

Planting, Growing, and Harvesting Seeds for Health Equity: MAC's (The Gardener's) Tool of Strategic Planning

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Themes of the Talk

- The implications of history/her story to MAC's strategic planning efforts
- The multiple pathways to Health Equity and MAC's identity and capacity to be a change agent in those *paths—choose your way of agency*
- Epidemiologist can be strategic planners!

MAC 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?)

Role of History/Herstory in MAC's Strategic Plan To Move The Dial on Health Equity

History is best not used for the goal of learning from the mistakes of others but instead to inspire and support those who stand on that foundation to have courage, wisdom and fortitude to meet the challenges of leadership

History/Herstory

- "History is for human self-knowledge ... the only clue to what individuals (man) can do is what individuals (man) have (has) done. The value of history, then, is that it teaches us what man has done and thus what man is."
- R. G. Collingwood

Learning from Leadership in MAC's Growth

- Gladys Reynolds
- Vic Schoenbach
- Bill Jenkins
 - Pushed Agencies But Yet Were Part of these Agencies—CDC and the College
 - Created Liasons with other Epi Groups

“Morbidity/Mortality Gap: Is it Race or Racism?”

Program Committee:

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

- Boldness of the Title and It's Impact on CDC
- The Title of the meeting (pre health disparities) gave legitimacy in the field of epidemiology to the study of racism as a scientific endeavor
- The Special Issue pushed journals to expand their thinking about the scientific value of this work

Learning from Leadership (Con't)

- Developed Challenges to the Field that expanded the field scientifically
- Victor Schoenbach
 - Using the tools of epi instead of counting death and disease, through MAC focused on the access of epidemiology to racial/ethnic minority groups in colleges/universities and challenged the College to do something about this.

Study #1 - 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. *Am 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 ap-

proaches 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

- 56/66 epidemiology degree programs in US schools of public health, medicine, veterinary medicine
- 1 page questionnaire
- Report full-time faculty, students as of April 1992

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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*
- 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.*

Learning from Leadership (Con't)

- Mays

- Accountability from the College

- Funding and Providing Time for Pre Scientific Sessions

- Sustainability of MAC and Influencing the College

- Growing Our Base—MAC became the door through which more minorities would join ACE and be on other committees
 - Added Value in the training of the Board and the membership of the contributions that epidemiology can make to addressing societal problems

Mays MAC Scientific Sessions

- 2002 "Community-Based Participatory Research with Native Americans and Latino Communities: Epidemiologists in the Community" Albuquerque, New Mexico.
- 2003 "What Does an Epidemiologist Do? Implications of the Classification of Race and Ethnicity for Research on Health Disparities in Blacks, Asians, Native Hawaiians, and other Pacific Islanders". Chicago, Illinois.
- 2004 "Trust, Mistrust and Ethics in Health and Health Care Research with Racial/Ethnic Minority Populations", Boston, MA.
- 2006 Pre-Convention Scientific Meeting, "Race and Pharmacogenomics: What's An Epidemiologist To Do?" Seattle, WA.
- Program Committee Member 2007, 2008, 2009

Characteristic of Mays Scientific Sessions

- Collaborated with local college/university to get speakers
- Collaborate with locals to get graduate students to attend
- Brought high school students to luncheon (often paid for by the local collaborators) and introduced them to epidemiology

Strategic Planning Considerations

- We each had a particular focus, a base of support, were at a stage or place in our career where we could give time...
- We each held the College accountable and aimed to change more than just MAC---the college, the university, the workforce
- **What are the goals of MAC as a change agent and how does the scientific meeting fit into your goals?**

Paths to Health Equity Do Not All Lead to the Same Place But They All Matter

- Approaches and Pathways to Achieving Health Equity
- **Public Health Epidemiology** vs Individual Medical Applications of Epidemiology
 - Social Determinants of Health
 - Social Risk Screening and Assessments in Health Care Settings
 - Critical Race Theory/Intersectionality/
 - **How Diverse Will MAC's Garden Be? Or Truth in Diversity and Inclusion!**

Charge to the MAC 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.**

Paths to Health Equity Do Not All Lead to the Same Place But They All Matter

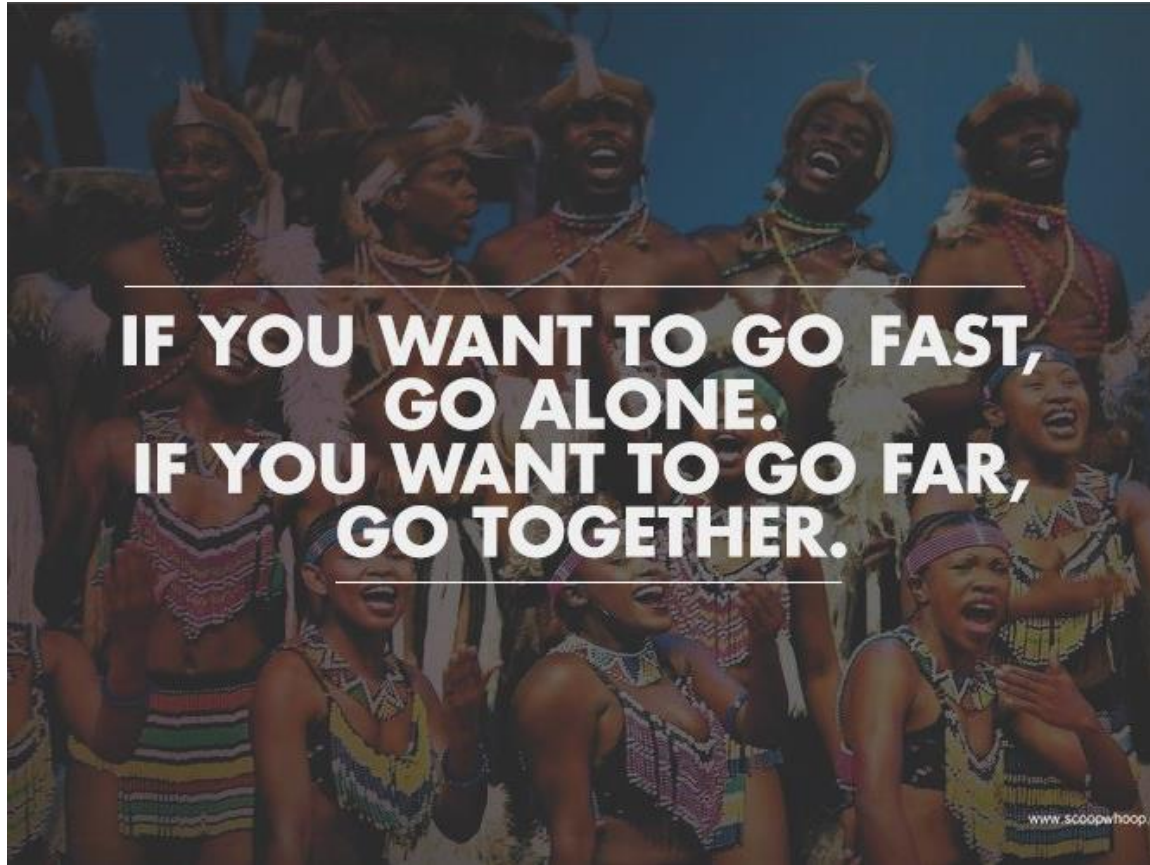
- Approaches and Pathways to Achieving Health Equity
- **Public Health Epidemiology** vs Individual Medical Applications of Epidemiology
 - Social Determinants of Health
 - Social Risk Screening and Assessments in Health Care Settings (SIREN)
 - Critical Race Theory/Intersectionality/
 - **How Diverse Will MAC's Garden Be? Or Truth in Diversity and Inclusion!**

Paths to Health Equity in MAC

Charge to MAC is centered on increasing people and research on those people

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

Does MAC need to revisit its charge or does MAC need to revisit its' activities. Where are we on accomplishing these goals?



MAC as a committee, MAC as a committee that is impacting and directing the American College of Epidemiology, MAC in partnerships with epi societies

How Will MAC Address Health Equity?

- Producing Scientific Meeting?
- Following its Charge?
- Following the will and interest of those at the Table?
- Question: Who Does MAC see itself as accountable to? What Is the measure of your success
 - ACE, membership, changes in the field, or the vision that founded MAC

What is the Vision for MAC in its growing maturity? What is its measure of success?

- Honoring the vision of the foundational leaders of MAC
 - Gladys Reynolds, Bill Jenkins and Victor Schoenbach
- How Will MAC be led and for what purposes?
 - Holding ACE accountable as a pathway into the profession, Changing the field of epidemiology, holding universities accountable changing the lives of racial/ethnic minorities

How Will MAC be led and for what purposes?

- Holding ACE accountable as a pathway into professional service and professional leadership
- Changing the field of epidemiology by changing its workforce
- Holding universities accountable for the production of that workforce
- Holding the federal government, the profession and universities accountable for expanding and valuing the science of health equity

Holding ACE accountable as a pathway into professional service and professional leadership

- **Early MAC leadership strategies**
 - Moving to a full status committee
 - Funding the Pre-Scientific Meeting
 - Commitment to Seat on the Board to represent the issues of MAC
 - Acceptance of MAC liaisons to all committees
 - Expanding its interpretation of the criteria for Fellow Status

Holding ACE accountable as a pathway into professional service and professional leadership (con't)

- **Early MAC leadership strategies**
 - Endorsement of Statement of Principles as a visible and public commitment of the organization to MAC priorities
 - Use of ACE journal for publication of major products (Policy Committee does this)

Monitoring ACE Commitments to Diversity

- Early leadership was able to get a number of commitments from ACE but there is no accountability process for those commitments
 - This lack of a process of accountability is challenging when the leadership is an early career person, a federal employee etc.,

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

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.**

Membership

Leadership Roles

Policies

Committee Participation

Annual Meeting Speakers, Awards

Journal space

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.

This is on MAC to follow through

Several models—IJPC-SE, American Psychological Association has participation by presidents of all of the ethnic minority societies

Changing the field of epidemiology by changing its workforce

- Early MAC leadership
 - Bill's List of All Black Epidemiologists
 - Vic's leadership on Surveys providing numbers
 - Vickie's inclusion of local graduate students and high school students in the MAC meeting

Survey recommendations: Where Are We Now?

1. Epidemiology's **mission should include advancement** of minority health / minority epidemiologists. (Collaboration with IJPC-SE????)
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. (MAC/SAAPHI/BLIPH student participation and in liaison with other epi groups)
4. Provide **ample, stable funding** for minority training and supportive educational environments, plus networks of minority epidemiologists. (Need a lobbying branch or liaison with APHA, AAMC.....)
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 IMHOTEP**.
6. Professional development opportunities should include **diversity training** related to the review of applications for admission, applications for grants, submitted manuscripts, etc. (ACE training created by MAC)
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. (MAC/SAAPHI/Black Ladies in Public Health Awards)

Holding universities accountable for the production of a diverse workforce

- Early Leadership
 - Articles on recruitment materials
 - Articles on the census of students and faculty
 - Involvement of Local Universities
 - Endorsement of Statement of Principles
 - Universities have a special responsibility to recruit students from disadvantaged backgrounds, to diversity their faculties, to teach their students about minority health.

Holding universities accountable for the production of a diverse workforce (Con't)

- MAC

- Surveys and assessment of the needs and infrastructure of universities ability to accomplish these goals
- Partner with the Policy Committee on statements to NIH about training grants and review criteria of public epidemiology
- Toolkits and training offered as part of the local meeting to help universities accomplish diversity, inclusion and equity goals for people and evaluation of science

Holding the federal government, the profession, and universities accountable for expanding and valuing the science of health equity

- **Early leadership**
 - Sponsorship, Partnership and Collaboration
 - CDC sponsorship of early meeting
 - Universities signing Statement of Principles
 - Annals of Epidemiology publishing work of MAC
 - CDC Funding of IMHOTEP

Holding the federal government, the profession and universities accountable for expanding and valuing the science of health equity

- **MAC**

- Involvement of professional organizations with a diversity of workforce agenda
 - AAMC, NMA, NHA... (how diverse will you be and how big is your tent)
- Involvement of federal agencies in MAC
 - OMH, NIMHD...
- Collaborations with Universities
 - Signed the Statement of Principles
 - Use the IJPC-SE model of sign on

What is planning (A. Mohamed)

- “**Planning** (also called forethought) is the process of thinking about and organizing the activities required to achieve a desired goal with the available resources.
- **The planning process** (1) identifies the goals or objectives to be achieved, (2) formulates strategies to achieve them, (3) arranges or creates the means required, and (4) implements, directs, and monitors all steps in their proper sequence”.

Planning has types (A. Mohamed)

- “**Strategic planning** - A systematic process of envisioning a desired future, and translating this vision into broadly defined goals or objectives and a sequence of steps to achieve them.
- **Program planning** – A plan of action aimed at accomplishing a clear objective, with details on what work is to be done, by whom, when, and what means or resources will be used.
- **Operational planning** - A type of work planning which analyses a strategic plan into operational periods”

The Seeds of the Strategic Planning Process of MAC

- Determining what you plant requires considered thought about what space you have and your priorities/preferences as a committee and as a committee of ACE
 - Can MAC diversify how it addresses health equity?

More than just the conference?

What is the central purpose of MAC-- to serve MAC members or to serve the College? Can it realistically do both in its current structure?

The Seeds of the Strategic Planning Process of MAC

How does MAC grow itself again and for what purpose(s)

-What is the central purpose of MAC-- to serve MAC members or to serve the College or those in the field of epidemiology?

-Can it realistically do these things within its current structure and charge?

-Are there models (IJPC-SE)

-Who are its partners and allies?

-How to expand its bandwidth?