitment activities, 1993-1994

- Diane-Marie M. St. George
  Victor J. Schoenbach
  Gladys H. Reynolds
  John Nwangwu
  Lucile Adams-Campbell
- *Annals of Epidemiology*, 1997
- About 2/3 of schools did outreach and about 1/6 departments

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-

Annual Minority Affairs Committee workshops

[Under Vickie Mays]

- 2002 Albuqurque
- 2003 Chicago
- 2004 Boston
- 2005 (New Orleans)

[Under Jorge Ibarra]

- 2006 Seattle
- 2007 Ft Lauderdale
- 2008 Tucson
- 2009 Silver Spring
- 2010 San Francisco

[Under Charles Oke]

- 2011 (Congress)
- 2012 Chicago
- 2013 Louisville

[Under Maulik Baxi and Bertha Hidalgo]

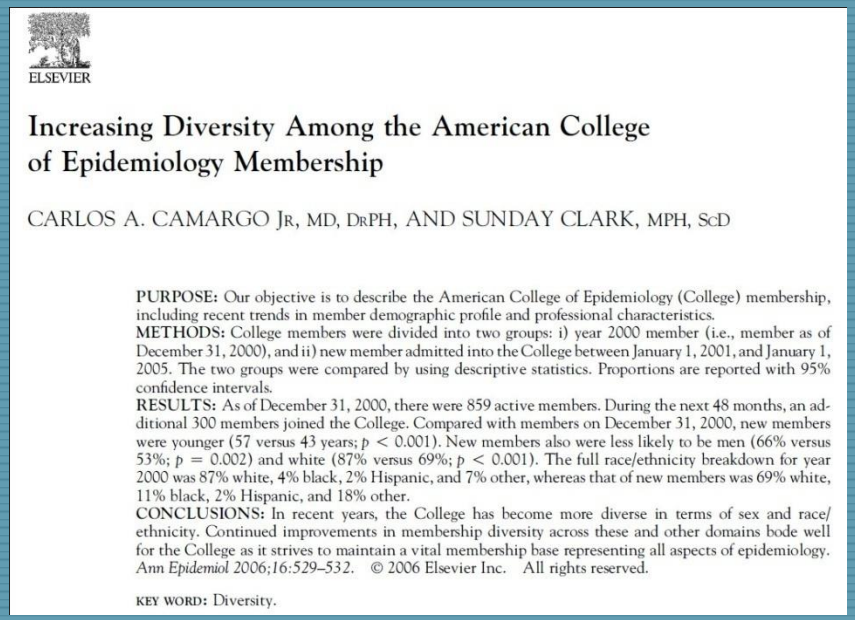
- 2014 Silver Spring

Annual Minority Affairs Committee workshops (cont'd)

[Under Bertha Hidalgo]

- 2015 Atlanta/Decatur
- 2016 Miami (Epid Congress)
- 2017 New Orleans

Annals of Epidemiology article by Camargo and Clark



ELSEVIER

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 (57 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 WORD: 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

ASPH data reports, graduates 2000-2001 vs 2008-2009

- American Indian / Alaska Native
  Biostatistics 1 > 0
  Epidemiology 2 > 3
  Environmental sciences 4 > 1
- Black/African American
  Biostatistics 12 > 17
  Epidemiology 53 > 105
  Environmental sciences 35 > 41
- Hispanic / Latino
  Biostatistics 10 > 9
  Epidemiology 43 > 78
  Environmental sciences 33 > 44

Measurement challenges

- "Underrepresentation" – how to define and measure?
- What denominator to use – total population? Age-matched population? High-school graduates? College graduates?
- What about factors that have constrained the denominators?

Contextual influences

"In conclusion, Americans are exposed, via television, to nonverbal race bias, and such exposure can influence perceivers' race associations and self-reported racial attitudes. Nonverbal behavior that communicates favoritism of one race over another can be so subtle that even across a large number of exposures, perceivers are unable to consciously identify the nonverbal pattern. Yet despite (or perhaps because of) this subtlety, exposure to nonverbal race bias may transmit race bias to perceivers." 1714

Max Weisbuch, Kristin Pauker, Nalini Ambady. The subtle transmission of race bias via televised nonverbal behavior. *Science* 18 Dec 2009;326:1711-1714.

Research on increasing fairness and generosity

Examples:

- Fairness and the development of inequality acceptance. Ingvild Almas, Almås *et al*. *Science* 28 May 2010;328:1176-1178
- Indirect punishment and generosity toward strangers. Aljaz Ule et al. Science 18 Dec 2009;326:1703-

Jonathan Cole interview with Academe

Collective action problems

"We call attention, however, to the behavioral features of collective action and their implications for solving public health policy problems."

Gil Siegal, Naomi Siegal, Richard J. Bonnie. An account of collective actions in public health. *AJPH* 2009;99:1583-1587.

Are we losing our smarts?

"The results of this study show that long working hours may be one of the risk factors that have a negative effect on cognitive performance in middle age." 604

Long working hours and cognitive function: The Whitehall II Study. Marianna Virtanen et al. *Am J* Epidemiol 2009;169:596-605

Some people are "getting it"

"Innovative new foundation effort to tackle structural racism and expand opportunities for vulnerable children. The Kellogg Foundation's new 'America Healing' program is motivated by the knowledge that children of color are over-represented among the 29 million low-income children and families in this country, particularly among families living in concentrated poverty."

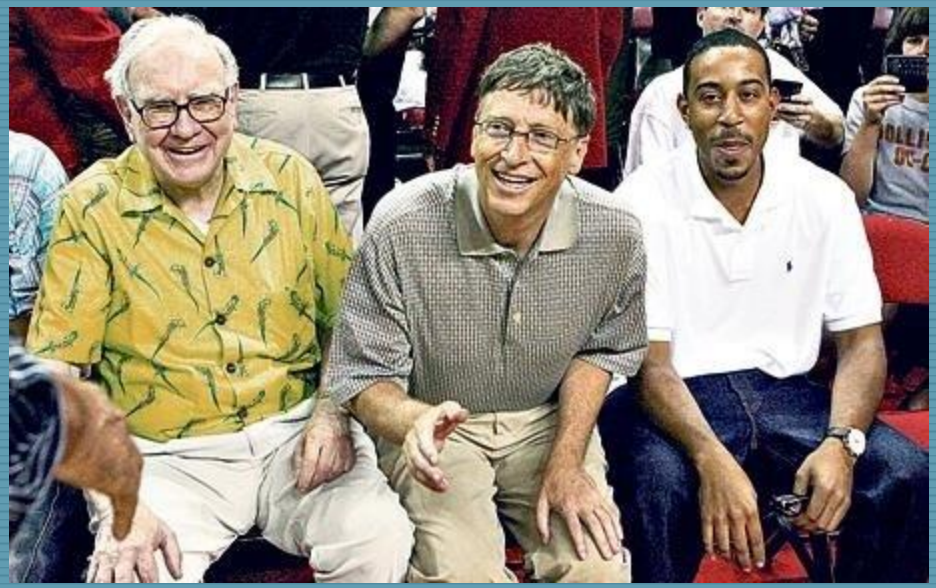
"America Healing": W.K. Kellogg Foundation announces $75 million effort Poverty & Race July/Aug 2010;19(4):14.

A broader perspective

"Exploding stars flash new bulletins from distant universe"

Science 15 May 1998;280;1008

The dinner that cost Bill Gates, Warren Buffett and other celebrities billions



Warren Buffett and Bill Gates. Photo: Getty

“it all started with a dinner”

“… it all started with a dinner – a secret one envisaged by Warren Buffett, organised by Bill and Melinda Gates, and hosted by David Rockefeller … at the elegant and discreet President's House at Rockefeller University in New York on May 5 last year.” By Tom Leonard

www.telegraph.co.uk/news/worldnews/northamerica/usa/7929657/The-dinner-that-cost-Bill-Gates-Warren-Buffett-and-other-celebrities-billions.html

It could happen?

"This week … 40 billionaires – worth a combined $230 billion (£145 billion) – signed a "giving pledge" to donate at least 50 per cent of their wealth to good causes. It is a remarkable act of noblesse oblige, even in a country whose tradition of philanthropy is the strongest in the industrialised world."

www.telegraph.co.uk/news/worldnews/northamerica/usa/7929657/The-dinner-that-cost-Bill-Gates-Warren-Buffett-and-other-celebrities-billions.html