Commentary

A Diverse and Inclusive Academic Membership for All

Victor Puac-Polanco* and Alfredo Morabia

* Correspondence to Dr. Victor Puac-Polanco, Department of Health Care Policy, Harvard Medical School, 180 Longwood Avenue, Boston, MA 02115 (e-mail: puacpolanco@hcp.med.harvard.edu).

With the growing recognition that diversity and inclusion are essential for the improvement of science and innovation, we provide some perspectives on 3 findings of DeVilbiss et al. (*Am J Epidemiol*. 2020;189(10):998–1010). We provide points of discussion on factors and strategies to consider when drafting diversity and inclusion programs for the Society for Epidemiologic Research.

cultural diversity; demography; societies

Abbreviation: SER, Society for Epidemiologic Research.

Editor's note: The opinions expressed in this article are those of the authors and do not necessarily reflect the views of the American Journal of Epidemiology.

We read with great interest the article by DeVilbiss et al. (1) and commend the authors for their effort in creating a baseline assessment of the diversity and inclusion experiences of members of the Society for Epidemiologic Research (SER). We offer the following comments and observations regarding the results.

A first observation is that SER members more often selected multiple racial/ethnic categories in replying to the anonymous survey than when registering for membership. How can we interpret this discrepancy? One possibility is that when registering to become members, epidemiologists of underrepresented groups are reluctant to share their race/ethnicity in order not to be discriminated against because of their race and only be assessed by their excellency. This issue is irrelevant in an anonymous survey. Another possibility is that by preserving racial/ethnic anonymity, minority SER members want to prevent being asked to participate in and contribute to initiatives for increasing diversity and inclusion. These tasks, requested from a group already overwhelmed with research and teaching responsibilities, come without credit or compensation. However, this is to the detriment of the SER, since it increases the chances of implementing ineffective diversity and inclusion initiatives. In any case, this suggests that to monitor progress in diversity, SER should remove the race/ethnicity question from its membership application, conduct periodic anonymous surveys among its members, and find different ways to motivate minority members while providing support and recognition for their involvement.

This leads to the second observation: minority members, regardless of sex, were least likely to feel very welcomed in the Society, despite the commitment of the Society's leadership to improve diversity and inclusion. This result highlights the need to revisit current SER diversity programs and evaluate why these programs are not producing the expected "welcoming environment free from discrimination" (2). And note that among the 22 nonresponding individuals with missing race/ethnicity information, only 13.1% felt very welcomed, suggesting again that these were mostly minority respondents. It might be the case that current diversity programs are affected by the persistence of power imbalances within participating members, overdependency of minority members on nonminority members, and conflicting goals between minority and nonminority members, which undermine long-term plans for sustainability. A few lessons on equitable partnerships from the global health field could help improve SER diversity and inclusion programs (3). In essence, select contributors on the basis of skills and knowledge, determine essential resources for success, adhere to

a predetermined set of collaboration terms, create common goals for addressing significant obstacles, and develop plans for sustainability and performance evaluations.

Third, as expected, members who felt welcomed by the Society were 13% more likely to engage in SER activities. The next waves of this survey might ask specifically what made members feel very welcome or be engaged with Society activities, what made other members not feel welcome, what changes could help those who feel unwelcome become more engaged with the Society, and what features of current diversity programs are perceived as coercive or an imposition on minority members. Questions that help uncover myths and assumptions about diversity and inclusion will inform actions needed to implement programs that are based on evidence, have lasting results, and, more importantly, promote a culture of personal responsibility for diversity and inclusion within the Society (4, 5).

Overall, these 3 observations on the article by DeVilbiss et al. (1) suggest that to improve its diversity, the SER needs to be proactive, have a scientific attitude when experimenting with different programs, be open to structural changes based on proven interventions, and create an environment that favors and welcomes diversity and inclusion.

REFERENCES

1. DeVilbiss EA, Weuve J, Fink DS, et al. Assessing representation and perceived inclusion among members of the Society for Epidemiologic Research. *Am J Epidemiol*. 2020; 189(10):998–1010.
2. Society for Epidemiologic Research. Code of Conduct: Society for Epidemiologic Research Meeting Conduct Policy. https://epiresearch.org/about-us/code-of-conduct/. Accessed March 23, 2020.
3. Donkor P. Inequalities in global health partnerships and solutions to address them [lecture]. Presented at The Lancet & CUGH Global Health Webinar Series | Episode 2: Increasing Equity in Global Health, Washington, DC, March 11, 2020. Washington, DC: Consortium of Universities for Global Health; 2020. https://www.cugh.org/events/lancet-cugh-global-health-webinar-series-episode-2-increasing-equity-global-health. Accessed March 23, 2020.
4. Kang SK, Kaplan S. Working toward gender diversity and inclusion in medicine: myths and solutions. *Lancet*. 2019; 393(10171):579–586.
5. Balagna J, Williams CR, Wang J, et al. Consensus-driven approach for decision-making in diverse groups [editorial]. *Am J Public Health*. 2020;110(1):5.