The *voice* of the community pharmacist.

NCPA®
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Creating an Inclusive Pharmacy Atmosphere by Addressing Barriers to Equitable Health Care

Nicole D. Avant, Pharm.D., BCACP
Founder, Owner, Consultant
Avant Consulting Group

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Disclosure Statement

There are no relevant financial relationships with ACPE defined commercial interests for anyone who was in control of the content of the activity.

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Pharmacist and Technician Learning Objectives

1. Discuss microaggressions that affect us all.

2. Review strategies for addressing social and structural determinants of health.

3. Explain how you can use language that is inclusive and respectful of all genders and sexual orientations.

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Who We Are?

We are a collective of academics, experiential experts, health professionals, sociologists, anthropologists, historians, and social workers assisting organizations with **building healthy workplaces and healthy communities.**

NICOLE D. AVANT, Pharm.D., BCACP

HOLLY Y. McGee, PhD

STEPHANIE CHRISMON, MFA

LEILA RODRIGUEZ, PhD

AARYN GREEN, PhD

ANGELICA HARDEE, PhD

BRICE MICKEY

LITTISHA BATES, PhD

What We Do?

- Equity checks (e.g., focus groups, interviews, surveys, community-based participatory research)
- Coaching to support orgs implement strategies
- Document reviews
- Transformative education and training
- Develop metrics
- Curate systems of accountability
- Identify DEI challenges
- And so much more

Change attitudes

Raise awareness

Cultivate empathy

Enhance knowledge

Co-create safe spaces

Recommend strategies to dismantle internalized, interpersonal, and institutional health & workplace inequities

Fundamentally and comprehensively, we cultivate organizational capacity to advance racial equity and health equity.

Our Curriculum

Phase 1: Foundations

- Racial Socialization
- Implicit Bias
- Microaggressions
- Interpersonal Inequities: Identity Consciousness in the Workplace
- Multiple Levels of Inequities: Complicating the Poor Choices Narrative
- What is Race?
- Socio-structural Determinants of Health: Building a Web of Inequities
- Fat Antagonism: Socialization, Roots, and Oppression
- Black History: From Africa to #BreonnaTaylor in 'American' History
- Consent and Racism

Phase 2: Digging Deeper

- Ten Steps to Enhance Racial Awareness
- Inclusive Leadership
- Fat Antagonism: Clinical Microaggressions
- Unpacking Childism: Treating Children with Dignity
- Gender Identity and Expression
- Sexuality: Out at Work
- Deconstructing Professionalism
- Nothing to Gain, Everything to Lose: The Story of Ida B. Wells' Advocacy

Not Your School's Black History Series

- Who needs Black History Month?
- Dirty Words and Uncomfortable Conversations: Defunding the Police and Critical Race Theory
- Where We Stand: 1776 Commission vs. The 1619 Project
- The Hypocrisy of the American Revolution
- The Difficulties of a Troubled Past
- All the Single Ladies: History of Black Feminism
- Social Protest and Institutional Change
- Justifiable Homicide
- White [Out]Rage

2023 Clients

1. Securing healthy air, land, and water for all
2. Bringing people together
3. Offering a diverse learning environment for children by giving them the opportunity to grow their own food in a hands-on setting
4. Utilizing a neighborhood farm to restore people, community, and creation
5. Providing academic excellence in a culturally diverse community
6. Preparing students for life
7. Preventing and ending homelessness in the US
8. Ending Alzheimer's and all other dementia by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support
9. Advancing behavioral health and wellness
10. Preventing disease and injury, promoting health and wellness, protecting the environment, and achieving health equity

Nicole Avant

Email

Download V-Card

More »

Professional Summary

Nicole Avant, Pharm.D., BCACP is a clinical assistant professor and chief diversity officer for the University of Cincinnati College of Pharmacy.

Dr. Avant earned a Bachelor of Science in Finance with Honors from the University of Illinois at Urbana-Champaign in 2001 and her Doctor of Pharmacy

Nicole Avant, a doctor of pharmacy, will become the first female African-American faculty member when she begins next month as chief diversity officer and an assistant professor of pharmacy practice.

Implicit Bias

Currents in Pharmacy Teaching and Learning 10 (2018) 611–617

Contents lists available at ScienceDirect

Currents in Pharmacy Teaching and Learning

journal homepage: www.elsevier.com/locate/cptl

Experiences in Teaching and Learning

Qualitative Analysis of Student Pharmacists' Reflections of Harvard's Race Implicit Association Test

Nicole D. Avant[a,*], Elizabeth Weed[b], Chloe Connelly[c], Ana L. Hincapie[b], Jonathan Penm[d]

[a] University of Cincinnati Division of Experience-Based Learning and Career Education, Assistant Professor, 735K Joseph A. Steger Student Life Center, Cincinnati, Ohio 45221, United States
[b] University of Cincinnati College of Pharmacy, Assistant Professor of Pharmacy Practice, 3225 Eden Ave., Cincinnati, Ohio 45267, United States
[c] University of Cincinnati, Master's in Sociology, 5386 Hanley Road, Cincinnati, OH, 45247, United States
[d] Faculty of Pharmacy, The University of Sydney, Pharmacy and Bank Building A15, NSW 2006, Australia

ARTICLE INFO

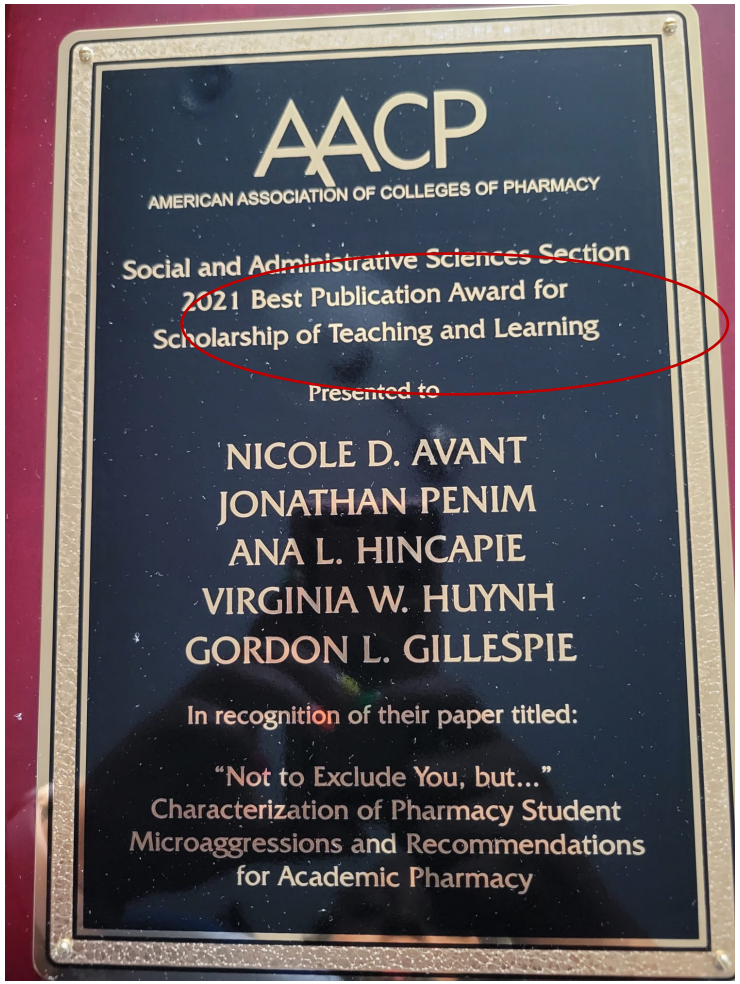
Keywords:
Unconscious bias
Race
Implicit association test
Pharmacy
Teaching

ABSTRACT

Background and purpose: Identify and analyze pharmacy students' perceptions about their own implicit racial biases.
Educational activity and setting: First year pharmacy students (n = 97) enrolled in a Pharmacy Practice course completed a test, Harvard Race Implicit Association Test (IAT), for homework to uncover their unconscious black-white racial bias. All students then wrote at least one paragraph reflecting on if they agreed or disagreed with their results and why. At the beginning of class, students were given a brief survey to capture their IAT results and demographic information. Retrospectively and following Institutional Review Board approval, pharmacy students' reflections were subjected to thematic analysis with the assistance of NVivo 10 and descriptive analyses were completed of their demographic info.
Findings: Out of the 97 students enrolled in this course, all completed the self-reflection. But only 90 completed the survey. From those that completed the survey, 54% (N = 49) self-identified as women. The average age was 22.6 years old. Most of the students (77%) identified themselves as White Non-Hispanic. Six percent (N = 5) identified as Black. Most students (66%) reported that their results from the Race IAT indicated some level of preference for European Americans; 13% of the students reported some level of preference for African-Americans.

All students' reflections were categorized by their agreement or lack of agreement with their

Microaggressions Research



Contents lists available at ScienceDirect

Currents in Pharmacy Teaching and Learning

journal homepage: www.elsevier.com/locate/cptl

Research Note

"Not to exclude you, but…": Characterization of pharmacy student microaggressions and recommendations for academic pharmacy

Nicole D. Avant[a,*], Jonathan Penm[b], Ana L. Hincapie[c], Virginia W. Huynh[d], Gordon L. Gillespie[e]

[a] University of Cincinnati Experience-Based Learning and Career Education, 735 Joseph A., Steger Student Life Center Cincinnati, OH 45221, United States
[b] The University of Sydney, Faculty of Medicine and Health, School of Pharmacy, Sydney, New South Wales, Australia.
[c] University of Cincinnati College of Pharmacy, Cincinnati, OH, United States
[d] Department of Child & Adolescent Development, California State University, Northridge, 18111 Nordhoff Street Northridge, CA 91330-8263, United States
[e] University of Cincinnati College of Nursing, Cincinnati, OH, United States

ARTICLE INFO

Keywords:
Qualitative
Bias
Violence
Race
Marginalization
Identity

ABSTRACT

Introduction: Microaggressions are commonplace indignities that communicate slights to marginalized persons. Microaggressions have been shown to negatively impact student well-being and academic performance. We describe the experiences of students in relation to the occurrence of microaggressions within the learning environment of a college of pharmacy (COP).

Methods: Students in a COP were interviewed regarding their experiences of microaggressions. Interviews were audio-recorded and transcribed verbatim. Transcripts were analyzed using a conventional content analysis method.

Results: Thirteen pharmacy students participated in the study. Six (46%) identified as women. Six (46%) identified as Black, Asian, or multi-racial. Experiences were first-hand, witnessed, or stories they heard. Three themes arose from the data: (1) feeling othered; (2) power, pain, pollution, and pervasiveness of microaggressions; and (3) responsibility of academic community to mitigate microaggressions. Microaggressions were described based on race, religion, gender, sexuality, age, English proficiency, and others. Students expressed confusion with responding to microaggressions, microaggressions disguised as jokes, divisiveness related to the 2016 presidential election, unawareness of biases, dismissal of their concerns, hopelessness for change, and centering dominant groups in the curriculum. Recommendations from participants to address microaggressions included longitudinal cultural competency in the curriculum, cultural competency training for faculty, guidance on conflict management, and open discussions related to diversity and inclusion.

Conclusions: Students are unsure how to identify, address, and mitigate microaggressions. Actions are needed to reduce these incidents, facilitate healing of individuals who have experienced past microaggressions, and promote a diverse and inclusive learning environment.

Facilitating Challenging Conversations

ELSEVIER

Currents in Pharmacy Teaching and Learning

journal homepage: www.elsevier.com/locate/cptl

Experiences in Teaching and Learning

Pushing for health equity through structural competency and implicit bias education: A qualitative evaluation of a racial/ethnic health disparities elective course for pharmacy learners

Nicole D. Avant[a,*], Gordon L. Gillespie[b]

[a] University of Cincinnati Experience-Based Learning and Career Education, Cincinnati, OH, United States
[b] University of Cincinnati College of Nursing, Cincinnati, OH, United States

ARTICLE INFO

Keywords:
Teaching
Bias reduction
Active learning
Cultural competency
Social determinants
Institutional racism

ABSTRACT

Background and purpose: Health equity attainment requires dismantling implicit bias and structural racism. Mitigating bias in clinical interventions and implementing structural interventions to impact where people live, work, play, and eat fosters optimal patient outcomes. Consequently, pharmacy students need exposure to these concepts. The objective of this project was to evaluate an elective course focused on exposing students to the root causes of health disparities, contemporary factors that perpetuate disparities, and evidence-based policies to reduce health disparities.

Educational activity and setting: This three-credit course emphasized critical thinking, robust discussions, and learning challenging constructs through self-discovery. Nine second-year and third-year learners were assessed by short-answer exams, learning management system discussion threads, weekly reflections, participation, and a class project. A qualitative descriptive design was used for this study. Weekly reflections were subjected to thematic analysis using a constant comparative analysis method to generate themes.

Findings: Five themes were derived from the data underlying strategies to facilitate this course: (1) create and maintain a welcoming and inclusive learning environment; (2) utilize experiential learning for personal awareness development and knowledge expansion; (3) incorporate intergroup diversity to empower learners to create change; (4) anticipate and acknowledge emotions to facilitate learning; and (5) provide students with an opportunity to complete a final self-reflection paper.

Summary: This course provided pharmacy learners with unique, differential skill sets and knowledge, potentially adding depth to their careers and impacting the way they will practice pharmacy.

Identity Consciousness in the Workplace

Commentary EDUCATION

Navigating and Supporting Marginalized Identities in Dominant Pharmacy Spaces

Nicole D. Avant, PharmD, BCACP[1]; Rosalyn D. Davis, PhD, HSPP[2]
[1]University of Cincinnati Division of Experience-Based Learning and Career Education
[2]Indiana University Kokomo Department of Psychology Clinical

Abstract

Addressing issues of diversity becomes more difficult when challenges impeding diversity efforts remain hidden. Issues like microaggressions, implicit bias, and lack of support are often present, but little is done by those in positions of power to mitigate or eliminate them. The purpose of this self-reflection is to address each of these areas and suggest six steps that may be taken to alleviate them: 1) anticipate microaggressions; 2) explore identities; 3) overcome internalized oppression and implicit bias; 4) recognize and mitigate stereotype threat; 5) differentiate yourself and provide space for others to differentiate themselves; 6) develop and reinforce support systems.

The initial phase of the manuscript focuses on implicit bias manifestations, specifically microaggressions, and how to prevent them from disrupting inclusivity. Following that will be a review of implicit bias, as well as the importance of self-awareness in promoting inclusivity in the workplace. Finally, the discussion will center what can be done do to create the best environment for ourselves and others as we move together towards creating environments that do more than speak to diversity efforts and are actually welcoming to each person within that space.

This manuscript is written for a few reasons. First, it provides insight on how to incorporate and integrate our multiple and sometimes divergent identities. Second, to discuss how our identities may influence how we react to diverse and non-diverse others. Third, this manuscript fills a gap in the field related to the experiences of those among us with multiple marginalized identities. This autoethnography seeks to empower not only myself but also others, especially those of us at the margins (e.g., people of color, women, the LGBT community) and those with dominant identities to speak up when they witness inequality.

Keywords: Microaggression, bias, privilege, minoritized, personal awareness, otherness, diversity and inclusion

Structural Racism and Supporting Black Lives – A Pharmacist's Vow amid COVID-19

Nicole D. Avant, PharmD, BCACP
University of Cincinnati Experience-Based Learning and Career Education

Abstract

COVID-19 is disproportionately impacting Black communities in the United States due to racial structures that increase exposure (e.g., densely populated areas, substandard housing, overrepresentation in essential work) and promote underlying diseases that exacerbate COVID-19. This manuscript uses Oath of a Pharmacist as a framework to propose a set of best practices for pharmacists to mitigate inequities such as achieve competence in the ideology of structural racism; identify systems of power that jeopardize Black health; value Black voices; name the socio-structural determinants of health; define race as a socio-political construction; name historical and contemporary racism; apply resources equitably based on need; collect robust data to solve complex problems; diminish bias and view patients holistically in the contexts of inequities; and advocate for Black lives. While race is biological fiction, Black individuals are at an increased risk for COVID-19 cases, hospitalizations, and deaths than their white counterparts due to navigating generations of racist practices that often converge with other inequities—such as sexism, classism. To describe these racial health disparities, structured, racial disadvantage is commonly ignored while personal choices and clinical care are highlighted as the culprits. Achieving health equity requires comprehension, acceptance, and assessment of structural racism, and pharmacists are highly trusted, uniquely positioned healthcare professionals who, through their knowledge, skills, and resources, can help attenuate the effects of structural racism to support Black lives.

Keywords: structural competence, health inequalities; health inequities; medically underserved groups; social inequalities in health, social determinants of health, structural determinants of health, health equity, Black health

American Journal of Pharmaceutical Education 2021; 85 (9) Article 8610.

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

COMMENTARY

The Past, Present, and Futurist Role of the Pharmacy Profession to Achieve Black Health Equity

Nicole D. Avant, PharmD,[a] Holly Y. McGee, PhD[b]

[a] University of Cincinnati Experience-Based Learning and Career Education, Cincinnati, Ohio
[b] University of Cincinnati, College of Arts and Sciences, Cincinnati, Ohio

Submitted February 20, 2021; accepted September 19, 2021; published October 2021.

Efforts to mitigate racial health inequities by the pharmacy profession are largely hollow. In recent years, the highly publicized murders of Black persons at the hands of police have become a worldwide rallying cry for institutions to make definitive statements that "Black Lives Matter." The movement has, however, yet to manifest substantive institutional changes for entities to reassess the ways in which they, their methodologies, and their teachings have historically and contemporarily contributed to the dissolution of Black lives. The profession of pharmacy explicitly states it is committed to achieving optimal patient outcomes. However, teaching race as a socio-political construct is not an Accreditation Council for Pharmacy Education (ACPE) minimal standard requirement. This continued neglect is a disservice to the field and the communities served, and this informative article explores the role of pharmacy in perpetuating physical and psychological harm to patients within Black communities. Conflating race with ancestry and approaching race as a simple biological construction/predictor is misinformed, presumptuous, and simplistic, as well as physically and psychologically harmful to patients. Rather than default to racialized historical myths imbedded in contemporary society, pharmacy must answer the call and undertake definitive action to ensure comprehensive education to better care for Black communities. It is vital that schools and colleges of pharmacy actively seeks to correct curricular neglect based on negative, pseudo-scientific constructions of "race." The field of pharmacy must understand its unique positionality within systems of power to adapt a wholistic and accurate view of race and racism to approach, achieve, and maintain health equity in the United States.

Keywords: anti-Black racism, structural competency, health profession education, structural/institutional racism, health inequities

Case

“I was upset at orientation this past year. There was an incoming student, so this was orientation, who was stating that she was offended by the fact that all of the transgender people in Cincinnati come to her pharmacy to pick up needles and she told this to about 30 people. She told them she was offended that transgender people would come to her pharmacy to get needles, you know, for their hormone therapies…we just don’t even learn about, you know, things for gay men or lesbian woman. We don’t even – I don’t – I don’t think we’ve ever learned about that…They’re like what, 10 percent of the population or something?”

1. What does LGBTQ+ exclusion culture look like in community pharmacy?

2. What strategies could the pharmacy implement to provide an inclusive, welcoming, and healthy environment for their LGBTQ patients?

1. Discuss unconscious microaggressions that affect us all.

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Implicit Bias Defined

- The attitudes or stereotypes that affect our understanding, actions, and decisions in an ***unconscious*** manner
- Activated involuntarily
- Everyone is susceptible
- Automatic
- Fast
- Effortless
- They can undermine our true intentions

State of the Science: Implicit Bias Review. Kirwan Institute. 2016.

Implicit vs. Explicit Biases

- Related but distinct concepts

- Implicit Biases
  - Arise outside of the conscious awareness
  - May not align with our openly-held beliefs (explicit beliefs)

State of the Science: Implicit Bias Review. Kirwan Institute. 2016.

Power of Socialization

- Think of a number between 1-10
- Add 2
- Double it
- Subtract your original number
- Add 8
- Subtract your original number
- Divide by 3
- Find the corresponding letter of the alphabet (i.e., 1=A, 2=B, 3=C, etc.)
- Think of a country that starts with that letter
- Think of an animal that starts with last letter of the country
- Think of a fruit that starts with the last letter of the animal

Denmark Kangaroo Orange

Countries that start with D

- Denmark
- Djibouti
- Dominica
- Dominican Republic

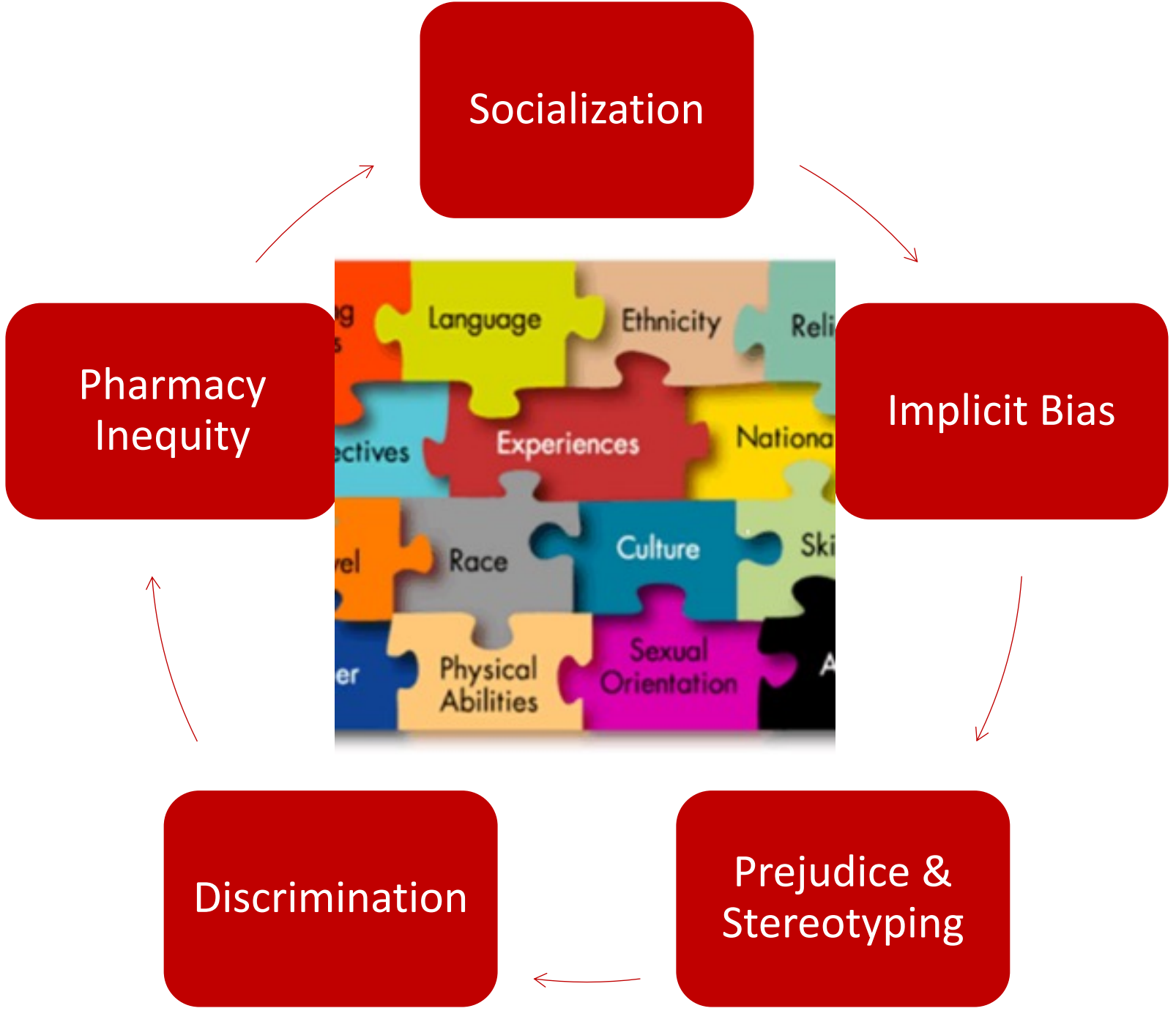
Animals that start with K

- Kangaroo
- Kelpie
- Kid
- Kitten
- Koala
- Koi

Fruits that start with O

- Orange
- Olive
- Okra

Cycle of Inequity



https://www.uschamberfoundation.org/blog/post/how-unconscious-bias-pervades-every-workplace-and-what-we-can-do-about-it

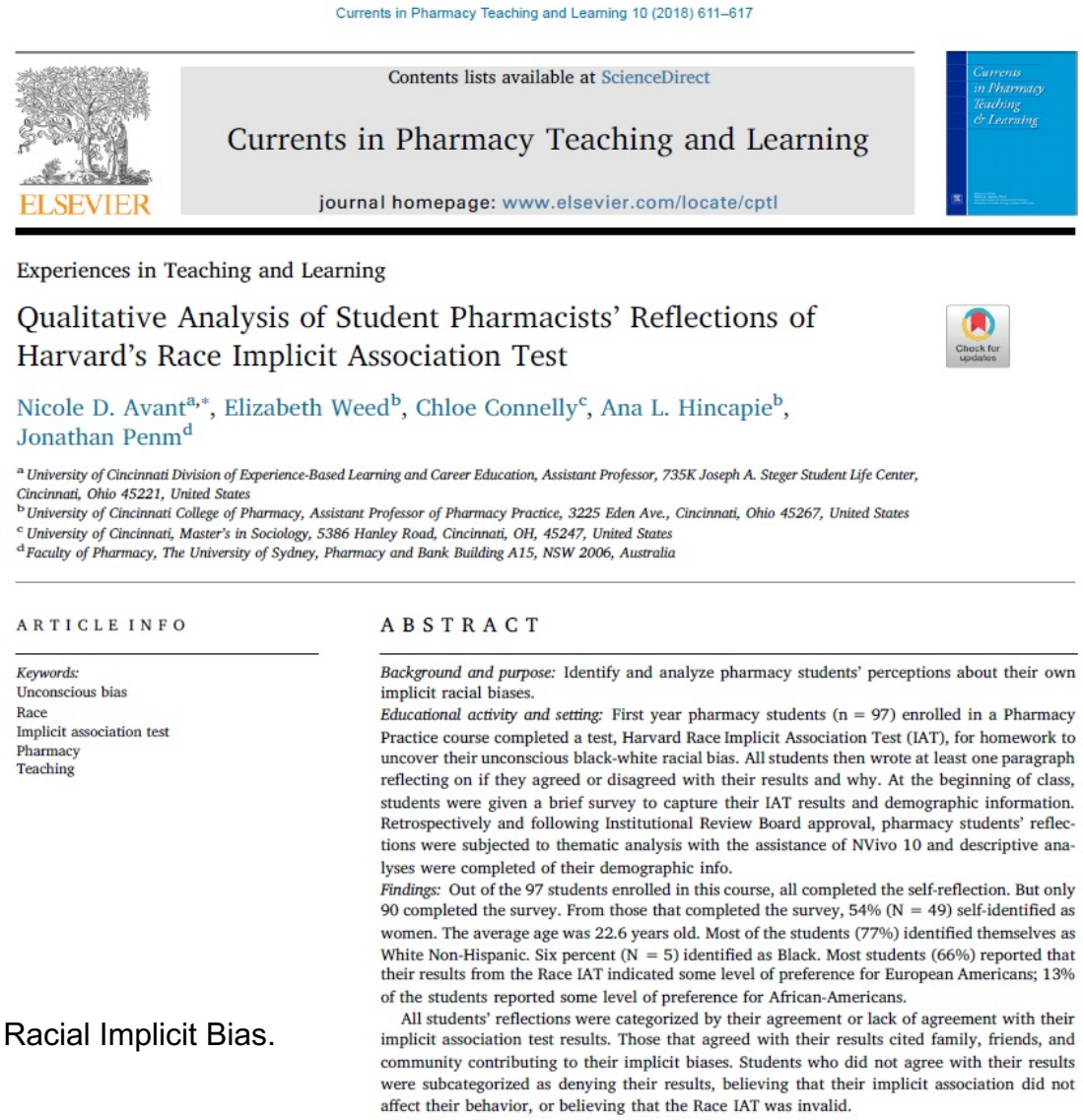
Where Do Our Biases Originate?

- When we are constantly exposed to certain identity groups being paired with certain characteristics, we can begin to automatically and unconsciously associate the identity with the characteristics
  - Whether or not that association aligns with reality

State of the Science: Implicit Bias Review. Kirwan Institute. 2016.

Pharmacy Learners' Perceptions of Their Racial Implicit Bias: Methods

- Completed Harvard Race Implicit Association Test (IAT) for homework
- Wrote at least one paragraph reflection
- Retrospectively, following IRB approval, pharmacy students' reflections were subjected to thematic analysis



Currents in Pharmacy Teaching and Learning 10 (2018) 611–617

Contents lists available at ScienceDirect

Currents in Pharmacy Teaching and Learning

journal homepage: www.elsevier.com/locate/cptl

Experiences in Teaching and Learning

Qualitative Analysis of Student Pharmacists' Reflections of Harvard's Race Implicit Association Test

Nicole D. Avant[a,*], Elizabeth Weed[b], Chloe Connelly[c], Ana L. Hincapie[b], Jonathan Penm[d]

[a] University of Cincinnati Division of Experience-Based Learning and Career Education, Assistant Professor, 735K Joseph A. Steger Student Life Center, Cincinnati, Ohio 45221, United States
[b] University of Cincinnati College of Pharmacy, Assistant Professor of Pharmacy Practice, 3225 Eden Ave., Cincinnati, Ohio 45267, United States
[c] University of Cincinnati, Master's in Sociology, 5386 Hanley Road, Cincinnati, OH, 45247, United States
[d] Faculty of Pharmacy, The University of Sydney, Pharmacy and Bank Building A15, NSW 2006, Australia

ARTICLE INFO

Keywords:
Unconscious bias
Race
Implicit association test
Pharmacy
Teaching

ABSTRACT

Background and purpose: Identify and analyze pharmacy students' perceptions about their own implicit racial biases.
Educational activity and setting: First year pharmacy students (n = 97) enrolled in a Pharmacy Practice course completed a test, Harvard Race Implicit Association Test (IAT), for homework to uncover their unconscious black-white racial bias. All students then wrote at least one paragraph reflecting on if they agreed or disagreed with their results and why. At the beginning of class, students were given a brief survey to capture their IAT results and demographic information. Retrospectively and following Institutional Review Board approval, pharmacy students' reflections were subjected to thematic analysis with the assistance of NVivo 10 and descriptive analyses were completed of their demographic info.
Findings: Out of the 97 students enrolled in this course, all completed the self-reflection. But only 90 completed the survey. From those that completed the survey, 54% (N = 49) self-identified as women. The average age was 22.6 years old. Most of the students (77%) identified themselves as White Non-Hispanic. Six percent (N = 5) identified as Black. Most students (66%) reported that their results from the Race IAT indicated some level of preference for European Americans; 13% of the students reported some level of preference for African-Americans.

All students' reflections were categorized by their agreement or lack of agreement with their implicit association test results. Those that agreed with their results cited family, friends, and community contributing to their implicit biases. Students who did not agree with their results were subcategorized as denying their results, believing that their implicit association did not affect their behavior, or believing that the Race IAT was invalid.

Avant ND, Weed E, Connelly C, Hincapie AL, Penm J. Pharmacy Learners' Perceptions of Their Racial Implicit Bias.

Agreement Results

- Most students (66%) reported a pro-white bias

- Those that agreed with their results commonly cited family, friends, and community

  - *“I agree and was not surprised with my result because it well reflects the values of the community I grew up with”*

  - *“After taking the Race IAT survey, my results reported that I show an automatic moderate preference for European Americans …I do agree with this statement. During my childhood I grew up in a middle/upper-class neighborhood consisting mostly of white people…I had never truly conversed with another person that did not look like me.”*

Avant ND, Weed E, Connelly C, Hincapie AL, Penm J. Pharmacy Learners’ Perceptions of Their Racial Implicit Bias.

Disagreement Results

- Students who did not agree with their results:

1. Denied having implicit bias
   - *"My results after all of the testing was that I have an automatic preference for white people over black people. I think … a person is a person no matter what color of skin they have. I wouldn't preference a white person over a black person to be my neighbor. They are human beings just as much as I am."*

2. Believed that their implicit association did not affect their behavior
   - *"Although my "preference" exists, I do not truly feel that it affects my day to day life or my interactions with whomever I may encounter. My preference, I feel, is one that I have always internally housed and one that I have never observably expressed to anyone."*

3. Believed that the Race IAT was invalid
   - *"I disagree with my result for this assignment. I kept making mistakes based upon hand orientation because I don't normally have my index fingers on those keys when I type."*

Avant ND, Weed E, Connelly C, Hincapie AL, Penm J. Pharmacy Learners' Perceptions of Their Racial Implicit Bias.

Microaggressions Defined

- Subtle insults directed toward people with marginalized identities
- Research on discrimination usually focuses on overt events
- Some may believe that they are less harmful or serious than overt discrimination
- However, researchers have found that daily common experiences of microaggressions may have significantly more influence on anger, frustration, and self-esteem than traditional overt forms of discrimination
- Hard to prevent due to its invisible, commonplace nature
  - Generally, perpetrators are unaware and believe victims are being overly sensitive or have misinterpreted their intent
  - Victims of microaggressions often find it difficult to confront the perpetrator as the acts can usually be explained in seemingly nonbiased and valid reasons

Sue DW, Capodilupo CM, Torino GC, et al. Racial microaggressions in everyday life: implications for clinical practice. Am Psychol 2007;62:271-86.

Themes Identified from Data Set

The Responsibility of Administrators, Faculty, Staff, and Students

- Longitudinal cultural competency in the curriculum
- Cultural competency training for faculty
- Guidance on conflict management
- Open discussion on topics regarding diversity and inclusion

Feeling Othered

- Race
- Religion
- Age
- LGBTQ
- Language
- Socioeconomic status
- Political affiliations
- Gender
- Exclusion in the curriculum
- Targeting

Power, Pain, Pollution, and Pervasiveness (4Ps) of Microaggressions

- Perspective of microaggressions
- Personal impact of microaggression
- Sense of hopelessness for change
- Inappropriate jokes
- Everything is OK
- Dismissiveness
- Unawareness

What's the Hidden Message?

- "Where are you from – you speak good English."
- Asking an Asian person to help with a math or science problem
- "When I look at you, I don't see color."
- Clutching your purse as a Black or Latino person approaches or passes
- "As a woman, I know what you go through as a racial minority."
- "I believe the most qualified person should get the job."
- Asking a Black person: "Why do you have to be so loud/animated? Just calm down."
- Person of color mistaken for service worker

Sue, et al. Racial Microaggressions in Everyday Life. 2007.

Microaggressions in Academic Pharmacy

- Thirteen pharmacy students participated in the study
- 46% identified as women, mean age = 23 years old, 54% identified as white

Avant ND, Dao N, Penm J, Hincapie AL, Miller N, Weed E, Wallace M, Gillepsie G. "Not To Exclude You, But…": Stopping Microaggressions In Academic Pharmacy.

Microaggressions Reflection

- While I read the following exemplars ask yourself:
  - *Have you committed or witnessed any of these microaggressive acts?*

Feeling Othered – ***Race & Religion Biases***

Race bias

- “I've been complimented for like speaking English really well. But I was born in Ohio and English was my first language.”

Religion bias

- “I don’t think our school is very welcoming to Jewish – honestly, really anybody of a different religion. I feel like if you’re Christian, it’s cool. And thank goodness I’m Jewish and I’m white, I can just pass.”

Avant ND, Dao N, Penm J, Hincapie AL, Miller N, Weed E, Wallace M, Gillepsie G. “Not To Exclude You, But…”: Stopping Microaggressions In Academic Pharmacy.

Feeling Othered – ***Age Bias***

"The older professors we feel like, um, you know, they're older. And so it takes them a while to, you know, first of all, get technology stuff. But second of all, they're set into their old ways. And sometimes we feel like they can't adapt as well. So sometimes I feel that people … are more inclined to listen to those younger professionals than the older professionals…I feel like some students feel like they're not as qualified or they're too old."

Avant ND, Dao N, Penm J, Hincapie AL, Miller N, Weed E, Wallace M, Gillepsie G. "Not To Exclude You, But…": Stopping Microaggressions In Academic Pharmacy.

Feeling Othered – *LGBTQ & Language Biases*

LGBTQ bias

- "They'll (students) use homophobic slurs or just use gay as a, you know, as an insult like saying, like, instead of, "That was dumb," like, they would say, 'That was gay.'"

Language bias

- "Without being really specific, there is a – someone else that I've witnessed who comes from another country, and his language isn't – he is a not a very good English speaker, but he tries as hard as he can and people tend to make fun of that…Mostly imitating his voice and where he comes from."

Avant ND, Dao N, Penm J, Hincapie AL, Miller N, Weed E, Wallace M, Gillepsie G. "Not To Exclude You, But…": Stopping Microaggressions In Academic Pharmacy.

Feeling Othered – ***Gender Bias***

"The females definitely get judged a lot more intensely than the males... One day I completely forgot to wear a tie in the skills lab which…is a big sin. Um, the faculty member didn't even realize it, um, but yet, maybe three or four people ahead of me, uh, one of the females was – I don't want to say berated, but was definitely angrily talked at because said skirt was too high or– Her dress was too revealing. So, you know, I feel like, in that situation, that potentially would be a microaggression because I mean obviously I did not have the dress code and I should have been reprimanded for it. But I was not."

Avant ND, Dao N, Penm J, Hincapie AL, Miller N, Weed E, Wallace M, Gillepsie G. "Not To Exclude You, But…": Stopping Microaggressions In Academic Pharmacy.

Feeling Othered – *Gender Bias*

"At my IPPE, um, last Tuesday…I was in like the operating room, which was all guys…so one, two, three, four, five, like six guys, and they just kept messin' with me like the whole time. Like making jokes and like I think they were just trying to be funny and this was how they were. But…it was like stressin' me out. And so I don't know why they were – why they were doin' that… they were just like giving me a hard time and joking and like um, I don't know I guess just being typical guys I guess. I don't know how else to describe that just like being goofy…they just kept like asking me questions, and they wanted me…like say some kind of weird stuff like, uh, they were doing a replacement actually, and they were putting like the cement in. And they let me play with the cement… So I noticed that…as it was like solidifying it was getting hot, it was getting hard, and he's like…do you know what we say we tell the doctor I want it hot and hard, and, um, then…the one guy like prompted me to say it, and I didn't really want to. But he like kept on to get me to say it, so I said it…"

Avant ND, Dao N, Penm J, Hincapie AL, Miller N, Weed E, Wallace M, Gillepsie G. "Not To Exclude You, But…": Stopping Microaggressions In Academic Pharmacy.

3 Practical Next Steps

1. Cultivate Bias Awareness
2. Mitigate Bias
3. Disrupt Implicit Bias Manifestations

1. Staats C, Capatosto K, Tenney L, Mamo S. State of the Science: Implicit Bias Review 2017 Edition. Kirwan Institute.
2. Sue DW, Capodilupo CM, Torino GC, et al. Racial microaggressions in everyday life: implications for clinical practice. Am Psychol 2007;62:271-86.

2. Review strategies for better assessing, understanding and addressing the needs of your diverse patient population.

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Multiple Levels of Inequities

Internalized inequities

- Reflects systems of power
- Reflects societal values
- Erodes individual sense of value

Interpersonal inequities

- Individual acts of discrimination that contribute to the maintenance of systems of power
  - e.g., labeling fat people as lazy, out of control, ignorant

Institutional inequities

- Initial historical insult
- Structural barriers
- Societal norms
- Biological determinism
- Unearned privilege

1. Jones C. Levels of Racism: A Theoretic Framework and a Gardener's Tale.

Misguided Approaches to Identify and Remediate the Fundamental Causes of Health Inequities

Utilize behaviors and class	• When racialized and other marginalized communities are blamed for the less optimal health outcomes they experience, there is no need to interrogate and dismantle systems of power that create structural vulnerabilities to health
Search for biological markers of susceptibility	• Perpetuate the myth that race is a risk factor for adverse health outcomes

1. Crear-Perry J, et al. Social and Structural Determinants of Health Inequities in Maternal Health.
2. Avant, et al. The Past, Present, and Futurist Role of the Pharmacy Profession to Achieve Black Health Equity.

Limitations of the SDOH

Social Determinants of Health

- The conditions in which people are born, grow, live, work, and age are significant drivers of disease risk and susceptibility

The term has lost its meaning

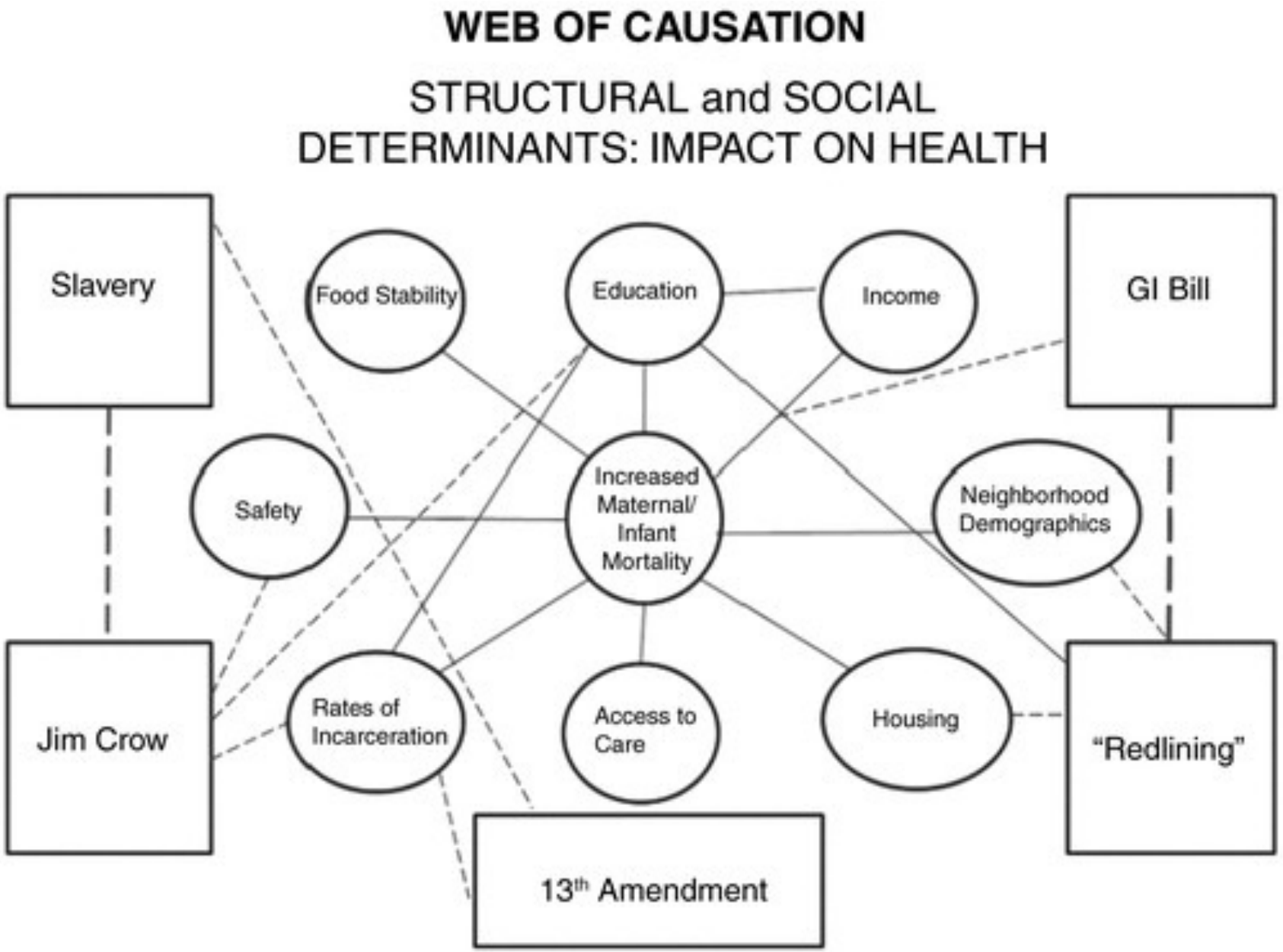
- A deeper understanding of the SDOH—and what forces underlie their distribution
- Move farther upstream to identify the structural determinants of health

1. Crear-Perry J, et al. Social and Structural Determinants of Health Inequities in Maternal Health

Structural Determinants of Health

- The cultural norms, policies, institutions, and practices that define the distribution of SDOH
- These structures and systems started in the founding of the US and its economy based on principles of racial, class, gender, and size hierarchies
- They shape the distribution of power and resources producing health inequities (e.g., race, class, gender, body size)
- The pathway to better health is not through blaming marginalized communities but dismantling systems that structure opportunity away from optimal health

1. Crear-Perry J, et al. Social and Structural Determinants of Health Inequities in Maternal Health.
2. Avant, et al. The Past, Present, and Futurist Role of the Pharmacy Profession to Achieve Black Health Equity.



Crear-Perry J, et al. Social and Structural Determinants of Health Inequities in Maternal Health

Why Should We Identify the Structural Determinants of Health?

Individuals are unlikely to control many of the upstream determinants of health

(e.g., policy, societal norms, values)

What communities have access to health-promoting resources and opportunities (e.g., walkability, transit to jobs, income, rates of incarceration)? And why?

No matter how empowered, knowledgeable, or willing someone is to change their behavior, they may not be able to do so because of structural determinants of health

We need multiple and sustained interventions that moves beyond behaviors and biology and towards the structural forces that cultivate morbidity and mortality

1. Crear-Perry J, et al. Social and Structural Determinants of Health Inequities in Maternal Health.
2. Avant, et al. The Past, Present, and Futurist Role of the Pharmacy Profession to Achieve Black Health Equity.

How to Become Structurally Competent

Avoid

- Narrow focus on the individual
  - Move beyond cultural competency to identify systems of power that jeopardize health
  - Diminish bias and view patients holistically in the contexts of inequities
- Anti-historical stance
- Myth of meritocracy
- Limited future orientation
- White supremacist ideology

Define race as a socio-political construction

Move upstream to address the SDOH and structural determinants of health

Center at the margins to identify solutions

Collect robust data to solve complex problems

Advocate for marginalized lives

1. Jones C. Seeing the Water: Seven Values Targets for Anti-Racism Action | Avant ND. Structural Racism and Supporting Black Lives – A Pharmacist's Vow amid COVID-19.

3. Explain how you can use language that is inclusive and respectful of all genders and sexual orientations.

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Return to Case

"I was upset at orientation this past year. There was an incoming student, so this was orientation, who was stating that she was offended by the fact that all of the transgender people in Cincinnati come to her pharmacy to pick up needles and she told this to about 30 people. She told them she was offended that transgender people would come to her pharmacy to get needles, you know, for their hormone therapies…we just don't even learn about, you know, things for gay men or lesbian woman. We don't even – I don't – I don't think we've ever learned about that…They're like what, 10 percent of the population or something?

1. What does LGBTQ+ exclusion culture look like in community pharmacy?

2. What strategies could this pharmacy implement to provide an inclusive, welcoming, and healthy environment for their LGBTQ patients?

LGBTQIA+ Exclusion Culture Looks Like

- LGBTIQ+ inclusion not visible in the workplace
- Lack of recognizing all members of the LGBTIQ+ community
- Assumptions present such as everyone is straight; everyone prefers binary pronouns; coming out is a purely personal issue, and not a workplace issue; this person must be LGBTIQ+ because of how they look, sound, dress, or behave; it's ok to 'out' someone
- Use of presumptuous language, like "that's so gay," asking women about their "husbands" and men about their "wives," or assigning someone a gender pronoun
- Lack of sexuality and gender in diversity and inclusion policies (e.g., transition policies, parental leave policies)
- Restrictive forms (e.g., male, female, other)
- Lack of gender-neutral bathrooms and dress codes
- Discomfort or disapproval of LGBTQ experiences
- Tokenization and treated as diversity expert
- Deny their experiences with multiple levels of inequities
- Denial of bodily privacy

https://hbr.org/2018/10/7-myths-about-coming-out-at-work
https://www.apa.org/apags/governance/subcommittees/microaggressions-webinar-transcript.pdf

LGBTQIA+ Inclusion Culture Looks Like

- Getting to know your LGBTQ patients
- Understanding how bias and structural inequities impact their health
- Acknowledging intersectionality
- Creating an inclusive and welcoming pharmacy

https://assets2.hrc.org/files/assets/resources/LGBTQ_Pharmacy_Guide_2016.pdf

1. Get to know your LGBTQ patients

Sexuality Defined

The accurate description of a person's enduring physical, romantic, and/or emotional attraction to people of the same gender and/or people of a different gender

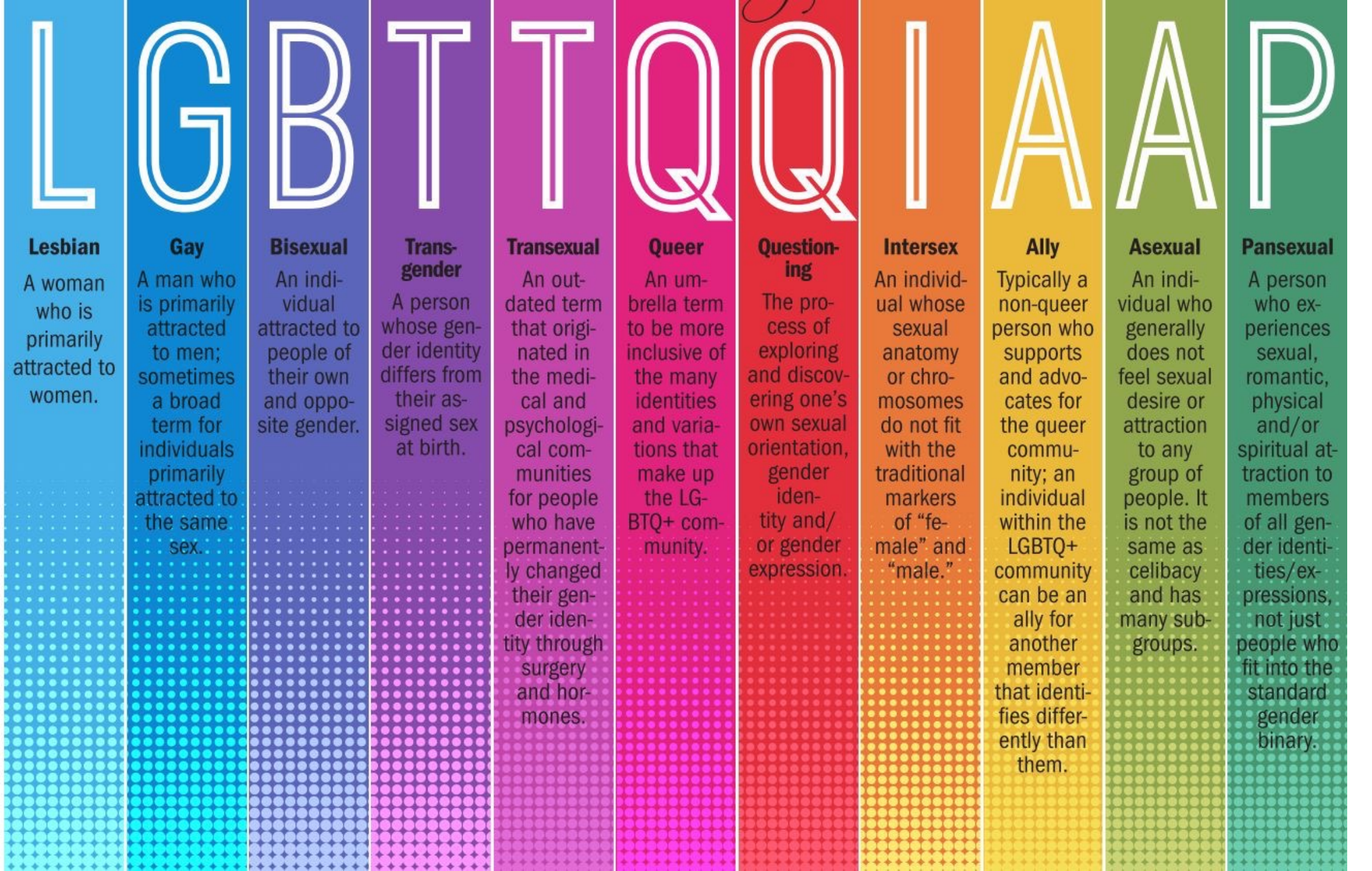
It is inclusive of people who are lesbian, gay, bisexual, queer, and pansexual, as well as straight people

People need not have had specific sexual experiences to know their own sexual orientation; in fact, they need not have had any sexual experience at all

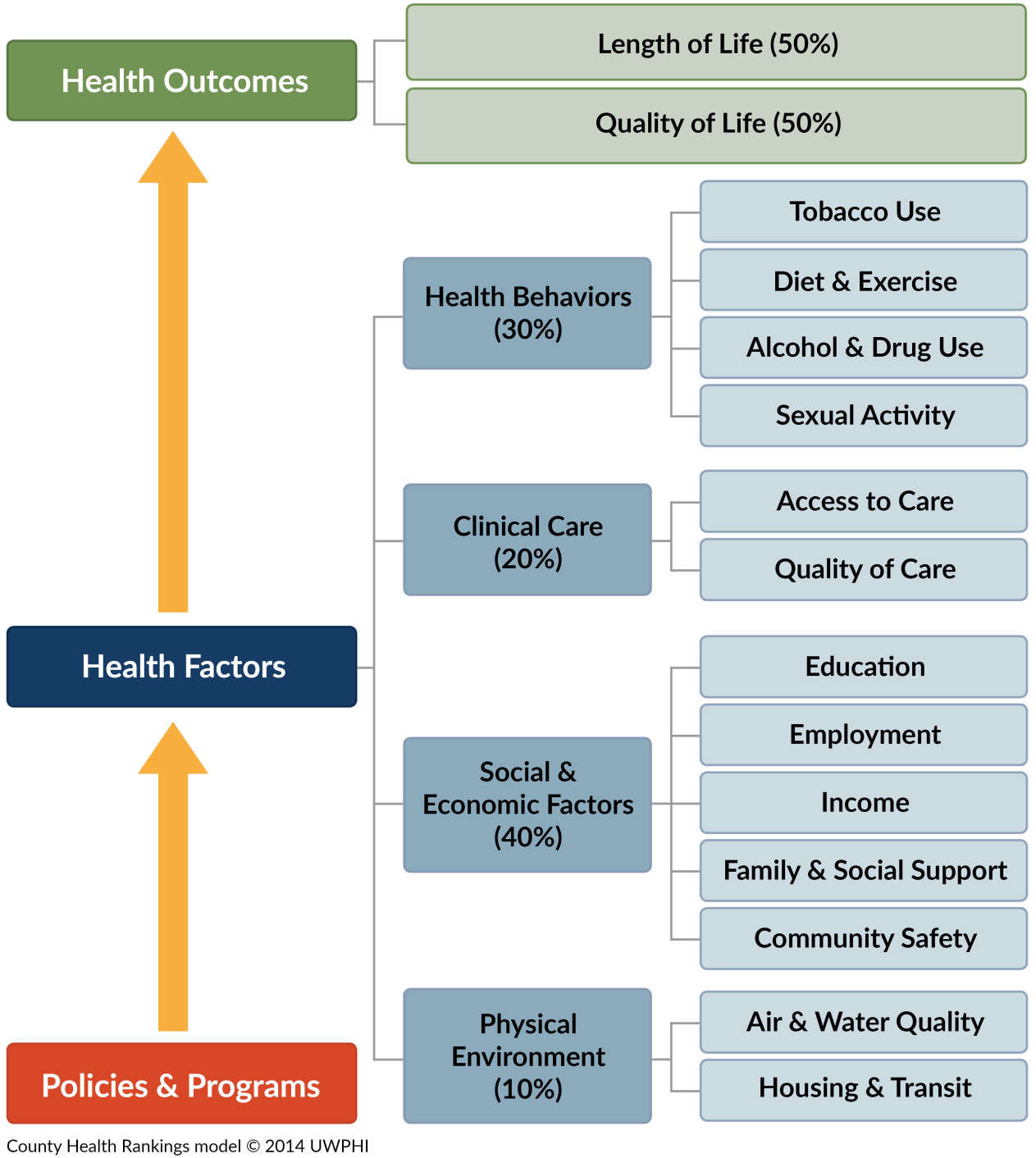
Gender identity and sexual orientation are not the same

Transgender people have sexual orientations too, and they may be straight, lesbian, gay, bisexual, queer, etc

https://www.glaad.org/reference/terms


L
Lesbian
A woman who is primarily attracted to women.
G
Gay
A man who is primarily attracted to men; sometimes a broad term for individuals primarily attracted to the same sex.
B
Bisexual
An individual attracted to people of their own and opposite gender.
T
Trans-gender
A person whose gender identity differs from their assigned sex at birth.
T
Transexual
An outdated term that originated in the medical and psychological communities for people who have permanently changed their gender identity through surgery and hormones.
Q
Queer
An umbrella term to be more inclusive of the many identities and variations that make up the LGBTQ+ community.
Q
Questioning
The process of exploring and discovering one's own sexual orientation, gender identity and/or gender expression.
I
Intersex
An individual whose sexual anatomy or chromosomes do not fit with the traditional markers of "female" and "male."
A
Ally
Typically a non-queer person who supports and advocates for the queer community; an individual within the LGBTQ+ community can be an ally for another member that identifies differently than them.
A
Asexual
An individual who generally does not feel sexual desire or attraction to any group of people. It is not the same as celibacy and has many subgroups.
P
Pansexual
A person who experiences sexual, romantic, physical and/or spiritual attraction to members of all gender identities/expressions, not just people who fit into the standard gender binary.

2. Understand how bias and structural inequities impact their health



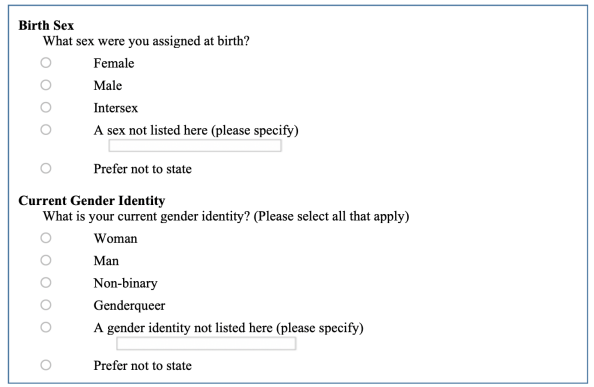
3. Acknowledge Intersectionality

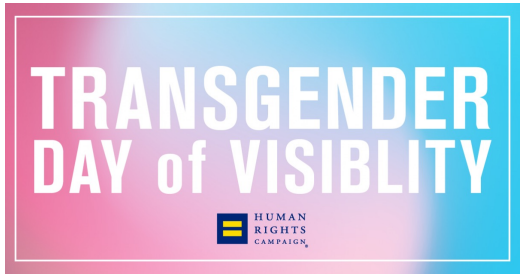
- Anti-queerness reproduces harm in a variety of ways and is not always solely about queerness
- Queer hostility is intertwined with other inequities
- Some queer people face a greater cumulative burden of discrimination, shame, unfairness due to the intersection of queerness with race, gender, body size/type, class, ability status, age, nationality, and other identities
- The complexity of navigating intersecting, multiple marginalized identities contributes to cumulative stress on minoritized groups
- Chronic, high stress levels negatively impact health outcomes

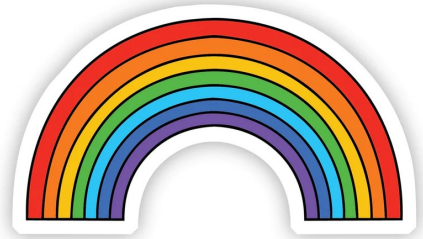
1. Munro, Lauren. Everyday Indignities: Using the Microaggressions Framework to Understand Weight Stigma.

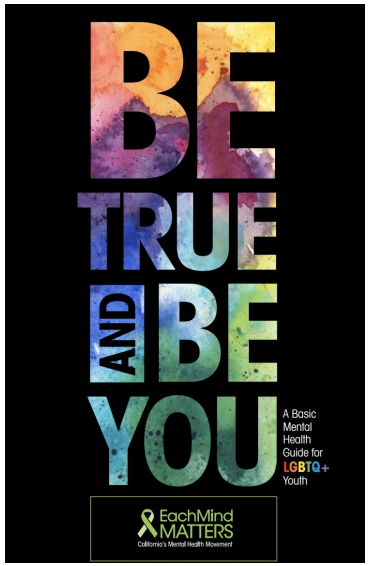
4. Create an Inclusive and Welcoming Pharmacy

1. Training
   - Gender 101
   - Sexuality 101
   - Trans affirming care
   - Queer affirming care
2. Create a welcoming physical environment
3. Restrooms
4. Communication basics
5. Community engagement









4. Practical Pearls.

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Summary

Bias Awareness and Mitigation

- Implicit bias is defined as “the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner
- Activated involuntarily, without awareness or intentional control
- Continuously reflect on your biases and watch your first thoughts to assist in identifying your biases
- Take Implicit Association Tests to measure your unconscious attitudes or beliefs (**https://implicit.harvard.edu/implicit/**)
- Reflect on how your work may be impacted by your biases
- Cultivate a social climate for staff to identify, discuss, and create solutions to mitigate biases

Avoid engaging in microaggressive behavior

- Continuously reflect on how stereotypes and biases could negatively impact interpersonal interactions
- Microaggressions are “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults” toward minoritized groups.
- Microaggressions are hard to identify, address, and resolve as they are invisible, yet pervasive
- When targets of microaggressions interrupt them, they may be labeled as “overly sensitive” or “not a great fit”
- So it’s important to be accountable and disrupt microaggressions when you see them

Identify how biases are shaped by systems of power

- Craft solutions to counter harmful narratives, promote health, and health equity
- Define the root causes of health inequities to move away from blaming individuals and move towards economic, social, and moral improvements
- Center communities most impacted to identify the solutions for respectful healthcare and optimal health

1. Jones C. Seeing the Water: Seven Values Targets for Anti-Racism Action
2. Avant ND. Structural Racism and Supporting Black Lives – A Pharmacist’s Vow amid COVID-19.

NCPA®
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Nicole D. Avant, Pharm.D., BCACP
Founder and Owner, Avant Consulting Group
nicole@avantconsultinggrop.net

The *voice* of the community pharmacist.

www.ncpa.org

Follow us on social media

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION