Academic Pharmacy NOW
The News Magazine of the American Association of Colleges of Pharmacy
Volume 13
2020 Issue 4

Confronting Racial Injustice

Pharmacy schools are taking concrete steps to contend with the role that systemic racism plays in health disparities. 14

Also in this issue:

American Association of Colleges of Pharmacy AACP
Pharmacists Help People Live Healthier, Better Lives.

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American Association of Colleges of Pharmacy AACP

Pharmacists Help People Live Healthier, Better Lives.

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Founded in 1900, the American Association of Colleges of Pharmacy is the national organization representing the interests of pharmacy education. AACP comprises all accredited colleges and schools of pharmacy, including more than 6,600 faculty, approximately 63,800 students enrolled in professional programs and 4,800 individuals pursuing graduate study.

Letters to the Editor

We welcome your comments. Please submit all letters to the editor to communications@aacp.org.

About *Academic Pharmacy Now*

Academic Pharmacy Now highlights the work of AACP member pharmacy schools and faculty. The magazine is published as a membership service.

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VIRTUAL PHARMACY EDUCATION 2020

Dear Colleagues:

The year 2020 is one like none other we have experienced. A global pandemic dawned early in the year and brought its full force to the United States in February and March. Forced shutdowns, except for "essential services" that included the work of pharmacists on the frontlines, shuttered businesses and imposed economic hardship on individuals and commerce. By late spring and throughout the summer, horrifying examples of police brutality, almost exclusively against people of color, sparked protests that turned to violence and destruction of property in many communities. And all of this has happened against the backdrop of the elections of 2020. Some characterize the upcoming November election as the most important in our country's history.

Conversations about structural racism and the need for change have begun within AACP at the staff, leadership and member levels. It was a central theme in Dean Dayna Bowen Matthew's Opening General Session presentation to kick off the Virtual Annual Meeting programming. The intersectionality of health disparities, structural racism and the disproportionate incidence of COVID-19 morbidity and mortality among populations of color forces us all to examine what we have and have not done as health professionals and educators to address the underlying issues of racism and its impact on communities.

As reflected in the articles in this issue of *Academic Pharmacy Now*, several member institutions have fortified their efforts over the past several years in admissions, curricula and research to achieve specific goals for their institutions and the communities they serve. Pipeline programs that start with kindergarteners, mobile clinics that take care throughout a rural county poorly served by traditional delivery systems, and students and faculty engaged in diverse and far-reaching community service activities that are jointly developed with members of the communities being served are excellent examples of how colleges and schools of pharmacy can make a difference.

AACP has done some work on diversity and inclusion to date. Programs like Dean Matthew's keynote have been part of several AACP member and leadership programs in past years. Former President David Allen formed a task force aimed at increasing the diversity in the pool of candidates for AACP offices, especially at the Board of Directors level. This year's slate of candidates represents progress in our goal to have our board reflect the diversity of our membership.

Making a significant difference in health disparities and structural racism is a marathon rather than a sprint. Our Institute on Diversity and Inclusion, to be held virtually in January 2021 jointly with the University of Mississippi School of Pharmacy, will provide participating schools stimulating content that is intended to deepen our individual and collective understanding and commitment to realizing AACP's vision for a healthier society with equal opportunities for **ALL**.

Sincerely,

Lucinda L. Maine, Ph.D., R.Ph.
CEO and Publisher

Pharmaceutical Entrepreneur Dr. Jie Du Donates $5 Million to Establish Academic Drug Development Center at University of the Pacific

The Jie Du Center for Innovation and Excellence for Drug Development will promote innovation through education, training and mentorship.

Pharmaceutical entrepreneur and University of the Pacific alumna Dr. Jie Du has donated $5 million to found the Jie Du Center for Innovation and Excellence for Drug Development at the university's Thomas J. Long School of Pharmacy in Stockton. The gift has been matched by the Powell Fund Match established through an extraordinary gift of $125 million from the estate of the late Regents Robert C. and Jeannette Powell, doubling the impact of Du's gift and resulting in a $10 million endowment to the School of Pharmacy.

"I wanted to do something that would make a meaningful difference for Pacific students," said Du. "When I started my American life as a young student at Pacific who barely spoke English, I never dreamed that one day I could contribute to the success of the university's School of Pharmacy. I'm deeply grateful for the education I received and this opportunity to prepare Pacific students as they embark on careers in pharmaceutical drug development and business."

Du earned her Ph.D. in pharmaceutics from Pacific in 1993 and served as the founder, president and CEO of JDP Therapeutics Inc. until it was acquired in 2019. The Jie Du Center will serve to promote innovation in drug development through education, training and mentorship, while fostering collaboration between Pacific students and industrial scientists. Students will gain skills in pharmaceutical regulation, entrepreneurship and business to prepare them for navigating the challenges associated with new ventures in drug development.

> ***"This transformative gift allows Pacific and the Thomas J. Long School of Pharmacy to create a distinctive academic center. The center's key initiatives are focused on student success, including support for research, student travel for presentations and funding of innovative research equipment. These opportunities will play a crucial role in transforming our students into practice-ready scientists and professionals."***
>
> *—Dr. Phillip R. Oppenheimer, Dean*

Each year, hundreds of innovative ideas are assessed by investors for their scientific, clinical, regulatory and business merits, as well as commercial opportunities and limits. To prepare students for successful careers, they need a deep understanding of all aspects of the pharmaceutical and health care technology industries.

"Innovation is a precious commodity for the cutting-edge, highly competitive pharmaceutical and biotechnology industries," said Dr. Bhaskara R. Jasti, a professor of pharmaceutics and medicinal chemistry at Pacific. "We are excited the center will provide a platform for entrepreneurial innovators to translate their ideas into products that improve the well-being of patients."

Programs offered at the center will be open not only to Pacific students but also to alumni and scientists currently working in the industry. The center's mission of training practice-ready scientists aligns with the university's mission of preparing students for lasting achievement and responsible leadership in careers and communities, as well as Thomas J. Long School of Pharmacy's mission of preparing students for lifelong success in health and health-related careers.

The gift will count toward Leading with Purpose: The Campaign for University of the Pacific, the university's historic fundraising campaign to advance academic programs of excellence and relevance, enhance student scholarships and improve facilities. The campaign is more than 80 percent of the way toward its $300 million goal. ■

Originally published May 26, 2020, by the Thomas J. Long School of Pharmacy, University of the Pacific. Reprinted with permission.

A Push for Practice Transformation

Implementation science can help roll out advanced pharmacy services and reduce the time from research to clinical care delivery.

By Joseph A. Cantlupe

While scientists frequently study and map out future healthcare models for pharmacists and physicians, something is often missing for years: delivering clinical care. "We are taking a long time to translate evidence into routine practice," Dr. Geoffrey M. Curran, director of the Center for Implementation Research at the University of Arkansas Medical Sciences (UAMS), said of traditional bench-to-bedside practice. "One of the ironies is we study two areas, both how 'things' (i.e., interventions) work and how to actually help people/places to implement the thing, which often happens separately and adds to the time in making it happen in routine care."

When healthcare models are finally translated into clinical care practice, it takes an average of 17 years, Curran said. With that lengthy gap, there is frustration and stilted innovation. Curran, a sociologist who worked in psychiatry for years, wanted to find out the "whys" and "why nots" of what makes new clinical practices translate, or not, into routine care. His work evolved into pharmacy practices, and he found "there is a growing urgency in health services research to address the seemingly intractable research to practice gap," Curran said. "The urgency has fueled the development of implementation science."

Implementation science. What does that mean in pharmacy? Essentially, it delves into the how and why of practice transformation, involving various measures and quality assurance metrics needed to roll out advanced pharmacy services at a scale to improve healthcare outcomes that result in cost-effectiveness, according to Curran. Curran's work, his job title, his Center, is wrapped around the term. He is a leader in the field of implementation science, especially for academic pharmacy. He pores over the whys and wherefores of evidence-based medicine, medication prescribing and dispensing and medication adherence against the backdrop of a wide range of target diseases, such as cardiology or mental health concerns. By having pharmacists become more deeply involved in conversations with patients and having a greater role in clinical care (e.g., screening and testing), the process of implementation science takes hold, he explained. He introduces the notion that "implementation science has its own primary outcome measures, distinct from clinical/preventative/outcomes used in effectiveness research."

"I refer to those outcomes of how much and how well they (implementers) 'do the thing.' Verbally, I then explain that these measures focus on the extent (how much) and the quality (how well) of implementation," he wrote. And then, there's the rub: "We are trying to speed up the process," Curran said simply.

"There is a growing urgency in health services research to address the seemingly intractable research to practice gap. The urgency has fueled the development of implementation science."

—Dr. Geoffrey M. Curran

Scalable Outcomes

By burrowing deep into implementation science, Curran believes that researchers and clinicians can reduce the time frame of research findings getting to clinical care and improve the quality of delivering needed interventions. Dr. Cindy Stowe, UAMS College of Pharmacy dean, said that every step of the translation of research/evidence into practices that lead to improved cost-effective quality patient care is relevant and important. "Implementation science is a tool that expedites successful uptake and replication of practice advancement by identifying and amplifying successful strategies and mitigating barriers that inhibit practice model advancement," she noted. "Colleges and schools of pharmacy must urgently embrace a collaborative approach to align and fortify our commitment to advancing this area of research."

Implementation science is beginning to make inroads in the pharmaceutical and government communities, and it is taking hold in academia, though the process is slower than some hoped. It was only in recent years that the National Institutes of Health, other federal funding agencies and healthcare professional organizations embraced its adoption in research, healthcare practices and training, said Dr. Grace M. Kuo, dean at the Oregon State University College of Pharmacy, affiliated with Oregon Health and Science University.

Too often, pharmacy interventions are evaluated for effectiveness, but there is a conclusion of "insufficient evidence because results could not be reproducible or scalable," Kuo said. With the implementation science approach, she noted, practice-based research benefits from including not only studies outside of the pharmacy but actual pharmacy practice too. "Implementation science encompasses both compounds of research and practice," she said. In that way, implementation science becomes a "key strategy for pharmacy practice and curriculum advances."

There is no greater time than now to initiate those formulas, Kuo continued. "Certainly COVID-19 has presented greater importance for pharmacists to demonstrate our value, not necessarily by generating more individual studies from individual practice sites, but by demonstrating scalable outcomes that impact large groups of the patient population and societal benefits," she said. "Conceptual frameworks and approaches of implementation science can help pharmacists, researchers and administrators deliver consistent, highly reliable and best care by pharmacists to all patients, including screening, prevention and management related to COVID-19."

While the field is still considered young, implementation scientists have been not only developing frameworks and strategies but also working with patients and providers to improve healthcare. One of the areas that Curran is exploring in implementation science involves working with rural pharmacies. "Rural pharmacists are often the most accessible and most trusted health professionals within these communities, and we are trying to leverage that," Curran said. He is involved with the Rural Research Alliance of Community Pharmacies, or Rural-CP, described as the first multistate practice-based research network developed exclusively for rural community pharmacies. It bills itself as a network of 100 rural community pharmacies spanning five southeastern states, collaborating with colleges of pharmacy to identify and address "societal, community and professional questions" that relate to medication use and pharmacy practice.

Curran said interventions involving pharmacists and practitioners include medication and vaccines, but the network hopes to explore new directions such as mental health and trauma

"One area where a lot of innovative pharmacy programs have fallen short is in their ability to reach patients that need care. Simply expanding payment is often not enough to incentivize pharmacists to provide clinical services."

—Dr. Joel F. Farley

"Long-standing focused efforts to advance pharmacist practice within health systems have been successful and transformational. Untapping the potential of community-based pharmacists' care teams to transform healthcare delivery through their accessibility and expertise is long overdue."

—Dr. Cindy Stowe

screening and alcohol abuse, as well as COVID-19 testing. "We're trying to look into a wide range of possible interventions to maximize the unique place of pharmacies in rural communities." Curran and his team are working on other projects as well, including using telehealth technology to integrate pharmacist interventions with rural primary care practices, with a focus on uncontrolled diabetes and hypertension.

Accelerating Change

Elsewhere, implementation science is being used to evaluate a healthcare initiative to improve standard payment models. The University of Minnesota and the UNC Eshelman School of Pharmacy are involved in a program with 12 regional pharmacy organizations encompassing 15 different pharmacies to provide medication management for patients of HealthPartners, a regional insurer based out of Minnesota. This initiative, the Health Partners in Excellence Program (PIE), focuses on how well pharmacies can improve diabetes hemoglobin A1C control, high blood pressure control and smoking cessation, which are common in many pay-for-performance models.

A unique aspect of this program is that it not only pays pharmacists for how well they achieve patient outcomes, but it also pays them for their ability to engage patients in the program. "One area where a lot of innovative pharmacy programs have fallen short is in their ability to reach patients that need care," said Dr. Joel F. Farley, professor and Peters Endowed Chair in Pharmacy Practice Innovation, associate department head, Department of Pharmaceutical Care and Health Systems at the University of Minnesota College of Pharmacy. "Simply expanding payment is often not enough to incentivize pharmacists to provide clinical services. What is unique about the PIE program is that it provides a bonus incentive to pharmacies that meet quality outcome measures if they are able to provide medication therapy management to at least 40 percent of eligible patients attributed to their pharmacy."

A UNC Eshelman School of Pharmacy blog about the "Slice of PIE" innovation describes implementation science as vital to its success. The university defines implementation science as "the study and application of strategies that promote the systematic uptake of research findings and other evidence-based practices into routine use." University officials believe the approach can accelerate change by monitoring CMM (certified medical manager) patient care processes, and especially ensuring consistency in the delivery of CMM across 12 organizations and pharmacies.

According to the University of Minnesota, one of the biggest challenges—and opportunities—in healthcare is to ensure that patients are prescribed optimal medications for their needs. About 30 percent of prescriptions are never filled and about half of medications for chronic diseases are not taken as prescribed, which results in hospital admissions and about 125,000 deaths nationwide each year.

While there is much enthusiasm for implementation science around developing frameworks of care and data outcome measures, there is still confusion among researchers about what exactly it entails and how the process is being carried out not only in pharmacies but also in academia. Farley referred to his involvement in a North Carolina University payment model evaluation team when he was there. While many pharmacies were enrolled in the program, only a small number actually took part, he said. "It seems as though there are certain pharmacies that can incorporate this into their workforce and buy into the concept of providing clinical services," Farley noted, "but there are

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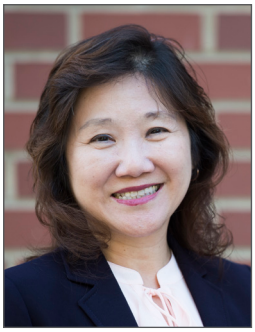


some that have a bigger challenge with it and they never become engaged with the program."

Curran conceded in a paper that "learners participating in introductory didactics on implementation science are often confronted with a dizzying array of information and recommendations to consider when thinking about or planning an implementation study." But, this area of research continues to be a priority for UAMS, noted Stowe.

"UAMS resides in a state with a vibrant pharmacist community of entrepreneurs and innovators who provide accessible pharmacist-based health and wellness care and product delivery to their communities," she said. "Long-standing focused efforts to advance pharmacist practice within health systems have been successful and transformational. Untapping the potential of community-based pharmacists' care teams to transform healthcare delivery through their accessibility and expertise is long overdue."

A Tool for Training

Oregon State University is among those jumping into implementation science. The university has been engaged in pharmacist or pharmacy-based research in the past, but now it is "exploring additional ways to support and promote scholarly work by adopting implementation science in our future research, clinical practice and educational endeavors," Kuo said. "Because implementation science is an emerging tool for clinical practice and healthcare professional training programs, courses at pharmacy schools across the country are not readily available. It is not easy to find pharmacy faculty with this expertise at each school. Furthermore, it is challenging to add more courses at most pharmacy schools since the pharmacy curriculum is already packed with required courses."

Like implementation science itself, which is an evolving field, educators are examining different ways to deliver its message in academic settings. "When teaching student pharmacists, I try to curate learnings from the science, so I talk about specific strategies and project design," Curran said. Future programs could involve elective courses for pharmacy students, facilitating their participation in graduate-level courses from other degree programs, immersion and mentorship programs.

As Curran noted in papers on implementation science, some of the academic questions include: What kinds of research move into implementation science? How do I know if my research is ready to be examined with an implementation science lens? How do I know when my intervention is ready for implementation? Curran said a description of implementation science and "of its place among related fields can be difficult."

"After I introduce the concept of 'the thing' (the intervention being explored), I then explain that effectiveness research, which most of my (students) are familiar with, is focused on whether the thing works—meaning that receiving it results in positive (or not) impacts on clinical/prevention/whatever outcomes," Curran has written. "Over a year's time, I experimented with using very simple language to get those points across. Concepts of *the thing* and *do the thing* have also been helpful in providing a quick explanation of implementation science to non-scientists."

Ultimately, Kuo noted, "We want to train the next generation of pharmacists to effectively translate the best research evidence into practice and to generate best research ideas for practice." ■

Joseph A. Cantlupe is a freelance writer based in Washington, D.C.

A New Outlook on Obesity

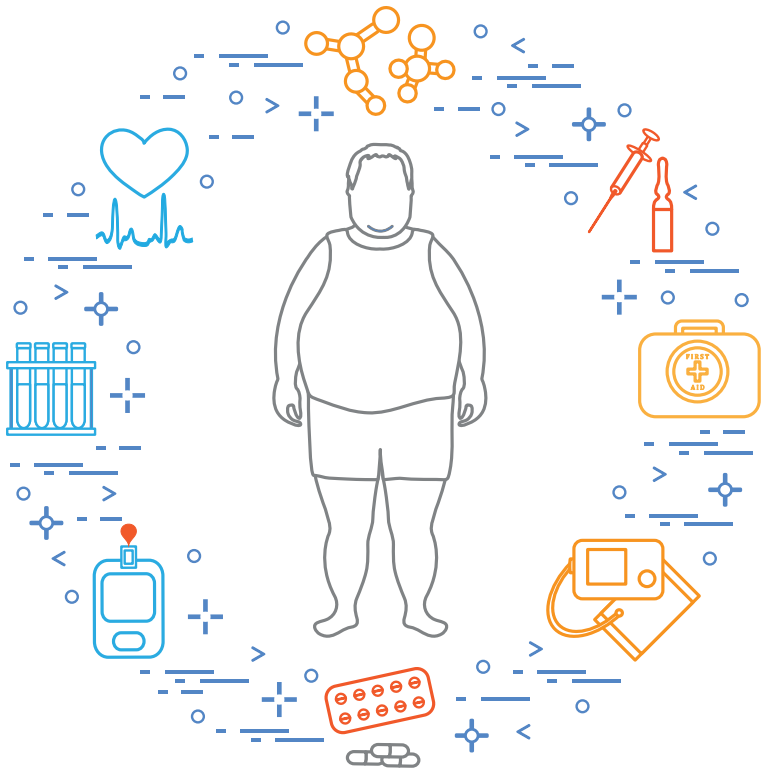
Pharmacy schools can help address the nation's obesity crisis by incorporating competencies into the curriculum.

By Emily Jacobs

Despite public health efforts at all levels of government, obesity continues to be a serious issue in the United States. Defined as having a body-mass index (BMI) of 30.0 or higher, obesity has been linked to numerous chronic health conditions, including diabetes, cardiovascular disease and hypertension, according to the Centers for Disease Control and Prevention. Obesity affected 42.4 percent of U.S. adults in 2017–18.

Various providers may find opportunities to address obesity among patients because it can have such wide-ranging effects on health. However, many health professionals have not been trained to talk about obesity effectively, partly due to a lack of standardized obesity education. Improved education and training could help medical students and healthcare professionals better communicate with their patients about obesity.

This has created a need for health professions educational institutions to include obesity training in their curricula. The Provider Competencies for the Prevention and Management of Obesity aim to address this need. These competencies are the interdisciplinary creation of the Provider Training and Education Workgroup of the Integrated Clinical and Social Systems for the Prevention and Management of Obesity Innovation Collaborative, an ad hoc activity associated with the Roundtable on Obesity Solutions at the National Academies of Sciences, Engineering, and Medicine that culminated in a Robert Wood Johnson Foundation funded project via the Miliken School of Public Health at George Washington University.



"It was an incredibly collaborative, positive group, recognizing that we all had our different areas of primary competence," said Dr. Jan Kavookjian, associate professor of health outcomes research & policy at Auburn University Harrison School of Pharmacy (HSOP), and member of the interprofessional panel selected to develop the competencies. "We were trying to generate broad competencies in specific categories that would make them relevant across health professions."

The workgroup created a list of 10 competencies that emphasize the need to approach obesity as a disease. The competencies also note that collaboration among health professionals can help achieve better results for patients and practitioners alike. Practices should have safety accommodations specific to individuals carrying extra weight. The competencies also emphasize the use of evidence-based care for individuals with obesity, obesity risk or obesity comorbidities. Providers are also encouraged

to minimize biases or discrimination against individuals with obesity and use person-centered communication.

These competencies are not meant as a stand-alone set or curriculum; they can be integrated into current curricula or used to create new curricula. Obesity competencies are intended as general concepts for obesity knowledge, obesity care or prevention and weight-related patient interactions. Competencies are meant to provide a common language for clinical experiences involving obesity. Several health professions education institutions across the nation are incorporating these competencies into their curricula.

An Opportunity for Pharmacy Schools

The gap in knowledge regarding obesity management presents an opportunity for pharmacy schools. By implementing obesity competencies into the curricula, colleges of pharmacy can help train future pharmacists to address the obesity crisis within their communities. At Auburn University, HSOP leaders have developed an integrated Pharm.D. professional curriculum, with an aim to create a "Practice Ready Graduate." This curriculum prepares student pharmacists to deliver both pharmacological and nonpharmacological obesity management services in community-based settings. This includes an introduction to obesity as a disease and the impact of lifestyle changes and pharmacological approaches.

HSOP's curriculum also gives students training in providing direct patient care, thus expanding the role of the pharmacist beyond dispensing medications. For example, in their fourth year, student pharmacists rotate through HSOP's two on-campus pharmaceutical care clinics. This provides experience in patient care activities, including caring for persons with obesity. Students deliver counseling under the Healthy Habits Weight Management Program and conduct biometric screenings for university employees as part of the award-winning Healthy Tigers Wellness Program.

While HSOP first developed its "Practice Ready Graduate" vision in 2014, it began transitioning to a new, competency-based curriculum in the 2017 fall semester. This incorporates many of the obesity competencies developed by the Collaborative. Other pharmacy schools have expressed interest in applying this approach to varying degrees to their curricula.

Dr. Margarita DiVall, associate dean for faculty affairs, diversity, equity and inclusion, Northeastern's Bouvé College of Health Sciences, supports incorporating obesity competencies into the curriculum, especially given that obesity is a major risk factor for many chronic diseases. "It's critical for us to educate our pharmacy students about obesity, particularly because it disproportionately affects people of color and those with lower socioeconomic status," DiVall said. "While treatment can include pharmacological agents, it is also important to instruct students on nutrition and lifestyle factors that impact obesity and to teach them about the role they play on an interdisciplinary team. They need to know everybody's role, including the role of the pharmacist, and how to work with the team on identifying the right time for implementation of pharmacological agents. In our curriculum, we talk about obesity as a risk factor for many chronic diseases and have specific time dedicated to the topics of obesity epidemiology, racial and ethnic disparities, prevention and management."

Communication Style Matters

One of the key obesity competencies is the use of "person-centered communication." This means that a healthcare professional uses person- and family-centered communication, which engages the patient and other individuals through active listening and empathy, encourages a patient's autonomy and uses shared decision making. With person-centered communication, obesity is discussed in a non-judgmental manner that takes into account the different environmental, social, emotional and cultural factors that may be involved.

HSOP's curriculum broadly integrates person-centered communication, including motivational interviewing skills training. This helps future pharmacists develop communication skills that create a positive, therapeutic relationship with their patients. "When you think about person-centered communication, it's about seeing them as an individual, not identifying them by their disease," said Kavookjian. "This is an individual person with a whole life and identity beyond his or her diseases or conditions. When we say that someone is 'morbidly obese,' it is just simply derogatory, it implies something is hopeless, there's a judgment to it. [Person-centered communication brings] a focus on removing stigmatizing language like, 'She's obese' and instead conveying something like, 'This is a person with obesity' or 'She is a person carrying extra weight.'"

DiVall added, "There is a lot of information out there about the effects of body shaming on mental health and behavior. I think this is a perfect opportunity for interprofessional education in this space. Mental health experts and others can work with student pharmacists to train them on best approaches

Provider Competencies for the Prevention and Management of Obesity

Competencies for Core Obesity Knowledge

1. **Demonstrate a working knowledge of obesity as a disease**

   Providers identify key measures for the assessment of obesity and care outcomes. Providers recognize the role of endogenous factors like genetics and epigenetics that affect susceptibility, comorbidities, and mortality. Providers recognize the impact of the social context/systems of care for obesity, including family constellation/interaction, and the role of the community environment on obesity. Providers recognize what factors propel and sustain obesity at the individual level.

2. **Demonstrate a working knowledge of the epidemiology of the obesity epidemic**

   Providers recognize the demographics and key factors contributing to the obesity epidemic and its trends over time; providers recognize the factors that propel and sustain obesity at the population level.

3. **Describe the disparate burden of obesity and approaches to mitigate it**

   Professionals recognize the disparate burden of obesity and approaches to mitigate it; professionals also recognize the inequities in resources and access for the prevention and management of obesity.

Competencies for Interprofessional Obesity Care

4. **Describe the benefits of working interprofessionally to address obesity to achieve results that cannot be achieved by a single health professional**

   Professionals are trained to understand and utilize the skills and competencies of other health professionals, including public health practitioners and community health workers; providers are able to work effectively in an interprofessional health team.

5. **Apply the skills necessary for effective interprofessional collaboration and integration of clinical and community care for obesity**

   Clinical providers and community health professionals recognize needs and opportunities for collaboration and integration of clinical care and community systems to prevent and mitigate obesity; providers collaborate with other providers and community systems to improve patient and population outcomes; professionals collaborate with community organizations to advocate for nutrition and physical activity policies.

Competencies for Patient Interactions Related to Obesity

6. **Use patient-centered communication when working with individuals with obesity and others**

   Providers open discussions about obesity in a neutral manner; providers recognize the environmental and cultural context of obesity and incorporate this information in their counseling; providers recognize the role that inappropriate language can play in shaming patients with obesity; providers are trained to use people-first language (e.g., "people with obesity," rather than "obese people") as well as appropriate terminology for physical activity and food intake throughout encounters with patients.

7. **Employ strategies to minimize bias towards and discrimination against people with obesity, including weight, body habitus, and the causes of obesity**

   Providers recognize and mitigate their inherent biases based on weight; providers understand the ways in which bias and stigma impact health outcomes; providers are able to address and minimize bias in their practice and the practice of others.

8. **Implement a range of accommodations and safety measures specific to people with obesity**

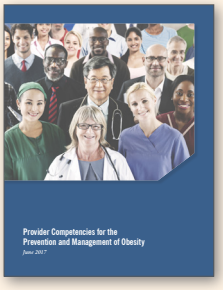
   Providers demonstrate respectful communication and action towards people with obesity by recognizing their specific needs.

9. **Utilize evidence-based care/services for people with obesity or at risk for obesity**

   Interprofessional providers assess the severity of obesity; using shared decision-making, providers develop and implement an appropriate care plan.

10. **Provide evidence-based care/services for people with obesity comorbidities**

    Providers identify and respond to severe psychological (e.g., adverse childhood experiences, purging, binge eating, food hoarding, weight-based victimization, social challenges, suicidal ideation, depression) and medical comorbidities (e.g., uncontrolled diabetes and high blood pressure, post-operative complications, significant sleep-disordered breathing).



Download the summary and full report:
https://bipartisanpolicy.org/report/provider-competencies-for-the-prevention-and-management-of-obesity/

> ***"There is a lot of information out there about the effects of body shaming on mental health and behavior. I think this is a perfect opportunity for interprofessional education in this space. Mental health experts and others can work with student pharmacists to train them on best approaches in communicating with patients who are dealing with obesity."***
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> *—Dr. Margarita DiVall*

in communicating with patients who are dealing with obesity."

HSOP's obesity teaching unit, as well as other first-semester teaching units, strongly emphasize person-centered communication. The second semester also includes person-centered communication within a comprehensive disease management unit focus that connects comorbid conditions, including obesity, with related self-management behaviors that pharmacists can discuss with patients. Communication skills training for motivational interviewing and shared decision-making are further emphasized in the second year with focus on the self-management behaviors needed for neurological and psychiatric conditions, and again focusing on comprehensive disease management in the third year in preparing student pharmacists for their fourth-year clinical rotations.

"This aspect of the curriculum is key to raising awareness among students about implicit or explicit biases they may have against individuals with obesity," Kavookjian pointed out. "It helps them speak to and about patients in a way that highlights their strengths and reduces stigma. This includes talking about healthy eating, physical activity, sleep hygiene and other positive behavioral changes that can empower individuals. A lot of what we see in mainstream healthcare uses really judgmental, provider-centered language that does more harm than good. When individuals feel stigmatized, they are not only less likely to seek treatment, they are less likely to return [to their provider]."

Pharmacists Can Lead the Conversation

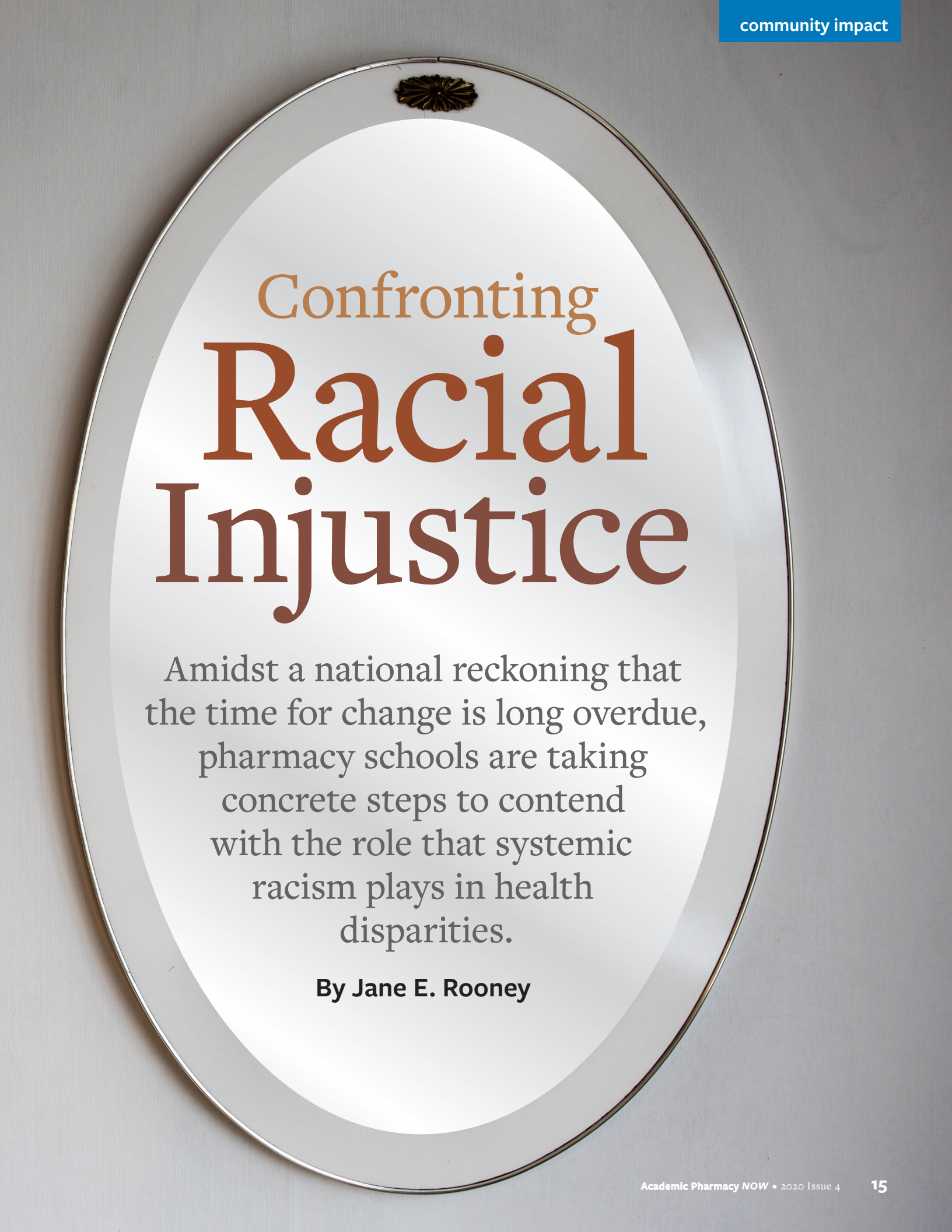
Pharmacists in particular play a critical role in addressing obesity in the U.S. population. They are widely considered one of the most accessible and trusted health professionals, thanks to frequent face-to-face interactions with patients. Pharmacists can help provide medication monitoring and disease management services, offering suggestions for lifestyle changes and informing patients about specific risk factors. They are also well positioned to work with other healthcare professionals to address the needs of patients with obesity.

"This is a great opportunity for interprofessional collaboration because we often focus on teaching pharmacy students about pharmacotherapy," DiVall noted. With the treatment and prevention of obesity reaching across the spectrum of health professions, "many professionals, including physical therapists, physicians, nutritionists, dieticians and mental health specialists can work with pharmacists to address risk factors, prevention and treatment with patients."

Additionally, pharmacists can help lead changes in language and communication with patients. This may include the use of person-first terms, such as "individuals carrying extra weight" or "a person with obesity," rather than disease-focused terms like "obese patient." With pharmacy school training, professional pharmacists can become more aware of biases they may have toward individuals with obesity. This can help create a more collaborative, strengths-based and non-judgmental environment for patients that can better encourage healthy behaviors.

"As the profession of pharmacy advances, these future pharmacists really are going to enter a practice that has so much opportunity to advance [this approach]," Kavookjian said. "Future pharmacists are really going to have an opportunity to make an impact... Regardless of what setting a student pharmacist goes into, there will always be opportunities to talk to persons carrying extra weight." ■

Emily Jacobs is a freelance writer based in Toledo, Ohio.



Confronting Racial Injustice

Amidst a national reckoning that the time for change is long overdue, pharmacy schools are taking concrete steps to contend with the role that systemic racism plays in health disparities.

By Jane E. Rooney

Events in 2020—the coronavirus pandemic and the Black Lives Matter protests sparked by the death of George Floyd and others at the hands of police—have underscored the troubling history of racism and health disparities in the United States. In a July 14 Health and Science section devoted to racism as a public health crisis, *The Washington Post* quoted a *New England Journal of Medicine* editorial: **"Slavery has produced a legacy of racism, injustice and brutality that runs from 1619 to the present, and that legacy infects medicine as it does all social institutions."**

During the virtual AACP Annual Meeting in July, Dr. Dayna Bowen Matthew, dean, George Washington University School of Law, addressed these issues in the Opening General Session. She discussed how the pandemic has revealed America's structural inequality; the implicit bias in American healthcare and how that affects minority patients; structural racism that leads to disproportionate impacts on minority populations; and the need to train pharmacists to change the culture and improve research on the social determinants of health. The Centers for Disease Control and Prevention notes that social determinants of health have historically prevented racial and ethnic minority groups from having fair opportunities for economic, physical and emotional health.

In 2017, the National Academy of Medicine published *Perspectives on Health Equity and Social Determinants of Health*, in which the authors recommended additional research on the multiple effects of structural racism and implicit and explicit bias on health and healthcare delivery. The authors noted, "Martin Luther King Jr. said, 'Injustice anywhere is a threat to justice everywhere.' Translated to health, this means that when injustice is unchallenged, including the injustice of health disparities anywhere, society exposes its shared sense of community and nationhood to imminent risk of corrosion. These realities underscore the importance of the Academies' report…[which] clearly outlines that health inequities are in large part a result of poverty, structural racism and discrimination, and that disparities based on race and ethnicity are the most persistent and difficult to address."

While pharmacy has made some progress in trying to attract a diverse workforce, there is still work to be done. According to the 2019 National Pharmacist Workforce Study, 78 percent of licensed pharmacists are white; Black pharmacists represent only 4.9 percent of the profession. The study concluded that "…the racial diversity of licensed pharmacists continues to underrepresent the racial diversity of the general population in the United States."

For this two-part feature, *Academic Pharmacy Now* spoke with pharmacy deans, faculty and staff to get their perspectives on what the Academy can and should be doing to address racial injustice and how pharmacy schools can take action in practice and within their communities.

Getting to the Root of Racism

This summer, AACP joined the National Pharmaceutical Association (NPhA) and other pharmacy organizations in releasing a statement to take a stand against racial injustice. Dr. Lakesha Butler, clinical professor, director of diversity, equity and inclusion, Southern Illinois University Edwardsville (SIUE) School of Pharmacy, and NPhA president, said the organization wants to be a resource for understanding and helping to address racism. "NPhA is primarily made up of Black pharmacists and other underrepresented minorities who have faced racism in their daily lives. We have provided anti-racism resources on our organization's website and we are also hosting a three-part racial inequity webinar series about why are we here (the historical context), social determinants of health and the sharing of strategies specifically in healthcare to address racial injustice," Butler said. "I am working with other national pharmacy organizations to develop strategies on how we can look at things from an organizational perspective. Does your organization reflect the types of individuals you want to attract? We want to call out something that has been part of our country for centuries. Oftentimes it's been the norm to focus on racial disparities but not really delve into why those disparities exist. There is this idea that Blacks are at higher risk for certain disease states because of their lifestyle, but ultimately the most likely reason for those disparities is systemic racism. We have had over 300 years in which it was legal to discriminate against Blacks in this country. There was a shift that started the Civil Rights Act but those hundreds of years still manifest today in a variety of ways. For example, there are manifestations of redlining, with education and with resources, resulting in limited access to healthcare. We have to dig deep into our country's history to understand why these disparities are happening and persist."

Butler sees race as a social construct and said pharmacy schools need to move beyond that in the curriculum. "There is a gap right now in addressing the root cause of these health inequities. We've typically not discussed those things," she pointed out. "The topic of racism tends to stir up feelings of defensiveness and discomfort. However, racism is structural and systemic. It's in the very foundation of our country. It's easy to overlook because if we don't know what we're looking for, we don't know what to look for and address."

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> *—Dr. Lakesha Butler*

The SIUE School of Pharmacy is making adjustments to its curriculum. "We're incorporating the topic of systemic racism and its impact on social determinants of health in a third year required course on population health. In our second year required cultural competency course, we're going to explore systemic oppression and racism and discuss toxic stress, chronic trauma and the resulting negative health outcomes associated with racial-based trauma," she said. "I've spoken to colleagues who are planning to incorporate similar topics within their existing curriculum. That's where we need to push our curriculum—finding ways to address the root causes of health disparities. We've seen the needle slightly move but I feel we haven't seen the dramatic change in health disparities that we've hoped for because we have not addressed the root cause. That's when we can break down the true oppressive nature that contributes to health disparities. That's where we'll truly see change within healthcare."

The other essential component, Butler emphasized, is educating faculty members. "We can't just rely on one individual to teach these types of topics. We have to educate ourselves, especially our pharmacy practice faculty. Are we perpetuating systemic racism by not addressing it? I would say the answer is yes. We all have to go on a personal journey addressing our own implicit biases, educating ourselves especially on the historical context, and actively work toward becoming anti-racist."

Ensuring diversity among faculty is also part of the responsibility of higher education institutions to expose students to different cultures, she added. "When you have faculty of color or students of color there does tend to be more of a sense of belonging, a more inclusive feeling." Brianna Henson, director of assessment, University of Kentucky College of Pharmacy, is conducting a national study examining how people of color are shouldering the heavy lifting of diversity work across many organizations.

"The current racial dynamic in pharmacy is unacceptable. It is not reflective of the patient population," Henson said. "All organizations are struggling with this. One of the approaches for pharmacy and academia—a huge step people miss—is actively recruiting and hiring diversity into your faculty and staff. It starts there from the top down. A lot of times the diversity and inclusion officer at the college will be the only person of color on the leadership team. That's unacceptable. The statements recently created [in the wake of police shootings] are great, but what does your executive team look like? What does it say to students? We're showing these students that they don't belong here even if we don't say it aloud. Students don't see themselves represented." Although Henson cautioned that it can be burdensome to only ask people of color to be the ones to address these issues, she said, "I want to be invited to a welcoming and inclusive table but I want my voice to be heard. Everyone benefits when a variety of identities are present."

Integrating diversity into the curriculum is the next step. "Diversity and equity initiatives can't be siloed. They need to be institutional and programmatic, reinforcing the material," she noted. "If you think about a disease state, it's introduced in one course and then discussed again and built upon in various other courses. That needs to be the case with any subject, including diversity. We learn by repetition. Include inclusion work in core program outcomes—in the school's mission. Students need to gain skills to participate in a society that is diverse and

may not be like them. It's not enough to just cover the content; it needs to be thoughtful and intentional. How is it being presented, how is it reflecting the experiences of marginalized groups? The foundations will then become a normal part of the curriculum."

Resources to Effect Real Change

AACP's policy statements represented a first step in giving the topic greater visibility and devoting more resources to tackling racial injustice. "This will help show society and other professions who we are and will provide opportunities for us to engage with folks inside and outside of healthcare," said Dr. Brad Cannon, director of experiential education, assistant professor, College of Pharmacy, Rosalind Franklin University of Medicine & Science. As AACP's speaker of the house, Cannon convened a policy development task force to make recommendations related to diversity, equity and anti-racism. "Now that the House has passed new policy statements, we will need to take a hard look at where we deploy our resources. In addition to these statements, recommendations were made supporting development of faculty to address issues of racial injustice."

While individual schools of pharmacy need to look internally at what their institutions are doing, "the great thing about AACP is that people can share what works for them—it comes down to collaborating as best we can across the board," Cannon noted. "The faculty development issue is going to be central to many because we have to be aware of the things we need to teach and go back and learn some things we didn't know before." He emphasized that the Academy has a long history of trying to attract underrepresented minorities to the profession but acknowledged there is much more work to do. "Students want to go where they see themselves. We have to make sure our schools look like a place anybody can go and be successful."

Cannon added that it is crucial to help students be advocates and find ways to speak out when appropriate. "Some of our students didn't know how the university would feel about protests but they felt the need to speak out. Part of our job is helping students understand what their role is as an advocate for change and how impactful that can be now and in the future as healthcare practitioners," he said. "I worry about preparing our students not just for what's going on now but also for what's going to be down the road for them. With the dynamics we're seeing in society, our students have to be prepared to provide all sorts of healing, and some of that will be in different ways than we've been focused on in the past. We're preparing them to be the best healthcare providers they can be."

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> *—Brianna Henson*

Another way AACP will bring focus to these issues is through the Equity, Diversity and Inclusion Institute it is cohosting (virtually) with The University of Mississippi in January 2021. "Our hope is to improve how schools are addressing topics of diversity, equity, patient care," explained Dr. Katie McClendon, clinical associate professor, department of pharmacy practice, University of Mississippi School of Pharmacy, who is involved in planning the event. "We want schools to have dedicated time to learn about these issues to assess where they are and then develop a plan that works for that institution to better address these topics at their institution. We hope there will be community built so we can learn from each other and give teams dedicated time to work on their plans to improve."

She said that while some schools have long track records working to become

more inclusive, others have just started making inclusivity a priority due to recent events. "Wherever we are in the process, it's about taking some time to reflect on our biases, implicit and explicit, and reflect on how we've acted in the past or maybe didn't act, and developing a plan to be better educators and clinicians," McClendon said. "I hope this is an opportunity for schools to look at curricula and see how fully they develop their students in the area of racial injustice. There are ways to have it as separate material or a separate course but also great ways to integrate it to make it part of the everyday experience for our students. There are lots of small ways to address historical and current injustice. Schools can take time to reflect and think about where those opportunities are." As an example, she noted that she teaches a women's health course and will discuss the historical context of "Mississippi appendectomies" (forced sterilizations).

McClendon does believe that the current circumstances in the United States will change the way social determinants of health are discussed in pharmacy schools. "I think the story of what we're learning about with COVID and health disparities and who's more likely to get it, it's an excellent real-time example for schools to talk about. A lot of schools are looking at their curricula to figure out where conversations about COVID best fit."

Preparing future pharmacists to address inequities in patient care "is the forefront of what we as educators and as pharmacy schools are trying to do: make students become practitioners who take care of all of our patients," she continued. "I was looking at AACP's mission and it is to partner with the schools to improve societal health. Everything we do has that in mind. If we're not more self-aware and taking action to improve in this area, we're not going to accomplish our goals."

Breaking Down Stereotypes and Broadening Representation

Kentucky's Henson wants to see pharmacy schools design curricula that are more thoughtful about discussions around social determinants of health. "When designing the curriculum it might be helpful to have people who have an education background, not just a pharmacy background. Diversity and inclusion offices also have resources for you," she suggested. "It's important to look at the classroom environment. Are you valuing students' opinions? Assessing diversity is going to take creative approaches. Professors should think about sometimes being more of a facilitator rather than the formal instructor. Students might be more comfortable talking with each other. It's important to talk about health disparities, provide context as to why these disparities exist, as well as share positive things about marginalized populations."

Understanding history and our own socialization is key to preparing future pharmacists to address inequities in patient care, said NPhA's Butler. "Often students have no idea why there are differences in chronic disease states among minorities," she pointed out. "That further perpetuates biases. The messages we've been taught continue to shape how we think and how we stereotype certain individuals. If we have these biases that were generated years ago, we have to be able to recognize that, disrupt them and educate ourselves."

Butler added that expanding the diverse representation of students and faculty is key to enhancing the educational experience of student pharmacists, but it also provides representation out in the field when interfacing with patients. Moving forward, Butler said the Academy must embrace strategies that show a commitment to broader representation. "The Academy may make recommendations for curricular changes or increase in faculty and student minority representation, but is this truly a value of the Academy, and how does that manifest in actions?" she asked. "Is the representation of the leadership diverse? The opening keynote speaker for the AACP conference [Dayna Bowen Matthew] was excellent. She addressed the timely topic of racial inequities, and that was a tangible action showing that the Academy feels like this is a priority. We need to be looking for additional ways to make this value truly manifest in action."

Henson would also like to see proactive approaches. "A lot of institutions have been pretty straightforward about their goals with diversity and inclusion but it's important to put the money behind that," she emphasized. "Encourage your faculty to publish in education or diversity and inclusion journals—other things beyond pharmacy. Creating a task force is a good first step. It would be more helpful to sit down with students, faculty and staff to create a philosophy around this looking 20 years down the road. Some institutions have focus groups for students from marginalized groups, but don't leave out faculty and staff. Develop a philosophy looking at 20 years down the road. It's about creating more equitable leadership models, including diverse students, and giving everyone a voice."

Jane E. Rooney is managing editor of *Academic Pharmacy Now*.

More Than Words

Pharmacy schools are putting action behind commitments to diversity and inclusion to serve and support communities.

By Athena Ponushis

After the killing of George Floyd, Dr. Toyin Tofade, dean and tenured professor at Howard University College of Pharmacy, emailed students and faculty acknowledging what had happened. Her community wrote back. Acknowledgment was not enough. They needed their dean to voice her own emotions, opinions and outrage to validate their feelings of anger and grief. They needed her to publicly process her emotions to help them in their process, so Tofade wrote a more personal email, attempting to channel the passion of the moment into positive action. It resonated.

"We must act by showing that we are here to lead, we are here to learn and we are here to serve," she wrote. "We the faculty must act by intensifying our efforts to build a cadre of strong pharmacy graduates who will take up notable positions in society…I believe it is in those positions of influence that we—faculty, staff, alumni and students—can collectively change minds, share truths and reframe systems."

Tofade held a virtual town hall with students. She asked them, 'How can we support you?' They asked her, 'What do we do when we are hit with tear gas? What are the antidotes to it?' A fourth-year student on the call who was in a toxicology rotation had researched how to treat exposure to tear gas. He shared the treatments he had found. Tofade told the students they were brave. She was transparent about her life experience: she had never protested, she immigrated into the United States from Africa, she did not descend from an ancestry of slavery. She listened to the students but did not pretend to be an expert or try to offer explanations. She simply gave them space to speak, and later circulated information to students about how to treat tear gas injuries.

Tofade also held a meeting with faculty and brought in a counselor. She led by saying thank you for working while you are home-schooling your children, thank you for working while you are caring for your families. Individuals who usually remained quiet opened up. The cathartic experience drew the faculty closer together.

Just as colleges need guidance and engagement from their deans, communities need their institutions to be deliberate and involved. Pharmacy schools are committing to outreach as the nation grapples with systemic racism and a public health crisis, working to advance pharmacy and diversity, build trust with their communities and clear misperceptions. These steps speak to the heart of Tofade's message: change minds and change structures, starting with community.

"Schools must go out and adopt a community," Tofade said, "make up their minds that they are going to consistently go to a community, learn and grow, not just do the touch and go, 'I did this last year, so I'm good.' No. Adopt a community, be consistent with your service, learn and see how else you might serve."

Taking Action

During Tofade's tenure as dean, the college has grown international rotation partnerships from five in 2016 to 17 rotation sites and more than doubled internship opportunities. She worked with a team to design a contemporary exchange program focused on diversity with the University of Wyoming School of Pharmacy where Howard students visit Wyoming in the winter—exposing them to rural, critical access hospitals—and Wyoming students travel to Washington, D.C., in the spring, allowing them to see inner-city healthcare systems and meet with congressional leaders.

"Our Health Equity Leadership Program has been transformational for students who grew up in predominantly white or mostly Black communities. They are able to see urban and rural health disparities, have honest conversations around assumptions and say, 'This is what I used to think but this is what I think now.' I think that is just beautiful," Tofade said. She encourages schools that do not have large minority populations on campus to partner with minority schools, embark on research together and create an experiential exchange. "Those are the kinds of things that build community among us as beings."

Closer to home, Tofade suggests that schools build a community presence through focus groups, assembling community leaders and inviting them to speak to let the community tell the school how they want them to be involved. "Sometimes we think we know what they need, but they are the ones who can tell us what they need. 'We are here to serve you. How can we serve you?' Those are simple questions but start from there," Tofade said. "Start with humility and you will be surprised what might show up."

Serving their community this summer, eight Howard student pharmacists volunteered more than 100 hours working from space in a hotel to provide COVID-19 emergency medication management services for more than 250 homeless patients. The Capitol City Pharmacy Medical Reserve Corps, based at Howard's College of Pharmacy, partnered with the D.C. Department of Human Services, community health centers and an independent pharmacy to provide the vital service. Students provided medication counseling by phone, then delivered medications to patients. Students also ran a COVID-19 testing clinic in the basement of a church in an underserved area of D.C., testing nearly 400 people in two months.

The University of Texas at Austin College of Pharmacy, 2020 recipient of the Lawrence C. Weaver Transformative Community Service Award, has started an interprofessional initiative that responds to community needs. During the yearlong capstone program in the P3 year, students are assigned to teams, teams are assigned to community organizations and the organizations

identify health-related issues for the students to address. Organizations range from Federally Qualified Health Centers (FQHC) to food banks to the Central Texas chapter of the National Alliance for the Mentally Ill (NAMI) to the Austin Parks and Recreation Department. With guidance from faculty members, student teams work with organizations to implement solutions to health-related issues.

"We've been doing this program two years now, and through it, our students have indirectly touched over half a million lives," said Dr. Lynn Crismon, dean, James T. Doluisio Regents Chair and Behrens Centennial Professor at UT Austin College of Pharmacy. Working with the largest FQHC in the county, students designed an outreach program to follow up with patients and improve prescription refill rates. Working with elementary schools, students developed a nutrition curriculum to combat childhood obesity. When NAMI identified the difficulty of keeping in contact with individuals who were discharged from psychiatric hospitals, students worked with hospitals to connect discharged patients with NAMI's support groups.

Following Through on Diversity

Crismon recognizes that schools must improve the pipeline if they are going to significantly increase the number of underrepresented minorities on campus, and if there's no pool to draw from, they have to create the pool. Working to grow diversity and ensure a clear representation of different individuals, experiences and perspectives at his college, Crismon approved a Grow Our Own Pipeline initiative and a Scaffolding Success for Future Scientists program this year. "Another thing we did this year, and it was not without some controversy, we made the PCAT optional and we did that because all the evidence suggests that standardized exams are culturally biased. If we expect to use a holistic admissions process and increase our numbers of underrepresented minority students, I felt like it was the right thing to do," Crismon explained. "I asked our admissions committee to study it, and again, it was not unanimous, but they decided to make it optional. Now it's up to the students whether the exam is used in their reviews, with the intention only to help them, not hurt them."

Dr. Skyller Walkes, assistant dean for Diversity, Equity, Accessibility and Inclusion at UT Austin College of Pharmacy, designed the Scaffolding Success for Future Scientists program in partnership with the Austin school district. Working with three schools—elementary, middle and high school—the program will expose students to STEM (specifically health sciences) and build a mentoring program, bringing student pharmacists into the community to cultivate a diverse talent pool and usher potential pharmacists through the pipeline.

"One of the things that I desperately wanted to diminish was the 'town and gown culture,' where UT Austin is seen as the 'them' and the community members are seen as the 'us,' or the inverse. I think that is incredibly problematic for a lot of reasons," Walkes said. "Historically, that culture has created a chasm where a lot of community members don't see UT as a place for them, they don't always feel welcomed and certainly don't feel that it is a part of the community. I wanted us to diminish that, but I also wanted us to create a very intentional way to work with learners as young as kindergarteners to expose them to pharmacy as a profession."

To deans who are serious about activating transformation and advancing diversity, equity, accessibility and inclusion, Walkes said, "You have to do a brutally honest self-assessment. You need to know who you are. A lot of times institutions and organizations know who they want to be, but who

> ***"It's way too easy to get stuck in what we are doing right as a defense for how we don't need to grow, or why we are good where we are, or we've always done it this way. When I hear that phrase I want to run. A lot of people hold on to that for dear life. I think that's attached to the discomfort we can feel around change, but it also speaks to me of ego, and if you're operating from a place of ego, you're actually operating in opposition to change."***
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> *—Dr. Skyller Walkes*

folks aspire to be is not necessarily who they are in the present, so the first thing you have to do is assess your organization."

Second, leave ego at the door. "One of the things that I say when I do presentations or speak to my colleagues is, 'This is actually not a safe space. This is a courageous space, but it is not a safe place,' because I believe people have started to misinterpret safe space as a space absent of discomfort, and if you're really doing the work, it should be uncomfortable," Walkes pointed out. "What diversity, equity, accessibility and inclusion work is not is always self-affirming. It's way too easy to get stuck in what we are doing right as a defense for how we don't need to grow, or why we are good where we are, or we've always done it this way. When I hear that phrase I want to run. A lot of people hold on to that for dear life. I think that's attached to the discomfort we can feel around change, but it also speaks to me of ego, and if you're operating from a place of ego, you're actually operating in opposition to change."

"Our Health Equity Leadership Program has been transformational for students who grew up in predominantly white or mostly Black communities. They are able to see urban and rural health disparities, have honest conversations around assumptions and say, 'This is what I used to think but this is what I think now'...Those are the kinds of things that build community among us as beings."

—Dr. Toyin Tofade

Finally, deans have to be comfortable with being uncomfortable and with being disruptors to transform the space into a more inclusive one. "You cannot be risk averse around this work," Walkes said. "You have to be willing to have courageous conversations and do the work."

A Stronger Community

Situated in a rural, medically underserved area with a health profession shortage, the Ohio Northern University College of Pharmacy created a mobile health clinic to address the region's health needs and earned the 2019 Weaver award for transformative community service. "Many people in our community don't have a primary care provider because we just don't have very many of them in our county," said Dr. Steve Martin, dean and professor at ONU's College of Pharmacy. "We offer entry into the healthcare system through our mobile clinic—that's the anchor piece for all we have done in our community."

The clinic started in 2015, with students going to community centers, schools and churches to provide care. In late 2016, the school purchased a 38-foot vehicle (thanks to philanthropic funds) and converted it into a mobile health clinic that can go anywhere.

Students provide direct patient care, identify and refer patients who need specialty care and coordinate social services to address social determinants of health. The school also opened a community pharmacy, which pairs well with the mobile clinic. Students deliver medications throughout the area, as nearly half of the adult population lacks transportation.

"We did a health needs assessment for our county, then we took a 10-year time horizon and said, 'How can we change the health of our community?'" Martin recalled. Now they are starting to see the fruits of their labor with improvements in immunization rates, diagnosis and treatment of diabetes, diagnosis and treatment of hypertension, as well as smoking cessation success.

"Our students are required to engage in 50 health-related service hours. We have a direct entry program. Students enter out of high school and go through six years of our program and actually start pharmacy classes and start seeing patients in their first year, so we really engage in practice straightaway, but they don't start marking their service hours until their fourth or fifth year," Martin said. "To put it in perspective, we have 900 students in our program so if each student does over 50 hours, that's 45,000 hours in service—it really makes an impact," especially in a medically underserved community.

All of the services his school offers to the community are free, so there are no financial barriers to receiving care. "Student learn-

ers can go out and provide care at no cost to the community and that immediately draws people out who otherwise wouldn't seek healthcare until something breaks," Martin said. "We've got tens of thousands of student pharmacists in colleges across the country—not to mention student nurses, student physicians, student social workers—and that is a viable population of well-trained workers, who in gaining experience towards their professional goals, can go out and really make a difference in their communities. I don't think that we've coordinated that very well nationally, but that's an area where I think we've got real opportunities. We can deploy a workforce that can provide care at essentially no cost for people who avoid seeking healthcare, and that will have an immediate effect upon the entire population."

Providing an essential service to the Tallahassee community, Florida A&M University (FAMU) has been running a COVID-19 testing site at its football stadium. More than 35,000 individuals received tests from April 25 to August 25. The site, which offers free walk-up testing with no physician referral required, operates by way of a partnership among the university, community health center, county health department and state department of emergency management. Student pharmacists and faculty have been volunteering at the testing site and a team of 20 learners and professors, recruited by the department of health, helped with contact tracing over the summer months, providing another critical service in a state with surging COVID-19 cases.

The FAMU College of Pharmacy has collaborated with the Institute of Public Health, performing pharmacist-led chronic care management for medically underserved rural populations during the pandemic. The college operates a hospital pharmacy and a county pharmacy, leads a Program of Excellence in STEM for high schoolers and plans to start a summer camp for emerging pharmacists next year. Through practice, the college provides care for its community, including many people with limited means, but the school touches lives in other ways. "Because of our history and mission, people who are ethnic minorities and majority, as well, find their way to our institution to earn various degrees, in our case a Pharm.D., and they come from families where they are probably the first one to go to college, certainly the first to go into the health professions. It drastically changes the economics of that one family member, because when you step into a practice position, you are instantly middle class and that's forever, as long as you are practicing, so there's a transformative element that this degree program offers," said Dr. Johnnie Early, dean of the College of Pharmacy and Pharmaceutical Sciences at FAMU.

Contemplating how schools can advance equal opportunities and push for racial justice, Early reflected on his time as dean at the Medical University of South Carolina in the late 1990s. "At that moment in history the African-American population in the state of South Carolina was over 30 percent, yet that was not reflected in the enrollment of several colleges at the Medical University, and so our faculty became much more present in community health fairs, including one big one that happened every February in Charleston." Early had student pharmacists there reviewing medications, counseling the public on side effects and lifestyle factors. His faculty gave lectures on psychiatry and other topics they knew would have broad appeal. "After about the second or third year of that, what began to happen in the colleges was that every program became much more diverse," Early continued. "And the one that was so startling, we enrolled the first African-American resident in the Family Medicine program. That residency program had been there since 1963, if my memory serves, and it had never had an ethnic minority in it until then."

Consistent and focused efforts yielded the recruitment of 10 Black students among the entry-level Pharm.D. students matriculating in fall 1998 (55 total) and 1999 (58 total); five Black residents were recruited among an entering class of 25 students; and three Black students were recruited among an entering class of five graduate students. Such outcomes were unheard of in the university's history and Early believes it all stemmed from faculty members' willingness to go into the community and demonstrate that the school wanted to welcome the Black community. Cultivating this diversity did not cost much, except time and energy, but that work changed lives.

"You help elevate the community by educating the people from the community," Early emphasized. "And since pharmacy touches people from birth to death, what better way to be involved?"

Athena Ponushis is a freelance writer based in Ft. Lauderdale, Florida.

AACP's Actions to Move the Academy Forward

In early June, AACP issued a statement reaffirming its commitment to foster an inclusive community, with diversity of thought, background, perspective and experience (**http://bit.ly/RecentEventsAACP**). Later that month, AACP joined with several national pharmacy organizations in taking a stand and vowing action against racial injustice (**http://bit.ly/NatlPharmOrgsAntiracism**), and updated that statement in mid-October with collective actions that all co-signing organizations have taken to-date (**http://bit.ly/NatlPharmOrgsUpdate**). AACP's **Diversity, Equity and Inclusion (DEI) Workgroup**, initially formed in January to address the need for regular training for all leaders and staff, was expanded this spring, said Dr. Terri Moore, AACP's senior director of academic services and one of the workgroup's leaders.

"The group was given a more expansive charge 'to provide guidance and strategy recommendations to AACP senior leadership related to organizational priorities and activities that advance our goals in diversity, equity and inclusion throughout our organization, including members, leadership and staff,'" she said. "This charge includes consideration of the steps AACP should take in supporting members' DEI efforts and implementing the commitment to action communicated to members through the statements. The charge to the workgroup is intended to be long-term and ongoing."

As staff co-liaison to the AACP Strategic Planning Committee, which began discussions in October, Moore said she anticipates that elements of the 2021–24 strategic plan will include attention to anti-racism efforts and addressing social injustices and inequality. She noted that AACP plans to collect member input as the work of diversity, inclusion, equity and racial justice continues.

AACP Responds to the Executive Order on Combating Race and Sex Stereotyping

AACP expresses serious concerns with the Executive Order on Combating Race and Sex Stereotyping released on September 22, 2020 and the Office of Management and Budget memorandum that, together, limit diversity, racism, and sexism training for federal employees, contractors and grantees. These communications, while vague and difficult to enforce, produce a chilling effect on educational initiatives that are needed in today's workplaces to address historical and ongoing conscious and unconscious biases against marginalized groups in our society. Read more: **http://bit.ly/ExecutiveOrderAACP**.

AJPE Extends the Deadline for Abstract Submissions for the Theme Issue "Moving from Injustice to Equity: A Time for the Pharmacy Profession to Take Action" to November 2

The *American Journal of Pharmaceutical Education* is soliciting manuscripts for inclusion in this special theme issue.

Manuscripts (reviews, integrative reviews, research articles, qualitative research articles, briefs and commentaries) must have clear and rigorous methods that advance education, research, scholarship, and practice in pharmacy from the following categories and addressing one of the following topics:

Pharmacy Partnering with Communities:

- Countering structural racism in health care (eg, understanding and countering mistrust, health policy, advocacy)
- Working with community to improve social justice and health equity
- Intersections of the tenets of social justice/health equity and pharmacy

Our Pharmacy Academic Community:

- Ensuring representativeness of our faculty, staff and students in our colleges
- Professional education and preparing our learners for socially responsible health care practitioners
- Supporting a diverse intra-collegiate community, creating wellness and safety via programs and infrastructure

Authors should submit an extended abstract (1000 words) to **lwelage@umn.edu** using the subject line *AJPE Thematic Edition* by November 2, 2020. For more details, visit **www.ajpe.org**.

AJPE created a special collection of articles related to diversity and inclusion, and addressing disparities and inequalities that exist in healthcare and society: https://bit.ly/AJPESpecialCollection

In July 2020, the AACP House of Delegates approved two statements related to social justice and anti-racism:

As educators, researchers, and healthcare professionals, members of the American Association of Colleges of Pharmacy are committed to the principles of diversity, equity, inclusion, accessibility, justice and anti-racism; and will seek opportunities to eradicate structural and systemic racism to address social determinants of health, diminish health disparities, and promote racial equity.

AACP supports the integration within core curriculum and programs information regarding the historical and current impact of structural and systemic racism and cultural biases on health care disparities, including strategies to promote health equity and delivery of culturally responsive care.

Save the Date: January 20–22, 2021
Equity, Diversity and Inclusion Workshop, Co-hosted by the University of Mississippi

Expert speakers will provide guidance and strategy recommendations to teams of attendees related to activities that advance diversity, equity and inclusion throughout our Association. This includes consideration of the steps AACP should take in supporting members' DEI efforts and implementing the commitment to action communicated to members and other organizations with the AACP statements on diversity, racism, inequality and injustice. Registration opens soon: **http://bit.ly/EDIWorkshop.** ■

VIRTUAL PHARMACY EDUCATION 2020

Virtual, But Not Remote

Unprecedented times call for unprecedented meetings, as members of the Academy shifted their annual professional development online in the wake of COVID-19.

More than 2,300 pharmacy faculty, staff and students logged on to **Virtual Pharmacy Education 2020** throughout the month of July to experience a first for the Academy. Moved online amidst the uncertainty of the COVID-19 pandemic, the 2020 AACP Annual Meeting provided a safe space for pharmacy educators to connect over some of the profession's most pressing topics: health equity and racial disparities, the sudden shift to online learning, and pharmacists' continually growing role in U.S. healthcare.

A Quiet Revolution

Navigating change wasn't just apparent in the meeting's format, but also visible in the timely topics of the conference. "We as educators have an important role to play," said Immediate Past President Todd D. Sorensen during the Opening General Session. "We must prepare our graduates to be leaders of healthcare transformation in order to meet the needs of patients and assume new roles in future practice. The health of our nation depends on it."

Part of that preparation, according to keynote speaker **Dr. Dayna Bowen Matthew**, is to expose future pharmacists to disparities in healthcare, in order to begin to close the gaps in care access. Dr. Matthew, now dean of the George Washington University School of Law, put the current healthcare landscape into broader context.

"Structural inequality is correlated with health outcomes, nationally and internationally," she said. Focus shouldn't be on "whether people smoke or have diabetes, but why they smoke and why they have diabetes." Exploring the data on COVID-19 in New York City, Dr. Matthew explained how historical discrimination led to less favorable healthcare conditions among minority populations, and led to disparities in the number of deaths by race and ethnicity.

Pharmacists and pharmacies, she posited, are well-positioned to lead a second "quiet revolution" toward health equity. "Pharmacies are anchor institutions in many communities,"—stable, employing members of that community, spending or procuring significant amounts of money within it—"and as such, sit in a position of influence."

National Influence

Friday General Session speaker **Dr. Anthony P. Morreale** is well-versed in the possibilities of that pharmacist influence. As associate chief consultant for clinical pharmacy and policy at the Department of Veterans Affairs (VA), Dr. Morreale

Looking Ahead to 2021

PHARMACY EDUCATION 2021

We're excited to partner with the Association of Faculties of Pharmacy of Canada (AFPC) to present **Pharmacy Education 2021**, July 17–21.

We remain committed to delivering the best possible meeting experience, whether in-person, virtually or a combination of both, and as we continue planning, we remain hopeful to see you all in-person.

Year-Round Virtual Pharmacy Education

Don't Forget: All content from **Virtual Pharmacy Education 2020** is available to attendees for up to a year following the meeting.

Missed the meeting? Don't worry: Gain access to the entire meeting—including more than 150 recorded sessions, **90 hours of CE** and 400 posters—for only **$199**.

You can view all content until August 2021: **https://www.aacp.org/pharmed2020**

led multiple initiatives focused on organizing, standardizing and expanding the scope of clinical pharmacy practice throughout the VA, and as seen in his presentation, has successfully demonstrated the profession's value on healthcare outcomes.

"27 percent of PCP return appointments can be averted" with a pharmacist's intervention, Dr. Morreale said, as most visits to the VA involve medication management. "This is a real opportunity for us to improve access in the VA system, and for the providers to reduce burnout."

Other pharmacist-led initiatives, such as creating an online hub to better reach rural patients, helped to standardize care, improve quality and even save around $1 million for the VA.

Deep Dive Into Data

"Genetics aren't destiny, but they quantitatively affect outcomes for lifestyle interventions," **Dr. Nathan Price**, professor and associate director at the Institute for Systems Biology (ISB), told attendees during the Science Plenary.

At ISB, he helped to assemble a data set from thousands of participants in a "scientific wellness" program, integrating genomics, proteomics, metabolomics, microbiomes, clinical chemistries and wearable devices coupled with health coaching for behavior change. The results provided a powerful platform for scientific discovery, where deep longitudinal data enabled detection of the earliest transition states between wellness and disease.

"We can design an 'ROI' for health, based on the effort you have to put in," he said. Specifically, ISB could find "areas you could see the most improvement based on your genome."

Unprecedented Connections

Moving the meeting online gave **Virtual Pharmacy Education 2020** attendees new opportunities to connect, both with speakers and with one another. New speaker Q&A sessions allowed for immediate interaction following presentations, and the popular "Coffee with a Board Member" series allowed attendees to talk with Academy leadership over their "beverage of choice" during a live Zoom event.

As always, social media captured the buzz of the moment. Members continued their discussions with speakers, shared resources, sent photos of their home office set-ups and more across Twitter, Facebook and Instagram. Relive some of the highlights:

@DrJuanHC: Amazing talk by @daynamatthew3 at the #VirtualPharmEd conference @AACPharmacy! A must-watch to reflect on the role of pharmacy/pharmacists in tackling structural racism in the United States. **(Image 1)**
https://twitter.com/DrJuanHC/status/1282813235020865536

@tmpbrock: Worth an early rise (w/o video) to discuss how we systematically teach therapeutic reasoning at #Virtual-PharmEd. Discovering that some techniques are even more engaging in the new normal of online instruction? Priceless! #FlattenTheCurve #RaiseTheBar **(Image 2)**
https://twitter.com/tmpbrock/status/1282802439351984128

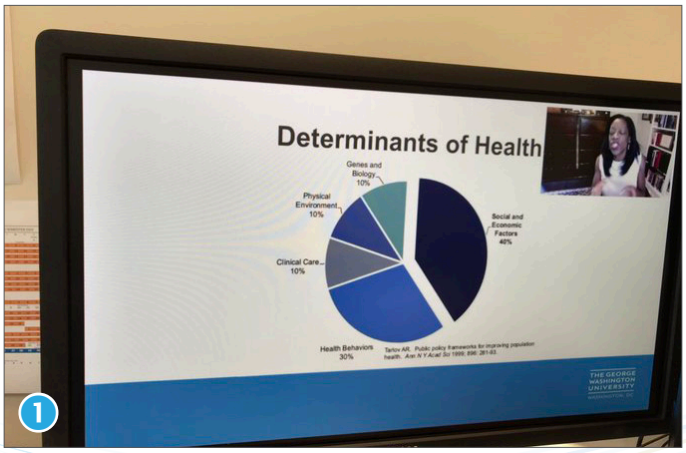
@acgodwin: Had a breakthrough today during the AACP Teacher's Seminar and met a lot of great people! @AACPharmacy #VirtualPharmEd
https://twitter.com/acgodwin/status/1280597524701724672

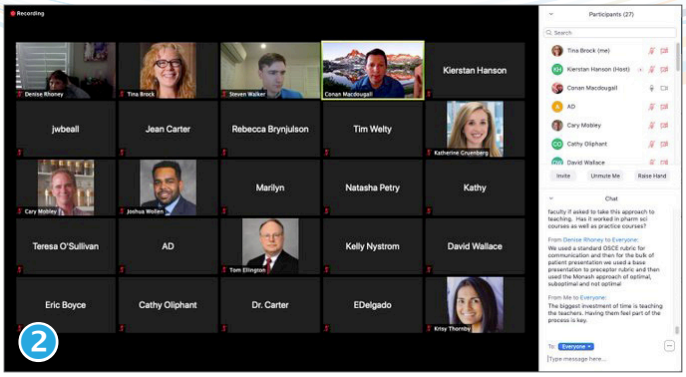
@sandersonrx: Organizing SOTL data into "did the student learn?" and "did the 'program' work?" buckets is a helpful idea! Electric light bulb #VirtualPharmEd @AACPharmacy @KristinKJanke
https://twitter.com/sandersonrx/status/1280571097654542336

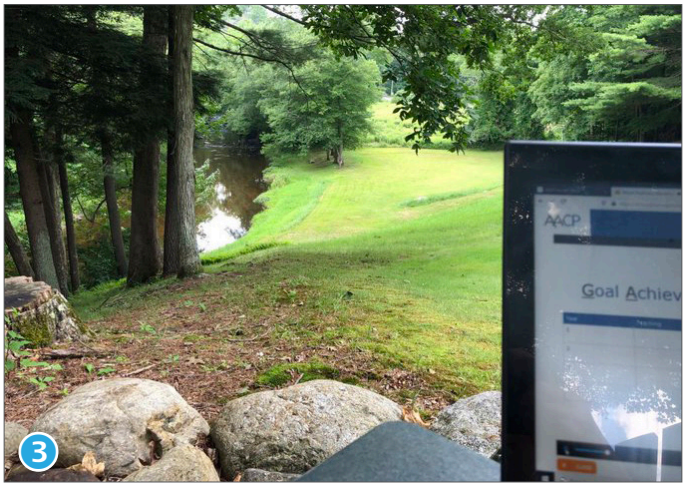
@loganmurry: Enjoying the dialogue on the importance of psychological safety in the classroom & ways to facilitate it, definitely going to use Pear Deck for assessment in our Mindfulness elective at Iowa. Thank you @tomiferg & @AdriaRHoffman for your expertise! #VirtualPharmEd @AACPharmacy
https://twitter.com/loganmurry/status/1280557935169548288

@StefanieFerreri: Can't complain about my view for this @AACPharmacy virtual conference. Learning while relaxing! #VirtualPharmEd **(Image 3)**
https://twitter.com/StefanieFerreri/status/1285301184442572801

@LibbyJRoss: Congratulations to Dr. Lauren Caldas, assistant professor @VCUPharmacy, for winning the best hat-i-tude competition during our 1st virtual social hour for @Walmart Scholars and mentors today! @LCaldasPharmD #Virtual-PharmEd **(Image 4)**
https://twitter.com/LibbyJRoss/status/1285750029051932689







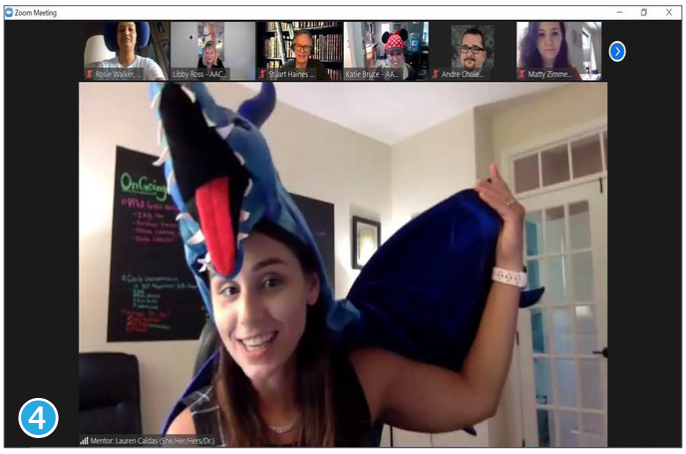


Exhibit Hall

Virtual Pharmacy Education 2020's Virtual Exhibit Hall set another first for the AACP Annual Meeting, as exhibitors and attendees moved their interactions online. Attendees had the chance to connect one-on-one to discuss the latest products, services and solutions to help them in their work, while also competing in an online Exhibitor Scavenger Hunt for big prizes. ■

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Boost Academia's Role in Community Pharmacy Practice Transformation

Registration is now open attend the Remote AACP/Academia–CPESN Transformation (ACT) Workshop, being held virtually **Nov. 12–13**.

Join colleagues from pharmacy schools nationwide to support community pharmacy practice transformation. Faculty, staff, residents and fellows will be able to:

- Illustrate ways colleges and schools of pharmacy are and can be engaged in community pharmacy practice transformation
- Formulate a plan to further engage community practice transformation opportunities for IPPE and APPE experiences
- Demonstrate the Pharmacist eCare Plan standard application to patient care and student learning
- Relate how community pharmacy practice transformation can lead to research and scholarly work
- Design a plan for engaging and growing community pharmacy partnerships at your college or school of pharmacy

Registration is only **$119 per person**.
Learn more about the meeting and register today:
http://bit.ly/RemoteACTWorkshop

CEO Deans and Experiential Ed Directors:

Attend a complimentary special session just for you and your colleagues on **Nov. 11**:

CEO Deans:
Noon–2 p.m. ET

Experiential Education Directors:
3:00 p.m.–5:00 p.m. ET