Rosalind Franklin University College of Pharmacy Workgroup on Racial Equity
Position Statement and Action Plan
Approved by the Pharmacy Executive Committee – August 24, 2020
Approved by the Academic Faculty Council – September 21, 2020

**Workgroup Membership**

**Students**
- Ravyn Hickerson: COP Class of 2023 President
- Patrick Vollmer: COP Student Dean, Class of 2022
- David Zimulinda: President-elect SNPhA, Class of 2023

**Staff**
- Joanna Stenson: COP Administrative Director

**Faculty**
- Kristen Ahlschwede, PhD: Assistant Professor, Pharmaceutical Sciences
- Lisa Michener, PharmD: Associate Director of Experiential Education
- Ateequr Rahman, PhD: Associate Professor, Pharmacy Practice
- Sneha Srivastava, PharmD: Associate Professor, Pharmacy Practice
- Marc S. Abel, PhD: Dean
College of Pharmacy Position Statement of Solidarity with the Black Lives Matter Movement and Commitment to Racial Equity

The College of Pharmacy at Rosalind Franklin University of Medicine and Science believes in social justice and equal opportunity, and stands in solidarity with the Black Lives Matter movement. We commit ourselves to creating an inclusive, equitable environment for honest dialogue, and the free flow of ideas among students, faculty, staff, and administration to address inequality, injustice, and social determinants of health. We are strengthening and expanding our focus on diversity, equity, and inclusion of marginalized individuals and groups. We are implementing comprehensive, sustainable actions and changes within the College of Pharmacy and the healthcare profession.

The College of Pharmacy recognizes that health care disparities and disproportionate treatment increase morbidity and mortality in the Black population. We repudiate any policy, institution, and/or behaviors that have allowed this to happen for so long. We commit to being agents of change for racial justice in local and global communities through research, teaching, and community service. We are committed to educating pharmacists who are empathetic and culturally aware of how racism, structural oppression, and inequality impact patients and our community. We affirm that Black Lives Matter.

Action Plan Goals:

1. Promote a common understanding of systemic racism
2. Provide Personal Development about Racism for Students, Faculty (including Preceptors), Staff, and Administration
3. Develop a system (culture) for reporting racism
4. Increase exposure to diverse environments and patients in introductory and advanced pharmacy practice experiences
5. Improve the didactic and experiential curriculum to ensure students are developing and maintaining skills that will convey cultural competency, and awareness of social determinants of health and healthcare inequalities
6. Expand co-curricular efforts to train and expose students to a multicultural environment
7. Expand extracurricular efforts to train and expose students to a multicultural environment.
8. Improve diversity among the faculty, staff, administration, and student population.
9. Expand Scholarship and Research initiatives in a way that is inclusive and respectful to marginalized communities
10. Extend efforts to support advocacy and impact policy for marginalized communities within local, state, and national organizations

Each Goal contains the following follow-up items:

- Problem
- Objective to address problem
- Action needed to address objective
- Steps to address action
- Resources (for problem and steps)
- Responsible entity
### Alignment of COP Strategic Plan and Action Plan to Address Racial Equity

<table>
<thead>
<tr>
<th>Strategic Plan Pillar</th>
<th>Goals of Action Plan</th>
</tr>
</thead>
</table>
| **Educational Outcomes** | (4) Increase exposure to diverse environments and patients in introductory and advanced pharmacy practice experience  
(5) Improve the didactic and experiential curriculum to ensure students are developing and maintaining skills that will convey cultural competency, and awareness of social determinants of health and healthcare inequalities  
(6) Expand co-curricular efforts to train and expose students to a multicultural environment  
(7) Expand extracurricular efforts to train and expose students to a multicultural environment. |
| **Research and Scholarship** | (9) Expand Scholarship and Research initiatives in a way that is inclusive and respectful to marginalized communities |
| **Admissions, Recruitment, and Community Engagement** | (8) Improve diversity among the faculty, staff, administration, and student populations.  
(4) Increase exposure to diverse environments and patients in introductory and advanced pharmacy practice experience  
(6) Expand co-curricular efforts to train and expose students to a multicultural environment  
(7) Expand extracurricular efforts to train and expose students to a multicultural environment. |
| **Assessment** | (5) Improve the didactic and experiential curriculum to ensure students are developing and maintaining skills that will convey cultural competency, and awareness of social determinants of health and healthcare inequalities |
| **Faculty and Staff** | (8) Improve diversity among the faculty, staff, administration, and student populations. |
| **Professional Advocacy** | (10) Extend efforts to support advocacy and impact policy for marginalized communities within local, state, and national organizations |
| **Health and Wellness** | (1) Promote a common understanding of systemic racism  
(3) Develop a system (culture) for reporting racism  
(2) Provide Personal Development about Racism for Students, Faculty (including preceptors), Staff, Administration |
The following approaches to each Goal continue to be in development and are subject to changes

<table>
<thead>
<tr>
<th>Goal Statement</th>
<th>Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promote a common understanding of systemic racism</strong></td>
<td>Lack of understanding among students, staff, and faculty regarding the historical basis of systemic racism, and how that leads to continued and current impact in general, in education, and in healthcare.</td>
</tr>
<tr>
<td>&quot;Doctors aren’t listening to us&quot; - Serena Williams</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Action needed</th>
<th>Steps to meet action</th>
<th>Resources</th>
<th>Responsible Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide the historical context of racism, and its impact on healthcare and black lives.</td>
<td>Educate faculty, staff, and students about the: ● historical origins of racism ● origins and evolution of health disparities</td>
<td>1. Required and optional learning opportunities ● Develop a “library” that houses relevant resources. ● Form discussion groups centered on <strong>required</strong> readings and/or multimedia presentations. Include warning regarding possible triggers. ● Create a seminar and workshop series about the history of racism</td>
<td>-Medical Apartheid <a href="https://www.nytimes.com/2019/05/29/books/review/antiracist-reading-list-ibram-x-kendi.html?mc_cid=7172827031&amp;mce_id=05c0752aa6">https://www.nytimes.com/2019/05/29/books/review/antiracist-reading-list-ibram-x-kendi.html?mc_cid=7172827031&amp;mce_id=05c0752aa6</a></td>
<td></td>
</tr>
<tr>
<td>Discrimination: Racism, sexism, heteronormativity, ageism Moral judgments of patient behavior Negative/blaming language Concern for medical education debt and choice of career path Ignorance of structural problems and solutions/services Education Find ways to hold oneself accountable Use neutral language Ask more questions of your patients. Talk less, listen more. Cultivate structural humility</td>
<td>COP in its entirety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal Statement 2</td>
<td>Problem</td>
<td>Goals</td>
<td>Action needed</td>
<td>Steps to meet action</td>
</tr>
<tr>
<td>------------------</td>
<td>---------</td>
<td>-------</td>
<td>---------------</td>
<td>----------------------</td>
</tr>
</tbody>
</table>
| Provide Personal Development about Racism for Students, Faculty (including Preceptors), Staff, and Administration | Students have experienced cultural Insensitivity and microaggressions from faculty | Provide developmental activities for all constituents of the COP | Create pathways to learn one's own biases, increase self-awareness, recognize and address microaggression | 1. Faculty:  
- Complete bi-annual CEs on Diversity & Inclusion  
- Require the use of resources to improve teaching with regard to impact of racial inequities on students and patients  
- Train preceptors to maintain an objective and open-minded perspective when assessing, diagnosing and treating multicultural, multi-racial, and varied socio-economic patient populations, and when teaching multicultural, multi-racial, and varied students | Addressing solutions  
https://www2.deloitte.com/content/dam/insights/us/articles/six-signature-traits-of-inclusive-leadership/DUP-3046_Inclusive-leader_vFINAL.pdf  
https://implicit.harvard.edu/implicit/takeatest.html  
https://www.youtube.com/watch?v=kKHSJHkPeLY&list=PLzVEtD0kZmzJl-rNSWMrgGzXPjRsI2n7&index=2  
https://cft.vanderbilt.edu/guides-sub-pages/teaching-race/  
https://www.pewsocialtrends.org/2019/04/09/views-of-racial-inequality/ | Administration  
Faculty development representatives in COP  
Student Affairs  
(coordinate with RFU efforts) |
<table>
<thead>
<tr>
<th>Goal Statement</th>
<th>Problem</th>
<th>Objective</th>
<th>Action needed</th>
<th>Steps to meet action</th>
<th>Resources</th>
<th>Responsible Entity</th>
</tr>
</thead>
</table>
| Develop a system (culture) for reporting racism | Power differentials prohibit students from reporting perceived racism by a faculty member. | Provide a reporting system | Develop and maintain multiple pathways and resolutions to report and address conflicts | 1. Create transparent, adaptable, confidential, safe, and respectful pathways for students to address individualized concerns  
2. Include an alternative pathway if standard reporting is not feasible or appropriate due to previous experiences  
3. Communicate reporting pathways to all of the COP | Address Solution:  
There is a form on the Diversity & Inclusion site on InSite where students can report incidents. The link is [https://rfums.wufoo.com/forms/incident-report-form](https://rfums.wufoo.com/forms/incident-report-form)  
However, consider creating a COP-specific form in wufoo or another appropriate medium.  
Supportive problem: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194634/#lpo=8.97436](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194634/#lpo=8.97436)  
Student Affairs, COP students, staff, faculty  
Approval: Administration (PEC)  
Staff  
AFC |
<table>
<thead>
<tr>
<th>Goal Statement</th>
<th>Problem</th>
<th>Objective</th>
<th>Action needed</th>
<th>Steps to meet action</th>
<th>Resources</th>
<th>Responsible Entity Category</th>
</tr>
</thead>
</table>
| Increase exposure to diverse environments and patients in introductory and advanced pharmacy practice experiences | Students do not uniformly gain exposure to diverse populations | Provide pharmacy-specific and IP interactions with diverse patient populations | Develop the experiential curriculum to reflect real life examples of diverse populations | Create additional clinical experiences that expose students to diverse patient populations  
- Rotations in pharmacies owned by Black, Hispanic, and other under-represented groups  
- Rotations in various geographical locations  
- Create student simulations within IPPE & APPE that specifically include Social Determinants of Health and communication with standardized patients unlike themselves, including examples of cultural differences in perception of tone, body language, word meanings  
- Adding C3 requirements that requires students reflect on encounters pertaining to diversity (ie provider-patient communication)  
- Require at least one diversity & inclusion exercise in each syllabus, workbook, reflection  
- Invite black-owned pharmacy owners to RFUMS Career Fair to gain exposure prior to experiential education placement. | Black-owned pharmacies for experiential site placement:  
1. [https://blackownedchicago.com/](https://blackownedchicago.com/)  
2. [https://www.supportblackowned.com/states/wi](https://www.supportblackowned.com/states/wi)  
3. [https://officialblackwallstreet.com/directory/](https://officialblackwallstreet.com/directory/) | Experiential Education |

Examples:  
- 200 Pharmacy  
- M&R Prescription Center  
- Roseland Pharmacy  
- Benzer Pharmacy

Need source of these quotes:  
“Research has long indicated that poor persons and racial minorities are not viewed as desirable patients and healthcare providers deliver inferior care to persons of lower SES,”  
“Accordingly, managed care plans are likely to view physicians who work in minority communities as undesirable and may also limit the physicians that their enrollees, including poor patients and residents of poor communities, can consult.”  
“Treatment was administered to blacks on charity wards, but care was always secondary”
<table>
<thead>
<tr>
<th>Goal Statement 5</th>
<th>Problem</th>
<th>Objective</th>
<th>Action needed</th>
<th>Steps to meet action</th>
<th>Resources</th>
<th>Responsible Entity Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve the didactic and experiential curriculum to ensure students are developing and maintaining skills that will convey cultural competency, and awareness of social determinants of health and healthcare inequalities</td>
<td>Students and faculty do not perceive social determinants of health as a priority in COP curriculum</td>
<td>Include threads through the entire curriculum that address systemic racism in pharmacy and healthcare, cultural competency, social determinants of health</td>
<td>Train students and faculty and preceptors to maintain an objective and open-minded perspective when assessing, diagnosing and treating multicultural, multi-racial, and varied socio-economic patient populations</td>
<td>1. Review curriculum to find instances of ignorance/incomplete/revisionist (mis)information 2. Faculty review lectures to eliminate inappropriate/inaccurate information 3. Provide resources for faculty to improve teaching related to health disparities, sociopolitical and biological implications of the concept of race 4. Include appropriate clinical assessments and treatment plans that acknowledge different symptomatic expressions among races, e.g. disease states, clinical presentation of varied skin pigmentation 5. Initiate social determinant of health training within the curriculum 6. Create scenarios/practicals that: - represent all patient populations - demonstrate and assess cultural competency - teach appropriate responses to racist encounters, i.e. coping and suspending reactions based on emotion 7. Suggest IP student representatives added the HIPS course design, to ensure diversity and inclusion is appropriately included 8. Implement five strategies for detecting inappropriate medical treatment, in order of yield and intensity of effort are direct observation, chart review, computer screening, focus groups and voluntary reporting 9. Faculty and students create notes/charts as a tool to assess how verbiage, syntax and semantics reveal underlying racial bias 10. Have students review their notes and charts from students in other colleges/schools to help students understand how charting may expose implicit bias</td>
<td><a href="https://www.ncbi.nlm.nih.gov.ezproxy.rosalindfranklin.edu/pmc/articles/PMC2972524/">https://www.ncbi.nlm.nih.gov.ezproxy.rosalindfranklin.edu/pmc/articles/PMC2972524/</a> <a href="https://www.ncbi.nlm.nih.gov.ezproxy.rosalindfranklin.edu/pmc/articles/PMC2972524/">https://www.ncbi.nlm.nih.gov.ezproxy.rosalindfranklin.edu/pmc/articles/PMC2972524/</a> <a href="https://www.ncbi.nlm.nih.gov.ezproxy.rosalindfranklin.edu/pmc/articles/PMC5023979/">https://www.ncbi.nlm.nih.gov.ezproxy.rosalindfranklin.edu/pmc/articles/PMC5023979/</a> <a href="https://pubmed.ncbi.nlm.nih.gov.ezproxy.rosalindfranklin.edu/29723424/">https://pubmed.ncbi.nlm.nih.gov.ezproxy.rosalindfranklin.edu/29723424/</a> &quot;Mind the Gap&quot; <a href="https://www.ncbi.nlm.nih.gov.ezproxy.rosalindfranklin.edu/pmc/articles/PMC5822940/">https://www.ncbi.nlm.nih.gov.ezproxy.rosalindfranklin.edu/pmc/articles/PMC5822940/</a> <a href="https://www.ncbi.nlm.nih.gov.ezproxy.rosalindfranklin.edu/pmc/articles/PMC2972524/">https://www.ncbi.nlm.nih.gov.ezproxy.rosalindfranklin.edu/pmc/articles/PMC2972524/</a></td>
<td>Curriculum Committee Assessment Committee</td>
</tr>
<tr>
<td>Source of quote?</td>
<td>&quot;I find it shocking that 40% of first- and second-year medical students endorsed the belief that “black people’s skin is thicker than</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- "Mind the Gap" https://hbr.org/topic/Race
- https://journals.lww.com/academicmedicine/fulltext/2019/01000/social_determinants_of_health_training_in_u_s_34.aspx
- https://www.ncbi.nlm.nih.gov.ezproxy.rosalindfranklin.edu/pmc/articles/PMC2972524/
<p>| white people's:” - AAMC (need a more complete reference) | <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2972524/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2972524/</a> |
| | <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5822940/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5822940/</a> |
| | <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5023979/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5023979/</a> |
| | <a href="https://www.ncbi.nlm.nih.gov/books/NBK220337/">https://www.ncbi.nlm.nih.gov/books/NBK220337/</a> |</p>
<table>
<thead>
<tr>
<th>Goal Statement 6</th>
<th>Problem</th>
<th>Objectives</th>
<th>Action needed</th>
<th>Steps to meet action</th>
<th>Resources</th>
<th>Responsible Entity Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand co-curricular efforts to train and expose students to a multicultural environment</td>
<td>Unexplored opportunities for students exist for multicultural healthcare and community service experiences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Example: The ICC is underutilized by COP students, given it is a physically close clinical facility where students can be exposed to diverse patient populations and an interprofessional learning environment. ICC is not presented appropriately in recruitment and admission processes and materials. Students may only find out if an interviewer discusses it. | To instill racial competency into activities that aid in students’ personal and professional development, as described in the Key Elements of ACPE Accreditation Standards 3 and 4 | Identify existing and/or develop new opportunities for students to interact with and provide service to diverse communities | 1. Include a menu of multicultural experiences that satisfy required C3 components (w/ reflection)  
2. Promote ICC volunteer shifts for increased exposure  
3. Facilitate student organization outreach efforts in diverse communities; include faculty from Pharmacy Practice and Pharmaceutical Science | [https://www.aipe.org/content/82/2/6984](https://www.aipe.org/content/82/2/6984) | Student Affairs, Associate Dean for External Relations, Student Organization Advisors |
<table>
<thead>
<tr>
<th>Goal Statement</th>
<th>Problem</th>
<th>Objectives</th>
<th>Action needed</th>
<th>Steps to meet action</th>
<th>Resources</th>
<th>Responsible Entity Category</th>
</tr>
</thead>
</table>
| Expand extracurricular efforts to train and expose students to a multicultural environment. | Student organizations and other extracurricular efforts pay insufficient attention to serving and advocating for multicultural populations Unexplored opportunities for students exist for multicultural healthcare and community service experiences | Provide life experiences beyond the curriculum that instill sense of multicultural/multi-racial healthcare service in students and empower them to promote diversity and address racial inequities | Raise awareness of need and opportunity for service to multicultural communities | 1. Class councils add extracurricular activities section to class meeting agendas 2. Student organizations and staff to facilitate community outreach events in addition to RFU and COP lead efforts 3. Class council and student organization fundraisers to support local and national organizations actively fighting against racial inequality 4. Initiate community volunteering for students (consider mandatory requirement) 5. Invite culturally and racially diverse guest speakers who are Subject Matter Experts in racial inequalities in healthcare 6. Promote (require?) and facilitate attendance at RFU and other cultural events | (consider reducing number of mandatory volunteer hours if attending cultural events) | Class councils  
Student organizations  
Associate Dean for External Relations |
<table>
<thead>
<tr>
<th>Goal Statement</th>
<th>Problem</th>
<th>Objectives</th>
<th>Action needed</th>
<th>Steps to meet action</th>
<th>Resources</th>
<th>Responsible Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve diversity among the faculty, staff, administration, and student population.</td>
<td>There is a lack of diversity and underrepresentation of multicultural populations in academia and the pharmacy profession in general. This extends from students, faculty, and staff, to the workforce. Black and multicultural individuals have limited exposure to pharmacists who they can identify with racially and culturally.</td>
<td>Establish processes whereby broad representation of multicultural groups is represented in College of Pharmacy students, staff, and faculty. It is expected that over time diverse students will enter and bring diversity to all areas of the pharmacy workforce.</td>
<td>Improve recruitment and promotion efforts to assure diverse students, faculty, staff, and administrators</td>
<td>1. Introduce diversity advocates (responsible for ensuring the representation of minority groups) in all committees. 2. Improve efforts to attract minority students to student organizations (establish a diversity position?) 3. Develop new and expand existing specific outreach efforts for diverse and minority student applicant pools 4. Recruit and sustain diverse and minority faculty members 5. Create a mirroring representation of the pharmacists and patient populations served 6. Partner with HBCU colleges (geography does not need to be a limitation) &amp; predominantly Black and Hispanic high schools</td>
<td><a href="https://www.pharmaceutical-journal.com/opinion/comment/demanding-change-pharmacy-professionals-must-unite-to-stamp-out-racial-discrimination/20205691.article?firstPass=false">https://www.pharmaceutical-journal.com/opinion/comment/demanding-change-pharmacy-professionals-must-unite-to-stamp-out-racial-discrimination/20205691.article?firstPass=false</a> <a href="https://www.annualreviews.org/doi/full/10.1146/annurev-publhealth-040218-043750">https://www.annualreviews.org/doi/full/10.1146/annurev-publhealth-040218-043750</a></td>
<td>Admissions Director of Outreach</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Several COP faculty and students have connections to HBCU’s. (Kristen, John, and Ravyn).</td>
<td></td>
</tr>
<tr>
<td>Goal Statement 9</td>
<td>Problem</td>
<td>Objectives</td>
<td>Action needed</td>
<td>Steps to meet action</td>
<td>Resources</td>
<td>Responsible Entity Category</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------</td>
<td>------------</td>
<td>---------------</td>
<td>----------------------</td>
<td>-----------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Expand Scholarship and Research initiatives in a way that is inclusive and respectful to marginalized communities</td>
<td>Racial exploitation has been prevalent within medical research Trying “to treat ameliorate African American health without understanding the pertinent history of medical care is like trying to treat a patient eliciting a thorough medical history: a hazardous, and probably futile, approach.” Source of quote? Blacks, among others, were, and still are, viewed as ‘clinical material’ in safety clinical trials “Treatment took place without consent [because] [p]ublication in medical journals and texts was also a priority” (citation?)</td>
<td>Encourage research practices that promote the highest ethical standards and that truly embrace needs and sustainable commitment to the communities that are being studied and/or populations where interventions are being studied</td>
<td>Increase awareness of issues underlying biased approaches to research, including grant funding biases Develop research opportunities that include the proper sensitivity and approach to protocols free of those biases</td>
<td>1. Include examples in the curriculum that demonstrate the history of how unethical approaches to research and cultural, structural, and social constructs have influenced medical knowledge acquisition 2. Provide instruction to ensure supporting literature is appropriate and conducted with ethical standards; if evidence is appropriate in certain races/ethnicities- generalizations are not made 3. Identify scholarship and grant opportunities for research into racial inequities 4. Encourage students of color to engage in all areas of research</td>
<td>Lerner BH, Caplan AL. Judging the past: how history should inform bioethics. <em>Ann Intern Med.</em> 2016;164(8):535-557. <a href="https://journalofethics.ama-assn.org/article/how-should-shared-decision-making-be-taught/2020-05">https://journalofethics.ama-assn.org/article/how-should-shared-decision-making-be-taught/2020-05 Medical Apartheid</a></td>
<td>Dean for Research</td>
</tr>
<tr>
<td>Goal Statement 10</td>
<td>Problem</td>
<td>Objectives</td>
<td>Action needed</td>
<td>Steps to meet action</td>
<td>Resources</td>
<td>Responsible Entity Category</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------</td>
<td>------------</td>
<td>---------------</td>
<td>----------------------</td>
<td>-----------</td>
<td>-----------------------------</td>
</tr>
</tbody>
</table>
| **Extend efforts to support advocacy and impact policy for marginalized communities within local, state, and national organizations** | Despite being geographically positioned to help marginalized communities, advocacy at RFUMS can improve at the local level. More can be done to ensure we connect with these communities. There is insufficient attention to advocacy for marginalized communities at the state and national level | The College of Pharmacy is recognized as a strong contributor to advocacy efforts addressing inequalities | Create events and pathways for personal, local, state, and national advocacy. Ensure all types of healthcare professionals understand and address the need for healthcare to be equitably accessed by ALL patients | 1. Support local and national organizations actively fighting for equality  
2. Create and support College-sponsored events to raise awareness of issues that impact marginalized populations with respects to healthcare  
3. Develop and/or expand interprofessional efforts for equal access to healthcare | [https://www.pbahealth.com/how-to-create-a-community-outreach-program-at-your-pharmacy/](https://www.pbahealth.com/how-to-create-a-community-outreach-program-at-your-pharmacy/) | Dean for External Relations |