

ACADEMIA, HEALTH DISPARITIES, AND IMPLICIT BIAS

by Nicole Avant, PharmD, BCACP, B.S. (Finance)

I have committed to developing the critical consciousness among pharmacy students through teaching, research, and service. Pharmacy school enrollment and workforce is far away from reflecting the US population's diversity. Thus, producing culturally competent pharmacists is my priority. I describe myself as a social justice educator. I push students to uncover their hidden biases, connect historical injustices to contemporary injustices, and eliminate structural inequities.

My teaching in academia consists of the creation of two electives (i.e. Racial/Ethnic Health Disparities and Inclusive Leaders in Health) and a course Cultural Awareness in a Pharmacy Practice. My classroom interactions are not traditional lectures but uses predominately active learning strategies to engage the students in intergroup dialogue. I teach sensitive topics through self-discovery in a non-threatening manner. The common themes in these courses center developing personal awareness and building knowledge. Students often comment that not only are they learning a lot about health disparities but also about themselves.

When training students to be culturally competent, I have adopted the ideology that pharmacy students (or any students) should not be taught what non-white cultures believe and value as it risks reinforcing stereotypes. Instead, I focus on students connecting to self and examining their own biases as it is crucial to reducing health and health care disparities. My students are mandated to take Harvard's Race Implicit Association Test to determine their racial preferences. Not surprisingly, most of my students (66%) report an implicit/unconscious pro-white bias. Thus, I provide spaces

in the curriculum for students to uncover this blind spot, work to overcome it, explore how their implicit biases manifest (e.g., microaggressions). Additionally, I encourage students to become aware of multiple forms of oppression, explore dominance, acknowledge their marginalized and privileged identities through intersectionality, and discover how stereotype threat can negatively impact health care.

In addition to increasing personal awareness, I increase the knowledge base of students. To avoid creating the sins of being ahistorical, assuming disparities are created in a vacuum, and not acknowledging that disparities extend far beyond individual behaviors or generic endowment, I teach students the historical roots of racial/ethnic health disparities (e.g., Urban Renewal Act, 1938 FHA administration) as well as social determinants of equity.

I think one of the reasons that students love my courses is because I work to minimize shame and judgment that may arise facilitating these difficult conversations. I use evidence-based communications research to discuss social issues. For example, I frame the conversations about structural racism and its link to health disparities around access. This minimizes students personalizing it so they will stay engaged. Framing is definitely helpful when discussing the different levels of racism (e.g., internalized, interpersonal, institutional) but also when discussing race. Teaching students that race is a social construct created by our founding fathers to reconcile the contradiction that all men are created equal when some were enslaved and dispossessed of their land is important to advancing health equity. Framing these conversations allows students to think critically about why disparities exist along racial lines when race is biological fiction.

Although I spend a lot of time in the classroom, I also create other spaces for intergroup dialogue such as open forums and affinity groups. Additionally, I engage in social justice research. I am using qualitative research to capture the experiences of students of color to raise awareness of the discrimination and bias they experience from their peers, faculty, staff, administrators, and preceptors.

In summary, I reduce health disparities in academia by raising the consciousness of pharmacy students. I encourage students to create more socially just societies. This is even more important now in our polarized country.



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