



**The American Association of Colleges of Pharmacy**

**Ad Hoc Committee on  
Affirmative Action and Diversity**

**Final Report**

October 2000

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**Introduction**

Across the United States, in classrooms and courtrooms the controversial topics of diversity and affirmative action have come to the fore. They are separate issues, but linked because of the populations they seek to benefit. Critics of affirmative action generally assert that it is wrong to accord preferential treatment to any group of applicants or students. Proponents of diversity programs argue that a more inclusive student population benefits students of all races and backgrounds by better preparing them to live and work in America's increasingly diverse society. As part of this debate over diversity and affirmative action, AACCP determined to move beyond the clash of opinions to examine critically the track-record of pharmacy education and offer recommendations to increase diversity and establish cultural competence as an educational outcome.

**Background Information**

In 1997, the AACCP House of Delegates voted in favor of adopting a 1995 policy statement of the American Council on Education (ACE). The ACE policy statement strongly supports the values of diversity and affirmative action as a means to foster student body diversity in educational institutions. The ACE statement on affirmative action and diversity is the policy of the American Association of Colleges of Pharmacy. The statement is a four-part testimonial to the importance of racial and cultural diversity in educational programs of all subjects and professional fields (*see Appendix A*). Since the whole area of affirmative action is fraught with legal implications, it is important to begin with a summary of the major case law and other types of legal decisions that shape the present discussion.

## Legal History

Since the nation's founding, our laws have reflected Americans' prejudices and aspirations regarding race. What one writer has called the apogee of more than 200 years of oppression occurred in 1857, when the Supreme Court in *Dred Scott v. Sandford* embraced pro-slavery arguments in ruling that black citizens of a free state remained enslaved under the laws of the state from which they came. Although the Civil War and Reconstruction brought the Fourteenth Amendment's broad prohibition against states denying equal protection of the laws, that mandate was not soon carried into effect. In *Plessy v. Ferguson* (1896), the Court held that the Amendment's Equal Protection Clause did not entitle "colored persons" to sit in the same railway car as whites. The Constitution and sound policy, that Court said, required no more than "separate-but-equal" public accommodation.

*Plessy* remained the law for 58 years, through and beyond World War II, until the Supreme Court threw it out in 1954. *Brown v. Board of Education* and related decisions affirmed the societal need for racial integration of public schools, and ordered that it be achieved "with all deliberate speed." A decade later, the Civil Rights Act of 1964 prohibited race and sex discrimination by employers (Title VII), and barred race, color, and national origin discrimination by recipients of federal funding (Title VI), including almost all education institutions. Also, in the decades after *Brown*, the concept of affirmative action emerged in earnest and was applied to racial, ethnic, and other minority groups – as well as to women – in such areas as education, employment, and federally-funded construction.

The development of affirmative action came in a patchwork. President Kennedy in 1961 issued Executive Order 10,925 to forbid race, religion, color, and national-origin discrimination in federal employment. The Order required the federal government to take "affirmative steps to realize more fully the national policy of nondiscrimination," and established a Commission on Equal Employment

Opportunity. Two years later, President Kennedy expanded “affirmative action” requirements to reach federally-assisted construction projects (Michaelson, 1999).

In a recent legal battle in Texas, *Hopwood v. Texas* (1996), a three-judge panel of the U.S. Court of Appeals for the Fifth Circuit (LA, MS & TX) ruled that a Texas law school could not use race as a consideration in its admissions process. The Law School established separate admission processes for minority students. This ruling has made race-based decisions for admissions and financial aid difficult in every public and private educational program in Louisiana, Texas and Mississippi. There continue to be reports of majority or white students who are qualified being denied admission to state and other publicly-supported educational programs in order to make room for possibly less qualified minority applicants. Legal challenges continue to appear against all forms of programs, *i.e.*, admissions, financial aid, and scholarships that appear to be preferential to minority students (*see Appendix B*).

### **AACP’s Response**

In 1998 AACP President Jordan Cohen recognized that the current policy regarding affirmative action at AACP was susceptible to criticism from outside observers. To assist AACP member schools in understanding the foundation of the AACP policy supporting diversity and affirmative action in pharmaceutical education, President Cohen appointed the AACP Ad Hoc Committee on Affirmative Action and Diversity. The committee was charged to address the following topics and questions:

- Examine and quantify the success that pharmaceutical education has had in achieving societal expectations for diversity in pharmaceutical education. Are AACP and its member schools meeting acceptable standards regarding diversity in student bodies, faculty, administration, staff, and curricular experiences?

- What measures or strategies are AACP member schools successfully employing to ensure diversity and what additional measures or alternative approaches could be recommended to help increase our commitment to diversity in light of the current legal and sociopolitical environment?
- Should there exist expected goals for diversity in pharmaceutical education? If so, what types of goals should these be and how would they be measured?

### **Importance of Diversity to Pharmaceutical Education**

Prior to the discussion of affirmative action policies, AACP committee members felt the need to establish why it is so important to pharmacy education that students from all racial and ethnic groups be well represented in the nation's colleges and schools of pharmacy. Committee members determined that there is a unique element to the practice of pharmacy that requires diversity to achieve the goals of professional pharmacy practice. First and foremost, pharmacists are health care providers responsible for achieving positive health outcomes for all patients, regardless of background. Pharmacists are placed in a more diverse environment today than in the past. Pharmacists, in contemporary practice, need to possess communication skills unprecedented in the history of pharmaceutical care. Additionally, pharmacists are required to work in a closer relationship with patients and other health professionals than ever in order to achieve the goals of pharmaceutical care. This is primarily a result of the rapidly changing demographic composition of the United States. As the new millennium begins, ethnic minorities comprise an estimated 27% of the U.S. population. Reliable estimates indicate that their numbers will increase to 37% in the year 2025 (U.S. Census Bureau, 1999). In California, Texas, and Florida today's ethnic minorities should reach a numerical majority early in the 21<sup>st</sup> century (Bessent, 1997). The increasing numbers of minority persons will continue to create social and political changes throughout society. This will occur particularly in health care, where pressure on financing and delivery systems to close the gap in health status between minorities and the majority population can only increase.

Moreover, because minorities are underrepresented in all health professions, including pharmacy, pressures should intensify to achieve greater representation of minorities in the health care workforce.

Pharmacists will need to be culturally competent, if they are to cope effectively with changing national demographics and provide reliable patient care. Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, and enables that system to work effectively in cross-cultural situations (Cross *et al.*, 1989; Isaacs & Benjamin, 1991). Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better [health] outcomes (Davis, 1997). The goal of cultural competence is to avoid cultural generalizations while improving the ability to understand, communicate with and care for patients from diverse backgrounds.

In addition to improving health care outcomes when health care providers are culturally competent, access to health care by minority populations is improved with a workforce that is culturally diverse. There is considerable evidence in the medical community that physicians from minority backgrounds will be drawn to practice environments in traditionally under-served regions of the United States. Diversity in the professional workforce can only be achieved through diversity in the classroom.

Positive role models for underrepresented cultures may encourage more participation in leadership roles among underrepresented students. Graduate training exerts an important influence on attaining leadership roles within the pharmacy profession. Professional pharmaceutical education is the most promising pipeline for recruitment into graduate-level pharmaceutical science education. The graduate recruitment pool cannot be diverse without a diverse professional student population. An immediate and conscious effort to nurture underrepresented students during their professional years may



lead to more of such individuals pursuing graduate training in the near future. Finally, equity and justice demand that the Academy include all racial and ethnic minorities in pharmacy .

### **Importance to Society of Diversity in Pharmaceutical Education**

The public good likely to be promoted by diversity specific to pharmaceutical education is summarized below:

- Patient counseling is most effective when it is obtained from members of one's own race. If that is not possible, then health care professionals must be capable of working with patients of backgrounds quite different from their own. Understanding cultural barriers to communication and treatment options leads to improved health outcomes.
- Access to health care among under-served populations is a significant challenge. The education of a diverse population of students will lead to a more diverse population of professionals, which in turn can improve access to health care by a diverse population of citizens.
- Equity and justice require that the legacy of societal discrimination be remedied. Further, the difference principle articulated by John Rawls in **A Theory of Justice** (1971) rests on the view that because inequalities of birth, historical circumstance and natural endowment are not deserved, society [colleges and schools of pharmacy, for AACP purposes] should correct these inequalities by improving the unequal situation of artificially disadvantaged members. Inequalities can be justified, according to this ethical perspective, only when they work to everyone's advantage, *e.g.*, democratizing society, or at least providing advantage to the least well off.

## Committee Charges

*Examine and quantify the success that pharmaceutical education has in achieving societal expectations for diversity in pharmaceutical education. Are AACP and its member schools meeting acceptable standards regarding diversity in student bodies, faculty, administration, staff, and curricular experiences? What are acceptable standards? Should there be consensus on these standards?*

The first step to examining and quantifying the success of pharmaceutical education in achieving societal expectations for diversity in pharmaceutical education is understanding what the societal expectations might be. A look at 1998 Census Bureau information provides a glimpse into this expectation. Comparing these data to demographic data from colleges and schools of pharmacy begins the discussion of pharmacy education's ability to achieve societal expectations

<b>Race</b>	<b>U.S. Total Population 2000*</b>	<b>First Professional Pharmacy Degrees Conferred 1998-99</b>	<b>Pharmacy Faculty Population 1999-2000</b>	<b>U.S. Pharmacist Population (U.S. Census) 1990</b>
All Races**	306,961,000	7,141	3,428	186,269
White	225,949,000 (73.6%)	4,597 (64.4%)	2,753 (80.3%)	160,149 (86.0%)
Black	35,231,000 (11.5%)	401 (5.6%)	176 (5.1%)	7,836 (4.2%)
American Indian, or Alaskan Native	2,428,000 (0.8%)	36 (0.5%)	8 (0.2%)	378 (0.2%)
Asian and Pacific Islander	11,100,000 (3.6%)	1,327 (18.6%)	265 (7.7%)	12,222 (6.6%)
Hispanic origin of any race	32,253,000 (10.5%)	266 (3.7%)	73 (2.1%)	5,684 (3.1%)

*\*NOTE: All population figures for the year 2000 shown in column 1 are projections supplied by the U.S. Census Bureau, based on the 1990 Census data; they do not reflect Census 2000 counts.*

*\*\* The All Races total in each column include foreign nationals. Due to multiple race designations for a single individual, the All Races number may exceed the actual number of individuals.*



If societal expectations mean an educational population in pharmacy that reflects the population of the United States, the pharmacy profession has significant room for improvement. This is especially true for the population of pharmacy faculty.

### **Where Are AACP Member Schools Today?**

*What measures or strategies are AACP member schools successfully employing to insure diversity and what additional measures or alternative approaches could be recommended to help increase our commitment to diversity in light of the current legal and sociopolitical environment?*

A few institutions within AACP have achieved much of the success so far in opening avenues into academic pharmacy for minority students. In 1998-99, AACP had four institutions designated as Historically Black Colleges and Universities (HBCU's) by the federal government. These four HBCU's (Florida A&M, Howard, Texas Southern, and Xavier) educated 37.2 percent of under-represented minority pharmacy students. (Note: Minority students in this context does not include Asian students.) With the addition of A & M Schwartz, to this equation, five schools combined educated 41.1 percent of all black students. AACP has three institutions responsible for 61.2 percent of all Hispanic students in the United States (Puerto Rico, New Mexico, A & M Schwartz,).

This information presents a significant challenge to the AACP community. That challenge is diversity in all pharmacy schools. Aggregate numbers regarding the racial composition of a graduating pool may not necessarily reflect a pool of students educated in a "diverse" educational environment. The pharmaceutical education community may have a segregated educational environment with students from various ethnic backgrounds gravitating to specific institutions with a history of educating individuals from the same racial background.

## **Women in Pharmaceutical Education**

Pharmaceutical Education has seen a dramatic increase in the number of women applicants, students, graduates, and as junior faculty in recent years. In 1980, the majority (52.6%) of pharmacy students in first professional degree programs was male. Since that year, a clear and opposite trend has emerged. During the 1998-99 application cycle, women submitted 56 percent of all applications to pharmacy. In 1999, women comprised 64.9 percent of total student enrollment for entry-level pharmacy programs. Women also represent the majority of new pharmacy graduates. For the 1999 graduating class, 60.4 percent of all B.S. of Pharmacy graduates and 67.1 percent of all entry-level Pharm.D. graduates were women.

Women also represent the majority of minority students enrolled. For instance, women represented 67 percent of all black and African-American students enrolled in entry-level pharmacy degree programs in 1999, and 64.1 percent of all Hispanic students. The specific needs of women minority students possibly deserve special attention.

According to the 1998 Digest of Education Statistics of the U.S. Department of Education, National Center for Education Statistics, the increase in the number of women in pharmacy is reflective of the increase in the number of women in undergraduate programs in all majors. Nearly 60 percent of all undergraduates are now women. Therefore, pharmacy education can expect current enrollment trends to continue.

Although women now represent the majority of new pharmacy students and graduates, they still lag behind in post-professional education and leadership. Male full-time pharmacy faculty outnumbered female faculty nearly two to one during the 1999-2000 academic year. Men also occupy the 80.1 percent of all dean level positions in pharmaceutical education. Fewer women enroll in Doctor of Philosophy

(Ph.D.) programs in colleges and schools of pharmacy than men do; however, the percentage of women is increasing. In 1998, nearly 54 percent of all Ph.D. candidates in pharmacy were men. By 1999, men represented approximately half (51.6 percent) of all Ph.D. candidates. Pharmacy education should encourage women to pursue post-professional education to ensure an adequate number of pharmacy faculty in the future.

### **What Should the Future Hold?**

*Should there exist expected goals for diversity in pharmaceutical education? If so, what types of goals should these be and how would they be measured?*

Every pharmaceutical educational institution in the United States, regardless of mission, has a responsibility to build diversity into its student body and cultural competence into its curriculum. The committee agreed that it was not feasible to expect all pharmacy schools and colleges to recruit and retain minority students, faculty members, administrators and staff that reflects the demography of the population within their own state and region due to differences in institutional demographics and culture. Committee members recommend a long-term strategic plan to accomplish diversity goals recognizing these changes cannot occur overnight. A long-term objective of this committee's report is to promote a culturally diverse population of students, faculty, and staff. The committee also strives to promote a culturally competent pharmacy curriculum to lead to comprehensive disease management for patients from all racial and ethnic backgrounds.

### **Strategies Colleges and Schools Can Use to Promote Diversity**

To assist colleges and schools of pharmacy in the promotion of diversity and cultural competence, the committee established a set of strategies that can be applied by each institution. Implementing some or all of them may bring presently under-represented populations into full

participation in the Academy. Successful diversity initiatives may even prove the best counter to challenges presently directed at affirmative action programs. Diversity and affirmative action remain distinctly different entities, but their intended beneficiaries are closely similar.

First, pharmacy colleges and schools should establish goals, objectives, and accountability within their program policies regarding diversity and cultural competence. By articulating diversity goals, administrators will demonstrate an emphasis on the importance of diversity within that institution. For maximum results, colleges and schools should incorporate these policies into each program's mission statement, strategic plan, admissions policy, recruitment, retention plans for students, faculty and staff. The American Council on Pharmaceutical Education (ACPE) does not mandate that institutions incorporate diversity into institutional policy, although other health professional programs' accrediting bodies are moving in that direction. ACPE will, however, evaluate institutional diversity efforts if included in the college or school's mission statement. Accountability for actions and outcomes may act as a catalyst for improvements. The committee does not support a national standard to achieve an educational outcome of cultural competency. It is the responsibility of each school to establish its own set of standards that demonstrate a commitment to diversity and the means to achieve it. This approach will inspire innovation and experimentation to the benefit of all colleges and schools. The committee suggests that these standards be achievable, yet require effort.

The following questions from "Minorities in Higher Education 1999-2000" can serve as a guideline:

- How does the institution define diversity? For example, diversity is almost always defined in terms of racial diversity, but it can be defined more broadly to include representation from rural and urban area students, age differences, or other life experiences.
- How do the institution's core educational goals relate to its diversity objectives?

- What are the educational benefits of diversity to the institution?
- What evidence that these outcomes are being realized can the institution provide?
- What evidence can the institution provide that demonstrates that it has enacted clear and consistent educational policies and practices that help ensure that the benefits of diversity are realized?

To determine if minority graduates practice in under-served areas, institutions are encouraged to survey their pharmacy alumni regarding the type and location of practice they have chosen to pursue. Institutions could share this information with the AACP office on an annual basis. The survey would allow each program to identify minority pharmacists, and publicize the accomplishments of these graduates *via* a newsletter, newspaper, magazine, or web site. This would demonstrate the institution's commitment to diversity, serve as a minority recruitment tool, and promote the importance of diversity to current students. Minority pharmacy graduates may be willing to serve as mentors or preceptors for minority students and participate in student recruitment activities in their local area. To help retain underrepresented minorities who enroll, pharmacy programs should be aware of and actively refer students to institutional minority student support services, and where appropriate, fund minority student support services. The assistance these support services provide can help institutions create a more nurturing learning environment.

To avoid legal entanglements now common in the post-secondary admissions process, pharmacy programs should review their own admission guidelines against those listed in Appendix C "*Admission Criteria/Process that Would Likely Withstand a Hopwood Challenge*" by Dr. Joseph L. Fink III of University of Kentucky College of Pharmacy, a committee member.

Majority and minority institutions may wish to establish cooperative agreements with majority or minority institutions for student exchanges, visiting scholars, and clerkships. This strategy is useful in establishing immediate and visible steps towards diversity. Other diversity and cultural competency measures may take longer to evolve.

### **Case in Point: Diversity in the History of Pharmacy**

Diversity in faculty, staff, and curriculum helps to foster a culturally competent and diverse student population. One tangible way to emphasize the importance of diversity to students is to explore the origins of the pharmacy profession in the curriculum. Teaching the History of Pharmacy offers a workable framework for demonstrating the rich diversity that has been woven into the practice of pharmacy. Our profession has never represented the sole property of any nation, religion, class or race. It has rather emerged from creative initiatives, many of which can be identified with individual cultures and historic traditions. Ours is the story of discovery and conservation in the face of daunting challenges.

An obvious application in a general History of Pharmacy is the role of the historic religions in fostering pharmacy practice. The Jewish, Christian and Muslim traditions all contributed to shaping western pharmacy practice, transforming it in the face of catastrophic political and social events. If our students do not know the facts about religious traditions other than their own, this is a place to teach basic knowledge that underlies respect for other traditions.

Most of all, pharmacy is value-laden and stands as a humane institution. It values the worth and the dignity of each patient. That moral content ensures service to values. Pharmacy claims to be humane, for it serves the basic and universal concern to be whole and safe in one's own person. Awareness of cultural diversity promotes these hallmarks of the profession. It allows us to perceive and to serve the patient as we would be served ourselves. It benefits us as caregivers, for it enriches our individual

viewpoints with the limitless richness that others bring to the therapeutic encounter. Teaching the history of our profession allows us to honor the humane and the moral by making these insights a foundation upon which to base scientific and clinical competence. The history of pharmacy is but one example of the places within the curriculum that diversity and cultural differences can be highlighted.

### **Recommendations to the AACP Board of Directors**

To assist pharmacy colleges and schools in achieving greater diversity and cultural competence, the committee recommends that the AACP Board of Directors consider implementing the following proposals:

- Charge the Student Services SIG to establish best practices program for minority outreach, recruitment, and retention.
- Charge the Academic Section Coordinating Committee to explore best practices for diversity -related initiatives and abilities-based outcomes in the classroom including the curriculum (didactic and clinical experience) student-to-student, student-to-support staff, and student-to-patient interactions.
- During the AACP 2001 Annual Meeting on E-education, include the effect of on-line educational programs on diversifying the classroom, and instilling the value of multiculturalism, tolerance, cooperation and professionalism in students.
- Explore the possibility of establishing a fund through the American Foundation for Pharmaceutical Education (AFPE) to support minorities in post-professional studies. An increase in financial assistance may encourage more under-represented graduates to pursue graduate study and enter the fields of academia and industry.
- Work with other pharmacy organizations to encourage pharmacists to hire interns from a wide variety of backgrounds. Positive pre-professional internship experiences can influence an individual's decision to pursue a career in pharmacy.

- Work with APhA , ASHP, and NPhA to combine efforts to recruit minority students into fellowships and residencies. If there is currently no way to track the number of minority students in such programs, encourage the establishment of such a tracking system.

The American Council on Education's and AACP's Statement on Affirmative Action and Diversity states, "Diversity serves an important educational function." This is perhaps an understatement. Diversity in higher education serves a critical function in the development of competent health professionals in that every interaction in health care is a "cross-cultural" encounter of a sort. In order to respond to the changing demographics and divergent health beliefs in contemporary society, pharmacy students must be educated in a structurally diverse environment that includes, whenever possible, an emphasis on cultural competence and diverse interactions. Efforts to increase diversity and ensure cultural competence are far from complete. The committee's final recommendation is that progress in this area and review of achievement and impact of recommendations be reviewed in three years by a similar Ad Hoc committee.



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