

Woke or Fast Asleep? Inclusion of Systemic Racism Education within Doctor of Pharmacy Curricula

Katie F. Leslie, PhD, MS¹, Troy L. Lewis, PharmD², Kris T. Tupas, PharmD³, Hope Campbell, PharmD⁴, Michelle Blakely, PhD, MEd⁵, Marina Kawaguchi-Suzuki, PharmD, PhD⁶, Edo-abasi McGee, PharmD⁷

Sullivan University College of Pharmacy and Health Sciences¹; Wilkes University Nesbitt School of Pharmacy²; Roosevelt University College of Science, Health and Pharmacy³; Belmont University College of Pharmacy⁴; University of Wyoming School of Pharmacy⁵; Pacific University School of Pharmacy⁶; PCOM School of Pharmacy

Introduction

- Systemic racism (SR) is the culmination of policies, laws, rules, norms, and customs enacted by organizations and societal institutions that advantage White people as a group and disadvantage groups of color.¹
- SR is a key, but often under-emphasized concept under the social determinants of health (SDoH) umbrella.²
- Events of 2020 served as an inflection point in US social justice and racial equity movements.
- In July 2020, the AACP House of Delegates released statements affirming a commitment to diversity, equity, inclusion, and anti-racism and support for integrating SR content within the core curriculum.³
- Extent to which this content is currently taught within the pharmacy curricula is unknown, as teaching racism as a SDoH was not included in ACPE standards.

Purpose: To determine, by survey, the inclusion of systemic racism (SR) education in US Doctor of Pharmacy curricula, and identify barriers and facilitators to addressing this content.

Methods

- Survey developed and distributed to curricular representatives at US colleges and schools of pharmacy
- List of 141 curriculum contacts provided by AACP
- Assessed:
 - Inclusion of SR education in curricula
 - Faculty involvement in teaching SR content
 - Barriers to adding SR content in curricula
 - Future curricular plans
- Data Analysis:
 - Descriptive statistics for institutional background information, curricular content, barriers to inclusion
 - Chi-square test examined relationships between SR inclusion at public vs. private programs
 - Fisher's exact test assessed associations between traditional and accelerated programs

Results

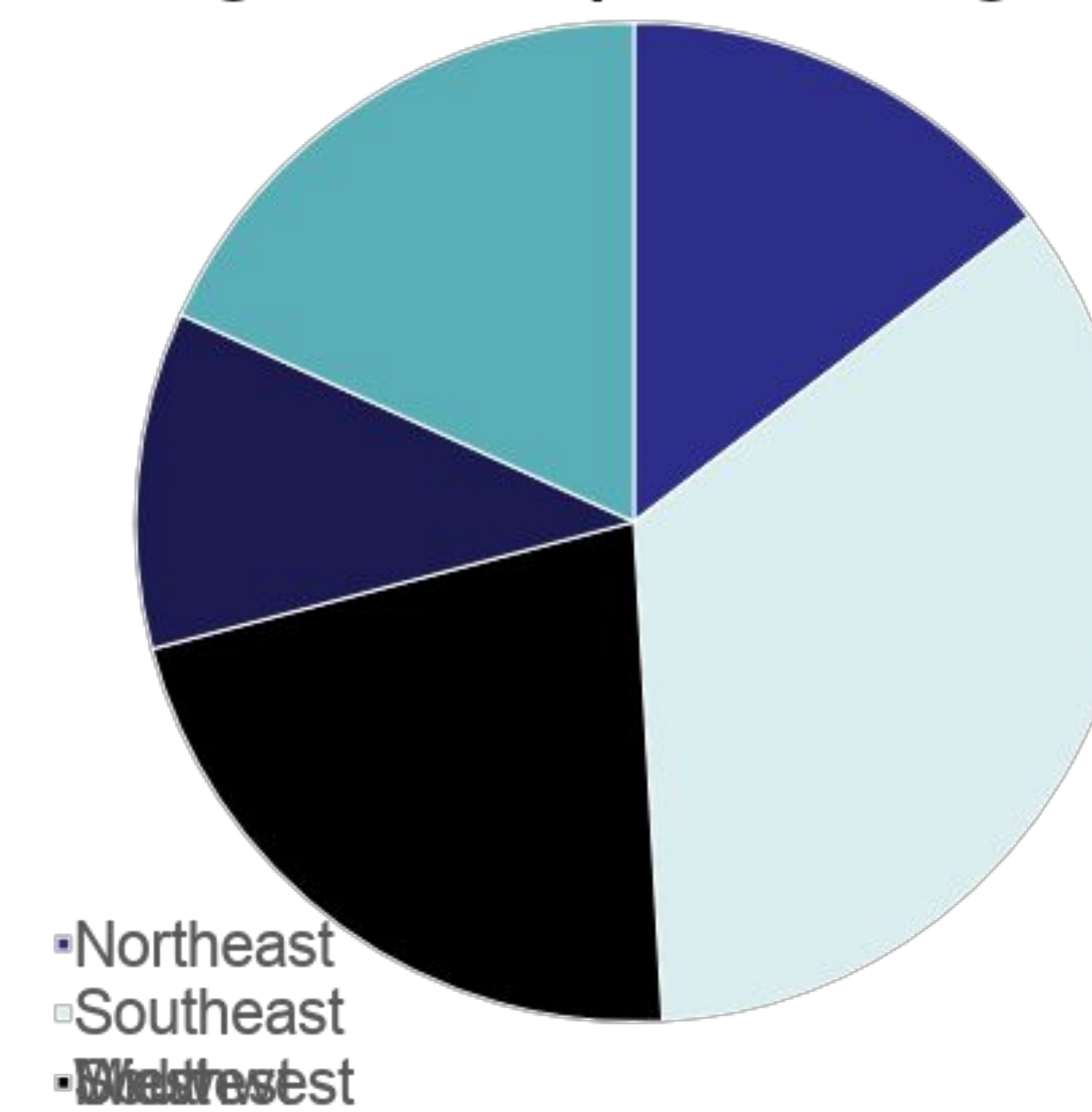
Demographics

- Response rate = 60/141 (42.5%)
- 3-year accelerated schools = 9
- 4-year schools = 43
- 0+6-year schools = 3
- 2+4-year schools = 1
- Private = 29 (52.7%)
- Public = 26 (47.3%)

Table 1. Didactic SR Curricular Topics and Course Activities

Didactic Activities	n (%)
Curricular topics	
Implicit bias	33 (56.9)
Racism as a social determinant of health	31 (53.4)
Racism in healthcare	21 (36.2)
Microaggressions	14 (24.1)
Minority stress	11 (19.0)
Diversity, equity, and inclusion	29 (50.0)
Course activities (strategies used)	
Cultural simulation game or activity	7 (12.1)
Case studies or video case studies	15 (25.9)
Seminar series, forum, or panel discussion	7 (12.1)
Research paper or presentation	3 (5.2)
OSCE or virtual/standardized patients	7 (12.1)
Community interview of a different cultural group	3 (5.2)
Reflective writing	11 (19.0)
Role-play or role-reversal exercise	7 (12.1)
Global experience	7 (12.1)
Poverty simulation	1 (1.7)

Figure 1. Respondent Region



SR Inclusion:

- 23.6% not offered in curriculum
- 5.5% to be offered in the future
- 20% only in one course or module
- 34.5% more than one course or module
- 7.3% SR across curriculum

Barriers:

- Faculty comfort level in teaching
- Faculty skills
- Curricular space (84% indicated it was a "low priority")

Future Plans:

- 40% anticipate increasing SR learning opportunities within the next academic year
- 27% plan to increase within the next 5 academic years
- 4% plan to increase within the next 10 years
- 19% no changes are planned

Program Type:

- No significant differences were found between program type

Conclusions

- US PharmD programs have varying levels of integrating SR education.
- Most institutions have limited coverage of these concepts.
- Additional faculty training is needed to enhance knowledge, skills and comfort in teaching SR content.
- The inclusion of SR concepts and guidance in ACPE standards could drive meaningful change and promote health equity.

Limitations:

- Relatively low response rate (42.5%)
- Responses dependent on submitter; need for triangulation from multiple sources
- Current climate around Critical Race Theory

References

- Bell L. Telling on racism: Developing a race-conscious agenda In: Neville H, Gallardo M, Sue D, eds. *The Myth of Racial Color Blindness: Manifestations, Dynamics, and Impact*. Washington, DC: American Psychological Association 2016:105-122.
- Healthy People 2030. Social Determinants of Health. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>. Accessed January 5, 2022.
- American Association of Colleges of Pharmacy. AACP's Actions to Move the Academy Forward. <https://www.aacp.org/article/aacps-actions-move-academy-forward>. Published July 16, 2020. Accessed January 5, 2022.

Acknowledgements

- The authors acknowledge Dr. David Phillippi with Belmont University for assisting with statistical analyses.
- The Health Disparities and Cultural Competency SIG of AACP provided the forum for the authors to collaborate.
- To view the AJPE early release manuscript of this study, please scan the QR code.

