

## Five Foundational Points on Diversity, Equity, and Inclusion and Anti-racism

Presented by Richard Baker at the workshop series on  
*Exploring a Culture of Fairness, Respect, and Anti-Racism in Health Professions Education*

Given the broad scope of this challenging topic and the fact that our audience is at different levels of knowledge and understanding, said Baker, I would like to present five foundational points. These points are admittedly aspirational but hopefully will be useful in facilitating a common understanding of the topic at hand for a more focused and intentional discussion. The five points include:

1. DEI vs Anti-Racism (clear distinction)
  - a. DEI is extremely important, noted Baker, but the focus of our workshop series is Anti-Racism. DEI enhancement may be a pathway to or platform for Anti-Racism; however, progress related to DEI should not be substituted or conflated with achievement of goals related to anti-racism.
2. RACE is not a biological construct (it is a social construct)
  - a. Baker underscored that race as a biological construct is a pervasive and strongly held but inaccurate belief and assumption. Science has demonstrated that Race is not based upon meaningful biology, he added. It is at best a poor and often misleading proxy for real biological determinants such as ancestry or genetic predisposition. This misrepresentation (particularly among faculty and students) is highly problematic and is the basis for perpetuating false beliefs, misinformation, inappropriate curriculum, and inappropriate care, he added.
3. Health Inequities experienced by specific (marginalized) race ethnicity groups are primarily the product and consequences of racism (not race), said Baker, more specifically:
  - a. Racism is a powerful Social Determinant of Health (Bailey et al., 2017); and
  - b. despite the undeniably powerful impact of racism, historically, the term racism has been typically deemphasized, ignored, or actively avoided in discussions related to health.
4. Structural and Institutional Racism (versus interpersonal racism)
  - a. Discussions, activities, and proposed interventions germane to anti racism efforts in the health education environment, said Baker, primarily focus on structural/institutional racism as opposed to interpersonal racism as articulated in the literature (Bailey et al., 2017; Williams et al., 2019).
  - b. Structural racism is a direct derivative of the institution of slavery (Bailey et al., 2017). Baker defined racism as “the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice” (Bailey et al., 2017, pp. 1453,) this includes “the processes of racism that are embedded in laws (local, state, and federal), policies, and practices of society and its institutions that provide advantages to racial groups deemed as superior, while differentially disadvantaging racial groups viewed as inferior” (Williams et al., 2019, pp. 3).
5. Bailey et al. (2017) and Williams et al. (2019) described structural racism (SR) as deeply embedded in society, broadly involving numerous actors across multiple institutional platforms. Given the reality that SR extends far beyond the educational environment, Baker’s overarching questions are twofold. What is the role and the challenges of accreditors, leaders, and funders in:
  - 1) recognizing and dismantling structural racism in the HPE arena; and
  - 2) mitigating structural racism’s pervasive and damaging effects on students, faculty, and the patients we serve?

### References

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