Anti-racism structures in academic dentistry: Supporting underrepresented racially/ethnically diverse faculty

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Abstract
Objectives: The purpose of this paper is to describe the racialized barriers to recruiting and retaining historically underrepresented racially/ethnically diverse (HURE) faculty at U.S. dental schools and the linkages of these barriers to structural racism to assist dental schools in eliminating these hurdles through an anti-racism framework.

Methods: Data is used to describe the trends in the racial/ethnic composition of dental school faculty and the parity gaps by race/ethnicity between dentists and the U.S. population. Literature on the recruitment and retention of faculty of color at higher education institutions is reviewed to identify challenges and best practices. Barriers to the full participation of HURE faculty, outlined in the American Dental Education Association’ s Faculty Diversity Toolkit, are also identified. Research on antiracism frameworks is also investigated to denote their uses and key components.

Results: There is a critical shortage of HURE faculty at dental schools and active HURE dentists in the U.S. A history of racism and its legacy reinforce biases, stereotypes, and power structures that harm HURE faculty at U.S. dental schools. An anti-racism framework is needed to holistically eliminate inequities and racialized policies and practices that persist as barriers for HURE faculty.

Conclusions: Increasing the representation of HURE dentists in the workforce and dental school faculty requires a major disruption to culture and institutional practices that mask centuries of structural racism embedded within complex academic systems. Dental schools must use antiracism models to create strategic initiatives that support a humanistic, equitable, and antiracism environment where HURE faculty can thrive.

KEYWORDS
antiracism, antiracism framework, dental school faculty, diverse faculty, faculty of color

INTRODUCTION

According to an analysis of the 2010 and 2020 Census data, 42.2% of the U.S. population are people of color—everyone except white, non-Hispanic—a substantial increase from 36.3% a decade ago. Additionally, in terms of racial/ethnic group growth between 2010 and 2020, persons identifying as non-Hispanic multiracial, two or more races, saw the largest increase, 127%, thereby more than doubling their numbers. At the same time, the percentage of U.S. white, non-Hispanic/Latinx persons declined over the last decade from 63.7% to 57.8%. This is the first time since the implementation of the 1790 census that the percentage of whites did not increase. Nevertheless, despite rapid increases in the racial/ethnic population, only 9.6% of active U.S. dentists fell within Historically Underrepresented Racial
and Ethnic (HURE) categories such as Hispanic/Latinx (all races), non-Hispanic Black/African American, non-Hispanic American Indian/Alaska Natives, and non-Hispanic Native Hawaiian/Other Pacific Islander. However, these HURE communities represented 31.6% of the U.S. population in 2020.34 (see Figure 1).

Additionally, the parity gaps vary among HURE populations. Black/African American dentists (3.6%) had the largest disparity between the percentage of actively practicing dentists and that of the Black/African American served population (12.1%) in 2020. Hispanic/Latinx dentists represented only 5.6% of active dentists; however, in comparison, the proportion of Hispanic/Latinx people in the U.S. population was three times larger (18.7%) in 2020 (see Figure 1). As it relates to the under-representation of American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander persons, for each population, there is a 2-to-1 ratio between the proportion of these under-represented groups in the served populations relative to the percentage of professionally active dentists identifying as members of these racial/ethnic communities (see Figure 1).

In terms of U.S. dental school faculty, the majority are predominately white.5 (see Figure 2) According to the 2018–2019 American Dental Education (ADEA) data collection from U.S. dental schools, 61.7% of full-time (FT) and part-time (PT) faculty identified as white, down from 70.7% in 2011–2012. The number of white faculty dropped by 10% during the exact period. At the same time, the “Do Not Wish to Report/Unknown” category tripled from 3.5% of FT and PT faculty in 2011–2012 to 10.6% in 2018–2019 (see Figure 2).

In contrast, the percentages of HURE (Hispanic/Latinx (all races), non-Hispanic Black/African American, non-Hispanic American Indian/Alaska Native, non-Hispanic Native Hawaiian/Other Pacific Islander) FT and PT dental school faculty dropped over the same period from 13.4% to 11.1%. Although the other HURE faculty groups’ percentages were relatively unchanged, the overall drop in the percentage of HURE dental school faculty is traceable to a decline in the share of the Hispanic/Latinx faculty from 2011–2012 to 2018–2019 (see Figure 2). Faculty of color (e.g., non-Hispanic/Latinx Black/African American, Hispanic/Latinx all races, non-Hispanic/Latinx Asian American, non-Hispanic/Latinx Other Pacific Islanders/Native Hawaiians, non-Hispanic/Latinx American Indian/Alaska Native, non-Hispanic/Latinx Two or More Races) also saw a decline in their share from 23.9% to 23.3% from 2011–2012 to 2018–2019.

The shifting racial/ethnic dynamics within the U.S. and lack of meaningful progress in nurturing a critical mass of HURE students and faculty in dental education should give us pause. Transformation and change require a major disruption and a restructuring of academic dentistry practices and policies that have traditionally placed faculty of color and marginalized groups at a disadvantage. The evaluation and restructuring of these policies, structures, and processes to improve the recruitment and retention of faculty of color must also embed principles of not only equity but incorporate processes for continuous improvement using an antiracism framework.

Research points to the significant impact that diverse faculty from different backgrounds, racial/ethnic groups and experiences have on scholarship, learning, and students. Drawing from the literature, this article discusses the important contributions of HURE faculty to the profession. It also provides an overview of barriers to effectively recruit and retain HURE faculty in dental education as identified in the ADEA Faculty Diversity Toolkit. These barriers are discussed and their foundational ties to structural racism are highlighted. With an aim of disrupting the status quo and creating transformative equitable cultures, an Antiracism Framework for Dental Education is presented to assist dental schools in eliminating these barriers.
to foster a more humanistic, inclusive, and antiracist environment for faculty of color.6

WHY IT MATTERS

As the U.S. becomes more racially and ethnically diverse, students expect to see faculty more reflective of diverse communities.7 The deaths of George Floyd8 and Breonna Taylor,9 and the Black Lives Matter10 and Stop the AAPI (Asian American Pacific Islander) Hate11 movements have further intensified students’ demands to address faculty diversity and evaluate policies using an antiracist lens. Research also supports the premise that campus climates are better when a critical mass of HURE faculty parallel a diverse student body.12 Faculty of color positively affect student learning outcomes, assist in breaking down stereotypes, and greatly impact the development of self for students.13,14 An antiracist strategy to increase HURE faculty representation is essential to the advancement of the institution and equitable oral care. Additionally, actions that show a demonstrated commitment to disrupting systemic racism and ensuring diverse faculty communities are expressions of antiracist plans.15

HURE faculty also play a vital role in:

- helping students break down stereotypes and racial biases;
- challenging assumptions;
- developing friendships and collegial relationships with different groups;
- broadening perspectives about racial, ethnic, and cultural differences;
- developing effective healthcare delivery systems for underrepresented populations;
- utilizing more inclusive pedagogy, and
- advancing inclusive scholarship and health equity research.7,16,17

Therefore, an antiracism strategy aimed at increasing the number of HURE dental school faculty ensures the representation of more diverse voices in bringing about change and spurring innovation. Additionally, the role of HURE dental faculty in integrating antiracism principles into pedagogy and the curriculum, admissions and hiring, cultural competency, oral health delivery systems, and in adopting antiracism policies and practices should not be understated and are essential to the future success, transformation, and growth of dental education.

Additionally, the Commission on Dental Accreditation (CODA) standards 1–3 and 1–4 require dental schools to have a “stated commitment” to providing a humanistic culture and learning environment.18 A humanistic environment is described as one that nurtures mutual respect, cooperation, and harmonious relationships and cultivates professional and ethical behavior
by fostering diversity of faculty and students, open communication, leadership, and scholarship. Consistent with the CODA standards, faculty of color further a humanistic culture and educational environment by helping create a climate where students feel comfortable to participate and learn. Faculty of color assist in broadening the range of subjects taught and improve collaboration in support of new ideas. Under standard 1-4, dental schools “must have policies and practices to achieve appropriate levels of diversity among its students, faculty, and staff.” A critical mass of faculty of color is extremely important and furthers the dental school’s efforts to cultivate positive relationships and collegial engagement among different groups and broaden the cultural and racial/ethnic perspectives of everyone within the community. Finally, active participation by faculty of color in campus governance serves the institution, community, and nation by showing that diversity on campus is more significant than “symbolic” token status.

**STRUCTURAL RACISM AS A BARRIER**

Structural racism is the totality of ways in which society reinforces racial discrimination against people of color through the unequal and unfair treatment found in interconnected inequitable systems (e.g., housing, employment, criminal justice, health care, and education). It is embedded within laws, policies, structures, institutions, and practices with the impact of unjustly providing advantages to certain racial groups while disadvantaging others. Because dentistry and dental education are deeply inlaid within and attached to societal structures, their policies and practices have consciously and unconsciously normalized and legitimized racial discrimination that reinforces the concepts of people of color as inherently inferior and as outsiders.

Barriers to improving the racial/ethnic diversity of the dentist workforce and dental school faculty are traceable to segregation and structural racism in the U.S. education system. In acknowledgment, the American Dental Association (ADA) Board of Directors and Officers adopted a resolution in 2010 apologizing for “not strongly enforcing non-discriminatory membership practices prior to 1965.” The majority of dental school faculty of color are also practicing dentists, and to increase their percentages, the legacy of segregation and structural racism within that serve as educational pathway barriers to dental school graduation must be examined. The dominant pathway to the professoriate in academic dentistry requires the initial completion of an undergraduate degree and ultimately a doctoral degree in dental medicine/dental surgery. However, only 14% of students graduating from U.S. dental schools in 2020 were from HURE communities, and the number of HURE graduates from 2011 to 2019 averaged an annual increase of merely 4%. This is a very small pool from which to expand the number of faculty of color in academic dentistry. Additionally, as HURE dental school students and graduates progress through the pathway to becoming faculty, the critical milestones and criteria for success pose their own structural limitations within the academic health professions. These milestones and criteria typically include excelling in high school and college-level math and science courses, shadowing experiences, competitive admissions test scores and grade point average, funds to cover the application/interview process, costs of tuition and fees, research and leadership experiences, and residency completion, among other criteria. Because of their connection to structural racism, many of these milestones and achievements represent difficult hurdles and have caused troubling racial/ethnic disparities that further narrow the faculty pathway for HURE graduates.

In the 1920s, Dr. William J. Gies, the pioneer of modern dentistry, recognized the systemic barriers and the detrimental effects of segregation, which prevented the admission of Black/African American students to most dental schools. He considered the Black doctor a critical link to improving the general welfare of Black/African American people. Dr. Gies noted that segregation laws in many states and the refusal of a large number of predominantly white dental schools to admit Black students were significantly and adversely impacting the ability to graduate enough Black dentists. Similarly, educational disparities and the lack of American Indian/Alaska Native faculty are traceable to segregation, schools serving as acculturation agents, and the inhospitable treatment of American Indian students at predominantly white colleges and universities (PWI). Barriers to full participation of Hispanic/Latinx and Asian American faculty can also be rooted in the doctrine of “separate but equal” and assimilationist policies.

Because dental school admission at the beginning of the 20th Century was restricted largely to white students in most states, Dr. Gies called for more resources for Howard and Meharry, the only dental schools dedicated to the education of Black/African American dentists, physicians, and teachers, and the establishment of fellowships and loans at the best institutions for Black students. Additionally, the founding and growth of minority serving institutions (e.g., Historically Black Colleges and Universities, Tribal Colleges and Universities, Hispanic Serving Institutions, and Asian American and Native American Pacific Islander-Serving Institutions) are the result of systemic racism, lack of resources for students of color at PWI, and a need to expand economic mobility opportunities.

Vestiges of the “separate but equal” systems and disparities in the hiring of people of color within the academic faculty ranks still persist today. Typically, HURE faculty not only have low faculty representation within postsecondary and dental education, but also are more likely to experience incidents of bias, harassment, and discrimination deriving from a legacy of structural
One study showed that discrimination continues as a source of stress for Black/African American, Hispanic/Latinx faculty, and Asian American professors. Additionally, in this study more than 50% of women of color professors rated discrimination as somewhat or an extensive source of stress. Overwhelmingly, faculty of color also perceived a need to work harder than their white peers to be viewed as legitimate scholars. To this end, the perception of a “cultural/inclusion or race tax” poses a significant concern for ethnic scholars in which situations and tasks are imposed disproportionately on faculty of color by the administration, such as service on institutional committees, advising student affinity organizations, and acting as the liaison between the campus and the ethnic community. Overcommitment and additional workload requirements, cultural taxation, and the presumption that faculty of color are automatically experts on “all that is racial” can adversely impact research and teaching, which receive greater rewards than service and mentoring students within the academy, and further lead to serious burnout.

Faculty of color often point to a “chilly climate” or environments that are exclusionary, hostile, and in which they do not feel valued, a sense of belonging, or respected. Part of the isolation can be traced to a cultural relevance or the need to “represent the cultures and identities of the individuals within that space.” Therefore, a lack of representation or critical mass of faculty of color at some institutions and dental schools can increase feelings of “tokenism” or the burden some may feel to speak on behalf of people of color.

The burnout, isolation, and feeling of exclusion can manifest further as the result of microaggressions. Microaggressions are “daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color.” Research shows that most microaggressions are often unintentional and occur outside the offender’s level of consciousness. In one study of women of color in academe, a faculty member described feeling deprofessionalized by faculty and students who openly referred to others in the department by their full title of Dr., but despite her requests, refused to extend her the same courtesy and refer to her as Dr. Although considered trivial by some, the cumulative effect of these racial slights and insults can have major consequences for the academic community and adversely impact HURE faculty by: (1) fostering a hostile work environment, (2) effectuating stereotype threat, (3) negatively impacting the physical and mental health of targeted faculty of color, and (4) interfering with scholarly and work productivity. For faculty of color, these types of regular racial insults chip away at their self-worth, sense of belonging within the academic community, and lead to feelings of invisibility.

In the area of scholarship and research, faculty of color focusing on racial/ethnic health disparities, structural racism, structural competency, and cultural issues often report criticisms that their research is outside the “mainstream” and devalued for purposes of tenure and promotion. Research also shows that faculty of color are more likely to receive negative teaching evaluations from students than their white peers. Additionally, research on faculty hiring and tenure review demonstrate that faculty have a predisposition to “clone themselves” or to hire and favor candidates with whom they have things in common, not necessarily because of race/ethnicity, but due to similar educational backgrounds, social skills, values, and behaviors. However, the human tendencies to hire those similar to us, unwittingly make cognitive errors, and exercise implicit bias can serve as roadblocks in making equitable decisions. Implicit bias research has shown that each of us possess attitudes or stereotypes outside our awareness that affect our understanding, our interactions, and our decisions.

Tied closely to implicit bias is the concept of “aversive racism” in which people believe that they are not racist or prejudiced, but “their unconscious negative feelings and beliefs get expressed in subtle, indirect, and often rationalizable ways.” One example cited in the literature is a person stating, “We want diversity, but we also want qualified people.” Similar to implicit bias, this contemporary form of racism recognizes that faculty may in theory support diversity efforts but still proceed in rationalizing negative racial attitudes and stereotypes. Because they see themselves as diversity supporters, they do not see their link between “diversity” and “qualified people” within this context and intense aversion as something that should be avoided as a rationalized racial stereotype. Like implicit bias, they are unconsciously aware that their statements and beliefs are indirect, subtle forms of racism that reinforces inequality and barriers to recruiting HURE faculty.

Likewise, cognitive errors also work outside our awareness and are mental shortcuts that corrupt “rational thinking, estimate probabilities, and [hinder] sound decision-making and investing.” Bad intentions are not a prerequisite for the influence of implicit bias, aversive racism, or cognitive errors but when not given the opportunity to be thorough, deliberate, and careful in our evaluations, our decision making is adversely impacted. All three can lead to positive and negative stereotypes, provincialism, myths, and premature rankings that unfairly eliminate HURE faculty candidates. In the context of systemic racism, attitudes and beliefs that often result in a tendency to reject faculty of color whose research interests, education, and experiences do not conform to traditional academic models and standards set forth by a white majority long in power are often traceable to implicit bias, aversive racism, or cognitive errors. Therefore, efforts to align academic policies within antiracism and equity structure require training, individual self-reflection, and openly discussing the assumptions and beliefs inherent within
Bias, aversive racism, and cognitive errors lead to narrow depictions of racialized faculty and their identities and serve as barriers to meaningful participation within academic and academic dentistry. Therefore, to eliminate bias and provide equitable opportunities for HURE persons, faculty leaders must also understand “intersectionality” and its impact on persons of color. Intersectionality is the way in which “race/racism intersect [and overlap] with cultural identities and inequities” such as gender identity, socio-economic status, sexual identity, class, and other social constructs and clash in maneuvering power structures and overcoming oppression. To illustrate, consider a dental school junior faculty member who is a single (marital status) Afro-Cuban Latina (race/ethnicity/gender identity) and who identifies as openly lesbian (sexual identity). This individual may experience barriers to full participation that are complex. In terms of immigration status, she is a Deferred Action for Childhood Arrivals (DACA) recipient (immigrant) who also cares for her undocumented parents and younger siblings (gender/family roles). A department chair who took the time to understand the many dimensions of her identity would see other characteristics beyond her race and ethnicity. To fully support her, a department chair and mentor must view planning and the elimination of possible barriers to her promotion through an intersectional lens—recognizing that race/ethnicity, gender identity, immigrant status, family roles, and class-related issues of power and privilege may simultaneously come together, overlap, and add to barriers and interactions related to teaching, scholarship, networking, and service. Therefore, workloads in terms of committee service, time slots for teaching, and student advising responsibilities may need to be adjusted and initial collaboration with a research mentor or senior scholar may be needed. In this case, student teaching feedback should also be approached from an antiracism critical lens in terms of what research reveals about the ways in which faculty of color are sometimes assessed by students along with the interplay of the overlapping social construct of gender identity, ethnicity, and sexual orientation in these assessments. Additionally, a critical antiracism lens should be applied in terms of the evaluation and acceptance of scholarship to ensure principles of equity are enforced and to ensure that views of nontraditional research as invaluable or outside the mainstream do not unfairly impact the road to tenure.

AN ANTIRACISM FRAMEWORK

Diversity frameworks, which are broadly conceptualized to address diversity, inclusion, and marginalization, can sometimes “soften” or dilute the critical need to address racial equity within higher education. The generalized concepts of diversity or inclusion are usually more comfortable or less intimidating than conversations about race and racism. However, recent events tied to COVID-19, increased discrimination against Asian Americans, and the deaths of George Floyd and Breonna Taylor have made it clear that issues of access and equity in health care, the criminal justice system, employment, and education, can only be truly addressed by dissecting the historical foundations of race and its role within the U.S. This includes dialog and strategic conversations regarding the embedded and interrelated patterns, systems, and behaviors that may contribute to race discrimination and bias within postsecondary and dental education.

Antiracism is the “active process of identifying and challenging racism, by changing systems, organizational structures, policies and practices, and attitudes to redistribute power in an equitable manner.” A number of organizations such as the National Association of Chief Diversity Officers in Higher Education, World Economic Forum, and Columbia University have developed antiracism frameworks within the context of postsecondary education to assist campuses in identifying and addressing interrelated patterns that foster racial discrimination. However, open, comprehensive, and explicit antiracism discussions in dental education are more recent and corresponding frameworks are limited. Nevertheless, in order to disrupt the status quo, antiracism frameworks are needed to eliminate racist attitudes, actions, and outcomes that limit access and the upward mobility of faculty of color in dental education.

To assist dental schools in addressing these challenges, an Antiracism Framework for Dental Education (Framework) is presented (see Figure 3). The Framework includes six strategic actions (e.g., acknowledge, confirm, identify, train, engage, evaluate) that dental schools should take to improve the recruitment and retention of HURE faculty. Questions to guide dental schools in the use of the framework are provided as a supplement. Although this discussion of the Framework focuses on antiracism principles to recruit and retain faculty of color, dental schools must still address all eight antiracism focus areas (e.g., faculty; staff/administrators; students, residents, and fellows; patients; curriculum; climate/culture; institutional structures/strategic planning; accreditation standards/licensing) that influence their cultures and climates. Therefore, how a dental school holistically addresses inequities and racialized policies and practices ingrained in these eight areas will not only impact stakeholders’ climate perceptions but also the recruitment and retention of faculty of color, their well-being, and overall satisfaction.

Framing antiracism as a change initiative takes bravery and requires dental school leaders to acknowledge racism exists and that its historical foundations still impact dental education. To this aim, the values, vision, and mission of the dental school must clearly support and align with antiracism principles. Additionally,
confirmation of the commitment to actively eradicate racism to support the hiring and promotion of faculty of color requires an investment in listening, internal and external data review, antiracism and anti-Blackness research, engagement with key stakeholders, funding and allocation of resources to support programming, and engagement of diverse internal and external leaders, experts, and stakeholders to lead antiracism strategic initiatives.
linking antiracism goals and accountability to strategic planning initiatives.\textsuperscript{78}

Dental school leaders, experts, alumni, board members, and other key stakeholders should collectively lead and take accountability for antiracism assessments, planning, and developing recommendations for implementation. Senior leaders must be visible and actively engaged in this process with representation from diverse faculty, students, and staff so as not to place the primary onus for change on faculty of color who are being most impacted by racism.\textsuperscript{79,80} Hiring criteria, search committee processes, workload, tenure and promotion policies, professional development, and mentoring practices must be reviewed for evidence of racial bias or disparate impact on faculty of color and replaced with new policies and processes that are equitable.\textsuperscript{81} Onboarding of new faculty, staff, students, residents, and fellows should include multiple opportunities to engage in self-reflection to learn about community antiracism values and practices and the work of the dental school to become a sustainable antiracism organization. Additionally, to address structural racism, dental schools must invest in and support the career development, preprofessional, and academic success of K-16 students of color.\textsuperscript{82–84} Although a long-term investment, the future pool of faculty of color will be bleak and even more scant without these ongoing pathway investments.

Ongoing training of students, faculty, and staff on antiracism, implicit bias, aversive racism, cognitive errors and other equitable concepts and strategies for change is important.\textsuperscript{85} In particular, faculty search committees should understand how their own biases and assumptions related to hiring criteria may severely impede talented faculty of color from consideration. (e.g., publications in journals and research not considered mainstream, preference only for Ivy league graduates, nontraditional paths to acadeome).\textsuperscript{86} Additionally, promotion and tenure committee should not only receive similar antiracism, implicit bias, and cognitive error training but also understand cultural taxation and adjust the merit assigned, and the value assigned for advising/mentoring and community service in assessing promotion criteria. Antiracism training should also be provided to assist in a critique of promotion and tenure policies, ensuring clarity and equity of criteria, helping committees understand how bias can play out in student faculty evaluations, and providing guidance critiquing faculty promotion data for possible bias or disparate impact.\textsuperscript{87}

Formal guidelines for mentoring programs should provide online access to antiracism, cognitive errors, and bias training for mentors. Mentor and mentee selection and criteria must also be examined from an antiracism lens to ensure an equitable process for senior mentor assignments to junior faculty of color.\textsuperscript{88} Considerations should be given to external mentor pairings for faculty of color with scholarship and teaching interests that may not align with traditional faculty mentors within the college or department.\textsuperscript{89} Policies and processes related to the allocation and funding of professional development opportunities should also be critiqued to ensure they support traditional and nontraditional teaching, research, and leadership interests of faculty of color.

Additionally, climate assessments to gauge current perceptions of policies, intragroup/intergroup relations, onboarding, stress and well-being, promotion and tenure, workload, and belonging are important tools to assist in collecting data to develop antiracism policies and strategic initiatives.\textsuperscript{88} Data from a climate survey can also help to determine priorities and critical priority areas that should be addressed first. Continuous monitoring and evaluation of existing and new policies and practices are required to determine their imprint on the culture, role in eradicating structural racism, and providing antiracism resources that support the recruitment, retention, and success of faculty of color.\textsuperscript{39}

**CONCLUSIONS**

*Antiracism leadership takes courage and heart!* Renowned organizational theorist, Dr. Edgar H. Schein, wrote:

> I believe that cultures begin with leaders who impose their own values and assumptions on a group. If that group is successful and the assumptions come to be taken for granted, we then have a culture that will define for later generations of members what kinds of leadership are acceptable. The culture now defines leadership.

> Leadership is now the ability to step outside the culture that created the leader and to start evolutionary change processes that are more adaptive. This ability to perceive the limitations of one’s own culture and to evolve the culture adaptively is the essence and ultimate challenge of leadership.\textsuperscript{89}

As dental education leaders emerge as evolutionary antiracism change agents, they must be bold and unafraid to face their own complex histories and through self-reflection confront their own biases and prejudices. Although uncomfortable and complicated, the elimination of recruitment and retention barriers for HURE faculty in dental education means all forms of racism must be addressed to set new standards for current and future generations of leadership. In identifying and addressing the constraints of our current cultures and aspects of a humanistic environment, observations and actions from an anti-racist framework must be deployed. Through our collective willingness to disrupt, culturally adapt, and embrace antiracism structures, dental education is poised to meet the ultimate challenge of leadership—the transformation of humanistic culture that is truly anti-racist...
and inclusive of all students, staff, faculty, residents, fellows, and patients regardless of race, ethnicity, or color. This, therefore, is our collective charge!

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