

THE LABELS WE CARRY

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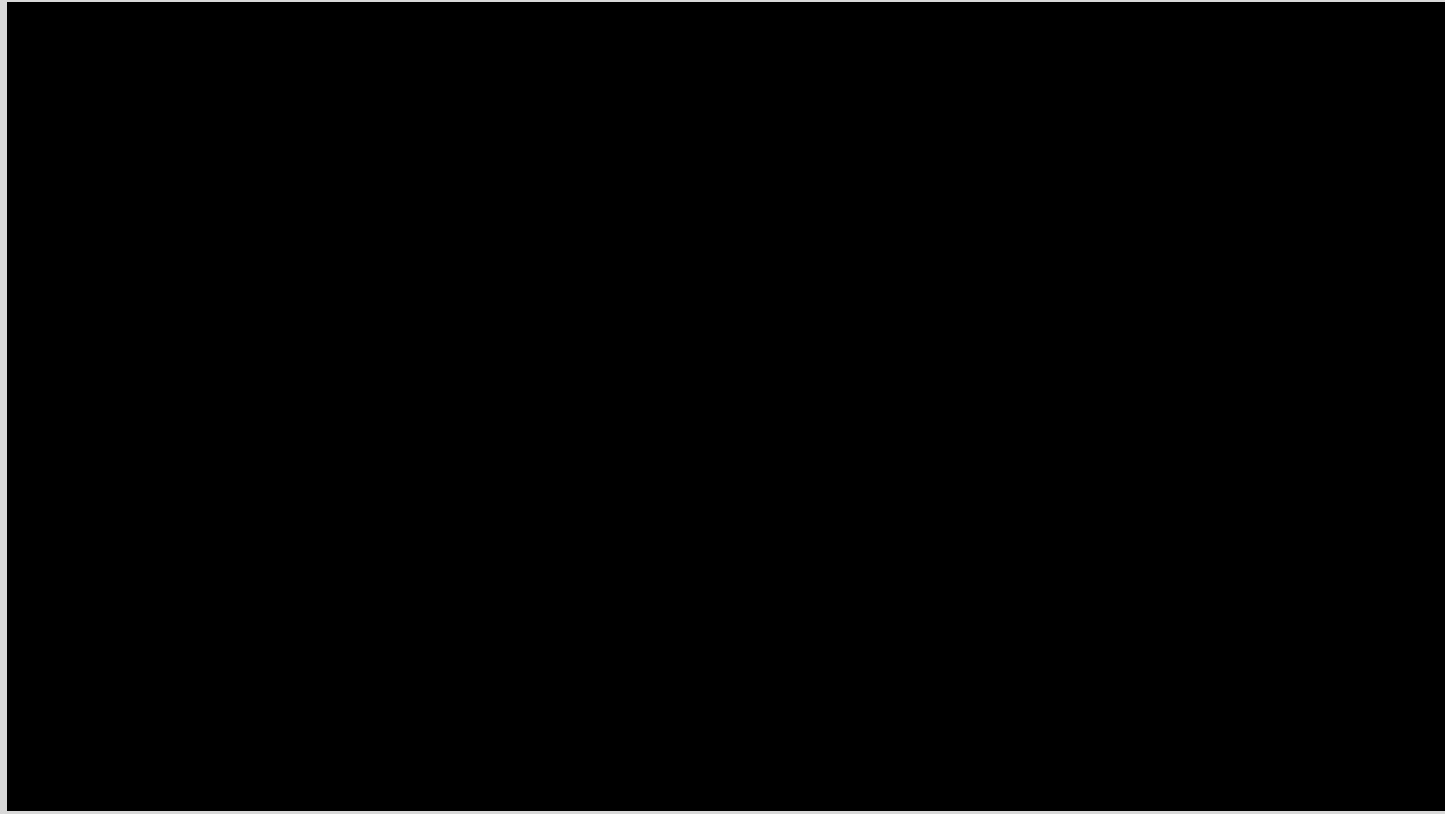
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Disclosures

- No one in control of the content of this activity has a relevant financial relationship with an ineligible company.
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Learning Objectives

- Identify ways to support individual self-reflections for implicit bias
- Identify strategies for pharmacy professionals to recognize their obligation to address the health inequities based on implicit bias.
- Recognize the challenges and opportunities to educate implicit bias in the workplace.



Inclusion with Intention

- What labels are you carrying?
- Have you ever labeled another person? Why?
- What intentional actions can we take to shed labels (from ourselves and those we assigned others)?

Positive Effects

- Sense of belonging and power with people.
- Reclaiming and reestablishing their power.
- Moral support or advice for those dealing with the same challenges.

Negative Effects

- Labels can shape expectations that are set for other people, creating stereotypes.
- Unrealistic expectations or expecting less from someone despite what they are capable of.
- Feelings of rejection and discrimination.

Oath of a Pharmacist

- 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.

Oath of a Pharmacy Technician

- Honesty and Integrity are the cornerstones of being a Pharmacy Technician:
 - I dedicate myself to upholding the highest principles of moral, ethical, and legal conduct.
 - I will always consider the health and safety of my patients as my primary concern.
 - I will use my knowledge, skills, and abilities to provide quality care and do no harm.
 - I will respect, value, and support my colleagues and all members of the healthcare team.
 - I will maintain confidentiality, promote individual dignity, and treat each patient with respect and compassion always seeking to ensure optimal patient outcomes.

Health Inequities

- Health equity is defined as all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.
- Social determinants of health such as poverty, unequal access to health care, lack of education, stigma, and racism are underlying, contributing factors of health inequities.
- The [Centers for Disease Control](#) (CDC) identifies health disparities as, “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

Health Inequities

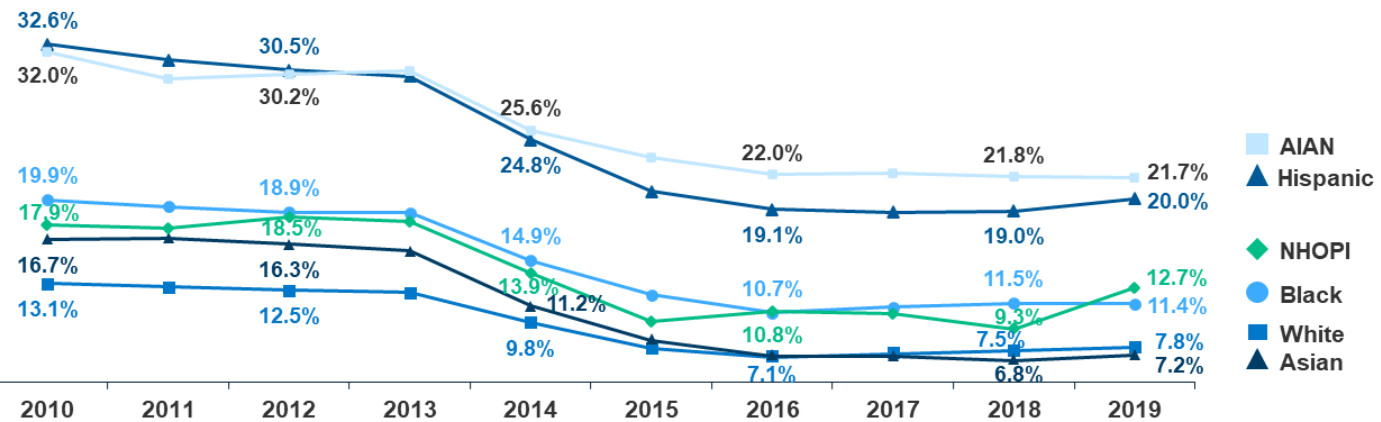
- Data from before the COVID-19 pandemic showed that people of color fared worse compared to their White counterparts across a range of health measures, including infant mortality, pregnancy-related deaths, prevalence of chronic conditions, and overall physical and mental health status.
- As of 2018, life expectancy among Black people was four years lower than White people, with the lowest expectancy among Black men. Research also documents disparities across other factors. For example, low-income people report worse health status than higher income individuals, and lesbian, gay, bisexual, and transgender (LGBT) individuals experience certain health challenges at increased rates.
- Infant gestational age, which is an important predictor of morbidity and infant mortality, differs among racial and ethnic groups. The National Center for Health Statistics (NCHS) reports that among the five racial and ethnic groups measured in the National Vital Statistics Survey (NVSS) in 2014, African American women had the highest percentage of preterm singleton births at 11.1 percent, while Asian or Pacific Islander women had the lowest at 6.8 percent ([NCHS, 2016](#)).

Health Inequities

Figure 3

People of color face longstanding disparities in health coverage.

Uninsured Rates for the Nonelderly Population by Race and Ethnicity, 2010-2019



NOTE: Includes individuals ages 0 to 64. AIAN refers to American Indians and Alaska Natives, NHOPI refers to Native Hawaiians and Other Pacific Islanders.

SOURCE: KFF analysis of the 2010-2019 American Community Survey.



Health Inequities

Rank	Gender	All	African American	American Indian/Alaska Native	Asian/Pacific Islander	Hispanic	White
1	Female	Heart disease 22.4%	Heart disease 23.6%	Cancer 18.9%	Cancer 26.4%	Cancer 22.6%	Heart disease 22.4%
	Male	Heart disease 24.6%	Heart disease 24.0%	Heart disease 19.8%	Cancer 26.1%	Heart disease 20.7%	Heart disease 24.8%
2	Female	Cancer 21.5%	Cancer 22.5%	Heart disease 16.8%	Heart disease 20.8%	Heart disease 20.0%	Cancer 21.2%
	Male	Cancer 23.5%	Cancer 22.4%	Cancer 17.74%	Heart disease 23.6%	Cancer 20.7%	Cancer 23.7%
3	Female	Chronic lower respiratory diseases 6.1%	Stroke 6.0%	Unintentional injuries 8.5%	Stroke 8.0%	Stroke 5.8%	Chronic lower respiratory diseases 6.6%
	Male	Unintentional injuries 6.3%	Unintentional injuries 5.8%	Unintentional injuries 12.6%	Stroke 6.1%	Unintentional injuries 9.9%	Unintentional injuries 6.3%
4	Female	Stroke 5.8%	Diabetes 4.7%	Diabetes 6.1%	Diabetes 3.7%	Diabetes 5.0%	Stroke 5.8%
	Male	Chronic lower respiratory diseases 5.4%	Stroke 4.7%	Chronic liver disease 5.5%	Unintentional injuries 5.0%	Diabetes 4.4%	Chronic lower respiratory diseases 5.7%
5	Female	Alzheimer's disease 4.6%	Chronic lower respiratory diseases 3.3%	Chronic liver disease 5.6%	Influenza and pneumonia 3.5%	Unintentional injuries 4.4%	Alzheimer's disease 4.9%
	Male	Stroke 4.1%	Homicide 4.5%	Diabetes 5.3%	Diabetes 4.0%	Stroke 4.3%	Stroke 4.0%
6	Female	Unintentional injuries 3.8%	Kidney disease 3.0%	Chronic lower respiratory diseases 5.0%	Alzheimer's disease 3.4%	Alzheimer's disease 3.8%	Unintentional injuries 3.9%
	Male	Diabetes 3.1%	Diabetes 4.1%	Suicide 4.3%	Chronic lower respiratory diseases 3.6%	Chronic liver disease 4.0%	Diabetes 2.9%
7	Female	Diabetes 2.8%	Unintentional injuries 3.0%	Stroke 4.4%	Unintentional injuries 3.3%	Chronic lower respiratory diseases 3.1%	Diabetes 2.5%
	Male	Suicide 2.5%	Chronic lower respiratory diseases 3.3%	Chronic lower respiratory diseases 4.0%	Influenza and pneumonia 3.3%	Chronic lower respiratory diseases 2.9%	Suicide 2.6%
8	Female	Influenza and pneumonia 2.3%	Alzheimer's disease 2.7%	Influenza and pneumonia 2.4%	Chronic lower respiratory diseases 2.5%	Influenza and pneumonia 2.4%	Influenza and pneumonia 2.4%
	Male	Influenza and pneumonia 2.1%	Kidney disease 2.6%	Stroke 2.7%	Suicide 2.6%	Suicide 2.6%	Alzheimer's disease 2.1%
9	Female	Kidney disease 1.8%	Septicemia 2.3%	Alzheimer's disease 2.1%	Kidney disease 2.0%	Chronic liver disease 2.1%	Kidney disease 1.7%
	Male	Alzheimer's disease 2.0%	Septicemia 1.9%	Influenza and pneumonia 2.0%	Kidney disease 1.9%	Homicide 2.4%	Influenza and pneumonia 2.1%
10	Female	Septicemia 1.6%	Hypertension 2.0%	Kidney disease 2.1%	Hypertension 1.9%	Kidney disease 2.0%	Septicemia 1.5%
	Male	Chronic liver disease 1.8%	Influenza and pneumonia 1.7%	Homicide 2.0%	Alzheimer's disease 1.4%	Influenza and pneumonia 2.0%	Chronic liver disease 1.9%

SOURCES: CDC, 2013b,c.

How does health inequities affect pharmacy?

- Within pharmacy practice, knowledge and perception of health disparities have been identified to play an important role in pharmacists' practice across various clinical settings.
- Unfortunately, not much literature has been available to address solutions .
- Medication therapy management is central to many of the health disparities as cited by the Institute of Medicine.
 - HIV infection, diabetes, end-stage renal disease, kidney transplantation.
- Providers may fail to consider different responses to medications that exist in different populations.

How does health inequities affect pharmacy?

- Race and ethnicity can affect prescription drugs
 - Financial barriers: Financial or health insurance barriers delay or prevent Black patients from obtaining prescription drugs 70% of the time, vs. 55% of the time for white patients.
 - Pharmacy deserts: Pharmacy deserts can lead to lower drug adherence. A 2020 study of Los Angeles County showed that Black and Hispanic people are more likely than white people to live in pharmacy deserts. These residents also tend to speak English as a second language, often do not have a high school diploma or own their own vehicle, live below the federal poverty line, and lack health insurance.
 - Pharmacy schools: Of the more than 54,000 students who enrolled in 143 pharmacy colleges and schools in 2018, just 6% were Black; 4% were Latino/a; and 0.6% were Native American, according to data presented at the 2020 meeting of the American Association of Colleges of Pharmacy.
 - Limited stock: A report on medication deserts found that pharmacies in poor communities were 24% more likely than other pharmacies to be out of stock or have limited stock for the 13 most-commonly prescribed medications. These pharmacies were also more likely to have limited hours of operation.

Solutions

- Improve the conditions of daily life—the circumstances in which people are born, grow, live, work, and age.
- Tackle the inequitable distribution of power, money, and resources—the structural drivers of those conditions of daily life—globally, nationally, and locally.
- Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.
 - Promoting a more diverse and culturally competent health care work force and environment.
 - Ensuring effective communication with patients and among providers.

We Are Better Together

- ASHP Current President, Paul Walker's vision for a diverse pharmacy workforce.
 - To address health disparities and achieve better outcomes for all patients.
- Walker's inaugural address said:
 - "A growing body of evidence proves that our patients do better when our workforce is diverse and inclusive."
 - "For the benefit of our patients, it is paramount that we invest in workforce diversity that reflects the communities we serve."
 - "We are in a moment that requires us to invest in different ways of doing things to produce better outcomes for all patients"
 - "Equity and inclusion are imperative for successful collaboration — in healthcare and in society."

Does your organization invest in or incorporate DEI initiatives or training?

◦ YES

◦ NO

Do you participate in DEI initiatives or training?

◦ YES

◦ NO

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