



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 increase research on health concerns of minority populations. Since then, the committee has surveyed U.S. epidemiology degree programs to determine the race and ethnic distribution of their faculty, postdoctoral fellows, and students (3), to analyze the content of their primary recruitment materials (4), and to examine minority recruitment activities conducted by these programs (in preparation). The results of these assessments documented committee members' perceptions of the low percentage of minorities in epi-

demiology 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 and in its scientific and professional organizations and (2) understanding and altering both the root causes and current effects of racial and ethnic disadvantages. Epidemiologists have a critical role in reducing the marked health disparities among United States racial and ethnic groups, because we play a major role in framing the research questions, designing the studies, and interpreting the data that serve as the basis for understanding the phenomena, designing interventions, and setting the public health agenda. Therefore, our profession must collectively reflect the multiracial, multicultural, pluralistic society that we both belong to and serve (5). The College invites all epidemiology organizations to (1) adopt a Statement of Principles recognizing the importance of minority health for public health and the importance of achieving racial and ethnic diversity in the profession, (2) implement policies and practices to accelerate

Ann Epidemiol 1995;5:503-504

Requests for reprints or information may be sent to Victor J. Schoenbach, Department of Epidemiology, School of Public Health, University of North Carolina, Chapel Hill, NC 27599-7400, USA; or e-mail: Victor_Schoenbach@UNC.EDU

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.