



## **ASHP Task Force on Racial Diversity, Equity, and Inclusion\* Preliminary Recommendations: A Call for Comments**

**November 2020**

### **Introduction**

The purpose of this discussion paper is to encourage comments on the preliminary recommendations of the ASHP Task Force on Racial Diversity, Equity, and Inclusion.

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 and recognize the need to further strengthen that commitment following the killings of George Floyd, Ahmaud Arbery, and Breonna Taylor. 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.

While the Task Force developed the following preliminary 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. In order to reflect more inclusive language within its recommendations, the Task Force decided to use the term "Black, Indigenous, and People of Color," also referred to as 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.

The preliminary 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.

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1. The BIPOC Project. About Us. [www.thebipocproject.org/about-us](http://www.thebipocproject.org/about-us) (accessed 2020 Oct 30)
2. Mental Health America. BIPOC Mental Health. [www.mhanational.org/bipoc-mental-health](http://www.mhanational.org/bipoc-mental-health) (accessed 2020 Oct 30)

## **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 versus required.
  - a. The 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 to increase 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 Black, Indigenous, and People of Color (BIPOC) 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**

#### Recommendations Regarding Colleges of Pharmacy:

8. ASHP should encourage colleges of pharmacy and accredited residency programs to provide education on diversity and cultural competence to improve health outcomes of underrepresented minorities.

#### Recommendations Regarding ASHP Accredited Residency Programs:

9. The ASHP residency accreditation guidance and standards should include specific language that helps accredited residency programs to assess and enhance racial diversity.
10. ASHP should immediately identify 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 encourage residency programs to adopt a modified Rooney Rule [a National Football League policy that requires league teams to interview BIPOC candidates for head coaching and senior football operation jobs] during the selection process for residency interview candidates.
12. ASHP should continue to increase and refine its efforts to collect data to understand specific disparities in pharmacy residency applicants versus 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 to actively participate in the training of Black, Indigenous, and People of Color (BIPOC) students who are completing Introductory Pharmacy Practice Experiences (IPPE) and Advanced Pharmacy Practice Experiences (APPE),

internship experiences, and other opportunities in order to train upcoming generations of student pharmacists.

14. ASHP should encourage preceptors to include topic discussions with all students on health disparities and social determinants of health based on race.
15. ASHP should encourage hospitals and health systems to provide continuous professional development and training to leaders and staff on unconscious bias, cultural awareness, and humility training. Further, ASHP should ensure diversity, equity, and inclusion education and training is available and accessible to all ASHP members.
16. ASHP should encourage hospitals and health systems to partner with Historically Black Colleges and Universities (HBCUs) and institutions with a high enrollment of Black, Indigenous, and People of Color (BIPOC) students with pharmacy schools/colleges to expose Black students to pharmacy practice in hospitals and health systems through IPPE, APPE, internship experiences, and other opportunities and experiences.

Recommendations Regarding ASHP:

17. ASHP should collect data to understand specific disparities in research grant applicants versus recipients and the grantees' institutions.
18. ASHP should leverage the new Section of Pharmacy Educators to engage deans of HBCUs and institutions with a high enrollment of Black, Indigenous, and People of Color (BIPOC) students with pharmacy schools/colleges 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 how to obtain a residency or career in hospital and health-system pharmacy. This could include the creation of an adopt-a-student program where current residents reach out to students in pharmacy school programs to provide mentorship by using enhanced online platforms and toolkits to encourage successful matching of racially diverse residency candidates with residency programs.
20. ASHP should partner with HBCUs and institutions with a high enrollment of Black, Indigenous, and People of Color (BIPOC) students with pharmacy schools/colleges to study issues surrounding BIPOC pharmacists and their impact on healthcare and patient outcomes:
  - a. Including whether healthcare outcomes are improved for BIPOC patients if cared for by a BIPOC pharmacist, the effects of institutional and systemic racism on social

determinants of health, and trust among BIPOC communities surrounding aspects of healthcare (e.g., vaccinations).

21. ASHP should identify opportunities and implement efforts to increase Black, Indigenous, and People of Color (BIPOC) members on the *AJHP* editorial board.
22. ASHP should identify opportunities and implement efforts to increase the numbers of BIPOC ASHP members who submit written works for publication by ASHP, and provide guidance and support to help enhance acceptance for publication.
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 survey its members in order to receive feedback on the preliminary recommendations of the ASHP Task Force on Racial Diversity, Equity, and Inclusion and use those data/feedback to further inform the work of the Task Force, and ongoing ASHP efforts in this area.
26. 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.
27. ASHP should ensure that all communications and marketing are reflective of ASHP's membership and strong desire to be an organization that is inclusive of BIPOC ASHP members.
28. ASHP should conduct a media and communications campaign to address the value of ASHP membership, what ASHP stands for, and why ASHP is an association home for BIPOC ASHP members.
29. ASHP should advocate on policy issues related to health disparities in the BIPOC community and partner with healthcare organizations, health systems, HBCUs, and institutions with a high enrollment of BIPOC students with pharmacy schools/colleges to advance these policies.
30. ASHP should consider establishing a scholarship for BIPOC students.

31. 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.

### **Conclusions**

[To come after Board review; please note that introductory narratives may change as well]

### **Submitting Comments to the Task Force**

The Task Force is interested in hearing views about the above preliminary recommendations and how to further improve or refine its work prior to making final recommendations to the ASHP Board of Directors.

Member comments may be sent to the ASHP Task Force by participation in the Task Force on Racial Diversity, Equity, and Inclusion Feedback Survey sent on November 12, 2020. If you have questions or are having trouble accessing the survey, please email us at [DEITaskForce@ashp.org](mailto:DEITaskForce@ashp.org).

The concepts of this paper will also be discussed during a Town Hall session at the 2020 Midyear Clinical Meeting and Exhibition, scheduled for Monday, Dec. 7, 2020, from 1 p.m. to 3 p.m. ET.

The deadline for receipt of comments is Dec. 10, 2020. The Task Force plans to review comments and prepare a final report and recommendations to the Board of Directors on Jan. 28, 2021.

### **Suggested Readings:**

Report of the ASHP Ad Hoc Committee on Ethnic Diversity and Cultural Competence (2005)

ASHP Policies Related to Diversity and Inclusion: Policy 2036, Policy 1705, Policy 1613, Policy 1523, Policy 0913, Policy 0218, Policy 1113,

ASHP Statement on Racial and Ethnic Disparities in Health Care

ASHP Statement on the Role of Health-System Pharmacists in Public Health

ASHP Statement on Professionalism

Joshi M. Hundreds of Days of Action as a Start to Address Hundreds of Years of Inequity. *NEJM Catalyst*. 2020.

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Yousif H, Ayogu N, Bell T. The Path Forward – An Antiracist Approach to Academic Medicine. *NEJM*. 2020.

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