



ACPE Guidance to ACPE-accredited CE Providers to Incorporate Diversity, Equity and Inclusion in CE Activities

ACPE-accredited CE Providers are urged to enhance pharmacists and pharmacy technicians knowledge, skills, attitudes, and practice that will promote diversity, equity, and inclusion.

Guidance

Strategies for providers to foster diversity, equity, and inclusion in their program, include but are not limited to:

- Plan CE activities that reflect, discuss, and assess the current state of bias and discrimination.
- Include representation of faculty from diverse backgrounds on planning and advisory committees and speaker panels.
- Encourage faculty to incorporate health disparities content in their activities.
- Incorporate age, geographic location, ethnicity, race, appearance, disability, gender, sexual orientation, language, literacy, level of education, religion, socioeconomic status, living conditions, and other relevant social determinants of healthⁱ in teaching and learning methods (i.e. case vignettes, questions, workshop learning activities, etc.)
- Engage learners to understand, respect, and value perceptions, background, knowledge, and expertise that come from different health professions.
- Educate learners on where there are health disparities in their communities and how pharmacists and pharmacy technicians can serve these populations.
- Identify and discuss steps to change a situation for the better.
- Provide frequent feedback, coaching, and transparency in order to support mastery learning.

Glossaryⁱⁱ

bias: preconceived notions based on beliefs, attitudes, and stereotypes about people belonging to certain social categories (source: Mateo, Williams 2020). Some bias is implicit, meaning that there’s “a tendency for stereotype-confirming thoughts to pass spontaneously through [people’s] minds. . . . It sets people up to overgeneralize” and possibly discriminate (source: [scientificamerican.com/article/how-to-think-about-implicit-bias/](https://www.scientificamerican.com/article/how-to-think-about-implicit-bias/)).

discrimination: inequitable treatment or impact of policies and practices on members of certain social groups that results in social advantages or disadvantages (source: Mateo, Williams 2020).

diversity: “embodies inclusiveness, mutual respect, and multiple perspectives and serves as a catalyst for change resulting in health equity” and it encompasses “all aspects of human differences such as socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability and age” (source: mededportal.org/diversity-inclusion-and-health-equity).

equity: in the context of health, equity is “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities” (source: [healthypeople.gov/2020/about/foundation-healthmeasures/equity](https://www.healthypeople.gov/2020/about/foundation-healthmeasures/equity)).

health disparities: “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.” (source: [healthypeople.gov/2020/about/foundation-healthmeasures/Disparities](https://www.healthypeople.gov/2020/about/foundation-healthmeasures/Disparities)).

inclusion: is a core element for successfully achieving diversity. Inclusion is achieved by nurturing the climate and culture of the institution through professional development, education, policy, and practice. The objective is creating a climate that fosters belonging, respect, and value for all and encourages engagement and connection throughout the institution and community (source: [aamc.org/professionaldevelopment/affinity-groups/gdi](https://www.aamc.org/professionaldevelopment/affinity-groups/gdi)).

social determinants of health: “the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.” Some have recommended renaming them as “social and economic factors that affect health” to avoid suggesting that they are unchangeable and determine a person’s life course (source: [who.int/social_determinants/sdh_definition/en/](https://www.who.int/social_determinants/sdh_definition/en/)).

ⁱ <https://www.cdc.gov/socialdeterminants/index.htm>

ⁱⁱ Adapted from: *Addressing Harmful Bias and Eliminating Discrimination in Health Professions Learning Environments*, Josiah Macy Jr. Foundation Conference Recommendations, February 24-27, 2020, Atlanta, Georgia