

Background:

Summer of 2020, already fraught with uncertainty from the global COVID-19 pandemic, brought with it a movement on issues of systemic racism to the mainstream conversation. Bringing light to issues of social justice has come with the opportunity to deepen dialogue and engage in discussion like never before, and the pharmacy community must be committed to engaging in and addressing the issue of how racism impacts our profession, our community, and our patients. Within the oath of the pharmacist, our professional responsibility and commitment to patient care comes with the responsibility for pharmacists to do our best to examine and address factors that negatively impact patient care. Racism in all its forms, ranging from interpersonal, implicit or explicit, to structural policies and programs that intentionally or unintentionally perpetuate racial disparities, contributes to the negative health impacts seen across communities, particularly among marginalized identities (i.e., Black, Indigenous, Persons of Color, gender identities, sexual orientation, etc.).

Structural Racism continues to negatively impact both patient outcomes as well as pharmacy professionals who identify as Black, Indigenous, and Persons of Color because of the obstacles posed to fulfill the basic human rights to survival, security, development, and social participation. Achieving equitable outcomes for all patients, especially Black, Indigenous, and Persons of Color patients and professionals, without first addressing structural racism within the profession is therefore antithetical to the oath of a pharmacist and APhA core values.

The APhA Task Force on Systemic Racism conducted a review of existing association policy related to the intersections of race, social determinants of health, health inequities, education, research, practice, and organizational policies and programs. The Task Force determined that existing policy is silent on these topics and this represents a “gap” in important areas of contemporary social, public and health policy.

The proposed policy statements reflect a commitment to denounce all forms of racism and bigotry within and outside of our profession, and to urge the entire pharmacy community to commit to dismantling racism. Each individual will be at a different point in their journey towards understanding and addressing racism from just scratching the surface and educating themselves, to being in positions of power and influence to shape organizational policies. Nonetheless, we urge our community to commit to doing the work incrementally to shape greater change, no matter where they are in this journey. We also recognize and hold accountable individuals in positions of leadership and those who have decision-making power to examine their agency for opportunities they may have to impact policies and initiatives/programs; we urge the community to further the work in dismantling racism by incentivizing and creating opportunities for more education, research, and practice to dismantle racism.

Current APhA Policy & Bylaws:

2017, 2012, 1989

Equal Rights and Opportunities for Pharmacy Personnel

APhA reaffirms its unequivocal support of equal opportunities for employment and advancement, compensation, and organizational leadership positions. APhA opposes discrimination based on sex, gender identity or expression, race, color, religion, national origin, age, disability, genetic information, sexual orientation, or any other category protected by federal or state law.

(Am Pharm 29(7):464 July 1989) (Reviewed 2001) (Reviewed 2007)(JAPhA 52(4) 459 July/August 2012)(JAPhA 57(4): 441 July/August 2017)

2012, 1991

Recruitment of a Diverse Population into Pharmacy

1. APhA supports a vigorous long term program for the recruitment of a diverse population of student pharmacists into the pharmacy profession.
2. APhA encourages the development and regular updating of comprehensive recruitment materials, directed toward diversity and inclusion, that address such issues as pharmacy career opportunities, financial aid, and educational prerequisites, and that highlight professional diverse role models.
3. APhA encourages national, state, and local association; schools; students; and industry to create a network of pharmacists who would serve as role models for a diverse population of student pharmacists.
4. APhA supports the development of guidelines that assist schools of pharmacy in implementing diversity and inclusion initiatives into student pharmacist recruitment programs.(Am Pharm 31(6):28 June 1991) (Reviewed 2001) (Reviewed 2007) (JAPhA 52(4) 459 July/August 2012)(Reviewed 2017)(Reviewed 2018)

1979

Consideration of the Equal Rights Amendment

APhA supports efforts to assure equal rights of all persons.

(AmPharm 19(7):60 June 1979) (Reviewed 2009)(Reviewed 2014)(Reviewed 2018)

2009

Disparities in Healthcare

APhA supports elimination of disparities in health care delivery.

(JAPhA 49(4):493 July/August 2009)(Reviewed 2013)(Reviewed 2018)

2006

Cultural Health Beliefs and Medication Use

1. APhA supports culturally sensitive outreach efforts to increase mutual understanding of the risks and other issues of using prescription medications without a prescription order or using unapproved products.
2. APhA supports expanding culturally competent health care services in all communities.

(JAPhA 46(5):561 September/October 2006) (Reviewed 2009)(Reviewed 2014)(Reviewed 2019)

2005

Cultural Competence

1. Recognizing the diverse patient population served by our profession and the impact of cultural diversity on patient safety and medication use outcomes, APhA encourages pharmacists to continually strive to achieve and develop cultural awareness, sensitivity, and cultural competence.

2. APhA shall facilitate access to resources that assist pharmacists and student pharmacists in achieving and maintaining cultural competence relevant to their practice.

(JAPhA 45(5):554 September/October 2005) (Reviewed 2006)(Reviewed 2011)(Reviewed 2016)

****Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item Content.**

New Business Items are due to the Speaker of the House by **February 10, 2021** (30 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.