Addressing Diversity

I am writing this message from the AHA- and CDC-sponsored 39th 10-day seminar on the Epidemiology and Prevention of Cardiovascular Disease. I send you greetings from our faculty, representing our Council and several other AHA Councils including Cardiovascular and Stroke Nursing, Clinical Cardiology, Functional Genomics and Translational Biology, Lifestyle and Cardometabolism.

The Continuation of the Evolution of the Council on Cardiovascular Disease Epidemiology and Prevention after 1960

The 1960s proved to be a decade of sheer determination on the parts of physicians, statisticians, social scientists, epidemiologists and other professionals who believed in establishing a Council that focused on population studies (Blackburn, Epstein, 1995). On Feb. 26, 1961, the Executive Committee of the Council of Community Service and Education supported the development of a Council with the focus on Cardiovascular Epidemiology (Blackburn, H., Epstein, 1995). Unfortunately, on Feb. 27, 1961, the Central Committee submitted a motion for executive committees of each Council to conduct opinion polls regarding the establishment of a Council, and that the results needed to be submitted to the Central Committee. Although this action may seem as a deterrent, which delayed the process, the group persevered (Blackburn, H., Epstein, 1995).

Moreover, on May 5, 1961, the Council on Epidemiology was approved unanimously by the Committee of Epidemiological Studies and was forwarded to the Central Committee (Blackburn, H., Epstein, 1995). Although the AHA president at the time, Carlton Emstein, was not in favor of creating a new Epidemiology Council, the polls indicated that it was very much supported and was approved with a vote of 9 to 3. Hence, on June 30, 1961, the Board of Directors met, and Emstein recommended to the members that the Council on Cardiovascular Epidemiology be approved (Blackburn, Epstein 1995). However, Louis Katz, a board of directors member and member of the Council on Astro-sclerosis, made another motion suggesting that the Council proposal be sent back to the Central Committee to pontificate the idea of creating a Committee of the Central Committee for Medical and Community Program, rather than blossoming out into a Council; a matter of this importance should be settled by a full meeting of the Central Committee” (Blackburn, Epstein, 1995, p. 1258).

Emstein, chairman of the board, purported that the issue had already been studied enough, and unfortunately, Katz’s motion was passed. The issue was sent back to the Central Committee for more discussion (Blackburn, Epstein, 1995). In 1962, the Central Committee recognized the importance of the epidemiology group and decided to give it the same status as the Basic Science Council and a few others (Blackburn, Epstein, 1995). As a preliminary step to becoming a full Council, the AHA Board of Directors voted to make the epidemiological group a committee under the direction of the Central Committee (Blackburn, Epstein, 1995).

The Committee on Epidemiological Studies never lost heart and continued to focus on its goal of becoming a full fledged Council. As described in the article, the epidemiology committee widened its scope by offering epidemiological investigations for CVD, focusing on improving methodological issues in the studies, providing open communication with AHA on studies in U.S. and other countries, providing recommendations to the AHA for study results and statistical data, providing guidance on applying the study results to community service programs and education, and work with other Councils to inspire them to incorporate epidemiological ideas in their research (Blackburn, Epstein, 1995).

On Feb. 29, 1964, Oglesby Paul proposed to the AHA Central Committee that the Committee of Epidemiological Studies be given the title of “Council” since it would take at least another year to generate an in-depth plan for the process (Blackburn, Epstein, 1995). Fortunately, the motion was accepted and in the June 5-6 meeting, the board of directors made the necessary changes in the AHA bylaws to include the newly formulated Council. (Blackburn, Epstein, 1995).

On Sept. 26, 1964, the Executive Committee of the AHA Board of Directors officially voted in support of the new AHA Council, which became known as the “Council on Epidemiology” (Blackburn, Epstein, 1995). The new Council finally received the recognition it deserved.

References

In addition to these longstanding efforts, we are co-leading (with the Council on Quality of Care and Outcomes Research) a new AHA Science Subcommittee on the Social Determinants of Cardiovascular Health. This Science Subcommittee will make important contributions to scientific statements, policy advisories and session programming. We are optimistic that this effort also will provide opportunities for early career members (and others) to become even more engaged in the mission of the AHA.

I continue to believe that there has never been a better time to be a member of our Council. We know more about how to promote cardiovascular health and prevent cardiovascular disease than ever, and we have the entire association focused on advancing prevention science and translating that science into better health at the population level.

I’m equally convinced that the best is yet to come.