

Statement of Principles¹ 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.

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.

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