

Cross Sectional Study of Diversity, Equity, and Inclusion Efforts at US PharmD Programs

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INTRODUCTION

- Successful diversity, equity, and inclusion (DEI) efforts by US Doctor of Pharmacy (PharmD) programs could increase recruitment, feelings of belonging, and degree completion by minoritized students¹⁻⁵
- Additionally, DEI efforts could increase workforce diversification and reduce local health disparities³⁻⁶
- To accomplish these broader goals, DEI efforts must also encompass health policy and community health
- Best practices for DEI require transparency, accountability, and collaboration¹⁻²

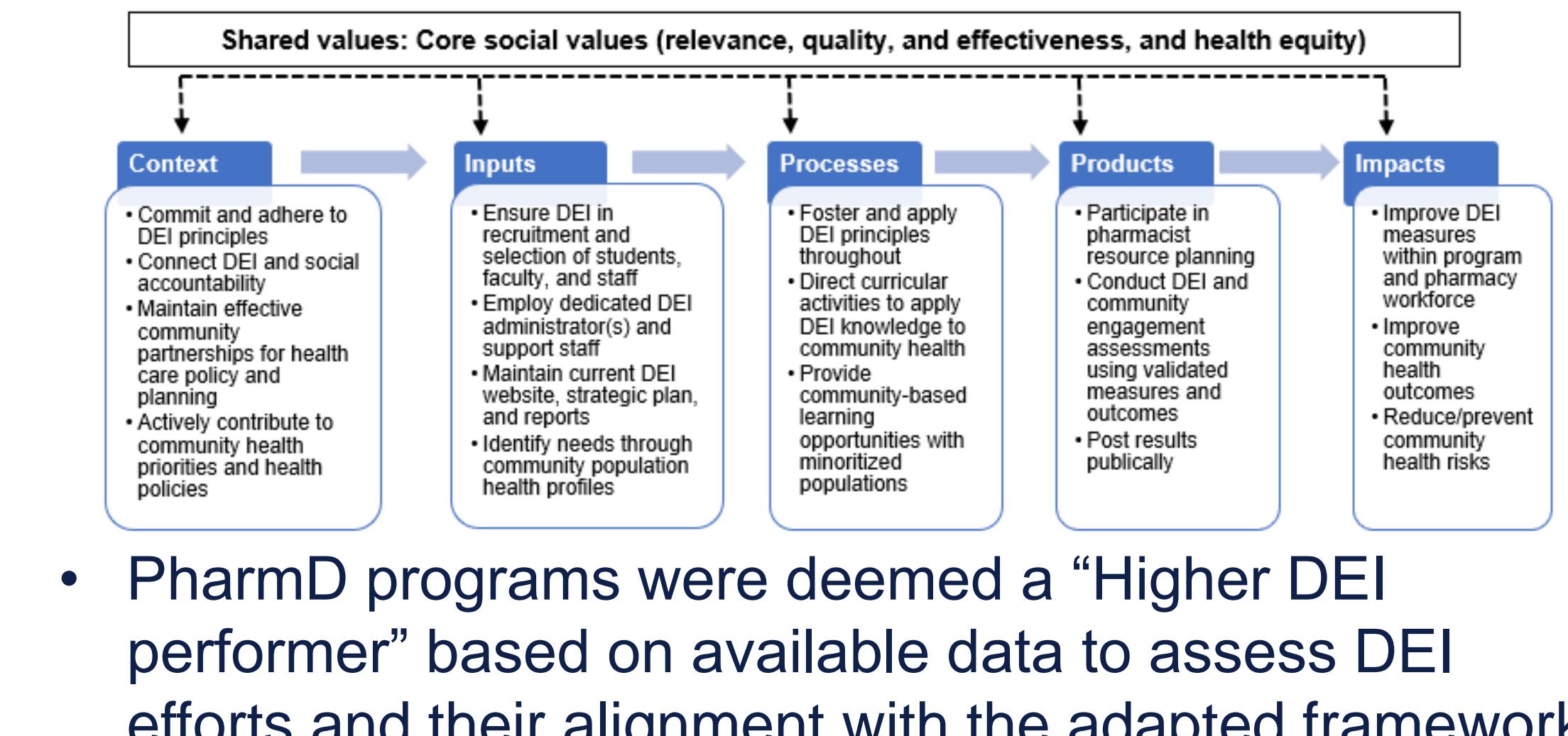
OBJECTIVE

- To identify and categorize DEI efforts among PharmD programs using an adapted organizational framework of social accountability in education⁷

METHODS

- We searched 142 pharmacy school PharmD program websites for DEI-related mission statements, strategic plans, administrators, and climate/progress reports
- Guided by the adapted framework⁷ (Figure 1), we categorized social values, context, inputs, processes, products, impacts, and their respective DEI indicators

Figure 1. Adapted organizational framework of social accountability⁷



RESULTS

- PharmD program (N=142) DEI-related goals varied from student well-being to "diverse" and "inclusive" recruitment and faculty hiring practices to integrating DEI principles throughout their program
- Most programs describe co-curricular "community service" events with minoritized populations
- We identified 34 (24%) program websites with sufficient DEI-related data for assessment (Table 1)
 - 16 (11%) were deemed Higher performers
 - All describe efforts to increase diversity among their faculty, staff, and students
 - All either plan or have ongoing DEI efforts that claim to prepare students to provide equitable care for minoritized patients
 - None describe efforts to profile their local community's needs or assess DEI efforts' effects on the community's health status

Table 1. US PharmD program and Higher performer characteristics

Characteristics, n (%)	PharmD programs (N=142)	Higher performers* (n=16)
Geographical location		
Urban	98 (69)	11 (68.8)
Rural	18 (12.7)	1 (6.2)
Suburban	26 (18.3)	4 (25)
University type		
Public	70 (49)	16 (100)
Private	72 (51)	0 (0)
Minority Serving Institutions (MSI)		
Asian American and Pacific Islander Serving Institutions (AAPI-MSI)	22 (13.4)	1 (6.2)
Historically Black Colleges and Universities (HBCU)	6 (4.2)	0 (0)
Hispanic-Serving Institutions (HSI)	3 (2.1)	1 (6.2)
Native Hawaiian-Serving (NHSI)	11 (7.7)	0 (0)
Native American-Serving Non-Tribal Institutions (NASNTI)	1 (0.7)	0 (0)
Predominantly Black Institutions (PBI)	0 (0)	0 (0)
Native American-Serving Non-Tribal Institutions (NASNTI)	0 (0)	0 (0)
Size (annual number of PharmD graduates)		
Small (<50)	25 (17.6)	0 (0)
Middle (51-100)	62 (44)	3 (18.7)
Large (>101)	54 (38.3)	13 (81.3)
Year established / relative age		
<5 years ago (New)	5 (3.5)	0 (0)
6-15 years ago (Newer)	33 (23.4)	0 (0)
16-30 years ago (Old)	27 (19.1)	2 (12.5)
>31 years ago (Oldest)	76 (53.9)	14 (87.5)

*Higher DEI performer is a PharmD program with DEI efforts that align with the social values, context, inputs, processes, products, impacts, and indicators described in the adapted framework⁷

DISCUSSION

- Lack of website DEI information could reflect that a program is not aligned with DEI best practices
- Low number of Higher DEI performers suggests a missed opportunity for non-MSI programs to attract and retain minoritized students and faculty
- Supreme Court's rejection of affirmative action will likely impact DEI efforts differently across programs

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