

## Diversity Resource Guide (DRG) for Diversity in Residency Training and the Pharmacy Workforce

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## DEFINITIONS

**Diversity:** the representation and relative size of different racial and ethnic groups within a population, where diversity is maximized when all groups are represented in an area and have equal shares of the population. [source: United States Census Bureau, Measuring Racial and Ethnic Diversity for the 2020 Census]

**Diverse workforce:** inclusion of people of different races and ethnicities within the organization's personnel.

**Historically Black Colleges and Universities (HBCUs):** a college or university in the U.S. established before 1964 for African American students. [source: Merriam-Webster]

Historically black colleges and universities (HBCUs) were established to serve the educational needs of black Americans during a time when blacks were generally denied admission to traditionally white institutions. As a result, HBCUs became the principle means for providing postsecondary education to black Americans. As of early 2020, there are 107 HBCUs with more than 228,000 students enrolled. Fifty-six institutions are under private control, and 51 are public colleges and universities. The public institutions account for more than two-thirds of the students in historically black institutions. Most (87) of the institutions are four-year colleges or universities, and 20 are two-year institutions. In the past, more than 80 percent of all black college graduates have been trained at these HBCUs. In recent years, HBCUs enroll 20 percent of black undergraduates. However, HBCUs award 40 percent of baccalaureate degrees earned by black college students. [source: U.S. Department of Education, Office of Civil Rights 1-10-2020]

*NOTE: Schools/colleges of pharmacy with the highest enrollment of students from racial/ethnic groups that are underrepresented in the profession of pharmacy:*

<https://www.aacp.org/sites/default/files/2020-05/fall-2019-pps-enrollments.pdf> (pages 31-33)

**Implicit bias:** refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness. Rather, implicit biases are not accessible through introspection. [source: *Kirwan Institute for the Study of Race and Ethnicity at the Ohio State University, October 16, 2020*]

**Inclusion:** active, intentional, and ongoing engagement with diversity, including intentional policies and practices that promote the full participation and sense of belonging of every employee, customer, or client. [source: CommonHealth ACTION, adapted from Riggs, 2012 & Xavier University, n.d.; derived from George Washington University SOM]

**Inclusive:** allowing and accommodating people who have historically been excluded (e.g., exclusion due to race or ethnicity). [source: Merriam-Webster]

**Underrepresented individuals:** individuals that are part of racial and ethnic groups that are underrepresented in the pharmacy profession relative to their numbers in the general population.

**NOTE:** According to 2019 American Community Survey data, Blacks, Hispanics, and Native Americans comprise 31% of the population (Black, 12.7%, Hispanic, 18%, Native American 0.8%), but only 15.7% of the total number of PharmD degrees conferred in 2019 (Black, 8.8%, Hispanic, 6.4%, Native American, 0.3%, Native Hawaiian or Pacific Islander, 0.2%). These racial and ethnic groups are considered underrepresented, as their representation in the profession of pharmacy is lower than their representation in the general population.

Reference:

<https://www.aacp.org/sites/default/files/2020-05/fall-2019-pps-enrollments.pdf> (pages 31-33)

**Underserved population:** specific group of people living in a defined geographic area with limited access to primary care health services, high infant mortality, high poverty, and/or a high elderly population (e.g., homeless, low-income, Medicaid-eligible, Native American, Migrant farmworkers). [source: Health Resources and Services Administration (HRSA)] <https://data.hrsa.gov/tools/shortage-area/mua-find>

# RATIONALE

## Impetus for the Initiative

Prior to the COVID-19 pandemic and the racial and social justice movement that was heightened during the summer of 2020 as a result of the deaths of Ahmaud Arbery, Breonna Taylor, and George Floyd, the ASHP Commission on Credentialing (COC) voted at the March 2019 COC meeting to formally develop an initiative focused on increasing racial and ethnic diversity in residency training. The catalyst for this initiative was, in part, the result of a simple conversation over dinner between a Lead Surveyor in the ASHP Accreditation Services Office (ASO) and a member of her survey team. The survey team member (a Caucasian female) asked the Lead Surveyor (an African American female), “Why are there not more people of color in pharmacy residencies?” The discussion that ensued over dinner that night would lead the Lead Surveyor to investigate this question and formally propose to ASO Leadership that this issue be investigated. Near the same time, ASO Leadership had begun receiving inquiries from schools and colleges of pharmacy about the efforts of ASO in increasing racial and ethnic diversity in residency training.

During the initial phases of the initiative, a Google search for ‘diversity in medical residencies’ yielded page after page of medical residencies stating a commitment to diversifying programs in medicine. A similar search for pharmacy residencies did not yield one program with such a mission. The only diversity mentioned in pharmacy residency marketing was in the patient population served and in learning experiences. In recent years, particularly since the events of the summer of 2020, more colleges and schools of pharmacy have begun focusing their efforts on and enhancing awareness of the importance of diversity, equity, and inclusion (DEI) through the development of Diversity and Inclusion Officer (DIO) positions, DEI strategic plans, diversity councils and committees, DEI webinars/educational activities, and more.

Specific to pharmacy residency training, however, widespread progress has not been seen and there remains a lack of racial and ethnic diversity in pharmacy residency training, as well as in the profession of pharmacy, overall. The demographics of the country are evolving such that by 2045, current minority populations will become the majority. Pharmacists are responsible for the care of diverse populations relating to gender, race, culture, and sexual orientation and evidence has proven that learning in diverse environments improves the cultural competence of the healthcare provider when faced with diverse patients. Studies have also shown that minorities are more likely to follow medical recommendations when doctors share their racial or ethnic background.<sup>1,2</sup> Therefore, creating a diverse workforce can improve health outcomes and reduce healthcare disparities for patients.

During the March 2019 COC meeting, the Lead Surveyor who initially approached ASO Leadership about the lack of certain racial and ethnic groups in pharmacy residencies, presented the COC with applicant and match data. These data uncovered an issue in pharmacy residency training and the pharmacy workforce that ASHP saw fit to address an issue that schools/colleges of pharmacy and fellow colleagues in medicine and other disciplines had already begun addressing.

### References

1. Marrast LM, Zallman L, Woolhandler S, Bor DH, McCormick D. Minority Physicians’ Role in the Care of Underserved Patients: Diversifying the Physician Workforce May Be Key in Addressing Health Disparities. *JAMA Intern Med.* 2014;174(2):289-291. doi: [10.1001/jamainternmed.2013.12756](https://doi.org/10.1001/jamainternmed.2013.12756)
2. Alsan M, Garrick O, Graziani GC. Does Diversity Matter for Health? Experimental Evidence from Oakland. *Am Econ Rev.* 2019;109(12):4071-4111. doi: [10.1257/aer.20181446](https://doi.org/10.1257/aer.20181446)

### **American Association of Colleges of Pharmacy (AACP) Diversity and Inclusion Initiatives**

- Developed Director of Recruitment and Diversity position to advance work and progress in this area
- Added the Education-Occupation (EO) Indicator to PharmCAS application — to help better assess the socioeconomic status (SES) of students during the application cycle with categories such as:
  - First generation to attend college
  - Graduates from high schools with low graduation rates
  - Lived in a school district where 50% or less of graduates go to college or where college education is not encouraged
- Established a partnership with the Association of American Medical Colleges (AAMC) to offer pharmacy tracks for the Summer Health Professions Education Program (SHPEP)
  - Free enrichment program focused on improving access to information/resources for minority college students interested in the health professions
- Supported the CVS Health Minority Scholarship for Pharmacy Students — five \$7,000 scholarships for underrepresented minorities
  - Students entering P1 year
  - Students who plan to practice in underserved communities upon graduation
  - In its first year, AACP received 390 completed applications
- Expanded the number of onsite diversity recruitment events attended to promote pharmacy to underrepresented students
- Implemented member recruitment webinars
  - Highlighted innovative ways that members can interest more diverse students in their respective programs and the profession through pipeline programs and articulation agreements
- Established a relationship with the Student National Pharmaceutical Association (SNPhA) to leverage minority pharmacy students and students committed to serving underserved populations to promote pharmacy

### **Diversity, Equity, and Inclusion in Medicine**

#### **Accreditation Council for Graduate Medical Education (ACGME)**

The Accreditation Council for Graduate Medical Education (ACGME) includes diversity in its residency program requirements. In 2019, a mandatory standard on diversity and inclusion in recruitment for residency training and the workforce was included in the Common Program Requirements, with an initial focus on the processes (efforts) undertaken by programs vs outcomes, due to the long-term commitment to diversity and inclusion.

<https://www.acgme.org/globalassets/PFAssets/ProgramResources/PDGuideResidency.pdf> (pages 32-38)

**I.C. The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community.**

**Background and Intent: It is expected that the Sponsoring Institution has, and programs implement, policies and procedures related to recruitment and retention of minorities underrepresented in medicine and medical leadership in accordance with the Sponsoring Institution’s mission and aims. The program’s annual evaluation must include an assessment of the program’s efforts to recruit and retain a diverse workforce, as noted in V.C.1.c).(5).(c).**

- ACGME Initiatives

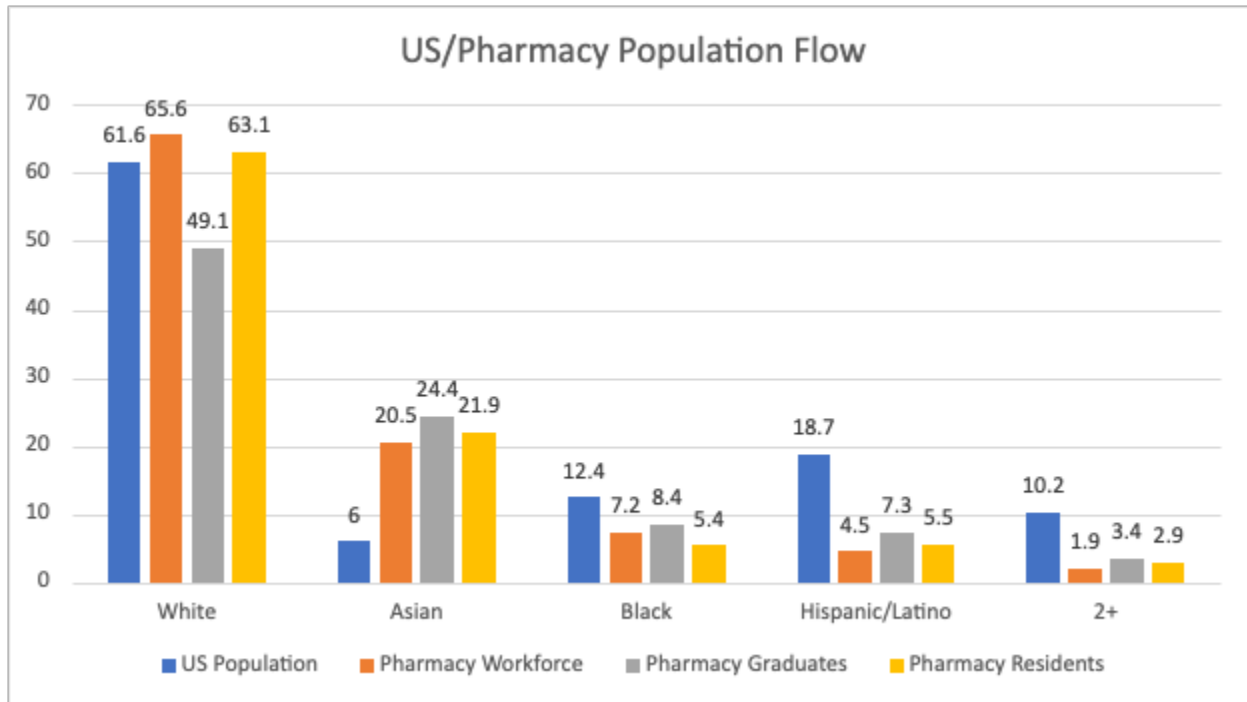
- Creation and hiring of Chief Diversity and Inclusion Officer position (2019)
- Inclusion of diversity-related questions in faculty and resident surveys
- Development of new initiative, ACGME Equity Matters™ (July 2021)
  - New initiative that introduces a framework for continuous learning and process improvement in the areas of diversity, equity, and inclusion (DEI) and anti-racism practices
  - Aims to drive change within graduate medical education (GME) by increasing physician workforce diversity and building safe and inclusive learning environments, while promoting health equity by addressing racial disparities in health care and overall population health

**Association of American Medical Colleges (AAMC)**

- Long-established Chief Diversity and Inclusion Officer position
- Developed a definition for ‘underrepresented’ as it relates to healthcare  
**"Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population."** (AAMC definition of underrepresented in medicine)
- AAMC Initiatives
  - Minority student medical career fairs
  - Holistic admissions process
  - Webinar series on Hispanic health
  - Unconscious bias workshops
  - Medical pipeline programs (e.g., Summer Health Professions Education Program - SHPEP)
- Quote from AAMC President and CEO, David J. Skorton, MD (2019 - present)  
**"I believe that we will do an even better job of caring for patients, an even better job of understanding people’s circumstances and cultures, if the health care workforce is diverse, not just among physicians but among nurses, physician assistants, pharmacists, dentists, and others."**

## Race/Ethnicity Data

With the discussion of diversity in the profession of pharmacy, it is important to understand the current situation. The graph below details the demographic composition of the U.S. population, the pharmacy workforce, 2021 PharmD graduates, and 2021-2022 pharmacy residents. Black, Hispanic/Latino, and people of 2 or more races are underrepresented in the profession of pharmacy as compared to the U.S. population.



\*Pharmacy Workforce data source: 2019 ACS PUMS 1-year Estimate

\*U.S. Population data source: 2020 Census data

\*Hispanic origin is reported as 'Ethnicity' in the 2020 U.S. Census (18.7% of U.S. Population vs 81.3% non-Hispanic Origin)

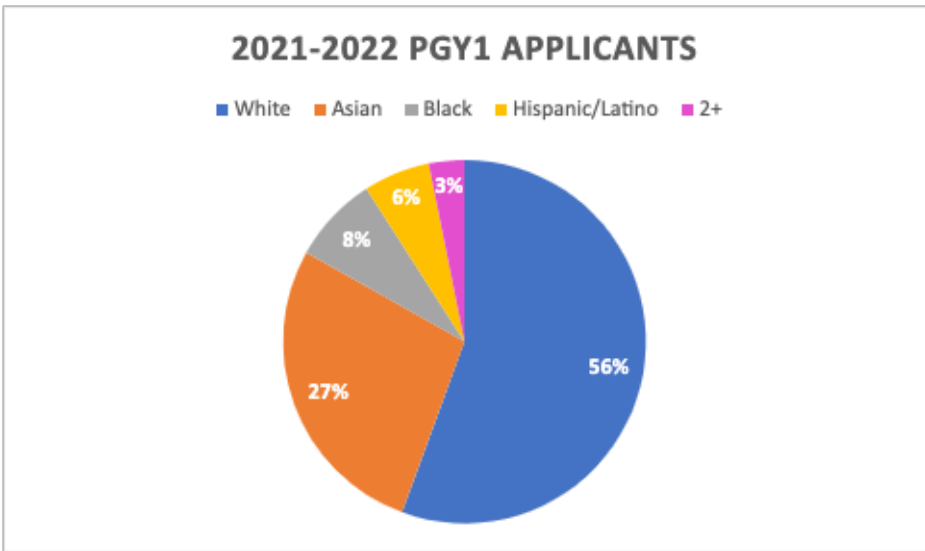
\*2021 PharmD degrees conferred (AACCP)

\*2021-2022 ASHP Pharmacy Resident Class source: NMS Match data

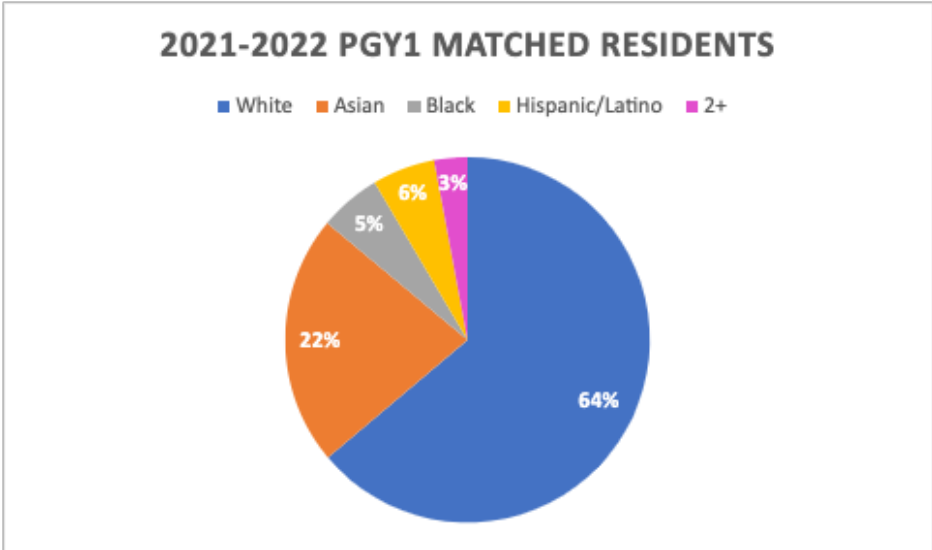
**NOTE:** The racial categories included in the census questionnaire generally reflect a social definition of race recognized in this country and not an attempt to define race biologically, anthropologically, or genetically. In addition, it is recognized that the categories race include racial and national origin or sociocultural groups. People may choose to report more than one race to indicate their racial mixture, such as "American Indian" and "White." People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

[Reference: <https://www.census.gov/topics/population/race/about.html>]

To determine the flow of pharmacy residency candidates from the application phase through the Match, the pie charts below reflect the PGY1 applicant demographic breakdown, followed by the breakdown of applicants that were matched for the 2021-2022 resident class.



*Note: Native Hawaiian, American Indian/Alaskan Native, <0.5%*



*Note: Native Hawaiian, American Indian/Alaskan Native, <0.5%*

Using the above data, the percent change in each demographic group was calculated from residency application to post-residency match for the 2021-2022 residency class (see below). All racial groups noted a decrease post-match, except for white applicants, who experienced a 15.8% increase.

Race	% Changed from Residency Application to Residency Match
White	↑ 15.8
Asian	↓ 18.9
Black	↓ 28.9
Hispanic/Latino	↓ 5.2
2+	↓ 6.5



## ASHP Historical Diversity Initiatives

### 2003 Ad Hoc Committee on Ethnic Diversity and Cultural Competence

In June 2003, the Board of Directors of the American Society of Health System Pharmacists (ASHP) established the Ad Hoc Committee on Ethnic Diversity and Cultural Competence as a result of a recommendation of the 2002 Council on Organizational Affairs. The Ad Hoc Committee comprises appointees representing individuals from diverse racial and ethnic backgrounds and with experience in issues of cultural competence. The specific charges of the Committee were to:

1. Study the current and projected ethnic and racial composition of health system pharmacy practitioners;
2. Develop a statement on ethnic and racial diversity for health-system pharmacy and ASHP;
3. Recommend mechanisms to foster ethnic and racial diversity within the ASHP membership;
4. Recommend mechanisms to foster ethnic and racial diversity within ASHP's Board of Directors, committees, councils, commissions, other component groups, and staff;
5. Discuss ways to raise awareness of the importance of cultural competence in the provision of patient care so that optimal therapeutic outcomes are achieved in diverse populations;
6. Identify additional factors that contribute to disparities in health care so that optimal therapeutic outcomes are achieved in diverse populations.

The ASHP Ad Hoc Committee on Ethnic Diversity and Cultural Competence concluded there is a compelling need for ASHP to address the diversity of health-system pharmacists and the ASHP membership in an effort to improve patient care through proficiency in cultural competence and close the gaps in health care. Following the action of the ASHP Board of Directors, a staff committee was formed and has been meeting regularly to implement each of the recommendations of the Ad Hoc committee.

### 2007 ASHP Statement on Racial and Ethnic Disparities in Health Care

Health disparities continue to be a major public health problem confronting the U.S. health care system. These disparities arise from a complex set of factors, including social and economic inequality, cultural and linguistic barriers, and persistent racial and ethnic discrimination. Evidence continues to emerge, however, that some health disparities are attributable to differences in the quality of health care provided to different racial and ethnic groups. The American Society of Health-System Pharmacists (ASHP) believes that all patients, regardless of race, ethnicity, sex, age, sexual orientation, religion, physical or mental disability (or impairment), education, socioeconomic status, diagnosis, or limitations in access, have the right to high quality health care that reflects knowledge of, sensitivity to, and respect for their differences.

Pharmacists who practice in hospitals and health systems ("health-system pharmacists"), working individually and in coordination with interested organizations and other health care professionals, can play a leading role in building culturally competent systems of care to reduce racial and ethnic disparities in health care by:

- Increasing awareness of these disparities among health care providers, health-system administrators, legislators, regulators, third-party payers, and the public.
- Promoting a more diverse and culturally competent health care work force and environment.
- Ensuring effective communication with patients and among providers.
- Fostering consistent use of multidisciplinary teams and evidence-based guidelines for patient care.
- Collecting and reporting data on health care access, utilization, and outcomes by racial and ethnic minorities and measuring progress toward reducing health care disparities.
- Researching, identifying, and disseminating best practices for providing culturally competent care and reducing disparities in health care.

### [2017 ASHP Policy on Workforce Diversity](#)

#### **Workforce Diversity**

**Source:** Council on Education and Workforce Development

To affirm that a diverse and inclusive workforce contributes to health equity and health outcomes; further to advocate for the development of a workforce whose background, perspectives, and experiences reflect the diverse patients for whom pharmacists provide care.

**Rationale:** As the U.S. becomes more heterogeneous, the pharmacy workforce should reflect and respond to this increasingly diverse patient base. An inclusive pharmacy workforce is best able to positively impact the health and wellness of patients for whom pharmacists provide care. According to the Institute of Medicine, increasing diversity among healthcare providers is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, and better educational experiences for health professions students. Diversity in the pharmacy workforce includes, but is not limited to, the categories of sexual orientation and gender expression, age, national origin, socioeconomic origin, ethnicity, culture, gender, race, religion, and persons with disabilities. A diverse pharmacy workforce will provide the best care for all patients.

### [2020 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 assesses issues of intolerance and inequity that impact Black, Indigenous, and People of Color (BIPOC) within the organization's membership and the overall profession of pharmacy. [NOTE: BIPOC includes Black/African American, Latinx/Hispanic American, Asian American/Pacific Islander, Native and Indigenous, and Multiracial.] The focus areas of the task force are: 1) Governance and Committees 2) Education and Training 3) Research 4) Advocacy 5) Publications 6) Marketing and communications.

Examples of recommendations focused on education, training, research, and publications are listed below:

- Enhance outreach and engagement with Historically Black Colleges and Universities (HBCUs) and institutions with a high enrollment of BIPOC students;
- Increase number of applications and interviews of BIPOC pharmacy students for ASHP-accredited residency programs;
- Create a mentoring program specifically for BIPOC students aspiring to obtain a residency or career in health system pharmacy;
- Encourage continuous professional development on unconscious bias, culture awareness and humility training for all practitioners;
- Collect data to understand specific disparities in research grant applicants vs. recipients and the grantees' institutions;
- Identify opportunities and implement efforts to increase BIPOC members on the editorial board and authors for AJHP and ASHP educational content.

## Disparities in Health Care

The intent and focus of this initiative on racial and ethnic diversity in pharmacy residency training and the pharmacy workforce is not to diminish or minimize the importance of other aspects of diversity, but assist in decreasing the impact that the lack of racial and ethnic diversity in healthcare providers has had on patient care outcomes. The gravity of this issue is evident and confirmed by the limited access to primary care health services, high infant mortality, high poverty, and other disparities in healthcare that exist for racial and ethnic groups that have been historically marginalized; an issue that has plagued the U.S. for centuries.

### Access to Care

- About 1 in 10 people in the United States do not have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. [U.S. Department of Health and Human Services: Healthy People 2030 Initiative]
- As of 2019, nonelderly American Indian/Alaska Natives, Hispanic, Native Hawaiian/Pacific Islanders, and Black people remained more likely to lack health insurance than their White counterparts. [Kaiser Family Foundation (KFF): Health Coverage by Race and Ethnicity, 2010-2019]

### Maternal-Fetal Health

- During 2016-2018 (average), the infant mortality rate (per 1,000 live births) in the United States was highest for black infants (10.9), followed by American Indian/Alaska Natives (8.6), Hispanics (5.2), whites (4.7) and Asian/Pacific Islanders (3.9)
- Non-Hispanic blacks/African Americans have 2.3 times the infant mortality rate as non-Hispanic whites. [U.S. Department of Health and Human Services Office of Minority Health]
- In 2019, the maternal mortality rate for non-Hispanic black women was 44.0 deaths per 100,000 live births, 2.5 times the rate for non-Hispanic white women (17.9) and 3.5 times the rate for Hispanic women (12.6). [CDC: Maternal Mortality Rates in the U.S., 2019]

## Chronic Disease

- High blood pressure is more common in non-Hispanic black adults (56%) than in non-Hispanic white adults (48%), non-Hispanic Asian adults (46%), or Hispanic adults (39%).
- Among those recommended to take blood pressure medication, blood pressure control is higher among non-Hispanic white adults (32%) than in non-Hispanic black adults (25%), non-Hispanic Asian adults (19%), or Hispanic adults (25%). [CDC: Facts about Hypertension in the U.S.]
- In 2018, the prevalence of diagnosed diabetes was highest among American Indians/Alaska Natives (14.7%), people of Hispanic origin (12.5%), and non-Hispanic blacks (11.7%), followed by non-Hispanic Asians (9.2%) and non-Hispanic whites (7.5%). [CDC: National Diabetes Statistics Report 2020]
- Heart disease is the leading cause of death for people of most racial and ethnic groups in the United States, including African American, American Indian, Alaska Native, Hispanic, and white men. [CDC: Heart Disease Facts]

This initiative was created with the intent of impacting change in healthcare by increasing the diversity of pharmacy residents and pharmacists to achieve better healthcare outcomes demonstrated by the research of colleagues in medicine and other disciplines.

## Impact of Diversity on Patient Health Outcomes

- Increased level of trust in care received by provider with similar ethnicity
- Comfort in care received from providers with similar ethnicity
  - Marrast LM, Zallman L, Woolhandler S, Bor DH, McCormick D. Minority Physicians' Role in the Care of Underserved Patients: Diversifying the Physician Workforce May Be Key in Addressing Health Disparities. *JAMA Intern Med.* 2014;174(2):289-291. [doi: 10.1001/jamainternmed.2013.12756](https://doi.org/10.1001/jamainternmed.2013.12756)
- Increased medication compliance and responsibility for one's own health with trust in providers with similar ethnicity
  - Alsan M, Garrick O, Graziani GC. Does Diversity Matter for Health? Experimental Evidence from Oakland. *Am Econ Rev.* 2019;109(12):4071-4111. [doi: 10.1257/aer.20181446](https://doi.org/10.1257/aer.20181446)
  - Greenwood B, Hardeman R, Huang L, Sojourner A. Physician-Patient Racial Concordance and Disparities in Birthing Mortality for Newborns. *PNAS.* 2020;117(35):21194-21200. [doi.org/10.1073/pnas.1913405117](https://doi.org/10.1073/pnas.1913405117)

## Impact of Diversity in Residency Training

- Increased quality of training experience for learners (in Medicine)
  - Osseo-Asare A, Balasuriya L, Huot SJ, et al. Minority Resident Physicians' Views on the Role of Race/Ethnicity in Their Training Experiences in the Workplace. *JAMA Netw Open.* 2018;1(5):e182723. [doi: 10.1001/jamanetworkopen.2018.2723](https://doi.org/10.1001/jamanetworkopen.2018.2723)
  - Yehia, B.R., Cronholm, P.F., Wilson, N. et al. Mentorship and pursuit of academic medicine careers: a mixed methods study of residents from diverse backgrounds. *BMC Med Educ.* 2014; 14(26). [doi: 10.1186/1472-6920-14-26](https://doi.org/10.1186/1472-6920-14-26)

# INCREASING DIVERSITY IN PHARMACY RESIDENCY PROGRAMS

## Examples of ASHP-Accredited Residency Program Recruitment Strategies

The 2021 ASHP Residency Program Director (RPD) Annual Survey, administered via PharmAcademic™, included specific questions regarding diversity in pharmacy residency recruitment and the pharmacy workforce, as well as diversity and/or cultural competence training.

- With regard to diversity in residency training and the profession of pharmacy, have specific strategies or marketing been incorporated into the recruitment of residents and pharmacy personnel to increase diversity of the candidate pools, particularly individuals underrepresented in the profession of pharmacy (i.e., African Americans and Hispanics/Latinos)?
- Is diversity and/or cultural competence training provided to pharmacy staff, including residents and preceptors?

RPDs that responded in the affirmative were asked to share those methods and strategies; those examples are listed below.

### MARKETING

- Images on the residency website, in promotional videos, and recruitment/promotional materials (e.g., residency showcase display) that reflect diversity of the residency program and department of pharmacy, including residents and staff
- Description of diverse patient populations in program brochures and promotional materials, including underserved populations (e.g., presence of large Spanish-speaking population)
- Statement(s) of diversity in residency program brochures and on the residency website
- Policies on diversity in pharmacy residency recruitment

### OUTREACH to HBCUs and/or Colleges and Schools of Pharmacy with a Higher Number of Students Underrepresented in the Profession of Pharmacy

- Participation in career fairs/panels (on-site and virtual) organized by HBCUs or colleges/schools of pharmacy with a higher number of students underrepresented in the profession of pharmacy
- Participation in local residency showcases featuring HBCUs or colleges/schools of pharmacy with a higher number of students underrepresented in the profession of pharmacy

<https://www.aacp.org/sites/default/files/2020-05/fall-2019-pps-enrollments.pdf> (pages 31-33)

### OUTREACH to Professional Pharmacy Student Organizations that Support Students Underrepresented in the Profession of Pharmacy

- Student National Pharmaceutical Association (SNPhA)
- National Hispanic Pharmacists Association (NHPA) – Student Chapters

## Reducing Bias in the Selection and Ranking Process

Programs ensure objective criteria are free from bias and methods are established to eliminate implicit bias throughout the continuum of the recruitment, selection, and ranking process. Examples include:

- Implementing a more holistic review process that assesses an applicant's unique experiences (e.g., community service, special talents/passions, extracurricular activities) in conjunction with traditional measures of academic achievement (e.g., GPA, test scores, APPEs)

- Reviewing screening tools and rubrics to identify and reduce potential bias (e.g., additional points awarded to applicants graduating from certain schools/colleges of pharmacy)
  - [Can Blind Hiring Improve Workplace Diversity? \(shrm.org\)](https://shrm.org)
- Requiring bias training for RPD and pharmacy staff participating in the resident selection and ranking process (e.g., incorporation of bias training into preceptor development program)
  - Harvard Implicit Bias Test <https://implicit.harvard.edu/implicit/takeatest.html>
- Developing committees/task forces focused on diversity in pharmacy residency recruitment (e.g., committee focused on strategies to promote diversity and inclusion in recruitment)
- Establishing criteria for members of the residency selection committee. Examples of criteria may include:
  - member of a racial or ethnic group that is underrepresented in the profession of pharmacy
  - participation in an organization or group focused on diversity in healthcare or diversity in the division/department of pharmacy
  - participation in efforts to attract or work with a diverse group of employees or students and/or increase cultural competency

### Impact of Medical Residency/Nursing Efforts to Increase Diversity in Recruitment

[NOTE: Similar principles could be considered and applied in Pharmacy.]

- Recruitment strategies that resulted in racial/ethnic diversity in medical residency and nursing programs
  - Guh J, Harris CR, Martinez P, Chen FM, Gianutsos L. Antiracism in Residency: A Multimethod Intervention to Increase Racial Diversity in a Community-Based Residency Program. *Fam Med*. 2019;51(1):37-40. [doi:10.22454/FamMed.2019.987621](https://doi.org/10.22454/FamMed.2019.987621).
  - Auseon AJ, Kolibash AJ Jr, Capers Q. Successful efforts to increase diversity in a cardiology fellowship training program. *J Grad Med Educ*. 2013;5:481–485. [doi: 10.4300/JGME-D-12-00307.1](https://doi.org/10.4300/JGME-D-12-00307.1)
  - Byrd DA, DeWitty VP, Morris JW, Nadeau JW, Rosenberg L, Sonke A. (2020) *Promising Practices in Holistic Admissions Review: Implementation in Academic Nursing* [White Paper]. American Association of Colleges of Nursing. [www.aacnnursing.org](http://www.aacnnursing.org)

# INCREASING DIVERSITY IN THE PHARMACY WORKFORCE

## Examples of Recruitment Strategies for the Pharmacy Workforce

### PROMOTIONAL MATERIALS

- Statement(s) of diversity on pharmacy website
- Images that reflect the diversity of the organization and/or pharmacy, including patients and staff

### OUTREACH to Professional Social Organizations to Share Job Postings

- National Pan-Hellenic Council (NPHC)
  - Graduate Chapters for the Nine Black Greek-lettered Sororities and Fraternities
- National Association of Latino Fraternal Organizations
- Black Women Pharmacists (Podcast)

### OUTREACH to Professional Pharmacy Organizations that Support Pharmacists Underrepresented in the Profession of Pharmacy

- National Pharmaceutical Association (NPhA)
- National Hispanic Pharmacists Association
- Association of Black Health-System Pharmacists (ABHP)

## Promoting Diversity in Pharmacies (and Organizations)

### HOW TO PROMOTE DIVERSITY IN YOUR PHARMACY

- <https://www.pbahealth.com/elements/how-to-promote-diversity-in-your-pharmacy/>
- Foster Inclusion and Diversity as an Employer
  - Recruit diverse candidates
  - Create welcoming workplace policies
  - Commit to improvement
- Foster Inclusion and Diversity as a Pharmacist
  - Foster trust
  - Work to close the gap

## Diversity in Recruitment Efforts for Faculty/Preceptors in Pharmacy

- Campbell H, Hagan A, Gaither C. Moving from Injustice to Equity: A Time for the Pharmacy Profession to Take Action. Addressing the Need for Ethnic and Racial Diversity in the Pipeline for Pharmacy Faculty. *Am J Pharm Educ.* 2021;85(9): 950-958.
- Hrabowski FA. Diversity will fuel excellence in pharmacy education... If we let it flourish. *Am J Pharm Educ.* 2020;84(5):611-612. doi: <https://doi.org/10.5688/ajpe847817>

## Diversity in Recruitment Efforts for Faculty/Preceptors (in Medicine)

[NOTE: Similar principles could be considered and applied in Pharmacy (i.e., preceptors).]

- Summary of articles or personal testimonies describing efforts of specific programs

- Gonzaga AM, Appiah-Pippim J, Onumah CM, Yialamas MA. A Framework for Inclusive Graduate Medical Education Recruitment Strategies: Meeting the ACGME Standard for a Diverse and Inclusive Workforce. *Academic Medicine*. 2020;95(5):710-716. doi: [10.1097/ACM.0000000000003073](https://doi.org/10.1097/ACM.0000000000003073)
- Guh J, Harris CR, Martinez P, Chen FM, Gianutsos L. Antiracism in Residency: A Multimethod Intervention to Increase Racial Diversity in a Community-Based Residency Program. *Fam Med*. 2019;51(1):37-40. doi:[10.22454/FamMed.2019.987621](https://doi.org/10.22454/FamMed.2019.987621).
- Bhalla N. Strategies to Improve Equity in Faculty Hiring. *Mol Biol Cell*. 15 Oct 2019;30(22):2744—2749. doi: [10.1091/mbc.E19-08-0476](https://doi.org/10.1091/mbc.E19-08-0476)

## SUMMARY

The Diversity Resource Guide (DRG), just as the title implies, was developed to guide programs in the initial phases of implementation of this new initiative to increase racial and ethnic diversity in pharmacy residency programs and the pharmacy workforce. The methods, strategies, and approaches provided do not constitute an exhaustive list; nor is it expected that programs and/or pharmacy departments and pharmacies adopt and implement all examples. The ASHP Accreditation Services Office and the ASHP Commission on Credentialing are committed to the success of programs in implementing this initiative and will therefore update the DRG, at least annually, with the current information and resources, as applicable. For additional information on ASHP’s commitment to Diversity, Equity, and Inclusion (DEI), as well as DEI educational resources, please visit the ASHP Inclusion Center.

<https://www.ashp.org/pharmacy-practice/resource-centers/inclusion-center>

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