

## AEA Equity and Diversity Policy

Version 1, 21 March 2019

### Intent

The concept of diversity underscores the uniqueness of individuals. Differences in individual characteristics of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs are prevalent within the communities that we live. However, historical discrimination on the basis of these characteristics have resulted in inequities within society. The intent of this document is to underpin the commitment of the Australasian Epidemiological Association to foster a climate where equity and mutual respect are intrinsic.

### Scope

The AEA is committed to excellence in governance. Inherent in this goal is the drive to ensure meaningful participation of under-represented groups in membership, as conference presenters and leading workshops.

### Policy Requirements

The following activities will be undertaken to enhance equity and diversity within the initiatives undertaken by the AEA.

1. Taking initiatives to increase diversity in AEA membership.
2. Aiming for the AEA Council, conference and workshop organising committees, invited speakers and session chairs to reflect the communities served.
3. Ensuring that, in addition to aiming for balance, the AEA annual conference includes at least one of each of the following: female, male, New Zealand-based, Australian-based, indigenous, and academia and non-academia-based invited speakers. The committee should also consider including an early-career invited speaker.
4. Monitoring and publishing the summary diversity data on the AEA and/or conference/workshop website.
5. Taking practical steps to enhance the inclusivity of workshops or events. For example, these could include (but not be limited to):
  - a. providing a family room or means to attend remotely (e.g. broadcast in an adjoining room);
  - b. allow time for indigenous cultural practices to be built into events, e.g. acknowledgement of Country, Pōwhiri;
  - c. seek accessible locations for workshops or events;

6. Council maintaining the right to select additional speakers and/or modify the conference or workshop program, or to withdraw AEA support and branding from the event where adequate consideration has not been given to ensuring diversity;
7. Publishing this policy on the AEA website and providing it to the organising committees of conferences and workshops, Council members, chairs of the sessions and invited speakers.

### Responsibilities

It is the responsibility of the AEA Council to lead by example when implementing this policy by:

- Actively ensuring all AEA members are treated fairly and with respect.
- Being aware of cultural sensitivities when working with others.
- Actively seeking, valuing and drawing on the differing knowledge, perspectives, experiences and styles present in communities.
- Challenging discriminatory behaviour.
- Being inclusive in their language when communicating

### Acknowledgements

This policy document drew on the substantial work undertaken in when seeking to address inequities in:

#### *Gender*

Martin, J.L., Ten Simple Rules to Achieve Conference Speaker Gender Balance. PLoS Computational Biology, 2014. 10(11): p. e1003903

Aldrich MC, Cust AE, Raynes-Greenow C, the International Network for Epidemiology in Policy. Gender Equity in Epidemiology: A Policy Brief. Annals of Epidemiology, In press.

<https://womeninscienceaust.org/2015/11/15/achieving-gender-balance-in-less-than-3-years/>

#### *Ethnicity*

Kelagher, M. Sabanovic, H. La Brooy, C. Lock, M. Lusher, D. Brown, L. Does more equitable governance lead to more equitable health care? A case study based on the implementation of health reform in Aboriginal health Australia, Social Science & Medicine, (2014) 123, 278-286, <https://www.sciencedirect.com/science/article/pii/S0277953614004614>

Brown, C. Harrison, D. Burns, H. Ziglio, E. Governance for health equity: Taking forward the equity values and goals of Health 2020 in the WHO European Union. [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0020/235712/e96954.pdf](http://www.euro.who.int/__data/assets/pdf_file/0020/235712/e96954.pdf)

Paradies, Y. C. Affirmative action and equity in Aboriginal and Torres Strait Islander health. Med J Aust 2005; 183 (5): 269-270. <https://www.mja.com.au/journal/2005/183/5/affirmative-action-and-equity-aboriginal-and-torres-strait-islander-health>

#### *Disabilities*

<http://www.beaccessible.org.nz/the-movement/what-is-accessibility>

#### *And in the corporate world*

<https://p-airnz.com/cms/assets/PDFs/air-nz-equality-diversity-inclusion-policy-v4.pdf>

<http://www.qcc.cuny.edu/diversity/definition.html>