



# **APhA** **TASK FORCE** on Addressing Structural

**R A C I S M**

## 2020-2023 REPORT

# TABLE OF CONTENTS

APhA Core Values .....	4
Acknowledgment from Task Force Chair & Vice Chair.....	5
APhA Task Force Members .....	6-8
Message from APhA President, 2021–2022, Sandra Leal .....	9
Message from APhA Task Force Chair Andrew Gentles .....	9
Task Force Background, Task Force Charge .....	10
Problem Statement, Task Force Approach, Vision Statement for APhA, Scope of Work.....	11
Circles of Concern and Spheres of Influence, Initial Recommendations Based on the Circle of Concern within APhA.....	12
Navigating Brave Conversations: Virtual Town Halls .....	13-14
Navigating Brave Conversations: House of Delegates .....	14-15
Navigating Brave Conversations: Association operations .....	15
Circle of Concern: Within the Profession, Focus on Electronic and Print Media .....	16
Focus on Education and Training.....	17
Amplifying Antiracism Work (Nationally and Internationally) .....	18
Representation at APhA National Town Hall and 2022 Annual Meeting.....	20
Recommendations to Maintain Momentum in Addressing Structural Racism in Pharmacy .....	21-23
Conclusion .....	24
Perspectives from Student Pharmacists.....	25-34
References.....	35





The word “racism” is often feared. It evokes images of overt hatred, abuse, and discrimination. Most people would quickly and vehemently deny that they participate in any form of racism in their daily lives. But it’s not that simple; racist policies, practices, behaviors, and other norms are often hidden and ingrained in society’s institutions where we may least expect to see them, such as in our health care system, the pharmacy profession, and communities we live in. This systemic racism impacts the health outcomes of our patients, as well as the personal and professional lives of those within the pharmacy profession.

## 2020-2023 **APhA TASK FORCE**

**CHAMPION FOR MARGINALIZED COMMUNITIES**

**BRAVE CONVERSATIONS**

**PHARMACY TECHNICIAN LEADER**

**PHARMACIST LEADER**

**ACTIVIST**

**COMMUNITY CHANGE AGENT**

**PHARMACY ALLY**

**STUDENT LEADER**

### ABOUT THE **AMERICAN PHARMACISTS ASSOCIATION**



American Pharmacists Association

The American Pharmacists Association (APhA, previously known as the American Pharmaceutical Association), founded in 1852, is the first-established professional society of pharmacists in the United States. The association consists of more than 62,000 practicing pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in the profession and is the only organization advancing the entire pharmacy profession.

APhA leads the pharmacy profession by supporting pharmacists, student pharmacists, and pharmacy technicians in their role of optimizing medication use and patient health outcomes and ensuring patients have access to pharmacists’ care. We do this through our strong and effective advocacy, top-notch education, practice tools, and resources, dissemination of evidence, and opportunities for members to engage and learn from each other. APhA is the pharmacy voice at the table in developing national guidelines, policies, and best practices that advance the profession and patient care. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication experts in team-based, patient-centered care.

### **OUR MISSION:**

- Advancing pharmacists’ optimal roles in team-based, patient-centered care.
- Providing opportunities for professional development, recognition, differentiation, and leadership.
- Disseminating timely, relevant information and state-of-the-art tools and resources.
- Raising societal awareness about the essential role of pharmacists in patient care for optimal medication use.
- Creating unique opportunities for members to connect and share with peers across practice settings.



# CORE VALUES

## OATH OF A PHARMACIST

The revised Oath was adopted by the AACP Board of Directors and the APhA Board of Trustees in November 2021. AACP member institutions should plan to use the revised Oath of a Pharmacist during the 2021–2022 academic year and with spring 2022 graduates.

“I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:

- I will consider the welfare of humanity and relief of suffering my primary concerns.
- I will promote inclusion, embrace diversity, and advocate for justice to advance health equity.
- I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for all patients.
- I will respect and protect all personal and health information entrusted to me.
- I will accept the responsibility to improve my professional knowledge, expertise, and self-awareness.
- I will hold myself and my colleagues to the highest principles of our profession’s moral, ethical, and legal conduct.
- I will embrace and advocate changes that improve patient care.
- I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public.”

## COLLABORATION

We strive to produce meaningful products and services in the spirit of trust and partnership throughout the organization. To achieve success, we are flexible, adaptable, open-minded, cooperative, and inclusive.

## ACCOUNTABILITY

We strive to meet the highest standards of ethical behavior. Equity, integrity, transparency, and personal responsibility drive everything we do. We are good stewards of organizational and human resources, and we are champions for our members and colleagues.

## RESPECT

We are committed to seeking to understand others’ perspectives and appreciating our differences; treating others with consideration, thoughtfulness, and empathy; recognizing, acknowledging, and supporting each other; being fair to and supportive of our colleagues; attentively listening; and communicating tactfully and sensitively.

## EXCELLENCE

We strive to deliver high-quality, innovative, and best-in-class products and services that offer high-value to members and stakeholders. We embrace a culture of continuous learning and improvement.



# ACKNOWLEDGMENT

## from Task Force Chair & Vice Chair

It is an understatement to say that we are grateful for the dedication, commitment, and passion of our volunteer task force members in tackling the topic of addressing structural racism in the pharmacy profession. Gratitude and “thank you” are insufficient to express the deep heartfelt appreciation for the inspiring collaboration, dialogue, and hard work that transpired, all while the devastating COVID-19 pandemic raged and the pharmacy profession [answered the call](#) to serve all of society in a resounding fashion.<sup>2-5</sup> This report represents more than 2 years of dedicated service. During this time, task force members hosted town halls and listening sessions and shared resources on addressing structural racism within pharmacy, health care, and their own communities, while facilitating many uncomfortable conversations and working to build positive spaces through connecting our shared humanity.

Perhaps an even better phrase is *labore tuo non latuit*, which translates to “your hard work did not go unnoticed.” This report encapsulates the recognition that this work is ultimately meant to advance all of us in the profession of pharmacy so we can fully address the existential issues of systemic racism and other societal ills in health care today. Racial and health inequities manifested through social determinants of health remain a threat to our patients and the communities we have taken an oath to serve. “Enough is enough!” is our cry, and the work started by the task force is proof of what can happen when individuals, organizations, and activists collaborate to confront structural racism with intentionality and urgency.

We are also grateful to APhA staff, APhA members, and the entire pharmacy community. This work would not have been possible without trust and collaboration from all of you. This report is simply the beginning, and we are excited about the ensuing conversations and progress moving forward.



**CDR Andrew Gentles,  
PharmD, MPH, BCPS**  
*Task Force Chair*



**Melissa J. Durham,  
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*Task Force Vice Chair*

# **APhA TASK FORCE** MEMBERS



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# MESSAGES

## from APhA President & Task Force Chair

In June 2020, the APhA Board of Trustees established the Task Force to Address Structural Racism in Pharmacy to step up our efforts to dismantle racial injustice facing patients, communities, and the profession. The task force charge was to develop short- and long-term strategies to eliminate racism, discrimination, injustice, and the marginalization of individuals within the profession and communities that APhA members serve. Highlighted within this report are the activities as well as input from pharmacist leaders who have committed to advancing ongoing work to address structural racism in pharmacy.

The ill of racism, much like an identified disease in health care, requires a treatment. Racism has proven itself to be a chronic condition that needs to be addressed through multiple interventions. Too many times, a topic will be identified because it is trending but then our attention shifts elsewhere, and we miss the opportunity to truly make an impact and lasting change. We want to approach structural racism from the perspective of sustainable change by recognizing its chronicity, propounding

On June 5, 2020, APhA issued a joint statement in coordination with the National Pharmaceutical Association (NPhA) and other national pharmacy organizations, recognizing the critical issues of 2 national pandemics, COVID-19 and racism and discrimination. This served as an inflection moment for the pharmacy profession. The release of the task force's report on Addressing Structural Racism in the Pharmacy is an opportunity for the pharmacy profession to dig even deeper at continuing the momentum made over the last 2 and a half years toward advancing ant-racism work in pharmacy and health care.<sup>7-10</sup> These moments not only provided an opportunity for uncomfortable conversations around race and racism but also prompted discussion of how we as a pharmacy profession can mitigate social determinants of health and the generational ripples of inequities impacting health care, our patients, and the communities we live in.<sup>11,12</sup>

It is my hope that this report will continue to build agency in recognizing the power of our voices, highlight the need for pharmacy allyship, and amplify organizational accountability and transparency throughout the pharmacy and health care enterprise.<sup>8-13</sup> In 2020, I was the author of the

treatments, and making an impact within the profession of pharmacy and more broadly in society. As we move forward, the APhA Board of Trustees has committed to sustaining the task force's efforts and attention to **diversity, equity, inclusion, and belonging (DEIB)** by creating a permanent committee to continue the work that the task force started.<sup>6</sup> The vision for this committee is to approach the issues of **diversity, equity, inclusion, and belonging** with empathy and urgency so that members and the profession of pharmacy are acutely aware of APhA's unwavering commitment to ensure that all voices are heard, respected, and invited to help transform pharmacy within the profession and communities we serve.

APhA wants to make meaningful progress and is asking for your help and commitment. It is only through your input and engagement that we can evolve APhA to be what we collectively want to be.

— Sandra Leal, PharmD, MPH, CDCES,  
APhA president, 2021–2022

District of Columbia's (DC) [resolution](#) declaring [racism a public health crisis](#) and testified on behalf of this resolution on December 1, 2020. While testifying, there was a robust discussion on the documented disparities in life expectancy and chronic disease burden by residency across different wards and how important these issues were to me as a resident, parent, and health care provider. One of the councilmembers remarked that this was one of the most practical resolutions that they had seen, but who would have thought to declare racism a public health crisis back then? This remark underscores the complexity of structural racism across our lives and the importance of your leadership and perspectives as an individual. The APhA Board of Trustees establishment of a permanent **diversity, equity, inclusion, and belonging (DEIB)** committee and recent call for committee volunteers is therefore an extremely important milestone for this task force and our profession. As its Chair, I hope you will take the time to realize the importance of your voice and find ways to engage in committees like DEIB so we can all work together to effectively advance antiracism work in the profession of pharmacy.

— CDR Andrew Gentles, PharmD, MPH, BCPS,  
APhA Task Force Chair

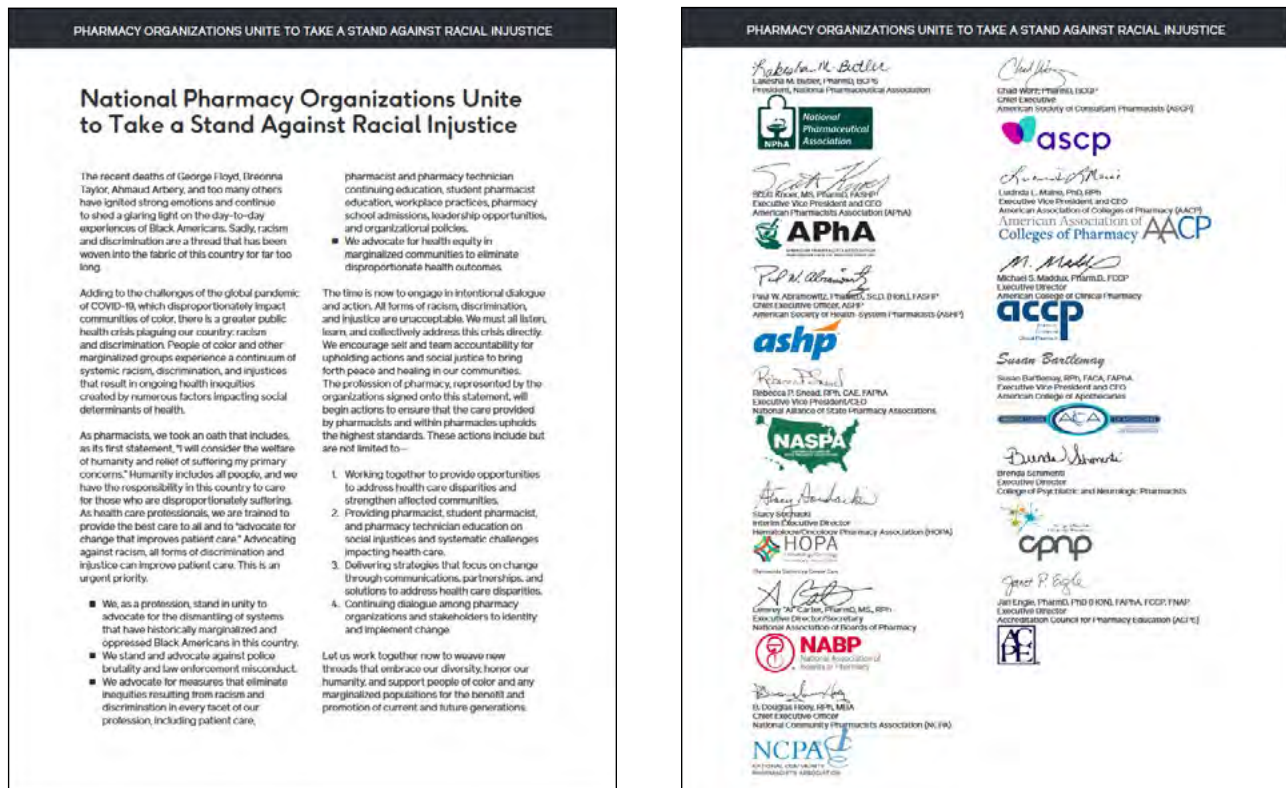
## BACKGROUND

In 2020, like most of the world, our profession recognized that it was well past time to get serious about dismantling the injustices created by racism in our health care system. Our patients, our communities, and the members of our profession deserve the best of care and the best environment. The stories of racial injustices were simply no longer tolerable. The Board of Trustees recognized that it simply was not enough to have another conversation on the subject. Rather, it was time for real, transformative action to address change. While no one association or group can change the entire world, we can change and influence the part of the world in which we operate: the pharmacy profession, pharmacy associations, and the care for patients given by pharmacists and pharmacy teams.

On June 22, 2020, APhA announced a task force and campaign to Address Systemic and Structural Racism in Pharmacy as part of its commitment to fighting racial injustice. The campaign issued a joint statement on June 5, 2020, supported by APhA and 12 other national pharmacy associations (**Figure 1**).

APhA also called upon student pharmacists and pharmacists to support the statement and provide feedback via [taskforce@aphanet.org](mailto:taskforce@aphanet.org). In addition, Michael Hogue, former APhA president (2020–2021) appointed a diverse, influential complement of 15 APhA members, board members, and staff liaisons to the Task Force on Addressing Structural Racism in Pharmacy and selected Andrew Gentles, 2021–2024 APhA Trustee, to serve as Task Force Chair.

**Figure 1. Joint statement: National pharmacy organizations unite to take a stand against racial injustice**



## TASK FORCE CHARGE

The purpose of the task force was to provide input and guidance to the APhA Board and staff regarding Association activities related to addressing systemic and structural racism in pharmacy. The scope of work included contributions to communications and messaging, member forums, publications, education, advocacy, and policy development. The task force was charged with

several activities as part of its appointment:

- Craft short- and long-term strategies to guide APhA in addressing racism, discrimination, injustice, and marginalization of individuals within the profession and communities that APhA members serve.
- Advise on activities/messaging for “Pharmacists Fighting Racism Day” on June 26.

- Plan and conduct at least 2 town hall meetings to provide APhA members the opportunity to dialogue on issues and steps that APhA, the profession, and individuals and entities within the profession can take to address systemic and structural racism within pharmacy.
  - Gather and review comments made during the town hall meetings and formulate recommendations to the APhA staff and Board.
- Plan and guide staff in activities during American Pharmacists Month to increase awareness and understanding of and engagement in addressing racism, discrimination, and social determinants of health.
- Guide APhA in planning activities related to pharmacists fighting racism, discrimination and addressing social determinants of health, particularly during recognition months, such as Black History Month.

## PROBLEM STATEMENT

Structural racism continues to negatively impact Black, Indigenous, and People of Color (BIPOC) patients as well as pharmacy professionals who identify as BIPOC due to obstacles blocking the basic human right to survival, security, development, and social participation. It is not possible to achieve equitable outcomes for all patients, especially BIPOC patients and professionals, without first addressing structural racism within the profession. The recognition of this important issue led to the revision of the Oath of the Pharmacist through the collaborative effort of APhA and the American Association of Colleges of Pharmacy (AACP). This revision clearly articulates our commitment to diversity, equity, inclusion, and antiracism and APhA Core Values. The revised Oath was distributed by AACP to all schools and colleges of pharmacy in the United States after its adoption at the end of 2021.

## TASK FORCE APPROACH

Despite the challenges of the COVID-19 pandemic and establishment of the new norm of virtual meetings, there was intentionality around the need to dive into rich dialogue about racism, its impact in pharmacy, health care, and our responsibilities as health care providers. Upon its [appointment](#) by APhA President Michael Hogue in June 2020, the task force held multiple virtual meetings for team building, strategy, annual meeting preparation, and community and professional outreach to enrich and inform our antiracism work.

As part of our initial introduction into the work ahead, we discussed our individual and collective “why” and completed implicit bias training. We also completed a survey and discussed the results on the following themes:

1. Difference between systemic racism, structural racism, and institutional racism
2. Description of the problem the task force should address in the profession of pharmacy
3. Definition of success for the task force
4. Opportunities and challenges that could affect the success of the task force
5. Items requiring immediate attention from the task force based on member suggestions from [taskforce@aphanet.org](mailto:taskforce@aphanet.org)
6. Priorities and timelines of proposed activities within the task force’s charge
7. Ideas to address the proposed activities
8. Resources needed to support proposed activities

Members of the task force committed considerable time in challenging our own assumptions, expanding our perspectives through ongoing deliberate and intentional dialogue, and sharing lived and observed experiences. We also conducted our own personal work on self-awareness, education, and building habits of lifelong learning, resilience, empathy, and support. Based on this approach, the task force subsequently developed a vision statement for APhA and successfully developed a framework model with initial dynamic recommendations for the Association to consider.

## VISION STATEMENT FOR APhA

APhA has an unwavering commitment to building equity into the fabric of the organization and the profession of pharmacy. We commit to holding ourselves accountable by continuous assessment of our delivery on that commitment.

## SCOPE OF WORK

The task force recognized the wide scope of its work and began to consider how best to address pharmacy’s role in racism through the lens of social determinants of health and health inequities. From an antiracism perspective, the task force determined that an organization must examine 1) **Internal Culture**, 2) **Policies**, and 3) **Organizational Practices** to identify and address racial biases and inequities before it can focus its efforts externally.

# Circles of Concern and Spheres of Influence<sup>14</sup>

Through extensive dialogue, the task force identified key themes in alignment with the Association’s role as a leading voice in the profession of pharmacy and pinpointed areas where the Association can exert influence to address structural racism in pharmacy. Given the magnitude of this work and recognition that we do not have the ability to solve all the issues, we asked ourselves, “What can we influence and change and how do we conceptually describe an antiracism approach that will ensure eq-

uity remains in the conversation?” The task force’s emphasis on identifying spheres of influence subsequently led to the development of the framework model shown below, with 3 overarching circles of concern (**Figure 2**).<sup>14</sup> The circles of concern are areas in which we believe we can make positive impact. However, APhA can influence only certain aspects within each circle of concern (APhA organization, within the profession, within health care). For example, we cannot influence all that happens in health care. Therefore, each overarching circle of concern encompasses respective spheres of influence **within APhA, within the profession, and within health care** that APhA can positively impact.

Figure 2. Framework model of circles of concern and spheres of influence



## Circle of Concern: Within APhA

Using this framework model (Figure 2), the task force determined it was important to look at the spheres of influence within APhA, as these provide an opportunity to impact the Association’s strategic direction and goals. The task force recommended APhA critically examine the strategic planning process, identify and address areas of inequity using a lens of equity, develop opportunities to discuss and reflect on equity considerations as the organization makes decisions, and focus on deliberate inclusivity. In addition, the organization should implement association-wide strategies that ensure that existing inequities are dismantled and replaced by equitable systems, processes, and structures.

### INITIAL RECOMMENDATIONS BASED ON THE CIRCLE OF CONCERN WITHIN APhA

The task force developed and submitted an initial, dynamic subset of recommendations focused on Organizational **Culture, Governance, and Education** to APhA Board of Trustees for consideration in September 2020.

#### Organizational Culture

- Engage in strategic planning through the lens of equity.
- Require an annual self-assessment and implicit bias training program for APhA staff, Board of Trustees, and volunteer leaders on issues related to racism in pharmacy.
- Review hiring and retention (including promotions) practices to reflect diversity among APhA leadership.
- Host town halls at every APhA annual meeting to deepen the dialogue on pharmacists’ role in dismantling structural racism.
- Develop a systematic process to investigate member concerns that conflict with APhA Core Values.

#### Governance

- Annually identify a pool of mentors and sponsors to encourage a more diverse group of nominees to apply for APhA elected positions.

- Review the nomination and appointment process through the lens of equity and revise procedures to increase diverse representation and transparency.
- Review existing and future operational processes/procedures through the lens of equity.

### Education

- Expand the diversity of authors, speakers, panelists, and reviewers on continuing pharmacy education (CPE) activities, including but not limited to, intersectional identify perspectives

(including race, class, language, culture, ethnicity, gender, age, ability, sexuality, and education, among others).

- Develop and administer a panel pledge to increase the diversity of CPE content contributors.

Taken from the framework model (**Figure 2**), the recommendations discussed above support a strategic and rigorous approach that encourages organizational transparency, membership engagement, and benchmarks that can be reviewed for process improvements.

## NAVIGATING BRAVE CONVERSATIONS: Virtual Town Halls

In December 2020 and March 2021, the task force hosted 2 interactive virtual town halls to create brave spaces for the pharmacy community (i.e., APhA members and non-APhA members) to share observations, experiences, and feedback.

Virtual Town Hall #1



Topic:	Conversations about racism in pharmacy: Starting with me
Summary:	Approximately 71 attendees participated in an inaugural virtual and interactive session that engaged a panel of pharmacist leaders with diverse backgrounds and perspectives to introduce key terms related to racism and provide an opportunity for the pharmacy community to share lived personal and professional experiences. Members generated ideas on how to tackle challenges in our profession and described resources to assist in the journeys.
Town hall prompt question #1	For many who have the privilege not to experience or even witness racism much in their lives, it can be challenging to see how structural racism is manifested. What are some ways in which you've seen structural racism impact the communities you are in?
Town hall prompt question #2	"I am a PGY-1 resident, and I am passionate about health care equity and social determinants of health, particularly regarding racial gaps/institutional racism. As a new pharmacist, I really want to get involved in helping tackle this, but I am not sure where to start. I've done all my individual research and know many of the issues that we face as a society and in the health care field, but I don't know what I can specifically do as a pharmacist. My question is this: Throughout your work on the task force so far, what areas have you identified that we as a pharmacy community need to focus on when it comes to dismantling systemic racism in health care? And a follow up: How do you envision APhA members (especially new practitioners) becoming actively involved in this?"
Town hall prompt question #3	"How do you respond appropriately or politely to patients who exhibit microaggressions or more overt displays of racism toward you? How is this different from responding to a colleague or coworker?"
Town hall prompt question #4	"How can we better educate our students and future leaders of this profession on systemic racism and implicit bias in health care?"
Recording:	Click here to view <a href="#">[Recording]</a>



<b>Topic:</b>	Sustaining momentum: Addressing structural racism in pharmacy and our community today and tomorrow
<b>Summary:</b>	In a first-of-its-kind session during the APhA Annual Meeting & Exposition, approximately 141 attendees participated in a spirited discussion about how racism shows up within our profession and is experienced by our colleagues and our patients. Members were deeply engaged in this discussion that touched on issues regarding student and practitioner experience, power, and privilege, and how we can engage collectively to work toward an equitable future in a sustainable and accountable way
<b>Town hall prompt question #1</b>	What are some ways you've seen structural racism manifested in your professional environment?
<b>Town hall prompt question #2</b>	Looking toward the future, what are some ways in which we can address structural racism in our professional environment?
<b>Town hall prompt question #3</b>	How can we better educate our trainees and future leaders of this profession on systemic racism and implicit bias in health care?
<b>Town hall prompt question #4</b>	Another theme we've received several comments on and questions about over the past 9 months is what efforts outside the pharmacy community we can learn from as we address structural racism in implicit bias.
<b>Recording:</b>	Click here to view <a href="#">[Recording]</a>

## NAVIGATING BRAVE CONVERSATIONS: House of Delegates

The task force proposed a new business item on **Anti-Racism in Pharmacy** during the APhA House of Delegates, and the new business item was successfully [adopted during the virtual session of the House on March 15, 2021.](#)

### *Anti-Racism in Pharmacy*

1. APhA denounces all forms of racism.
2. APhA affirms that racism is a social determinant of health that contributes to persistent health inequities.
3. APhA urges the entire pharmacy community to actively work to dismantle racism.
4. APhA urges the integration of anti-racism education within pharmacy curricula, post-graduate training, and continuing education requirements.
5. APhA urges pharmacy leaders, decision-makers, and employers to create sustainable opportunities, incentives, and initiatives in education, research, and practice to address racism.
6. APhA urges pharmacy leaders, decision-makers, and employers to routinely and systematically evaluate organizational policies and programs for their impact on racial inequities.

The task force suggested ways APhA can implement this new policy. Ideas were shared with the APhA Academies' Joint Policy Standing Committee and then subsequently with the Board of Trustees for review and consideration through the Strategic Directions Committee process.

- Communicate new policy with external stakeholders such as the Joint Commission of Pharmacy Practitioner (JCPP) member organizations as well as the NPhA, the National Hispanic Pharmacists Association, and Federal Pharmacy Chiefs for further discussion and next steps.
- Send new policy to the APhA Foundation and APhA's Special Interest Groups and Academies to explore funding opportunities, stimulate research, and develop patient care projects alone or in collaboration on the role of pharmacists, student pharmacists, and researchers in addressing the intersection of racism, social determinants of health, and health inequities.
- Share new policy with internal departments.
  - Marketing and communications to develop an antiracism resource page.
  - Meetings and education to integrate annual town halls, discussion sessions, and education sessions into APhA Annual Meeting & Exposition programming related to antiracism.
  - Education to develop antiracism education and training (i.e., discrimination, health injustice, marginalization of individuals, social determinants of health, health disparities) for live and enduring CPE.

- Governance, marketing/communications, practice, government affairs (GAC/PAC), education and publications, membership, human resources, and legal departments to develop an equity framework using recognized tools indexes (e.g., [GARE](#), [ASAE](#)) and guides (e.g., [SHRM Together-ForwardatWork](#)) to evaluate policies, programs, and best practices and to submit recommendations to the APhA Board of Trustees for consideration.

## NAVIGATING BRAVE CONVERSATIONS: Association Operations

The task force engaged in meetings with various association staff to discuss opportunities to expand activities through the lens of inclusion and equity.

- Government Affairs: Reviewed process for political action committee contributions.
- Marketing and Communications: Provided recommendations on BIPOC contributors for publications.
- Human Resources: Identified internal diversity, equity, and inclusion (DEI) efforts for staff surveys, interviews, and a standing DEI committee staff to discuss opportunities to expand activities through the lens of inclusion and equity.
- Education and Training: Provided recommendations on BIPOC speakers and topics of interest for continuing education sessions, including at the APhA Annual Meeting & Exposition.

Using the framework model to advance antiracism work in pharmacy and health care

## Circle of Concern: Within the Profession

### FOCUS ON ELECTRONIC AND PRINT MEDIA

Scott Knoer, APhA's former executive vice president and CEO acknowledged that confronting racial injustice is a



- [Conversations about structural racism are uncomfortable. That's the point.](#)
- [How pharmacy can start to solve the inequity puzzle.](#)

Members of the task force and pharmacist leaders contributed commentary, letters, and research to the *Journal of the American Pharmacists Association (JAPhA)*.

- Bakken BK, Gaither CA, Doucette WR, et al. [An intersectional review of discrimination and harassment experiences in pharmacy: Findings from the 2019 National Pharmacist Workforce](#)



shared responsibility and recognizes APhA's role in dismantling racism during an interview for [Chain Drug Review's Pharmacy Outlook](#).

Sandra Leal, former APhA president (2021–2022), [blogged](#) our support for the Asian American and Pacific Islander community and highlighted our efforts to address racism and bias.

Members of the task force and association leaders were interviewed by APhA's editorial staff and contributed quotes to a series of stories in *Pharmacy Today*.

[Survey](#). *JAPhA*. 2021;61(5):522–532. doi.org/10.1016/j.japh.2021.04.002

- Erickson K, Lefler M, Robinson JD. [A call to action: Now is the time to address systemic racism](#). *JAPhA*. 2021;61(4):e212–e213. doi.org/10.1016/j.japh.2021.03.002
- Arya V, Butler L, Leal S, et al. [Systemic racism: Pharmacists' role and responsibility](#). *JAPhA*. 2020;84(11):8418. doi: 10.5688/ajpe8418.

## FOCUS ON EDUCATION AND TRAINING

More than a dozen CPE offerings were developed by APhA in collaboration with pharmacy leaders and members exploring topics such as bias, cultural competency, culture diversity, equity, health disparities, public health, social justice, and systemic racism. The following titles and descriptions are not an exhaustive list.

### PharmacyToday

#### [Moving toward health equity: A journey](#)



**Description:** This article discusses how pharmacists can better understand their communities' social determinants of health, with examples of workplace equity from a new practitioner and student perspective.

### APhA Learning Library Home

#### **Diversity that matters, part II: Taking the first step toward diversity, equity, and inclusion**

Pharmacists are encouraged to enroll in this course to learn more about the definitions involved with DEI, how these terms are interconnected, and identify strategies to avoid bias and discrimination. This webinar is part II in a webinar series on DEI.

#### **APhA quick quiz: Diversity, equity, and inclusion**

Take this quick quiz to learn about the terms related to DEI, the effects of unconscious bias and discrimination on marginalized groups, and strategies to mitigate unconscious bias.

#### **The role of health equity in vaccine hesitancy: Challenges and opportunities**

This online learning course explores examples of vaccine hesitancy among different populations, discusses solutions to address vaccine hesitancy across various cultural groups, and identifies strategies for the equitable delivery of COVID-19 vaccinations.

#### **Advancing racial justice in patient care encounters—yes we can!**

Systemic racism is linked to a wide range of poorer health outcomes among marginalized communities in the United States. Addressing racial injustice as a strategy to improve health outcomes has been described as an “urgent public health emergency.”

#### **Deconstructing systemic racism: Addressing social determinants of health in pharmacy**

Pharmacists and technicians are encouraged to participate in this eLearning activity to learn about systemic racism that exists in health care. By understanding social determinants of health (SDOH) and acknowledging racial disparities, you can play a vital role in addressing and combating systemic racism.

#### **APhA quick quiz: Systemic racism**

Take this quiz to learn what systemic racism is, policies to address it in your pharmacy, and how you can better serve patients by understanding racial disparities.

AMPLIFYING ANTIRACISM WORK (NATIONALLY AND INTERNATIONALLY)

The task force accepted numerous invitations to participate in local, national, and international panels and to inform approaches to addressing systemic racism in pharmacy and in public health spheres.

Virtual Meeting  
Hosted by the Canadian Pharmacists' Association  
Thursday, October 8, 2020,  
Noon to 1:30 pm EDT




Topic:	Discrimination and racism in the pharmacy profession, part 1: Experience from the front line
Summary:	<b>Task force member Adrienne Simmons participated as a guest panelist along with the following:</b> Shelley Morgan, PharmD, RPh, BSc CEO, Rx Billing Genie staff pharmacist, PharmaChoice Palermo Pharmacy Jason Chan Remillard, BSc Zoology, BSc pharmacy owner/operator, Pharmasave on Northmount Perveen Gulati, BSc (Biol), BSc (Pharm), RPh community pharmacist, Shoppers Drug Mart Kierra FineDay, BSP community pharmacist, Shoppers Drug Mart
Recording:	Click here to view <a href="#">[Recordings]</a>

Virtual Meeting  
Hosted by the Canadian Pharmacists' Association  
Thursday, Nov. 12, 2020,  
2:00 PM to 3:30 pm EDT



Topic:	Discrimination and racism in the pharmacy profession, part 2: Reflections from the pharmacy sector
Summary:	<b>Task force member Sandra Leal participated as a guest panelist along with the following:</b> Shelita Dattani, PharmD, Adjunct Professor, University of Ottawa Jaris Swidrovich, PharmD, Professor, University of Toronto Justin Bates, CEO, Ontario Pharmacists Association Veronica Sison, PharmD, Rexall Pharmacy Group Zubin Austin, Professor, University of Toronto Ashesh Desai, B.Sc (Pharmacy), Head of Group Benefits, Manulife Canada

<p><b>National Pharmaceutical Association (NPhA)/Student National Pharmaceutical Association (SNPhA) 2020 convention virtual town hall</b></p>	<p><b><i>Addressing racial inequities in the profession of pharmacy: A call to action</i></b></p> <ul style="list-style-type: none"> <li>• Sandra Leal, special guest panelist (APhA representative)</li> <li>• Saturday, November 7, 2020, 7:00 pm to 9:00 pm EST</li> </ul>
<p><b>University of Southern California</b></p> <p><b><i>Beyond cultural competence: exploring health justice in pharmacy</i></b></p> <ul style="list-style-type: none"> <li>• Melissa Durham, speaker [<a href="#">Recording</a>]</li> <li>• Tuesday, November 17, 2020</li> </ul>	
<p><b>US Public Health Service Commissioned Corps Pharmacist Professional Affairs Committee (PharmPAC)</b></p>	<p><b><i>General Monthly Pharmacy Meeting</i></b></p> <ul style="list-style-type: none"> <li>• Andrew Gentles and Vibhuti Arya: Presented on task force overview and new business item on structural racism</li> <li>• Thursday, March 4, 2021</li> </ul>
<p><b>Joint Commission of Pharmacy Practitioners (JCCP)</b></p>	<p><b><i>Meeting on diversity, equity, and inclusion (DEI)</i></b></p> <ul style="list-style-type: none"> <li>• Sandra Leal and Scott Knoer (former APhA executive VP and CEO), participants</li> <li>• Anne Lin (AACP), participant</li> <li>• Mitch Rothholz (JCCP staff) and Brian Lawson, planning committee</li> <li>• Wednesday, May 5, 2021</li> </ul>

## REPRESENTATION AT APHA NATIONAL TOWN HALL AND 2022 ANNUAL MEETING

### APhA National Town Hall

**Topic:** *Building vaccine confidence*

- Alex Varkey, panelist
- Alexa Sevin Valentino, panelist
- Meryam Gharbi, panelist
- Leonard Edloe, panelist

Tuesday, May 25, 2021



### APhA 2022 Annual Meeting

**Topic:** *Women in pharmacy leadership development forum*

- Elizabeth Johnson, moderator
- Melissa Durham, panelist
- Chiamaka Adadey, panelist
- Nancy Alvarez, panelist



## RECOMMENDATIONS TO MAINTAIN MOMENTUM IN ADDRESSING STRUCTURAL RACISM IN PHARMACY

Task force Recommendations	Description	Status (ongoing, complete, transitioned to DEIB committee)	Date completed
<b>Recommendation #1</b>	Plan/guide staff in American Pharmacists Month activities to increase awareness and understanding of and engagement in addressing racism, discrimination, and social determinants of health.	Ongoing	<a href="#">Click or tap to enter a date.</a>
<b>Recommendation #2</b>	Plan/guide staff during recognition months related to pharmacists fighting racism, discrimination, and addressing social determinants of health.	Ongoing	<a href="#">Click or tap to enter a date.</a>
<b>Recommendation #3</b>	Further develop <b>spheres of influence within APhA (Figure 2)</b> in the following areas: a) Communications/messaging b) Advocacy c) State activities d) Strategic programs e) Foundation	Ongoing	<a href="#">Click or tap to enter a date.</a>
<b>Recommendation #4</b>	Further develop <b>spheres of influence within the profession (Figure 2)</b> in the following areas: a) Pharmacy degree programs b) Pharmacy residency programs c) Workforce development d) Practice e) Research	Ongoing	<a href="#">Click or tap to enter a date.</a>
<b>Recommendation #5</b>	Identify other profession-wide activities that are aligned with <b>spheres of influence within the profession (Figure 2)</b> a) Revisions to Oath of a Pharmacist	Completed	November 1, 2021
<b>Additional details:</b>	The Oath of a Pharmacist was revised in 2021 through the collaborative effort of APhA and AACCP and reflects the organizations' commitment to diversity, equity, inclusion, and antiracism (DEIA).		
<b>Recommendation #6</b>	Host town halls, including during APhA annual meetings, on an ongoing basis to continue dialogue, idea generation, and listening sessions	Ongoing	
<b>Recommendation #7</b>	Submit new business item(s) to APhA House of Delegates on the following items: <b>Diversity, equity, and inclusion (DEI)</b>	Completed	August 31, 2021

<p><b>Additional details:</b></p>	<p><b>New business item adopted in APhA House of Delegates (2021)</b></p> <p><b>2021 Diversity, equity, inclusion, and belonging</b></p> <ol style="list-style-type: none"> <li>1. APhA denounces all forms of racism.</li> <li>2. APhA affirms that racism is a social determinant of health that contributes to persistent health inequities.</li> <li>3. APhA urges the entire pharmacy community to actively work to dismantle racism.</li> <li>4. APhA urges the integration of anti-racism education within pharmacy curricula, post-graduate training, and continuing education requirements.</li> <li>5. APhA urges pharmacy leaders, decision-makers, and employers to create sustainable opportunities, incentives, and initiatives in education, research, and practice to address racism.</li> <li>6. APhA urges pharmacy leaders, decision-makers, and employers to routinely and systematically evaluate organizational policies and programs for their impact on racial inequities.</li> </ol> <p><i>(JAPhA. 61(4):e15; July/August 2021)</i></p> <p><b>Other related policy</b></p> <p><b>2021 Social determinants of health</b></p> <ol style="list-style-type: none"> <li>1. APhA supports the integration of social determinants of health screening as a vital component of pharmacy services.</li> <li>2. APhA urges the integration of social determinants of health education within pharmacy curricula, post-graduate training, and continuing education requirements.</li> <li>3. APhA supports incentivizing community engaged research, driven by meaningful partnerships and shared decision-making with community members.</li> <li>4. APhA urges pharmacists to create opportunities for community engagement to best meet the needs of the patients they serve.</li> <li>5. APhA encourages the integration of community health workers in pharmacy practice to provide culturally sensitive care, address health disparities, and promote health equity.</li> </ol> <p><i>(JAPhA. 61(4):e16; July/August 2021)</i></p>		
	<p>Submit new business item(s) to APhA House of Delegates on the following items:</p> <p><b>Develop and draft new business item as it relates to cultural humility</b></p>	<p>Ongoing</p>	
<p><b>Recommendation #8</b></p>	<p>Establish a permanent committee to address DEI and antiracism</p>	<p>Will be transitioned to new DEIB Committee in 2023</p>	<p><a href="#">Click or tap to enter a date.</a></p>



**Additional details:**

**Background:** Task force members submitted their recommendation to APhA's Board of Trustees in November 2021 to establish the first Diversity, Equity, Inclusion and Belonging Committee within APhA.

**Vision:** To approach the issues of diversity, antiracism, equity, and inclusion with empathy and urgency so that members and those across the pharmacy profession are acutely aware of APhA's unwavering commitment to ensure that all voices are heard, respected, and invited to help transform pharmacy within the profession and communities we serve.

**Mission:**

- Collaborate on priorities and provide guidance to the APhA Board and staff on strategies to address systemic racism, discrimination, injustice, and marginalization of individuals within the profession and communities that APhA members serve.
- Provide guidance to the APhA Board and staff on strategies to help increase membership engagement as it relates to DEIB initiatives.
- Through listening sessions, provision of tools and resources (educational and mental health), and dissemination of data-informed findings, empower and support members throughout the lifecycle of the pharmacy profession to address DEIB issues.
- Provide and receive ongoing guidance and feedback to and from the APhA Board and staff to support their commitment to instilling diversity, equity, inclusion, and belonging into the fabric of the organization and the pharmacy profession.
- Collaborate and provide guidance to the APhA Board and staff so that there is proactive recognition and celebration of members' diversity, distinct experiences, and the various community groups they serve as health care providers.
- Provide and present an annual update to the APhA Board of Trustees on activities of the association and environmental scans.

**Outcome:** The recommendations were accepted by the APhA Board of Trustees, and a unanimous vote took place in November 2021 to establish the first DEIB Committee within APhA.

**Action taken:** Secondary to these recommendations from the task force, APhA and the Board of Trustees launched the call for APhA volunteers to serve on this permanent Diversity, Equity, Inclusion and Belonging Committee of APhA on February 13, 2023. Information on the committee can be found using the following link: [pharmacist.com/deib](https://pharmacist.com/deib).

# CONCLUSION

**While acknowledging** the scope and magnitude in addressing structural racism in pharmacy, the Task Force strongly agreed that profession-wide collaboration is crucial more than ever to sustaining national momentum, transparency, and accountability. APhA's collaboration with the National Pharmaceutical Association (NPhA) and 14 other national pharmacy organizations to create a joint statement in 2020 against racial injustice underscored the value of profession-wide collaboration at a pivotal time. Establishment of APhA's Task Force on Addressing Structural Racism in Pharmacy further amplified Diversity, Equity, and Inclusion initiatives within the Joint Commission of Pharmacy Practitioners (JCCP), while revision of the [Oath of a Pharmacist](#) in 2021 through the collaborative efforts of APhA and AACP helped advance organizational commitments to diversity, equity, inclusion, and anti-racism (DEIA) efforts.

In this report, the task force emphasized the importance of examining **internal culture, policies, and organizational practices**, serving as an example for other local, state, and national organizations to consider if they have not already begun such work. Input from the diverse group of task force members and from membership engagement activities was instrumental in helping to 1) develop the framework model for the APhA's sphere of influence and circles of concern, 2) draft initial recommendations for APhA based on the framework model design, 3) navigate brave conversations across town halls and advance policy statements in APhA's House of Delegates, and 4) develop ongoing recommendations for consideration across the pharmacy enterprise.

This report also highlighted activities by task force members who participated in many local, national, and international panels and informed approaches to addressing systemic racism in pharmacy and public health spheres.

Within the task force's eight recommendations outlined in this report, **Recommendation #1** is focused on organizational activities meant to increase engagement in addressing racism, discrimination, and social determinants of health, while **Recommendations #2 to #4** highlight opportunities for APhA to further develop spheres of influence internally and within the profession in areas such as pharmacy degree programs, pharmacy

residency programs, workforce development, practice, and research. Within the area of pharmacy practice, the task force acknowledged ongoing work to address social determinants of health, such as McKesson's Project Oasis, which was launched in 2022 to address pharmacy deserts by helping open pharmacies in areas that no longer have a pharmacy and improve access to care for underserved communities and at-risk populations.

**Recommendation #5** on spheres of influence within the profession (revisions to the Oath of a Pharmacist were finalized in 2021) and **Recommendation #7** NBI on diversity, equity, and inclusion (DEI) were passed in APhA's House of Delegates, along with related policies on social determinants of health in 2021. As such, these recommendations were categorized as completed for the purposes of this report.

Of equal importance were the brave conversations in virtual townhalls and listening sessions where the Task Force recognized an opportunity to transform how we communicate and address the impact of racism in our lives and the profession of pharmacy. As such, **Recommendation #6**, emphasized the importance of hosting town halls, including during APhA Annual Meetings on an ongoing basis to continue further dialogue, idea generation, and listening sessions.

The task force's **Recommendation #8** to establish a permanent committee and unanimous acceptance by APhA's Board of Trustees in November 2021 to establish a diversity, equity, inclusion, and belonging (DEIB) committee now provide the APhA board and staff with opportunities to receive ongoing guidance and feedback that will support their commitment to instilling DEIB throughout the fabric of the organization and the pharmacy profession.

Finally, the task force engaged and welcomed student pharmacists across the country to share their perspectives and observations from town hall #1 and town hall #2. The task force felt their feedback was invaluable (see pp.35–50) and is an opportunity to consider the input and recommendations from these future pharmacy leaders as we all work together to advance antiracism work in the profession of pharmacy.

## **STUDENT INPUT** on virtual town halls hosted by APhA Task Force on Addressing Structural Racism in the Profession of Pharmacy

**Olunife Akinmolayan, PharmD candidate 2023**

**The University of Findlay**

**If the conversation is being had,** there is progress being made. The virtual town halls were an example of progress. The discussion points invoked open dialogue, which is needed when discussing racism. Having an open dialogue is one of the many key take-aways after watching the town halls. It was very important and beneficial for task force members to define what structural racism is. Breaking this down further into structure and racism invited more people to share their personal stories of experiencing structural racism.

Task force members articulated personal events from their careers that often helped to highlight themes and issues that stood out to me. The discussion touched on providing resources that can be sufficient enough to provide quality care to multiple populations from different backgrounds. Resources are often a point of discussion when addressing structural racism. It is important to know that resources can come in many different forms. At one point during the town hall, intentionality was discussed. It should be one of the pillars by which we strive to dismantle structural racism. Members of the task force agreed that dismantling racism will also require active effort, which is not easy but is necessary. We must continue to remain active, and this looks different for everyone. APhA's "Conversations about racism in pharmacy: Starting with me" consisted of pharmacists with varying years of experience and students who all have a vested interest in addressing the structural racism they see within their lives and communities. Task force members and community members alike expressed how inequity is derived from racism. There needs to be accountability for those who exhibit microaggressions. As an African American male who has worked in retail for 4 years, I have seen microaggressions that have gone undisputed. Often these issues are not addressed due to fear of losing security—security in one's job, relationships, and workplace. The task force should continue to find creative ways to support members and convey the

message of accountability within pharmacies and our communities. A task force member expressed that we should begin to name behaviors and let people know why they make one uncomfortable. In doing this, we dismantle structural racism brick by brick by no longer allowing these things to stand.

In order to address structural racism, we need to track the progress. The task force has now had two meetings filled with riveting discussions that allowed passions to shine through, and this should not stop. Task force members touched on establishing and tracking metrics to see the progress that is being made. When people can see the progress, it gives them more urge to join the cause. Utilizing metrics also helps us to become more proactive. In the town hall, a task force member mentioned how metrics can be used to identify community needs. Looking at how often a pharmacy goes out of stock in a rural area can go a long way to ensuring that patients have access to medication when they need it without delay. By gathering and analyzing metrics, we can better address the current structures shaped by racism. In "Sustaining momentum: Addressing structural racism in pharmacy and our community today and tomorrow," the importance of addressing history was discussed. There is much to learn from history, but we have not spent enough time understanding its implications. Even though the history is uncomfortable to talk about and paints individuals in a bad light, we must shine light on our history in order to ensure the future is brighter for everyone. These issues should not be limited to our country alone but should be considered in the context of other countries as well. In doing this, we can identify solutions that can help us in our local communities. This is the reason I decided to apply for the International Standing Committee for APhA-ASP. It is my hope that I can continue to learn about other cultures to better serve a diverse patient population. Understanding different cultures and tones can help to reduce potential barriers of communication. Without

effective communication and courage, we cannot expect policies to change, we cannot expect patients to trust the science, and we cannot expect the same problems that our ancestors faced to be solved for those living today.

The 8 steps for addressing racism, as outlined by a task force member, should be among the approaches to tackling racism in any setting. Much like the APhA town halls, conversations need to be open and honest. If we can take the time to listen to one another, do our own research, and understand that being uncomfortable is part of the journey, we can address racism not only in the pharmacy sphere but in health care more generally. It will also be important for those with privilege to speak

up and commit to action. This will be vital to handling the issues as things evolve over time. It is my hope that we will continue to increase awareness of this topic not only among our patients but also among our fellow health care professionals as well.



**Olunife Akinmolayan**  
**APhA–ASP National Member-at-Large**

**STUDENT INPUT** from **Stefanie Nguyen, PharmD\***  
**Roseman University of Health Sciences**  
**College of Pharmacy, South Jordan Campus**

	Town Hall #1: Starting with me: Set the stage and empower the individual	Town hall #2: Sustaining momentum: Addressing structural racism in pharmacy and our community today and tomorrow
Personal thoughts	This town hall invited pharmacy professionals to respectfully engage in a call to action with earnest and open conversation on issues of structural racism that negatively and disproportionately impact marginalized patients of color.	This town hall elucidated how jarringly diverse perspectives can be in ways that are not conducive toward respectful conversation. The task force does, however, share a lot of experiences, concepts, and guidance that facilitate positive progress. Having diverse representation often involves opinions that may not align but, despite conflict, these uncomfortable discussions can be pivotal toward driving necessary change.

## Personal perspectives

- There is a refreshing diversity of individuals represented in the task force, which demonstrates solidarity with all oppressed groups and communities of color. Is there also space for solidarity with LGBTQ+ groups in the conversation?
- This was a great introduction to setting the stage and developing a healthy foundation for future discussions.
- I cannot agree enough with the need to actively listen to and empower the voices of those whose experiences have been quieted and dismissed.
- Inequity of care, structural racism, and race are such important conversations to be had in relation to patient care and safety. It is our responsibility as current and future health care providers to prioritize change, so it is meaningful to a student pharmacist such as myself that APhA is making intentional space for these discussions to ensue.
- Such important issues were brought to attention in this town hall! I deeply appreciated the narratives, perspectives, and expertise on issues of mental health, vaccine hesitancy, Asian American violence, and America's vast history of racist policies apparent in how communities have been built over time and in voter laws.
- Despite being instructed to be mindful of the space taken in the room, I was disconcerted with how some individuals defensively occupied space over voices of others.
- While understanding diversity of thought and the need to respect open conversation for all, I was uncomfortable with some opinions raised. One was supporting a notion that conversations of racism are racist too, which did not make any sense to me at all. Conversations of racism need to be explicitly had so that organizations such as APhA can develop antiracist platforms that are action-oriented and progress-driven. Surface-level conversations about courage do little to address the root causes of structural racism.
- I agreed that elevating one voice does not mean that we are diminishing another, so I felt that commentary regarding the over-focus on racism against Black communities was inappropriate.
- Inevitably, political preferences were raised and ended up being incendiary. I was uncomfortable with the emotional commentary of how political party does not matter because I felt that it simultaneously invalidated and spoke over many voices, while making the conversation self-centered.

## Themes

Urgency, respect, self-reflection, learning, uplifting lived experiences, accountability, action

- Time is of the essence—the time is now.
- Mutual respect and active listening create a safe space for others to share their lived experiences.
- Recognition of structural racism and self-commitment to be present comprise the first step of the journey.
- Racist policies and procedures are extensive, deeply embedded, and often invisible across all sectors of society—but need to be actively dismantled.
- Patients are not a monolith.
- Knowing when to step up and step back as a person of privilege is a skill that needs to be practiced.

Accountability, action, structural racism, growth, self-betterment

- Connection between mental health and racism.
- The complexities of vaccine hesitancy and the need to have conversations delving into barriers to access with vaccine rollout.
- Violence against Asian Americans in the wake of COVID-19.
- COVID-19 creating the perfect storm for issues of race and vaccine issues to show an ugly truth.
- Digital divide and disparities during COVID-19.
- How segregation, redlining, transportation, and other structural and policy components from decades ago have perpetuated systemic racism.
- The role of restrictive voter laws in the context of policies and racism.
- It makes economic sense in the context of value-based pharmacy to address the need for culturally competent care.
- APhA's commitment toward betterment with acknowledgment of past mistakes.

## Issues

- There is an urgency to address systemic racism in the context of health outcomes of our patients.
- Patients and students need providers and advisors who look like them.
- Everybody is coming from a different starting point, and structural racism is difficult to visualize for many who are privileged enough to disengage. It is important to understand that the conversation may be uncomfortable or sensitive and that this alone may serve as a barrier for many.
- There is a propensity to react to problems that already exist, instead of being proactive in reforming policy to prevent these problems from occurring.
- Racial microaggressions need to be addressed.
- Pharmacists need to be held accountable when they deliver poorer care to minority patients that are inconvenient for them to serve.
- Pharmacists need to recognize that barriers to care transcend simple, easily solvable issues. Issues such as structural development policies need to be understood.
- Accountability: How past APhA actions have been antithetical to today's conversations.
- The complexities of these issues need to be understood, as people often have the propensity to think in binary terms.
- Emotional investment can cause individuals to make the conversation about themselves. Activism needs to be checked so that people move away from a space of righteousness to one of compassion and impact.
- There needs to be critical assessment of whether the policies and procedures set in place are protecting the individual or the institution. When does the institution become the oppressor?
- Racial justice and equity need to be a priority and not an afterthought.

\*Student pharmacist at time of input

**University of Florida**

**College of Pharmacy, Gainesville Campus**

**Virtual town hall #1 — Conversations about racism in pharmacy: Starting with me**

- There needs to be acknowledgment of the impact of systemic racism in pharmacy. The societal changes in the year 2020 due to the pandemic have really highlighted this issue and the importance of taking action and having open and constructive discussion. It implores us to self-reflect on how racism has shaped our lives and the lens we see through.
- There was discussion of ways in which structural racism has impacted our communities, like public access to pharmacies or the presence of a well-constructed sidewalk and signs. Or when there are care packages for patients to take home, there should be more consideration given to being inclusive of different hair types, such as deciding what kind of comb to include.
- The task force members brought up the topic of microaggressions and helped define it for town hall participants. This is a term that I have learned in recent years, when I realized that I have experienced microaggressions in the past due to my culture and background. It is something that I thought was a joke that I just went along with, because I wasn't sure how to react, and now this is something that I want to actively be aware of and learn how to react, set boundaries, and educate those around me.
- There was also discussion on how new practitioners can play a major role in their positions to identify what the pharmacy community needs to focus on when it comes to dismantling systemic racism. Be aware of the landscape changes in pharmacy and stay compassionate with patients. Start to think as an individual and do not let others view you as part of a monolith.

**Virtual town hall #2 — Sustaining momentum: Addressing structural racism in pharmacy and our community today and tomorrow**

- This was a very passionate session and one that was eye-opening. As some town hall participants have mentioned, this is the first time a discussion like this has happened at the annual meeting, which felt monumental to me since I was able to attend live. It was helpful for the task force members to define specific terms and outline experiences that help put into perspective what they go through. I appreciate that there was mention of the importance of representation and also think it is important to focus on the accessibility of pharmacy to certain groups of people and the need to be intentional about creating equality in health care access.
- There was discussion of how the PAC contributes to those who fit the mission of the organization and that the board should be cognizant of what members want and be intentional in addressing diversity and inclusivity issues. The task force members encourage those who are unsatisfied with what the organization is doing with member contributions to not look away but to stay, voice their concerns, and help implement the change that they want to see.
- I was glad to see open and passionate dialogue and that the task force recognizes that it is important to provide space for everyone in the room to speak and voice their opinions without being dismissed based on presumptions. At the same time, we need to respect those who bravely share their experiences and remain compassionate.

## **STUDENT INPUT** from Serena Medor, PharmD candidate 2023

### **Howard University College of Pharmacy**

#### **Washington, DC**

##### **Virtual town hall #1 — Conversations about racism in pharmacy: Starting with me**

**Themes:** Stigma, education, microaggressions, self-awareness

**Reflection:** I was apprehensive about watching the first town hall video. I've been a part of many antiracism talks, and in many cases, nothing really came out of them. The talks in the past barely scratched the surface of all the different facets of racism. When I was listening to the town hall, I was surprised to see that the definition of structural racism was defined so that everyone had an understanding at the beginning of the conversation. I wasn't surprised to hear about the different experiences that people of color in the pharmacy field go through, but hearing it aloud resonated with me. To know that others have experienced something similar is welcome and also saddening. Society likes to think that racism doesn't exist, or that it is getting better, when in fact it's just the same. This town hall got the conversation started and even though the topics discussed were thought provoking, it still just scratched the surface. I liked how a non-person of color shared her self-awareness journey and provided resources for others to be more self-aware. Hearing from someone that looks like them may help others to reflect and start their own journey. I also found it interesting when a pharmacist shared how her PGY1 cohort is taking matters into their own hands to start the conversation. I think this is how real change can be made and incorporated into every aspect of pharmacy practice.

##### **Virtual town hall #2 — Sustaining momentum: Addressing structural racism in pharmacy and our community today and tomorrow**

**Themes:** Emotion, bias, insecurity, access, restrictions, courage

**Reflection:** The second town hall meeting was more extensive. I think one thing that came out of this town hall is that there needs to be action on many levels. When I was first informed about the task force and the town hall, I was surprised to hear that they needed student input. I would've thought that they would've had students being a part of this journey from the beginning. I think that information needs to be disseminated more to the student chapters to keep them informed. To find out that APhA political action committee (PAC) donated to candidates who didn't align with their mission was disheartening but not surprising. The fact that the task force and other committee members wrote a letter to the PAC to change where the money is invested is a step in the right direction. I think there needs to be more transparency from all committees so that members can be informed. I also think that there should be a student panel or task force to make sure that student pharmacists are being heard as well. During the town hall, there was a lot of talk about being courageous or having courage, but sometimes it is hard to have the courage if the space is not there. I think that this a step forward, but this is a long journey and I look forward to learning more about the task force and the open forum that they provide. I hope that it continues and doesn't become a distant thought.

**Washington State University**

**College of Pharmacy and Pharmaceutical Sciences**

**Virtual town hall #1 — Conversations about racism in pharmacy: Starting with me**

**Topics:** How structural racism manifests and examples within health care, identifying and responding to microaggressions from both patients and providers, actions to dismantle racism in pharmacy

**Themes:** Self-reflection, self-awareness, continuous journey, safe space, conversations, discomfort, listening

**Summary:** The APhA Task Force on Structural Racism in Pharmacy held its first town hall in December 2020. Over 50% of the attendees identified as pharmacists, but a substantial percentage of the participants were student pharmacists and pharmacy technicians. The task force opened the session by explaining the seriousness of this issue and that the purpose of the session was to have a deliberate and intentional dialogue to hear each person's voice on this topic through moderated discussion, questions, and comments.

The task force discussed 3 main topics, which were how structural racism manifests in and impacts our communities, how to address social determinants of health and structural racism as pharmacists, and microaggressions.

When discussing how structural racism manifests, several task force members identified examples they have seen as practicing pharmacists and pharmacy interns. For example, one task force member identified that the combs given out at their hospital were standard and do not work for all hair types, which brought a child significant distress during their stay. To mitigate this, the nurse had to drive to the store to buy a wide tooth comb to bring comfort to the child, since the hospital did not have any of these in stock. Another task force member has had personal experience with racism as a pharmacist and stated that they have been ignored as a member of the health care team and labeled as angry or upset at meetings, while their white counterpart had been listened to and called passionate in similar situations. This task force member also mentioned that student pharmacists and patients feel comfort when their health care provider or preceptor looks like them, which in our current system, is rarely the case. Another task force member identified that power and, ultimately, the policies and practices that come with it can intentionally or unintentionally

diminish BIPOC communities. Racial microaggressions are embedded in these policies and within our culture, and we need to increase awareness of this in our communities and within the health care system.

Within the health care system, both task force members and town hall participants identified social determinants of health related to structural racism. Some examples that were brought up include doctors not taking patients who don't speak English, patients being rude to health care providers of color, and providers not taking patients of color seriously. In addition, a town hall participant mentioned that their pharmacy, which takes every health insurance plan, sees structural racism all around them. There is no sidewalk leading to their pharmacy. Many of their patients do not have access to transportation. They are understaffed, unable to provide the highest quality of care, and items are consistently out of stock. Floating employees choose not to work at their store because they see the patients as difficult. A task force member utilized this story to illustrate the importance of using our voices to ensure there is adequate representation in positions of power where decisions, like building sidewalks, are made. As community members and health care providers, we need to be proactive and perform appropriate analyses of our communities to meet their needs, whether that be through hiring translators and diabetes educators or through advocating to build a sidewalk.

The next topic focused on addressing social determinants of health and structural racism as pharmacists. Task force members explained the importance of starting from within and that antiracism is a continuous journey. A task force member asked thought-provoking questions for the audience to reflect on, such as: What are your blind spots? How are you contributing to systemic racism? Who are you serving, and are you providing optimum care? Another task force member advised pharmacists to listen to their students and pave their way for success as innovators in the profession. They also advised the audience to tap into DEI resources that their workplace provides and analyze whether they are effective at promoting DEI. The task force members reinforced that having conversations such as these is vital and that evaluating, reflecting on, and sharing experiences is needed to dismantle racism.

The last topic focused on microaggressions and how to address them. Microaggressions were explained as an unintentional insult or tone of inferiority toward BIPOC communities. Addressing microaggressions was explained by a task force member as a very personal decision. One can choose to let it go, or one can choose to address it if they feel comfortable doing so. Some ways to address microaggression include naming the behavior, letting the person know it made you uncomfortable, and/or asking the person what they meant by it. Each person is different in how they choose to address microaggressions; however, a task force member concluded the topic by encouraging the audience to have these discomforting discussions as they are crucial to addressing this problem.

**Reflection:** The task force demonstrates the urgency of beginning to dismantle structural racism in the profession of pharmacy, which I found incredibly inspiring as a member of the association. As an individual looking at a large systemic problem, it can be disheartening, frustrating, confusing, and challenging to know where to begin. The title of this discussion identifies just that—starting with me. Throughout this discussion, I identified common themes, such as the need for self-reflection and having uncomfortable conversations to address structural racism. Another common theme I recognized is that dismantling structural racism is a continuous journey, one that requires us to be proactive, engaged, and open to learning and listening. Something I personally took away from this session is that structural racism is heavily embedded into our society, so much so that there are aspects of everyday life where I wouldn't think twice about it. I found myself reflecting on my privilege and how what the "norm" is for me might be a stressor or barrier to equality, equity, or happiness for someone who belongs to the BIPOC or other marginalized community. I came away from this session with an urgency to be better—better educated, better engaged with community policy, and a better self-reflector and provider. There is a dire need to be aware of the microaggressions, policies, and norms that diminish people of color in every aspect of life, and I want to work to be a better observer, friend, ally, and listener. My actions to dismantle structural racism will start, but will not end, with reading books, listening to other people's stories, engaging in intentional dialogue, and, most importantly, self-reflection.

## Virtual town hall #2 — Sustaining momentum: Addressing structural racism in pharmacy and our community today and tomorrow

**Topics:** Policies that adversely impact marginalized communities, how to address structural racism in a professional environment, methods to continually learn about antiracism

**Themes:** Policies, social determinants of health, COVID-19, action, voting, conversation

**Summary:** The American Pharmacists Association Task Force on Structural Racism in Pharmacy held its second town hall in March 2021 at the APhA Annual Meeting & Exposition. The audience consisted of APhA pharmacists, student pharmacists, and technician members. The task force opened the session by encouraging open discussion and active listening from all participants and laid out some ground rules to facilitate an intentional conversation. The ground rules that were asked of the audience were to be present, to agree to make this a brave space, to know when to take up space and when to step back, to lean into discomfort, to take care of your needs, and to respect that what's said here stays here and what's learned here leaves here.

The task force first addressed policies in the professional setting that manifest structural racism. To begin the discussion, a task force member provided their insight into how to integrate DEI when making policies. The task force member advised the audience to create intentional time to reflect on the following questions when making policies: Are these policies protecting the individuals or the institution? Who do these policies protect? How are we taking feedback, and how can we get conversation moving regarding these policies? How can we create an environment where people thrive through DEI? The task force member also reminded the audience to consider that retaliation in many businesses is a real problem, and DEI should not be an afterthought when making processes and procedures. It should always be at the forefront!

After that advice was delivered to the audience, another task force member provided their insight into how being a person of color has impacted their career. The task force member relayed that, as a person of color, they've been told to not attend certain colleges because of the color of their skin, have been called racial slurs by their patients, have been denied job opportunities, and have had to stand up to patients and professors who have been racist toward their students. The task force member, a pharmacy owner, also mentioned that their

controlled prescriptions were monitored more than other pharmacies and that patients often preferred to talk to a white technician rather than to them about medications.

Following these examples, a town hall member provided their thoughts on how structural racism manifests. The townhall member stated that ignorance is manifested through stereotypes and that assuming racism only applies to one's own race is racist. The town hall member advised the audience to find ways to move forward and be more aware of their actions as they relate to structural racism.

The next topic that was discussed was social determinants of health throughout the pandemic. A task force member elucidated that we, as pharmacists, need to be more intentional with our patients in marginalized communities, especially since the pandemic has exacerbated barriers and challenges as they relate to social determinants of health. They encouraged the audience to be proactive when referring patients to care and to be mindful of access to care. How can we build trust and confidence in these communities in relation to the COVID-19 vaccine? How are we operating our clinics? What is our patients' digital access like? How are we reaching out to Asian American patients who have faced major atrocities since the beginning of the pandemic? Systems that have been put in place prior to and during the pandemic have posed barriers to specific communities in accessing the vaccine. Access to transportation, employment, parking lots, sidewalks, and voting ballots and even the geographical location of pharmacies play a major role!

After discussing how structural racism has impacted vaccine access, the conversation came back around to policies and procedures as they relate to pharmacists and APhA. A task force member used personal stories, such as ID cards being checked in African American communities but not in white communities, as well as being profiled in stores, to get the audience thinking about why these policies have not been challenged. Both a town hall member and a task force member encouraged the audience to stand up and have conversations challenging these policies.

A town hall member then asked what actions APhA has taken to support discussions as they relate to DEI, especially in relation to the APhA PAC. The town hall member noted that, historically, APhA has supported policymakers who do not support DEI efforts. Another town hall member replied that the APhA PAC has done soul searching and has recently developed policies and procedures to align with the goals of the APhA Board of

Trustees. A task force member also apologized for past mistakes made by the association but assured that the association is now taking the necessary steps to ensure we have adequate representation. A task force member and a town hall member both advocated that the association should create more programs and certificate training related to DEI.

Voter suppression and fraud were then brought up by a couple of town hall members, which caused emotional responses from several members in the audience. To respond to this dialogue, a town hall member stated that political party shouldn't matter—the outcome and oppression that result from policies of each party are what should matter. The town hall member ended their response with: What actions am I going to do to give people a better quality of life?

To respond to this question, a task force member indicated some actions that need to be taken, such as recruiting minority pharmacists, voting minority pharmacists in as policymakers, and informing others about the impacts of structural racism. The task force member also stated that we ourselves need to be aware of what is going on around us, to be brave, move forward, and believe we can be better. Another task force member echoed these sentiments, stating that we can all learn from each other, and DEI efforts are about compassion, rather than self-righteousness. Conversation is important, and we all make mistakes. The task force member closed by stating that elevating one group does not diminish another.

To conclude the session, a task force member gave advice to members who would like to work toward conquering racism but don't know how. They advised:

1. **Be open and honest.**
2. **Read before asking questions.**
3. **Know the person you are asking.**
4. **Know the question won't be comfortable.**
5. **Understand, accept, think. Don't get defensive. Just listen.**
6. **Take what you heard seriously.**
7. **Be a better person every day.**
8. **Assess if you are a better person.**

**Reflection:** I attended this session live and watched the recording again recently. By experiencing this town hall twice, I've gained valuable perspectives that I missed while attending it live, which, to me, emphasizes how important it is to be present when having conversations

about antiracism. A common theme I identified throughout this session was policymaking. By attending this session, I was able to listen to perspectives from policymakers and from the people those policies impact and learn how I can be a better advocate when communicating with both groups of people. It also elucidated to me how important it is to be intentional with the words we use, as they each carry a different meaning, weight, and impact on many different people! I agree with many of the comments made throughout the session. DEI should be a topic that is brought to every meeting that APhA hosts. There is so much for many of us to learn as we work to dismantle racism not only within pharmacy but also within the communities we serve. I believe this session achieved its goal of sustaining momentum toward progress and, as an association, we need to continue to find ways to integrate this theme into future events.

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