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 support students from disadvantaged backgrounds, particularly racial and ethnic minorities, to diversify faculties and research staff, to disseminate information about minority health and minority health research, and to support the advancement of minority students, faculty, and research staff.* The importance of diversity and minority health should be explicitly included in mission statements, goals, 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.

## Background and Rationale

*Health for All—A Continuing Imperative*

The pragmatic importance of health for all has long been appreciated in the case of communicable diseases that do not respect political or social class boundaries, a realization that has been a principal impetus for public health activities and organizations from the outset. But with the growth in the scale of human populations and our effects on each other and on the environment, health and life for any group increasingly depend upon the health and well-being of all. There is, moreover, broad support for the concept that opportunities for health and health care should be universally available.

Ann Epidemiol 1995;5:505–508

[1] This statement of the American College of Epidemiology was written by the Committee on Minority Affairs for the Board of Directors. The statement was approved by the Board in January 1995. The final version was approved by the Executive Committee in May 1995.

Published 1995 by Elsevier Science Inc.
655 Avenue of the Americas, New York, NY 10010

1047-2797/95/$0.00
SSDI 1047-2797(95)00117-4

AEP Vol. 5, No. 6
November 1995: 505-508

*Epidemiology and Minority Health in the United States*

In the United States, many subgroups of the population have considerably worse health than the population as a whole and therefore deserve priority for public health investments. Impaired health and elevated health risks in numerous respects have been documented in African Americans, Hispanics/Latinos, American Indians, Alaskan Natives, Pacific Islanders, and Asian Americans as well as among immigrant groups, rural dwellers, and the poor.

As professionals dedicated to improving public health through the advancement and application of knowledge about the prevention of disease and the promotion of health, epidemiologists recognize a responsibility to maintain a high public awareness of the persistence of preventable disease, disability, and ill health in many groups in our country and the world. Indeed, to a considerable degree it has been epidemiologic data that have drawn attention to minority health needs and to the need for special attention to minority health.

Epidemiologists are eminently cognizant of the need for new knowledge and understanding to prevent and control disease and ill health in all peoples. We know that genetic, cultural, lifestyle, and environmental differences are all capable of affecting health and the results of public health interventions. We also know that differences of many kinds have been the basis for discrimination, exploitation, and persecution of people in many places at many times, thereby directly and indirectly depriving people of full opportunity for health and life itself.

Leadership from epidemiologists, through systematic study of minority health issues, will be particularly critical in the next phase of minority health initiatives, as the ability to define issues and problems along the lines of racial and ethnic classifications becomes more difficult. Even while we are still attempting to document the full extent of health disadvantage in some minority populations and to track progress being made in others, the matter of defining and characterizing who are in these populations and what specific aspects of being "minority" pose health risks is becoming more and more complex. Social changes complicate the ability to separate disadvantages based on economic or political status from those associated with racial or ethnic variation that is related to cultural or even biological factors. Growing recognition of diversity within global categories such as "Black" or "Hispanic" as well as the reality of growing diversity within these populations are rendering these designations decreasingly useful for defining culturally or biologically homogeneous groups.

*Challenge to the Profession of Epidemiology*

The importance of epidemiology for advancing minority health has, as a corollary, the importance of minority epidemiologists for advancing epidemiology. Effective, ethical research typically requires an understanding of attitudes, beliefs, culture, and environmental factors, including familial, community, economic, religious, linguistic, and political influences in the population to be studied. Such understanding is fundamental in studying behavioral and health care factors, which are key issues in minority health today. Furthermore, often the confidence of ethnically aware study populations must be won. Thus, the scarcity of minority epidemiologists constrains our profession's ability to understand and ameliorate some of the most significant public health problems in the nation and in the world today.

In addition to this specific shortcoming in epidemiology's ability to advance minority health, there are other important consequences of the fact that our profession and most others with a major influence in society remain largely dominated by a subset of the American population—men of European extraction. This dominance adversely affects the opportunities for people of other backgrounds, and it deprives epidemiology of perspectives and experiences that can enrich and advance the discipline and the profession. In recent decades, the door has been opened to women and to people of color, and numerous initiatives have been introduced in the past several years. Nevertheless, important barriers and obstacles remain.

What makes the full achievement of diversity in the profession of epidemiology and other scientific fields a special challenge is that the forces that maintain the dominance of men (and increasingly women) of European extraction are numerous, deeply imbedded, and often inapparent. Scientific professions are formally characterized as meritocracies founded in objectively judged competitions among aspiring scientists. Formal racial exclusionary policies ceased to exist by the end of the 1960s. Affirmative action programs introduced in the 1970s sought to give minorities and women equal treatment in becoming aware of opportunities and in having their applications considered fairly. These measures have indeed resulted in gains for minorities previously excluded, directly or indirectly, in a wide variety of arenas. But it is hardly surprising that affirmative action programs have not led to diversity in many areas or created full equality of opportunity and achievement.

Competitive meritocracy has been a major force for advancing excellence and avoiding nepotism, cronyism, and other practices that historically have restricted access to academia and research positions. But competitive meritocracy, at least as it functions in the context of present-day American society, can perpetuate historical inequalities and group disadvantages. Children are born into families of vastly differing resources; grow up in vastly differing circumstances in terms of nutrition, housing, clothing, health care, family health, family stability, affection, stimulation, education, safety, security, role models, social support, and community environment; and come of age with vastly differing parental education, schools, neighborhoods, peer groups, familial and community resources, information networks,

and mobility, to name but some of the factors that affect health, knowledge, self-esteem, confidence, communication skills, personal contacts, and academically valued skills and experience. Competitive meritocracy presupposes that those who enter the competition have at least adequate access to the means to compete, adequate access to knowledge about the nature of the competition, adequate supports in the competition, and some expectation that the competition is worth their while. But disadvantaged minorities often lack the prerequisites to compete adequately and by definition have fewer of the resources and advantages that make for competitive success.

Though it may not be necessary—or even possible—to redress past wrongs or to reverse their effects, if we are to achieve diversity in the profession of epidemiology we must deal with the legacy of the past. This legacy, which includes both the effects of past mistreatment as well as continuing mistreatment, underlies minority deficits in personal, familial, social, health, economic, political, and community assets that are even more marked than income levels for minorities would suggest. These deficits and the behaviors they spawn in turn reinforce racism and bias against minorities, thereby undermining their sense of worth and blocking their advancement. In the face of pervasive, long-standing disadvantage experienced by entire population groups, "equal opportunity/affirmative action" goals, statements, and programs cannot in themselves achieve equal opportunity and adequate representation.

Although the processes of fully understanding and circumventing the obstacles and barriers to minority advancement will involve some difficulty and discomfort, they can and must move forward. Inclusion and diversity must be recognized as priority objectives for our profession and for the needs of public health. Epidemiologists from minority groups are needed to increase our effectiveness in understanding and addressing the health needs of minority populations. Minority epidemiologists are also needed to contribute their perspectives to all health research, to contribute as equal individuals in health research, and to help to advance epidemiology as a science and a profession. Diversity must be accomplished with all deliberate speed, through progress on all fronts.

## Actions of the American College of Epidemiology to Implement the Foregoing Principles

The American College of Epidemiology (ACE) is committed to achieving diversity in its membership and on all of its committees, including the Board of Directors. 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.

The following actions are being taken:

1. The Annual Scientific Meeting of the College will reflect racial, ethnic, and cultural diversity. The program of the Meeting will regularly include topics concerning health of racial/ethnic groups, particularly those who bear an excess burden of disease or disability. The Meeting will incorporate racial, ethnic, and cultural diversity in its Program Committee, speakers, and attendance. Funds will be sought for scholarships to facilitate attendance by more students and professionals from disadvantaged groups, even if they are not members of the College.
2. The dearth of minorities at all levels of the College will be rectified. The College will work actively to sensitize the membership to the issues of racism, sexism, homophobia, xenophobia, and classism and will present training and literature on the need for input, fairness, and equal opportunity at all levels of an organization.
3. The College has created a Committee on Minority Affairs as a standing committee, to contribute to the realization of the foregoing Statement of Principles, including recommending ways to increase representation of minorities in the profession of epidemiology, increase participation of minorities in the College, and improve the health status and risks of minorities and ethnic groups. The Committee will establish and maintain liaisons with professional bodies in epidemiology and other health professions to work toward a joint approach to the interrelated challenges of full inclusion of minorities in the profession of epidemiology and elimination of racial and ethnic disparities in health.

The American College of Epidemiology invites all epidemiology professional organizations to join us in adopting this Statement of Principles recognizing the importance of minority health for public health and the importance of achieving racial and ethnic diversity in the profession, to implement policies and practices to accelerate progress in achieving diversity in our organizations, and to collaborate with the College in achieving diversity in our profession.

*AEP Vol. 5, No. 6*
*November 1995: 505–508*

Vickie M. Mays, PhD
John T. Nwangwu, MB, DrPH (Association of Teachers of Preventive Medicine liaison)
Gladys H. Reynolds, PhD (American Statistical Association Epidemiology Section liaison)
Shiriki K. Kumanyika, PhD, MPH (American Heart Association Council on Epidemiology liaison)
Victor J. Schoenbach, PhD (Chair)
Lucina Suarez, MS (Society for Epidemiologic Research liaison)