Diverse Diversity

Stephen A. Wilson, MD, MPH

(Fam Med 2017;49(10):821-2.)

A black person, a white person, a Mexican person, an Indian person, a homosexual person, and a Chinese person walk into a bar. They order drinks and appetizers. They discuss education, politics, social science, and ethical issues of the day. There are many areas of agreement and broad consensus with some differences on smaller points, execution, and implementation.

Six black men walk into a bar. They order drinks and appetizers. They discuss education, politics, social science, and ethical issues of the day. There is wide disagreement and little consensus, with enough differences on principles, and there is little discussion pertaining to execution and implementation.

Which group was more diverse, the one where they all looked different and thought similarly, or the one where they all looked the same and thought differently?

Diversity is the state of being composed of a variety of elements or qualities, for example, different types of people. There are three main types of diversity: phenotypic, internal, and expressed. Diverse diversity encompasses all three.

Phenotypic, or face, diversity is important. In a population with many phenotypes it is a vital first step toward diverse diversity. In a twist of irony, settling for just phenotypic diversity or seeing it as the destination at the expense of internal diversity can result in something that is less diverse than it appears, or that even leaves participants with the impression that people of a certain ilk think a certain way.

Expressed diversity, a third type of diversity, is based on exhibited talents, abilities, and preferences, such as music, languages, writing, math, vocation, and roles.

Face diversity is important. In a population with many phenotypes it is a vital first step toward diverse diversity. In a twist of irony, settling for just phenotypic diversity or seeing it as the destination at the expense of internal diversity can result in something that is less diverse than it appears, or that even leaves participants with the impression that people of a certain ilk think a certain way.

There are limits and challenges to each type of diversity. What or who decides the correct make-up of phenotypic diversity? How much consensus and agreement is necessary to cultivate meaningful relationships? How much lack of consensus and lack of agreement is acceptable or tolerable for meaningful relationships?

One example of phenotypic diversity is race. In the United States population, the racial composition is 73.6% white, 12.6% black or African-American, 5.1% Asian, 4.7% other, 3.0% multiracial, 0.8% American Indian or Alaskan native, 0.2% native Hawaiian or other Pacific Islander. Hispanic or Latino is not a race but an ethnicity, and comprises 17.1% of the US population. About 6% to 7% of physicians are non-Hispanic black. When we get to 13% should we stop?
Diverse diversity is hard to achieve. It requires patience, kindness, humility, and a willingness to hear, learn, and experience new things. It is virtually impossible to accomplish for its own sake. Forced diversity as its own end will generally last as long as it is enforced or coerced. Lasting diversity is usually a by-product of working toward a shared vision, purpose, or goal. A new community is formed in the quest for a destination that is important and valued highly enough that people transcend their inclination to the familiar.

As an example, the most diverse place I have experienced is my church. In addition to coincidental and intentional racial and ethnic diversity, there is socioeconomic diversity ranging from CEOs to the formerly imprisoned to homeless engaging together. There is generational diversity, with the Greatest Generation interacting with the digital natives of Generation Z. There is political diversity, with democrats, republicans, and independents working side-by-side. The expressed mission and vision is “following Jesus in diverse community” in order to love God completely and for each person to love their neighbors as him or herself.

Diverse diversity does not always agree. Sometimes it argues. Sometimes it steps on toes. Sometimes it is quiet when it should speak. Sometimes it speaks when it should listen. Sometimes it makes mistakes and apologizes. Nonetheless it presses on, fueled by the mission. In itself, it is not the mission; rather it is both a by-product of, and a tool to achieve, the mission.

The Society of Teachers of Family Medicine (STFM) is an academic organization centered on medical education. Diversity is sufficiently valued by STFM that it is one of the organization’s six core values—Relationships, Excellence, Diversity, Integrity, Openness, Nurturing—purposefully interwoven throughout deliberations and strategic planning. Successful diverse diversity generally occurs around a central mission or driving purpose. For STFM that is primarily to advance family medicine through a diverse community of teachers and scholars, with a secondary effect of bringing about health care that is just, equitable, and accessible for all. No winners and losers, just people who collectively and individually receive the right health care, delivered in the right way, at the right time.

This is a lofty destination with a complicated, nonlinear, unmapped path. Only a community with diverse diversity can accomplish this goal.

CORRESPONDENCE: Address correspondence to Dr Wilson, University of Pittsburgh UPMC St Margaret Family Medicine Residency, 3937 Butler St, Pittsburgh, PA 15201. 412-784-7672. Fax: 412-621-8235. wilsons2@upmc.edu.

References