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## REPORT OF THE

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# ASHP Task Force on Racial Diversity, Equity, and Inclusion

JANUARY 2021

# SUMMARY

In June 2020, the ASHP Board of Directors unanimously approved the creation of an ASHP Task Force on Racial Diversity, Equity, and Inclusion to advise ASHP on specific, actionable steps to further address and take inventory of matters of racial diversity, equity, and inclusion as they relate to issues facing Black Americans, and for making related recommendations on new or enhanced efforts ASHP may undertake. The creation of this important task force underscores the urgency to address the range of current and historical issues facing Black Americans, and to assess issues of intolerance and inequity that impact other minority groups represented within the organization's membership and the overall profession of pharmacy.

ASHP and its members have long been committed to eliminating racial and ethnic disparities in healthcare. ASHP further seeks to help eliminate racism, discrimination, and inequities that impact other minority and underrepresented populations and to help improve diversity, equity, and inclusion in healthcare and society more broadly.

The current work by the ASHP Task Force on Racial Diversity, Equity, and Inclusion aligns with ASHP's broader diversity, equity, and inclusion initiatives and represents an important step in the journey towards a more diverse, equal, and inclusive environment for all.

While the Task Force developed the following recommendations with a specific focus on Black Americans, the Task Force members believe that many of the recommendations should also support other communities of color. To reflect more inclusive language in its recommendations, the Task Force decided to use the term "Black, Indigenous, and People of Color" (BIPOC) throughout the document. According to the BIPOC Project, the term is used "to highlight the unique relationship to whiteness that Indigenous and Black (African Americans) people have."<sup>1</sup> Mental Health America (MHA),<sup>2</sup> one of the nation's leading community-based nonprofits focused on addressing the needs of those living with mental illness and promoting mental health, adopted the term BIPOC in July 2020. MHA considers the following communities as BIPOC: Black/African American, Latinx/Hispanic American, Asian American/Pacific Islander, Native and Indigenous, and Multiracial.

# OVERVIEW OF TASK FORCE RECOMMENDATIONS

The ASHP Task Force on Racial Diversity, Equity, and Inclusion was charged with taking inventory of ASHP's efforts in the areas of racial diversity, equity, and inclusion as they relate to issues facing Black Americans, and for making related recommendations on new or enhanced efforts ASHP may undertake in the following areas:

1. Governance and committees such as the ASHP and ASHP Foundation boards of directors, commissions, councils, sections, forums, House of Delegates, committees on nominations, and ASHP advisory bodies
2. Education and training
3. Research
4. Advocacy
5. Publications
6. Marketing and communications

The Task Force recommendations are organized by focus areas and target audience. The focus areas include (1) governance and committees; (2) education and training, research, and publications; and (3) advocacy, marketing, and communications. The target audiences include ASHP, colleges of pharmacy, ASHP-accredited residency programs, and hospitals and health systems.

The first meeting of the Task Force was held virtually in August 2020. Task Force members (Appendix) then formed three subgroups and continued their work to develop actionable and sustainable recommendations for each focus area. The draft recommendations were shared with the full Task Force and deliberated upon by the group.

In November, an all-member survey was distributed to ASHP members seeking feedback on the draft recommendations. The survey was open from November 12, 2020, through December 10, 2020. A total of 1,430 members participated in the ASHP Task Force on Racial Diversity, Equity, and Inclusion member survey and submitted over 700 comments. Furthermore, the preliminary recommendations were discussed and reviewed during an open town hall session at the Midyear Clinical Meeting on December 7, 2020. The Task Force reviewed the feedback from the survey and town hall session and worked to finalize the recommendations included in this report.

# RECOMMENDATIONS



## GOVERNANCE AND COMMITTEES

### Recommendations regarding ASHP:

1. ASHP should appoint a more racially diverse Committee on Nominations for the 2020-2021 election cycle and in subsequent years.
2. ASHP should appoint a more racially diverse ASHP Membership Sections Committee on Nominations for the 2020-2021 election cycle and in subsequent years.
3. ASHP should change its bylaws for approval by the ASHP House of Delegates in 2021 to make all active members of ASHP eligible to serve on the ASHP Committee on Nominations and make serving in the ASHP House of Delegates preferred rather than required. The recommended amended bylaws language would read as follows:

The ASHP Immediate Past President shall appoint a Committee on Nominations consisting of seven active members who shall have been members of ASHP in good standing for at least five consecutive years at the time of their appointment to serve as a Committee on Nominations. The Committee shall solicit names of possible candidates for office using such means as it determines to be appropriate.

4. ASHP should identify and implement ways to support the president-elect of ASHP in increasing the racial diversity, including Black, Indigenous, and People of Color (BIPOC), in all committee appointments in the 2020-2021 cycle and in subsequent years.
5. ASHP should identify and implement ways to increase the presence of BIPOC, including those who practice in diverse or smaller institutions, in ASHP awards and other member recognition programs in the 2020-2021 cycle and in subsequent years.
6. ASHP should seek ways to help ASHP state affiliates prioritize and align their diversity, equity, and inclusion efforts with those of ASHP, with the goal of increasing BIPOC in hospital and health-system pharmacy at the state and local levels.
7. ASHP should encourage its members to continue to recruit BIPOC candidates for all positions, including leadership positions, in hospitals and health systems.



## EDUCATION AND TRAINING, RESEARCH, AND PUBLICATIONS

### Recommendation regarding colleges of pharmacy:

8. ASHP should encourage colleges of pharmacy and accredited residency programs to provide ongoing education to appreciate diversity of the populations we serve and the value of cultural competence in improving health outcomes of underrepresented minorities.

### Recommendations regarding ASHP-accredited residency programs:

9. The ASHP residency accreditation guidance and standards should include specific language that encourages ongoing education and training to reduce implicit bias to help accredited residency programs assess and enhance racial diversity and foster a more inclusive environment.
10. ASHP should immediately identify opportunities and implement efforts to encourage ASHP-accredited residency programs to encourage increased numbers of applications from Black, Indigenous, and People of Color (BIPOC) pharmacy students.
11. ASHP should provide guidance on how to reduce bias in residency application screening tools and should encourage residency programs to update their recruitment processes to include more BIPOC candidates.
12. ASHP should continue to increase and refine its efforts to collect demographic data to understand specific disparities between pharmacy residency applicants and positions granted.

### Recommendations regarding hospitals and health systems:

13. ASHP should encourage hospitals and health systems to include in their statements/expectations of practitioners and residents a requirement to actively participate in the training of BIPOC students who are completing Introductory Pharmacy Practice Experiences (IPPEs), Advanced Pharmacy Practice Experiences (APPEs), internship experiences, or other opportunities.
14. ASHP should encourage preceptors to include topic discussions with all students on health disparities and social determinants of health, including race and socioeconomic status.
15. ASHP should encourage hospitals and health systems to provide continuous professional development and training to leaders and staff on diversity, equity, and inclusion (e.g., unconscious bias, cultural awareness, humility training, or other relevant topics). Further, ASHP should provide educational resources on diversity, equity, and inclusion education to all members.
16. ASHP should encourage hospitals and health systems to partner with schools and colleges of pharmacy of Historically Black Colleges and Universities (HBCUs) and institutions with a high enrollment of BIPOC students to expose Black students to pharmacy practice in hospitals and health systems through IPPEs, APPEs, internship experiences, and other opportunities.

**Recommendations regarding ASHP:**

17. ASHP should collect demographic data to understand specific disparities among ASHP Foundation research grant applicants, recipients, and the grantees' institutions.
18. ASHP should leverage the new Section of Pharmacy Educators to engage deans of schools and colleges of pharmacy of HBCUs and institutions with a high enrollment of BIPOC students to work closely with ASHP to establish programs for students that include information and engagement with hospital and health-system pharmacists and pharmacy residency programs.
19. ASHP should refine the current student and practitioner mentorship program and ensure BIPOC students and practitioners have equal access to mentors that can guide them on obtaining a residency or a career in hospital and health-system pharmacy. This effort could include the creation of an adopt-a-student program in which current residents reach out to student pharmacists to provide mentorship through enhanced online platforms and toolkits to encourage successful matching of racially diverse residency candidates with residency programs.
20. ASHP should partner with schools and colleges of pharmacy with a high enrollment of BIPOC students and healthcare organizations that serve BIPOC communities to study issues surrounding BIPOC pharmacists and their impact on healthcare and patient outcomes, including:
  - » whether healthcare outcomes of BIPOC patients are improved by care by a BIPOC pharmacist,
  - » the effects of institutional and systemic racism on social determinants of health, and
  - » trust among BIPOC communities regarding aspects of healthcare (e.g., vaccinations).
21. ASHP should identify opportunities and implement efforts to increase BIPOC members on the editorial board of the *American Journal of Health-System Pharmacy (AJHP)*.
22. ASHP should identify opportunities and implement efforts to increase the numbers of BIPOC authors who submit written works for publication by ASHP, and provide guidance and support to enhance acceptance for publication to increase the diversity of authors.
23. ASHP should encourage BIPOC pharmacy personnel to submit educational content for presentations at national meetings.

**ADVOCACY, MARKETING, AND COMMUNICATIONS****Recommendations regarding ASHP:**

24. ASHP should employ sound internal methods, such as assigning key staff or standing committees, to ensure that the recommendations from the Task Force on Racial Diversity, Equity, and Inclusion that are approved by the ASHP Board of Directors are implemented and that efforts related to diversity, equity, and inclusion are sustained by ASHP and reported to members.

- 25.** ASHP should leverage the ASHP Official Podcast and *AJHP* commentaries and columns to spotlight Black, Indigenous, and People of Color (BIPOC) ASHP members to share their perspectives on engagement with professional association volunteerism and to promote more content that highlights diversity, equity, and inclusion.
- 26.** ASHP should ensure that all communications and marketing are reflective of ASHP membership and a strong desire to be an organization that is inclusive of BIPOC members.
- 27.** ASHP should conduct a media and communications campaign to address the value of ASHP membership, what ASHP stands for, and why ASHP is the association home for BIPOC pharmacists, student pharmacists, and pharmacy technicians.
- 28.** ASHP should advocate on policy issues related to health disparities in the BIPOC community and partner with healthcare organizations, health systems, HBCUs, and schools and colleges of pharmacy with a high enrollment of BIPOC students to advance these policies.
- 29.** ASHP should consider establishing a scholarship for BIPOC students.
- 30.** ASHP and ASHP state affiliates should collect member demographic information that is provided on a voluntary basis on race/ethnicity in order to better serve a racially diverse membership.

*Approved by the ASHP Board of Directors on January 28, 2021.*

## REFERENCES

- 1 The BIPOC Project. About Us. [www.thebipocproject.org/about-us](http://www.thebipocproject.org/about-us) (accessed 2021 Jan 26).
- 2 Mental Health America. BIPOC Mental Health. [www.mhanational.org/bipoc-mental-health](http://www.mhanational.org/bipoc-mental-health) (accessed 2021 Jan 26).

## SUGGESTED READINGS

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3. American Society of Health-System Pharmacists [ASHP]. ASHP statement on the role of health-system pharmacists in public health. *Am J Health-Syst Pharm.* 2008; 65:462–7. <https://www.ashp.org/-/media/assets/policy-guidelines/docs/statements/role-of-health-system-pharmacists-in-public-health.ashx> (accessed 2021 Jan 26).
4. American Society of Health-System Pharmacists [ASHP]. ASHP statement on professionalism. *Am J Health-Syst Pharm.* 2008; 65:172–4. <https://www.ashp.org/-/media/assets/policy-guidelines/docs/statements/professionalism.ashx> (accessed 2021 Jan 26).
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## APPENDIX

## MEMBERS OF THE ASHP TASK FORCE ON RACIAL DIVERSITY, EQUITY, AND INCLUSION

**Paul C. Walker**, Pharm.D., FASHP  
Chair and Board Liaison, ASHP  
Clinical Professor and Assistant  
Dean, Experiential Education and  
Community Engagement and Manager,  
Department of Pharmacy  
The University of Michigan College of  
Pharmacy  
Ann Arbor, MI

**Thomas J. Johnson**, Pharm.D., M.B.A.,  
BCPS, BCCCP, FASHP, FCCM  
President, ASHP  
Assistant Vice-President of Hospital  
Pharmacy  
Avera Health  
Pharmacy Department  
Sioux Falls, SD

**Paul W. Abramowitz**, Pharm.D., Sc.D.  
(Hon), FASHP  
Chief Executive Officer  
ASHP  
Bethesda, MD

**Minnie V. Baylor-Henry**, J.D., Esq.  
Member, ASHP Foundation Board  
President, B-Henry & Associates  
Boston, MA

**Joshua Blackwell**, Pharm.D., M.S.  
Clinical Pharmacy Manager  
Johns Hopkins Home Care  
Baltimore, MD

**Jeffrey Clark**  
Chair, ASHP Pharmacy Student Forum  
Fourth-Year Doctor of Pharmacy  
Candidate  
Philadelphia College of Osteopathic  
Medicine School of Pharmacy  
Duluth, GA

**John E. Clark**, Pharm.D., M.S., FASHP  
Director, Experiential Education and  
Pharmacy Residency Programs  
Assistant Professor, Department of  
Pharmacotherapeutics and Clinical  
Research  
University of South Florida College of  
Pharmacy  
Tampa, FL

**Nkiruka C. Emezienna**, M.S.  
Fourth-Year Doctor of Pharmacy  
Candidate  
Howard University College of  
Pharmacy  
Washington, DC

**Vickie Ferdinand-Powell**, Pharm.D.,  
M.S., FASHP  
Director of Pharmacy Operations  
New York Presbyterian Hospital  
New York, NY

**Vivian Johnson**, Pharm.D., M.B.A.,  
FASHP  
Senior Vice President of Clinical  
Services  
Parkland Health and Hospital System  
Carrollton, TX

**Mae Kwong**, Pharm.D., R.Ph.  
Senior Director, Medical Managed Care  
BioXcel Therapeutics  
Seattle, WA

**Jeannell M. Mansur**, Pharm.D., FASHP,  
FSMSO, CJCP  
Principal Consultant, Medication  
Management and Safety  
Joint Commission Resources and Joint  
Commission International  
Chicago, IL

**Dawn M. Moore**, Pharm.D., M.S., FACHE  
Vice President and Chief Pharmacy  
Officer  
Community Health Network  
Fishers, IN

**Yvette Morrison**, Pharm.D., BCPS,  
FASHP  
Clinical Pharmacy Coordinator  
Oklahoma City Indian Clinic  
Oklahoma City, OK

**Melissa A. Ortega**, Pharm.D., M.S.  
Director, Ambulatory and Retail  
Pharmacy Services  
Tufts Medical Center  
Boston, MA

**Bruce E. Scott**, R.Ph., M.S., FASHP  
ASHP Past President  
Eden Prairie, MN

**Toyin Tofade**, M.S., Pharm.D., BCPS,  
CPCC, FFIP  
Dean and Professor  
Howard University College of  
Pharmacy  
Washington, DC

**Lanita S. White**, Pharm.D.  
Assistant Dean for Student Affairs  
Assistant Professor of Pharmacy  
Practice  
University of Arkansas for Medical  
Sciences College of Pharmacy  
Little Rock, AR