# Science & Society

Equity, diversity, and inclusion in academia: lessons from the Canadian Society of Immunology

Yanet ValdezTejeira,<sup>1,@</sup>\* Akiko Iwasaki,<sup>2,3,\*,@</sup> and ChanelleTye<sup>4</sup>

Recently, the Canadian Society of Immunology opened its 2021 scienti c conference with equity, diversity, and inclusion (EDI) workshops, before any other sessions, highlighting the signi cance of this topic and aiming to seed concepts/behaviors in the minds of the community. In this article, we urge research communities to adopt this type of approach for navigating dif cult conversations and setting a balanced tone in scienti c gatherings worldwide.

## Efforts to improve EDI in academia

Despite three decades of EDI initiatives regarding gender and ethnicity, acade-

- (ii) There is a clear decline in female representation as one climbs the ranks of the academic ladder [4] (Figure 1summarizes some of the reasons why women consider leaving academia).
- (iii) The Full Professor rank is comprised of only 20% women [5], possibly re ecting discrimination within the workplace, but perhaps also the demands imposed by personal/family lives at this advanced stage in women careers.
  - (a) Lack of parity for women and men in STEMM careers reects a selective lack of infrastructure and support that is necessary to retain women in STEMM; this is a striking fact when one considers that the retention of women in non-STEMM professional careers is now approaching parity with men 61.
  - are not predicted to reach representions that were introduced: tational parity with their male colleagues until the year 20507].

(c) Achieving EDI requires a comsexism, and inequitable cultures within academia. It is crucial to encourage women and their allies (ii) systemic and leads to inequality; science and medicine more inclusive (Figure 2).

Racism is:

particular race or ethnic group;

An interactive EDI learning session wasnd institutions that disadvantage most ra- health orders, theyd be in much better

inequalities 81.

team to discuss the practice scenarios. Subsequent breakout sessions contained (b) Without any intervention, women These are the key concepts and deni- the following discussion scenarios.

You are with a group of peers in the health sciences when the conversation turns to munity effort to combat racism, (i) rooted in the beliethat some people the coronavirus disease 2019 (COVID-19) are superior because they belong to a vaccine rollout. You collectively lament that some neighborhoods with high incidences of infection have lower rates of COVID-19 to take action, aiming to make (iii) the combination of racist policies vaccination. A colleague says earnestly (written and unwritten rules) and racist of a neighborhood of high BIPOC resiideas produce and normalize racial dents and low vaccination rates, It's a real shame that theres so much vaccine hesitancy in that neighborhood. If they Indeed, systemic racism is driven by could get over their fear of the vaccine, rules and policies embedded in society trust the science, and comply with public

### Racism scenarios as a learning exercise

led by a team of expert equity facilitators; cial and ethnic groups while giving power shape'. lead facilitator, Chanelle Tye, taught keyand privilege to a dominant group \( \frac{4}{10} \). concepts on racism prior to dividing the For this exercise, Community Guidelines Scenario 2 attendees into small 'breakout' rooms. were established: (i) openness: be open to You are standing in the line for coffee when Cofacilitators led participants throughnew or differing ideas and embrace discom- you overhear grad students behind you case scenarios and questions designedfort; (ii) condentiality: learnings can leave, talking about social determinants of health. to reveal subtle and not-so-subtle forms but speci c stories stay behind; (iii) balance: One states con dently, 'Look, I don't make of racism and practiced implementing to share the space and the oor, speak the rules, its just a fact that Black people well-tested interruptive strategies. At thefor yourself and not for, or about others; are more prone to having diabetes, low end of an interactive Q&A session, theand (iv) respect: refrain from language that in-lung capacity, and sickle cell anemia,

breakout groups reunited as a single-sults, excludes, or dismisses others.

and have a higher pain tolerance than

average..indigenous people, too. Theres nothing good or bad about it, we are all just built differently.

## Scenario 3

You are a racialized person and the only international student your white professor

\*Correspondence: yvaldez@mail.ubc.c.(Y.V. Tejeira) and akiko.iwasaki@yale.ed((A. Iwasaki).@