

The Pharmacist's Role in ——— addressing *Systemic Racism*

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Disclosures

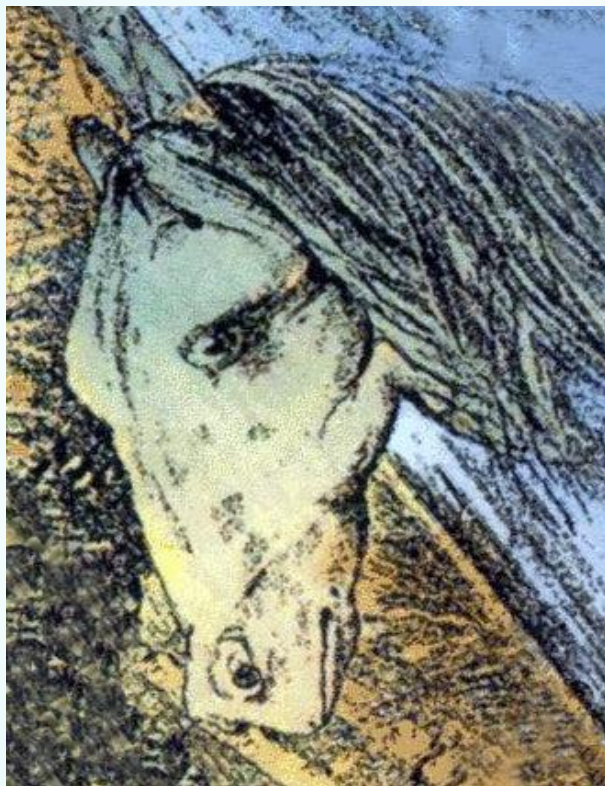
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Next slide:

1. A picture of an animal will be shown
2. In the Zoom chat, type the name of the animal you see initially/first







Learning Objectives

01

Define

Define social determinant of health, systemic racism, health equity, and health disparities.

02

Review

Review the impact of racial health disparities on patient health outcomes.

03

Discuss

Discuss considerations for action for pharmacists to address the issues of systemic racism and associated social determinants of health.



Pre-test

***Baseline knowledge
assessment***

Race is be defined as which of the following?

- A. Social construct**
- B. Biological construct**
- C. Genetic construct**
- D. All of the above**

02

The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks is the definition of which of the following?

- A. Social Determinants of Health**
- B. Systemic Racism**
- C. Racial Equity**
- D. Cultural Competence**

True or False:

The upstream concept proposes a shift in addressing health disparities by identifying the root causes of concerns geared towards targeted, macro-level interventions .

Open Ended:

What are some effective strategies pharmacists can implement to best address health disparities?

Background Information

Definitions and historical context



Definitions

A made-up/**artificial social construct** that categorizes people based on visual differences

Race

1890

AMERICANS WERE RECORDED IN THESE RACE/ETHNICITY CATEGORIES ON THE CENSUS FORM.

White

Black

Mulatto [+]

Quadroon [+]

Octoroon [+]

Indian [+]

Chinese

Japanese

<https://www.pewresearch.org/interactives/what-census-calls-us/>

Definitions

A made-up/**artificial social construct** that categorizes people based on visual differences

Race

2020

LATEST CENSUS



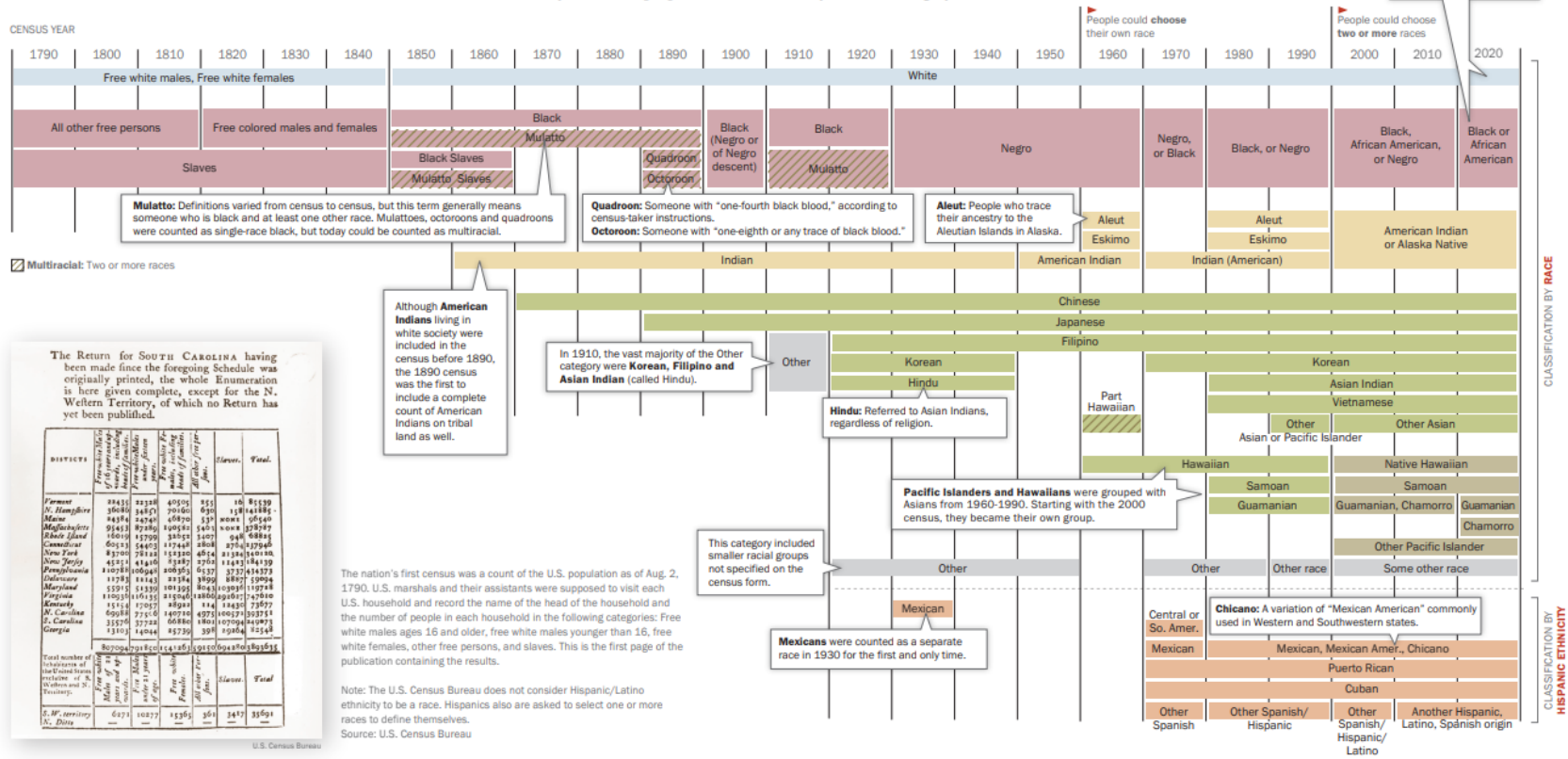
<https://www.pewresearch.org/interactives/what-census-calls-us/>

What Census Calls Us

A Historical Timeline

This graphic displays the different race, ethnicity and origin categories used in the U.S. decennial census, from the first one in 1790 to the latest count in 2020. The category names often changed from one decade to the next, in a reflection of current politics, science and public attitudes. For example, "colored" became "black," with "Negro" and "African American" added later. The term "Negro" was dropped for the 2020 census. Through 1950, census-takers commonly determined the race of the people they counted. From 1960 on, Americans could choose their own race. Starting in 2000, Americans could include themselves in more than one racial category. Before that, many multiracial people were counted in only one racial category.

For the first time, people who check one or both of these boxes are asked to write more about their origins, for example German, African American, Jamaican, etc.



Definitions

A made-up/**artificial social construct** that categorizes people based on visual differences

Race

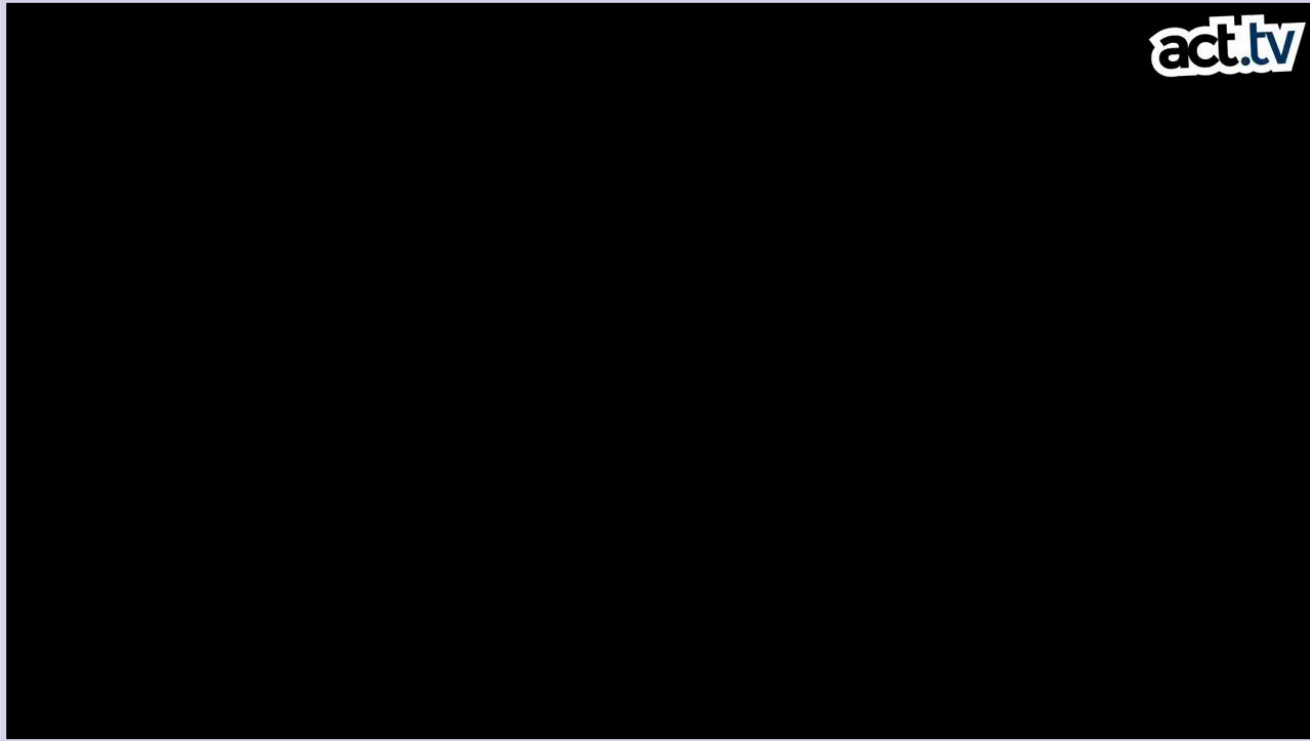
Race prejudice + social and institutional power

Any policy, belief, attitude, action or inaction, which subordinates individuals or groups (with little social power) based on their race

Racism

Systemic Racism?

What is systemic racism?



Definitions

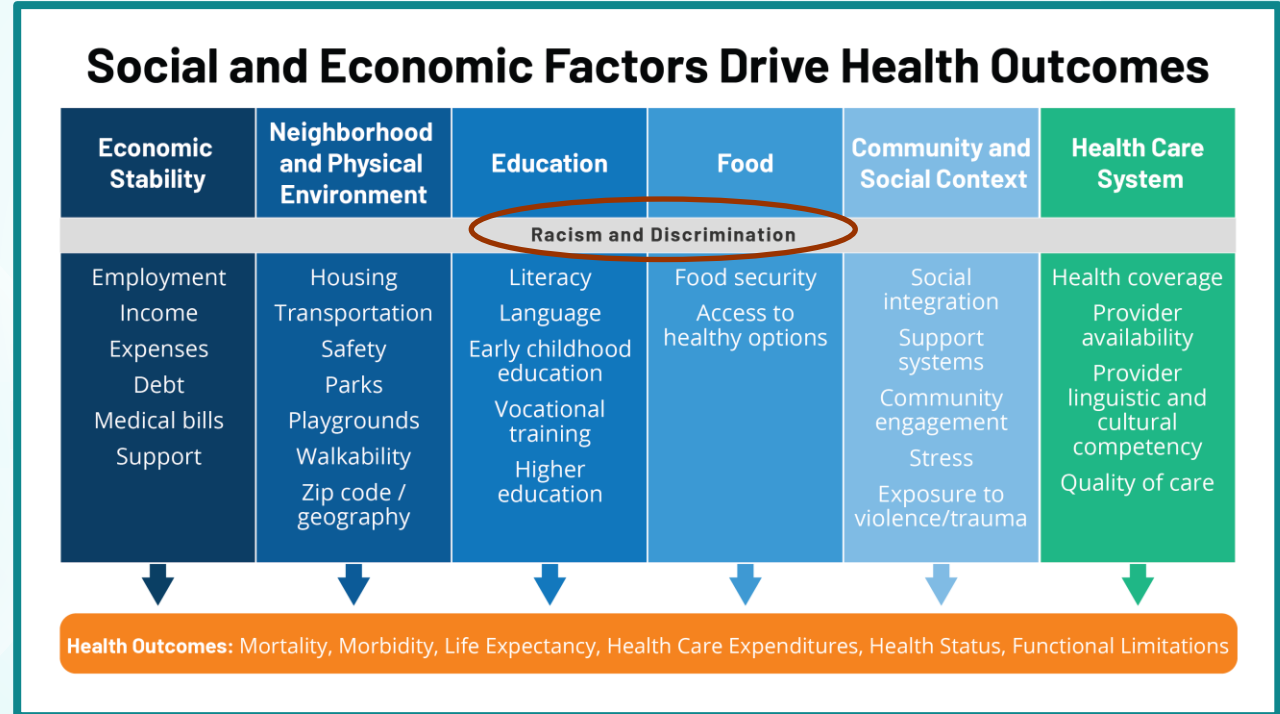
The **combination of laws, policies, and rules that are embedded within society and organizations** that generate and reinforce inequities, disadvantaging groups of color

Systemic Racism

Social Determinants of Health (SDoH)

Healthy People 2030:

“Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks”



Health _____ Outcomes

Systemic racism's impact on
patient health outcomes



Racial Health Disparities

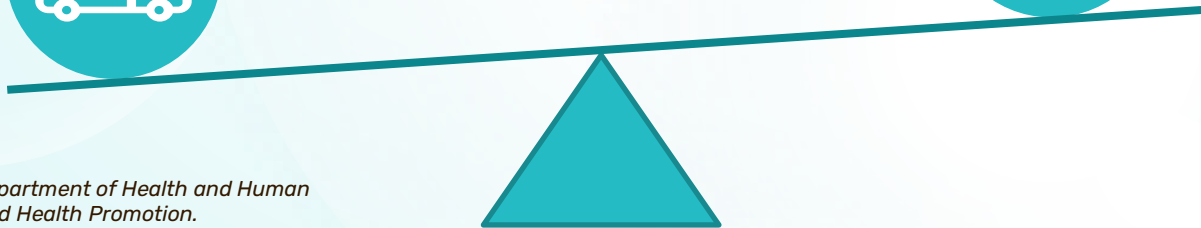
Health Disparities

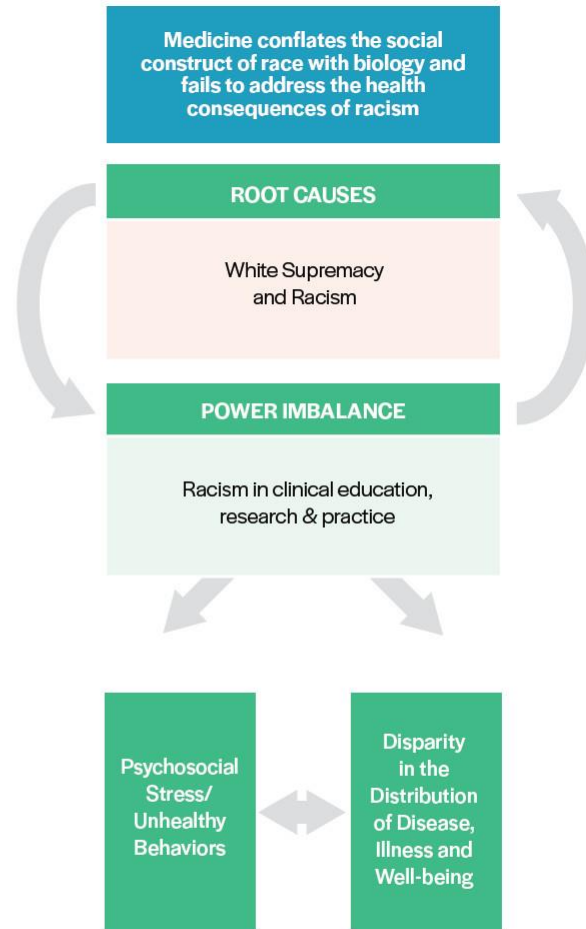
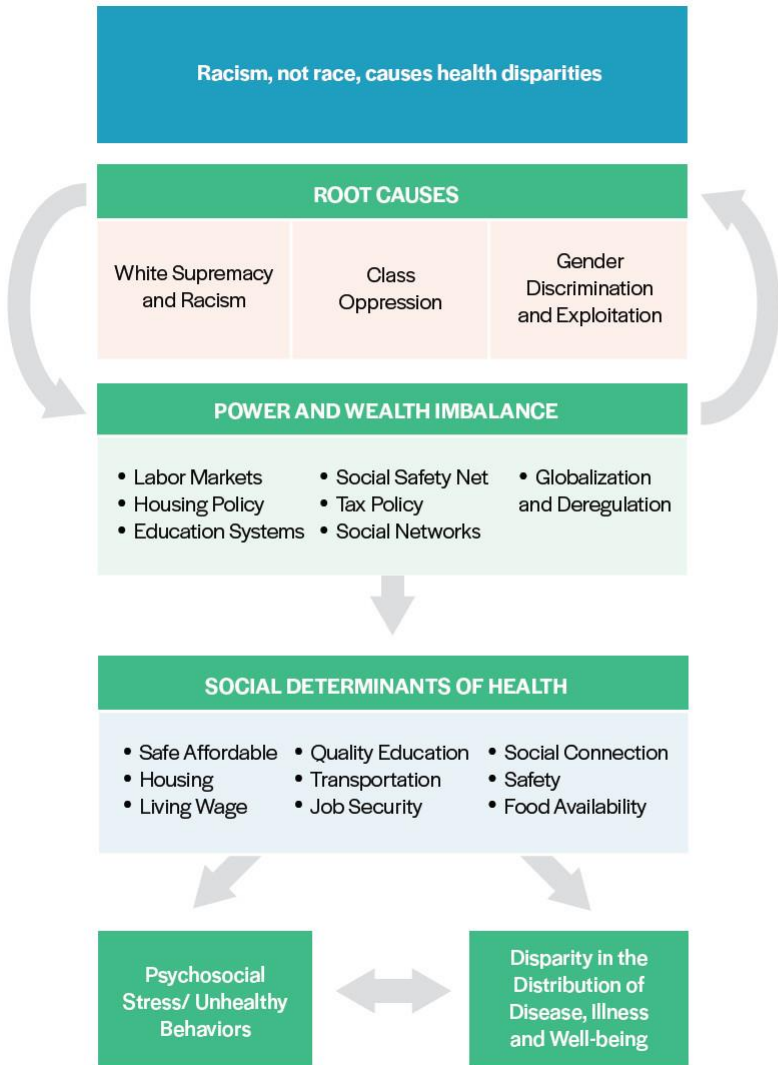
Health differences that are closely linked with **social, economic, and/or environmental disadvantage** that adversely affect groups of people who have systematically experienced greater obstacles to health (based on their race)



Health Equity

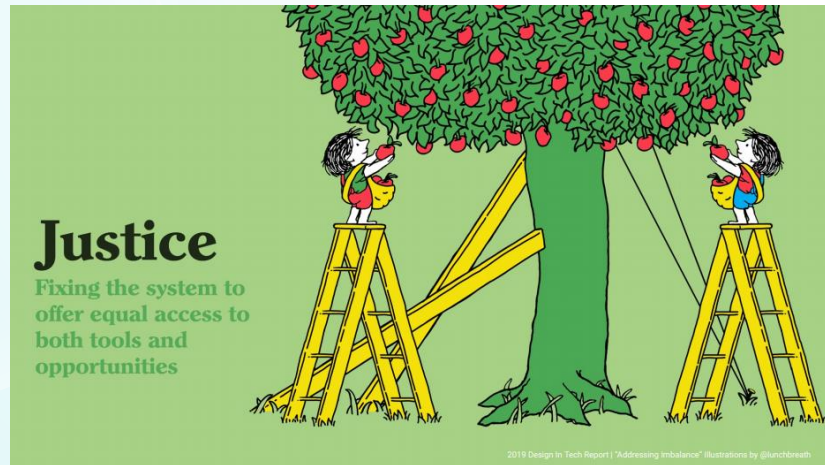
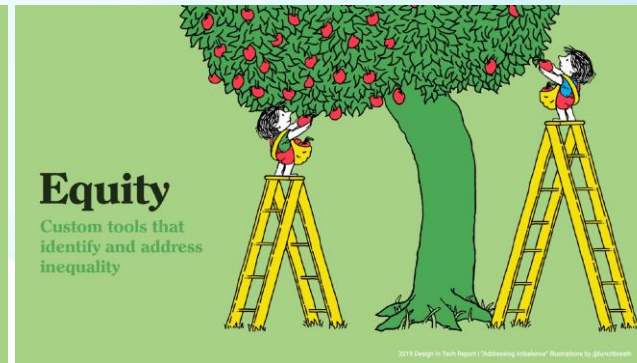
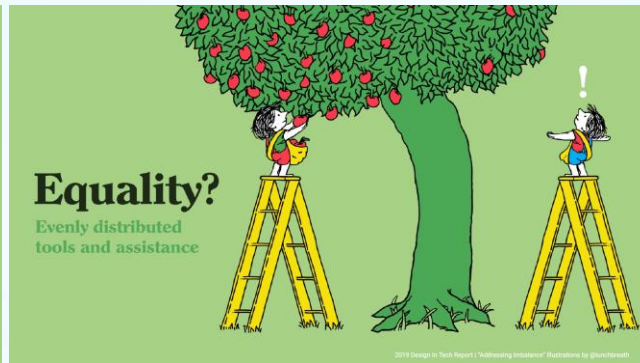
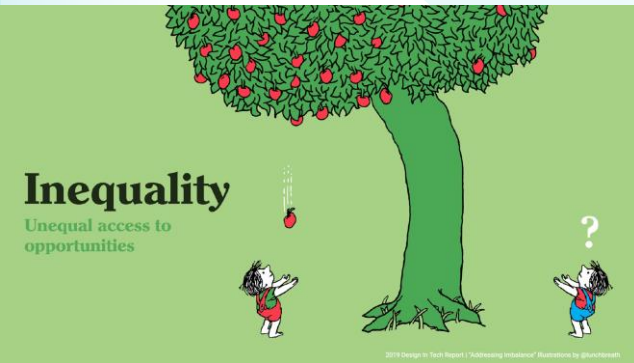
Valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and **the elimination of health and health care disparities**; aka **attainment of the highest level of health** for all people



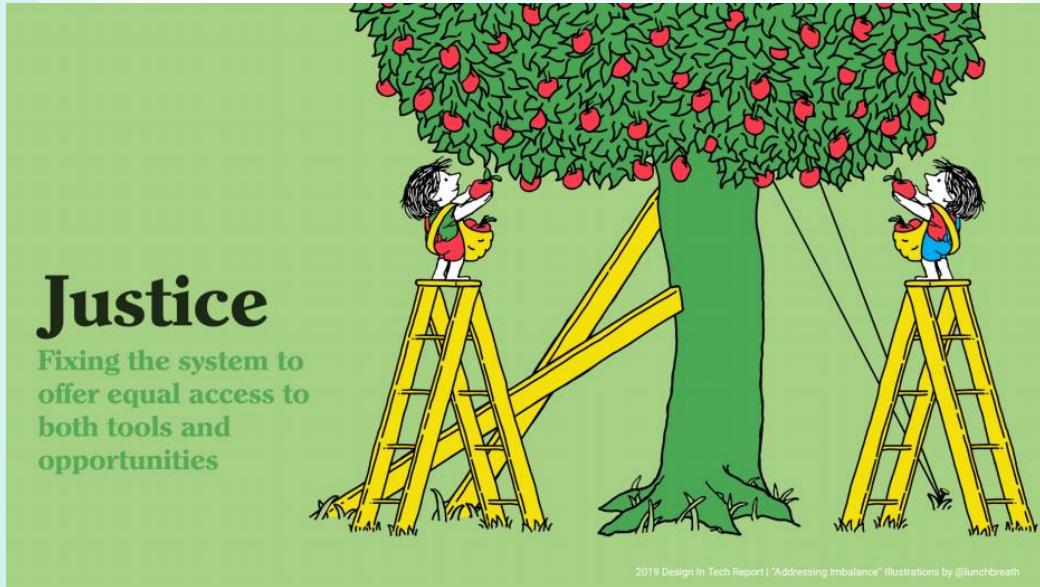


<https://belonging.berkeley.edu/toward-abolition-biological-race-medicine-8>

Health Equity & Racial Justice



Racial Justice



The **systematic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all**

The presence of **deliberate systems and supports to achieve and sustain racial equity through proactive and preventative measures**

Pharmacist's Role —

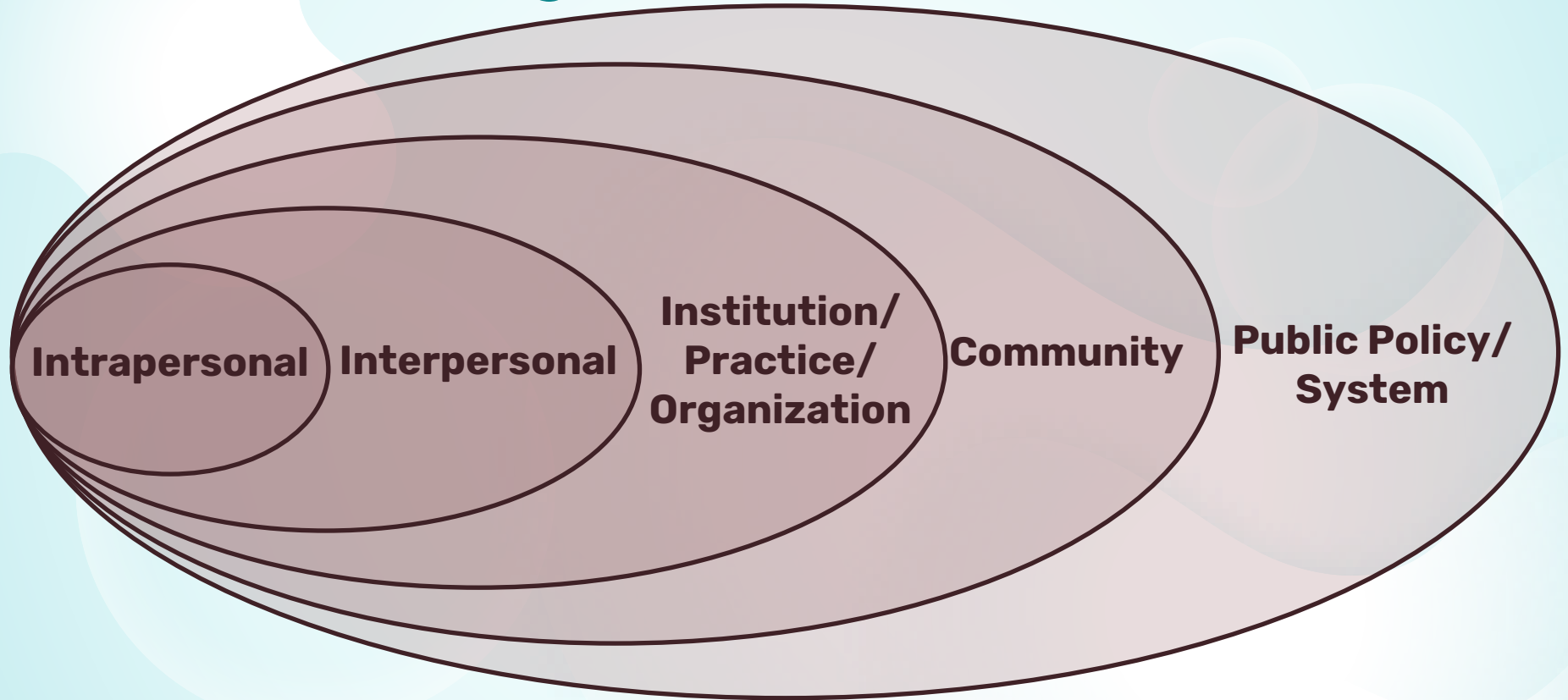
Considerations for action for
pharmacists to address health
disparities rooted from the issues of
systemic racism



The Social-Ecological Model

- The **social ecological models** recognize individuals as embedded within larger social systems
 - Describes the interactive characteristics of individuals and environments that underlie health outcomes
 - Used in public health to influence health outcomes and effect behavior change
- Intervention strategies can be implemented at each level of influence

The Social-Ecological Model



Intrapersonal (*Patient-Level Interventions*)

- Education/training/skills enhancement of targeted population or individual (aka, **the patient**)

Culturally sensitive patient education

Medication affordability

Non-pharmacologic recommendations

Improved participation in research and clinical trials

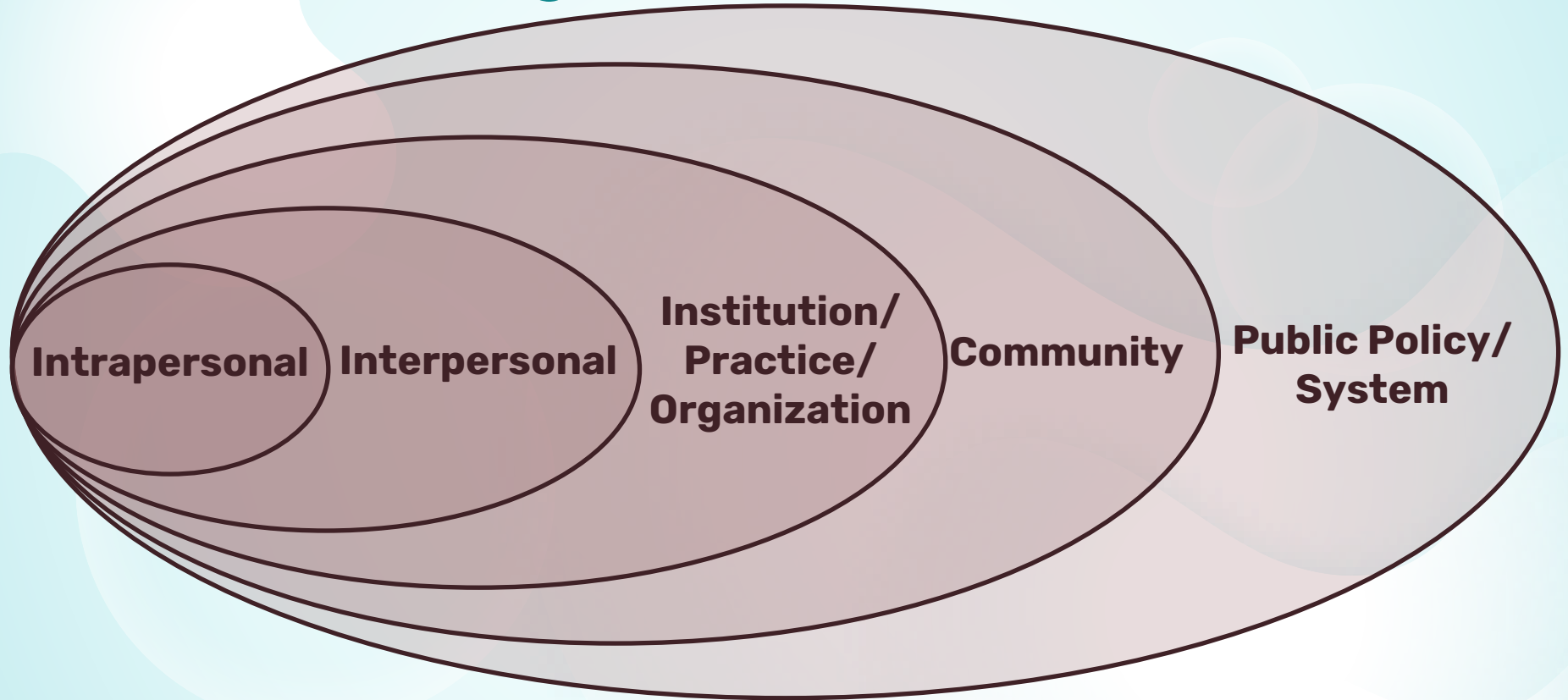
Primary prevention strategies/screening

Medication adherence interventions

Referral/collaboration with other providers

Appropriate use of precision medicine

The Social-Ecological Model



Interpersonal Level

- Education/training/skills enhancement of people who interact with target population (e.g., **healthcare workers**, family members, friends, teachers, coworkers)

Actions for self:

Self awareness of implicit biases; trainings

Actions to others:

Medication counseling/education to parents, caregivers, families, and social circles

(Faculty) Develop the requirement for education/training to include antiracism and implicit-bias education in the pharmacy curriculum

Bias



Explicit

Conscious and intentional bias; individuals are aware of prejudices and attitudes; expressed directly



Implicit

Unconscious or hidden bias; expressed indirectly

Bias

STRATEGIES TO COMBAT OUR IMPLICIT BIASES

	Description	Resources
I ntrospection	Explore and identify your own implicit biases by taking implicit association tests or through other means.	Project Implicit – Implicit Association Tests (https://implicit.harvard.edu/implicit/)
M indfulness	Practice ways to reduce stress and increase mindfulness, such as meditation, yoga, or focused breathing.	“Three Ways Mindfulness Makes You Less Biased” (https://greatergood.berkeley.edu/article/item/three_ways_mindfulness_can_make_you_less_biased)
P erspective-taking	Consider experiences from the point of view of the person being stereotyped. This can involve consuming media about those experiences, such as books or videos, and directly interacting with people from that group.	“A Conversation About Growing Up Black” (https://www.nytimes.com/video/opinion/100000003670178/a-conversation-about-growing-up-black.html?module=inline)
L earn to slow down	Pause and reflect on your potential biases before interacting with people of certain groups to reduce reflexive reactions. This could include thinking about positive examples of that stereotyped group, such as celebrities or personal friends.	“Snacks and Punishment” (https://www.nytimes.com/video/us/100000004818677/snacks-and-punishment.html?playlistId=100000004821064)
I ndividuation	Evaluate people based on their personal characteristics rather than those affiliated with their group. This could include connecting over shared interests or backgrounds.	“Long-Term Reduction in Implicit Race Bias: A Prejudice Habit-Breaking Intervention” (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3603687/)
C heck your messaging	Embrace evidence-based statements that reduce implicit bias, such as welcoming and embracing multiculturalism.	“The Impact of Multiculturalism Versus Color-blindness on Racial Bias” (http://groups.psych.northwestern.edu/spcl/documents/colorblind_final_000.pdf)
I nstitutionalize fairness	Promote procedural change at the organizational level that moves toward a socially accountable health care system with the goal of health equity.	The Equity and Empowerment Lens (https://multco.us/diversity-equity/equity-and-empowerment-lens)
T ake two	Practice cultural humility, a lifelong process of critical self-reflection to readdress the power imbalances of the clinician-patient relationship.	“Cultural Humility Versus Cultural Competence: A Critical Distinction Defining Physician Training Outcomes in Multicultural Education” (https://melanietervalon.com/wp-content/uploads/2013/08/CulturalHumility_Tervalon-and-Murray-Garcia-Article.pdf)

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 apply my knowledge, experience, and skills to **ADVANCE HEALTH EQUITY** to assure optimal outcomes for **ALL** my 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 CHAMPION DIVERSITY, EQUITY, INCLUSION, AND ANTI-RACISM.**
- I will hold myself and my colleagues to the highest principles of our profession's moral, ethical, skills, experiences, and values to prepare the next generation of pharmacists and legal conduct.
- I will embrace and advocate changes that improve patient care.
- I will utilize my knowledge.

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

Interpersonal Level

- Education/training/skills enhancement of people who interact with target population (e.g., **healthcare workers**, family members, friends, teachers, coworkers)

Actions for self:

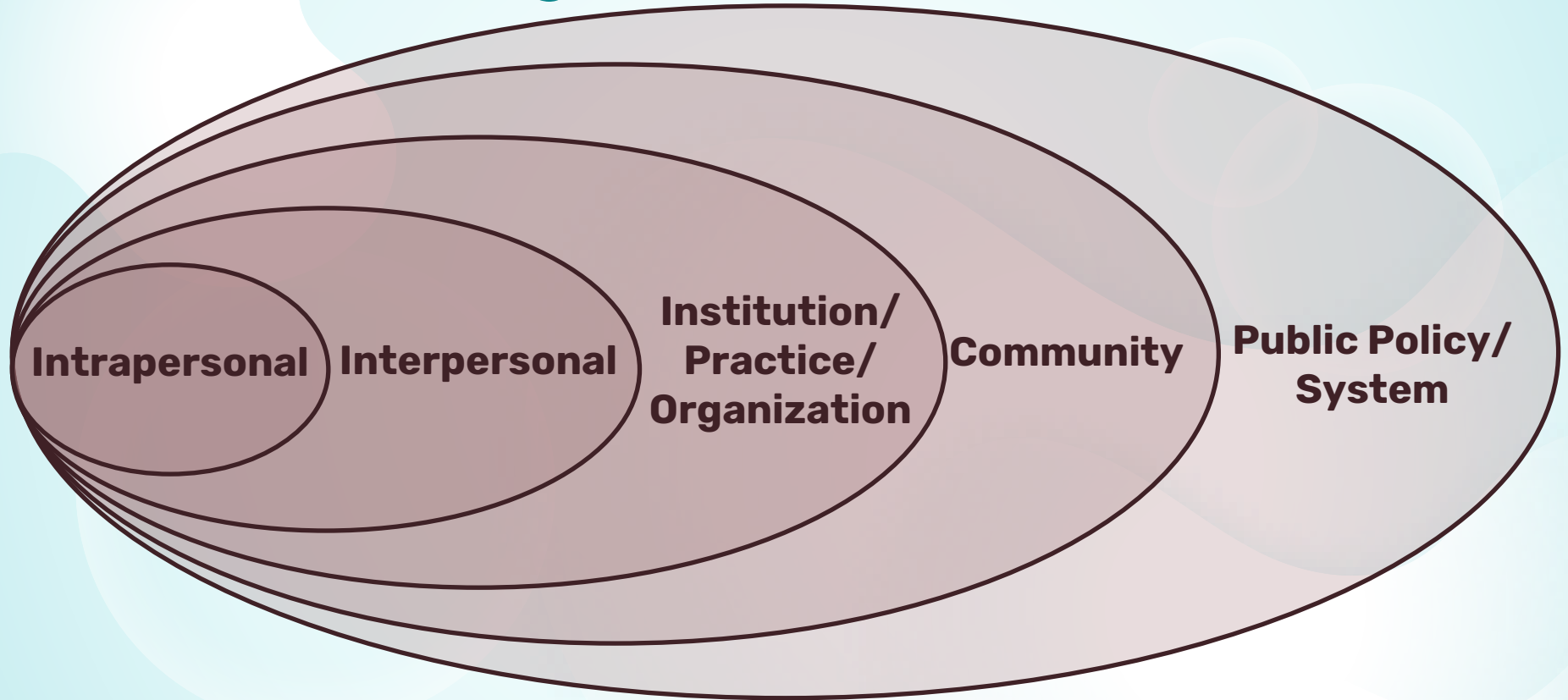
Self awareness of implicit biases; trainings

Actions to others:

Medication counseling/education to parents, caregivers, families, and social circles

(Faculty) Develop the requirement for education/training to include antiracism and implicit-bias education in the pharmacy curriculum

The Social-Ecological Model



Institutional/Practice Level

- Education/training/skills enhancement of **institution members** beyond target population and immediate contacts, including **institutional leaders**
- Modifications to institutional environments, policies, or services

Establish equity in recruitment and hiring processes

Create sustained space to engage in dialogue around antiracism & implicit bias with colleagues

Establish equity in leadership to create opportunities for minority individuals and create processes for support

Review and revise organizational policies and standard operating procedures to ensure that they are equitable

Institutional/Practice Level (Cont.)

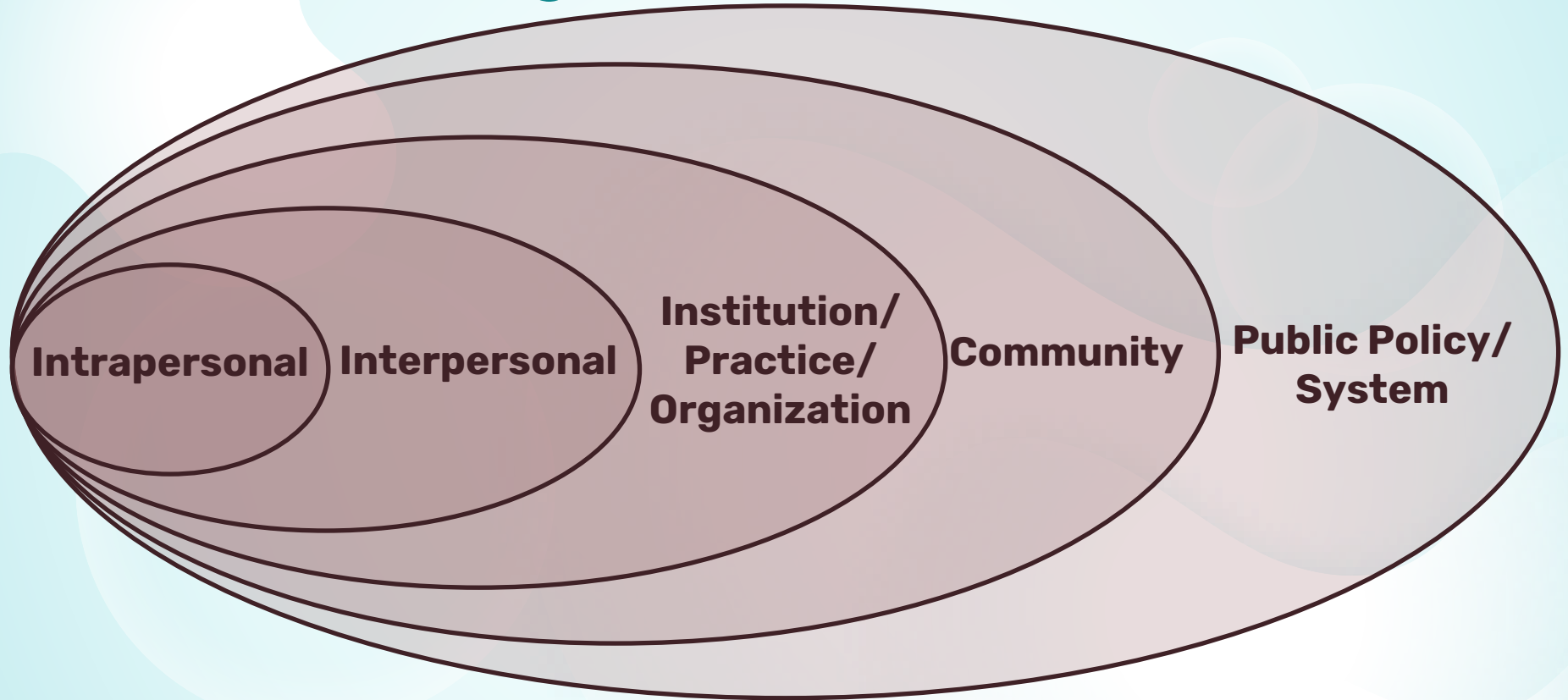
- Education/training/skills enhancement of **institution members** beyond target population and immediate contacts, including **institutional leaders**
- Modifications to institutional environments, policies or services

Mandatory implicit bias training for employees

Create specific task forces or committees to lead antiracism efforts

Improve use of EHR for automatic screenings (i.e., SDOH) to triage and identify at-risk individuals and interventions

The Social-Ecological Model



Community Level

- Education/training/skills enhancement of **general community**, including **community leaders**

Community Engagement

Develop relationships with local service organizations

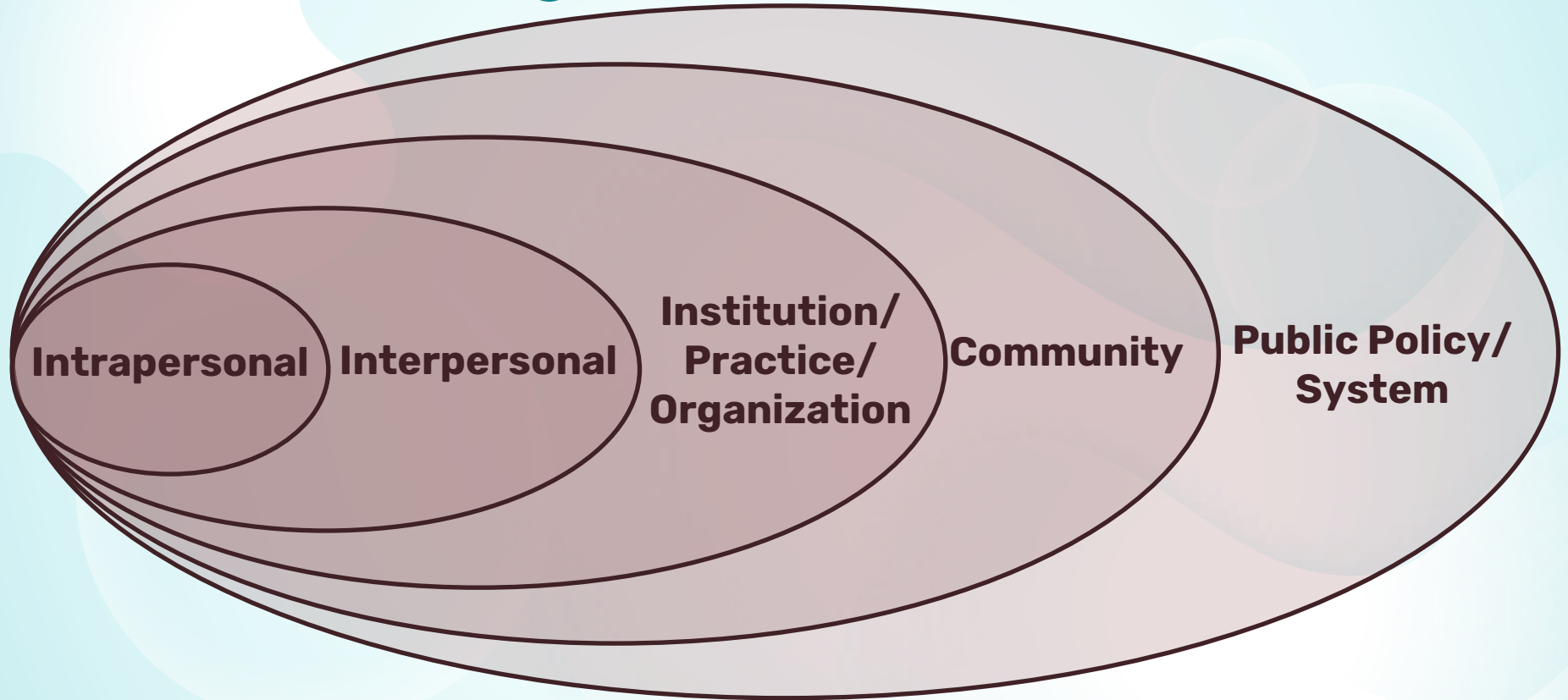
Volunteer (healthcare, and non-healthcare related)

Community Needs Assessment and Planning

Advocacy to community leaders

Community-based participatory research

The Social-Ecological Model



Public Policy/System Level

- Enhancements to **public policies** and/or perception/attitudes of **policy makers**

Political
advocacy

Direct
communication
to policy makers

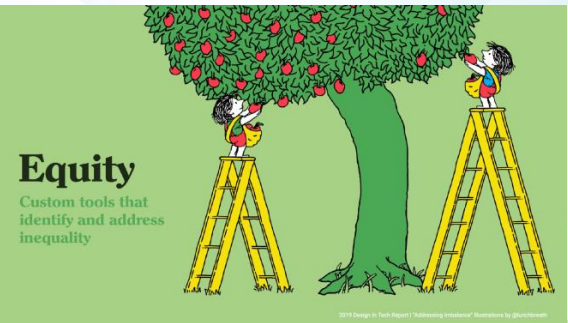
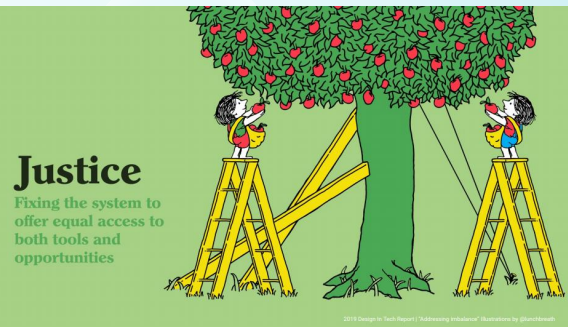
Elected position
in local, state, or
national
legislative bodies

Campaigning

Lobbying

Engage with state
and national
societies

SOCIAL DETERMINANTS AND SOCIAL NEEDS: MOVING BEYOND MIDSTREAM





Post-test

Final knowledge assessment

Race is defined as which of the following?

- A. Social construct**
- B. Biological construct**
- C. Genetic construct**
- D. All of the above**

02

The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks is the definition of which of the following?

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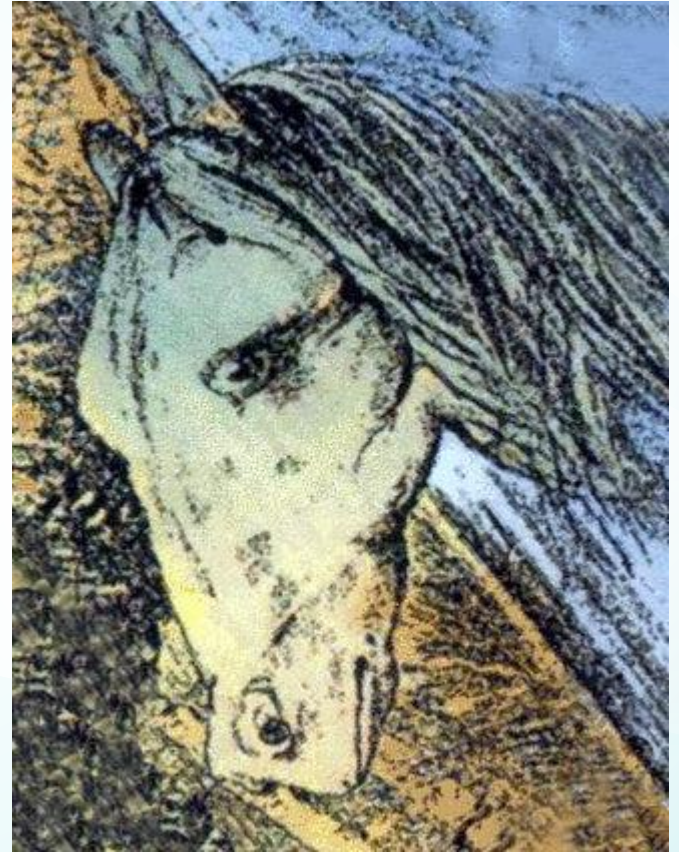
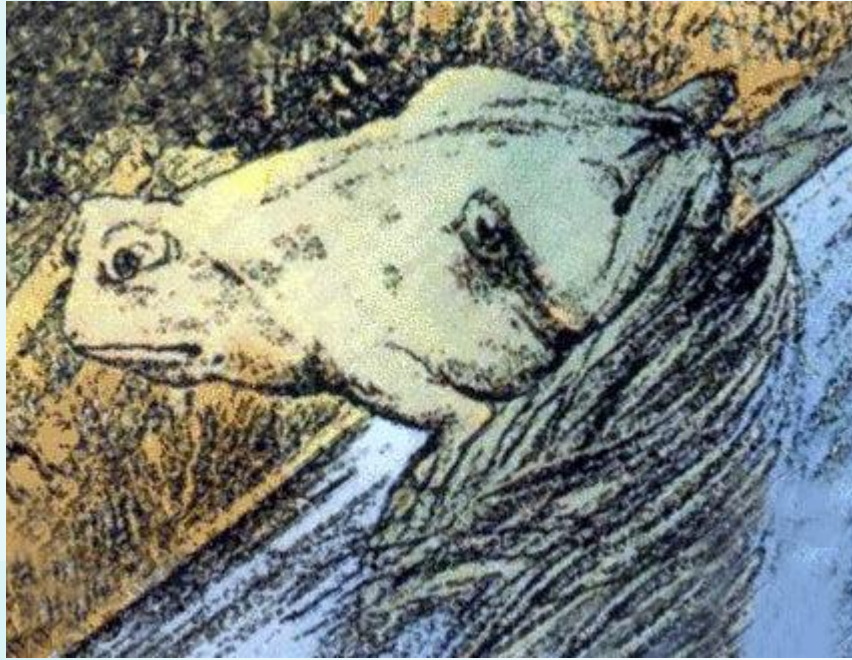
True or False:

The upstream concept proposes a shift in addressing health disparities by identifying the root causes of concerns geared towards targeted, macro-level interventions

True

Self-reflection:

What are some effective strategies you can implement as a pharmacist to best address health disparities?



**What questions do you
have?**



**THANK
YOU!**

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