MOVING FROM INJUSTICE TO EQUITY: A TIME FOR THE PHARMACY PROFESSION TO TAKE ACTION

COMMENTARY

Call to Action for Promoting Social Justice

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INTRODUCTION

The idea for this themed issue was spurred by the intersection of several major observations that should, in the editors' views, serve as a call to action for the pharmacy Academy. In 2020, the tragic killings of Breonna Taylor, Daniel Prude, George Floyd, and Rayshard Brooks, along with countless other Black individuals before them,^{1,2} highlighted the social injustices rooted in the country's systemic constructs of racism that have persisted for centuries and, distressingly, remain prevalent in society today. Black, Latino, and Native American/Alaskan Native men are more likely to die from police violence than White men, with Black men being 2.5 times more likely to be killed by police than White men.³ Similarly, early on in the pandemic and throughout it, we have witnessed COVID-19 fueling anti-Asian racism and xenophobia, with numerous reports of increasing hate crimes and violence against Asian Americans.⁴

Looking at the bigger picture, we see overwhelming social injustices well beyond police violence and hate crimes. Inequities put racial and ethnically marginalized communities at increased risk of becoming ill and dying from COVID-19 due to discrimination, racism, implicit bias, lack of access to quality health care, occupational risks, educational/wealth and income gaps, and crowded or poor housing situations, among many other issues.^{5,6} Deaths resulting from COVID-19 are 2.0-2.4 times higher for African American/Black, Hispanic/Latino, and American Indian/Alaska Native individuals as compared to White

individuals.⁵ Moreover, multiple social, geographic, political, economic, and environmental factors have created challenges to vaccination access and acceptance that often more adversely affect racial and ethnic minority groups, as evident in data from the Centers for Disease Control and Prevention. For example, based on information from September 4, 2021, data from 63.5% of people who had been fully vaccinated for COVID-19, indicate that racial and ethnic disparities continue to exist in vaccination rates.⁷ Specifically, although Hispanic and Black individuals represent 17.2% and 12.4%, respectively, of the US population, as of September 4, 2021, only 16.3% of individuals receiving the vaccine were Hispanic and 9.8% were Black.⁷

DISCUSSION

Why a Theme Issue on Injustice Was Needed

While pharmacy curricula address cultural sensitivity as required by the Accreditation Council for Pharmacy Education standards, many programs fail to adequately discuss the impact of racism and discrimination on social injustices and health inequities.⁸ While a lack of cultural awareness and sensitivity are independent factors influencing racial and ethnic health disparities, and therefore training in this area is a positive step forward, cultural competency training by itself has not been shown to strongly impact patient outcomes.⁹ Cultural competence must be accompanied by actions promoting social justice that rely in part on addressing structural racism and social determinants of health. One may question whether faculty, staff, and students are fully prepared for the uncomfortable and difficult conversations that could lead to positive action regarding racism and social justice. Simply talking

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about inequities, racism, and discrimination over the course of history is not enough. We and our students, as future health care professionals, need to become *antiracists*, defined as “individuals who take meaningful action to dismantle structural racism and achieve social justice for all.”¹⁰ While social science literature is robust in conceptualizing structural racism, limited information is geared to health care professionals, especially pharmacists.¹¹ In 2007, the American Association of Colleges of Pharmacy-Pharmaceutical Services Support Center (AACP-PSSC) Commission encouraged students and faculty members to deliver culturally competent care in efforts to eliminate disparities in health care delivery.¹² The guest editors for this issue postulate that, while some action has been taken, it has not been adequate and more aggressive efforts are needed to change adverse outcomes and trajectories. To be effective and create change that promotes social justice, we must not only emphasize culturally specific content, but curricula should also include recognizing and exploring personal biases and prejudices, understanding the social determinants of health, examining the historic constructs that underlie social injustices, and empowering pharmacy students, faculty, administrators and staff to work with communities, including health care systems and all clinical environments, to positively affect change. We will not fully achieve social justice and health equity until we dismantle the structural components (laws, rules, organizational practices, societal norms) of racism.^{11,13}

In reflecting on health disparities and the needs of underserved communities, it is clear we need a more diverse pharmacy workforce. We must embody an inclusive culture, not only in terms of race and ethnicity, but also gender identity, sexual identity, disabilities, and myriad other characteristics that serve as the basis for marginalization and discrimination. Minorities are substantially underrepresented in the health professions. In the 2010 US Census, African Americans accounted for nearly 13.6% of the US population and Hispanics accounted for nearly 16.3%,¹⁴ whereas the 2010 Equal Employment Opportunity Census indicated that, of the 253,925 individuals identifying as pharmacists, only 3.6% identified as Hispanic or Latino and 5.7% identified as Black or African American.¹⁵ The authors recognize that health care professionals who are from diverse backgrounds tend to better understand the culture, background, and historical events affecting minorities and thereby build greater trust, which can influence the achievement of better outcomes.¹⁶ While precise numbers for pharmacists are lacking, we know that only 23% of African Americans and 26% of Hispanics report having a physician who is the same race or ethnicity as themselves, compared to 82% of White Americans.^{17,18} One way to address these workforce needs is to diversify

the student body for health professions. Unfortunately, per the American Association of Colleges of Pharmacy (AACP), only 9.3% of pharmacy students identified as African American or Black and 7.2% identified as Hispanic or Latino in 2019, showing more work is needed.¹⁹

Recognizing the need to educate and prepare a more diverse pharmacy workforce relies not only on pharmacy schools recruiting underrepresented students to the profession, but also on them intentionally fostering inclusive and supportive environments that provide learners with role models (eg, faculty, preceptors, mentors) from racially and ethnically diverse backgrounds. Unfortunately, racial and ethnic diversity among faculty is woefully lacking in most schools of pharmacy across the country. The 2019-2020 AACP Faculty Profile indicates only 323 (5.1%) and 206 (3.2%) of the 6,362 faculty in the Academy identified as Black/African American or Hispanic/Latino, respectively.²⁰ Greater efforts need to be placed on developing the pipeline, recruiting, supporting, and retaining underrepresented faculty as the literature abounds with the challenges that women and underrepresented minorities face in higher education.^{21,22} Additionally, attention is needed to ensure our academic environments are safe and inclusive spaces for faculty, students, and staff to thrive.

While there are many things to do to move from injustice to equity (not all of which have been listed in this introductory commentary), one of the major obstacles to achieving these goals is that the Academy has not raised this to a high enough priority. Whether that is due to pharmacy educators and administrators lacking awareness, being uncomfortable with the conversations that may ensue, failing to prioritize social justice and equity, or for other reasons, the huge magnitude of the topics requires action and change. We recognize pharmacy cannot do it alone; this needs to be a focus across all health professions and, moreover, society as a whole. Although health professions should ideally work together, we in pharmacy cannot not wait to take bold steps. Pharmacy education must focus on building more inclusive and diverse communities within each of our organizations and constituencies (eg, student, faculty, and staff); developing safe, supportive, and inclusive environments; educating faculty, students, staff, and those in practice; increasing scholarly efforts related to the intersections of the pharmacy profession with diversity and social justice; and creating action to address racism, discrimination, and social injustice, especially as they relate to health care. National pharmacy organizations recently took a public stand against racial injustice and advocated for dismantling inequities and working together to promote and uphold social justice, but more is needed.²³ It is time for action.

What Was Included

Based on the aforementioned problems and challenges, faculty representing three separate schools of pharmacy decided to compile a themed issue focused on social justice, with the aim of moving from injustice to equity, to submit for publication in the *American Journal of Pharmaceutical Education*. We recognize that the concept of social justice may be new to some, and a host of definitions exist. Simply put, social justice refers to the fair and equitable distribution of benefits and burdens in society.²⁴ Three core values embedded in social justice are equal rights, equal opportunity, and equal treatment.²⁵ The themed issue was envisioned to serve as a place to highlight scholarship related to social justice with particular emphasis on trying to address contemporary issues facing pharmacy. We would like to thank *AJPE* Editor Gayle Brazeau and her staff at the *Journal* for agreeing to pursue this themed issue.

We received numerous manuscript proposals for consideration and were only able to include a limited number in this issue. We encourage authors whose papers were not selected for publication, as well as others interested in this field, to continue to pursue publication of their work as the literature in this area is tremendously lacking. We are thrilled to have compiled some excellent articles for inclusion in this themed issue and believe they will be useful for the entire Academy. The authors of the manuscripts included in this themed issue commonly highlighted a lack of focused attention in terms of addressing structural racism, social determinants of health and health equity, ongoing individual and organizational biases, and a lack of sustained individual and organizational commitment as major challenges within our Academy that perpetuate social injustices. Collectively, the articles call for transformative changes in pharmacy, including curricular changes, enhancing patient-provider racial concordance by recruitment and retention of students as well as faculty, expanding the role of historically Black colleges and universities (HBCUs), and enhancing support for students and faculty. Overall, the manuscript authors raise important questions which should lead to reflection by all members of the Academy; identify major barriers and challenges that we in the Academy need to address in terms of recruitment, professional development, and the curriculum; and provide recommendations that can serve as a foundation for transformational change in the Academy.

CONCLUSION

We believe the recurring killings of Black and African American individuals, social unrest, and countless people who suffer the consequences of discrimination and

social injustices should serve as a call to action for the Academy. Pharmacists, the most accessible health care professionals, have an important role in promoting not only health equity but also social justice. Hopefully, the articles included in this themed issue will inspire you, your organization, and the Academy to have the courage to go beyond words. Individual, community, and cultural paradigm shifts must occur, along with investments in people, dreams, and the future to enable meaningful actions that produce measurable outcomes.

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