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

January 2024

Guidance Overview Statement

ACPE-accredited Continuing Education (CE) Providers are encouraged to identify and incorporate organizational strategies to promote diversity, equity, and inclusion within their institutions in addition to enhancing pharmacists’ and pharmacy technicians’ knowledge, skills, attitudes, and practice that will promote diversity, equity, and inclusion. This guidance was informed by results of a survey distributed to ACPE-accredited CE providers from 2021 to 2023 and was meant to serve as a resource for providers to support organizational and activity-level DEI initiatives. For questions, to provide feedback, or share DEI strategies please contact ACPE staff at ceinfo@acpe-accredit.org.

Organizational DEI Strategies

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

- Create a DEI statement that speaks to the organizational commitment to diversity, equity, and inclusion.
- Incorporate DEI initiatives and efforts into strategic planning.
- Education or training for CE administrator and program staff to identify and apply strategies to promote DEI within the organization and across CE activities.
- Review existing planning committees and focus on recruitment and retention of diverse, inclusive, and representative group of planners and faculty.

CE Activity DEI Strategies

Strategies for providers to foster diversity, equity, and inclusion in CE activities, 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.
• Consider revisions to planner and faculty guidance to support incorporation of DEI and 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 health 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 to support mastery learning.
• Include representation of diverse groups and assessment items to focus on knowledge and application of concepts related to diversity, equity, and inclusion.

Organizational and Activity DEI Considerations

The following questions can be considered when planning, delivering, and assessing educational activities to identify strategies supporting DEI within organizations and across educational activities.

Organizational Level

-o Does our organization have a published DEI statement?
-o Does your organization provide training and resources to support planners and instructors in addressing equity-related issues within and during delivery of content?

Planning

-o Do the planning committee and faculty include representation or relevant experience with the patient population(s)?
-o Does the planning of education consider different identities, balance gender representation, consider social determinants of health, and avoid stereotypes?
-o Does the activity planning process include community perspectives?
-o Does the activity planning process consider opportunities to create inclusive learning environments?

Activity Development and Delivery

-o Does faculty guidance provide support for faculty members and planners to create content that is culturally sensitive, diverse, accurate, balanced, and evidence based?
-o Does the content include information pertaining to multiple races, gender identities, sexual orientation, religions, ethnicity, etc.?
Does the content promote understanding of diverse perspectives including the values, attitudes, and behaviors that support cultural pluralism, if applicable?

Does the content address social determinants of health (SDOH), root causes of health disparities, factors that impact patient wellness, or provide any mitigating factors to improve patient outcomes?

Are there images depicting diversity in terms of gender, race, and ethnicity as appropriate?

Assessment

Are there opportunities for learner assessment and feedback focused on understanding how the activity included and/or addressed DEI?

The following are best practices and current strategies reported by ACPE-accredited providers. Providers noted CE programming and organizational-level strategies to promote DEI at their organization or institution.

**Reported Best Practices for DEI by ACPE CPE Providers**

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<th>Strategy Category</th>
<th>Survey Open-Ended Response Summary</th>
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<td>DEI Strategies</td>
<td>Include Pronouns for Speakers</td>
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<td>Culturally Sensitive Locations and Dates</td>
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<td>CPE Planning Committee Membership Representation</td>
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<td>Learner Evaluation Questions:</td>
<td>(1) <em>This CE activity discussed only evidenced-based risk factors and/or social determinants of health when describing patients and patient populations.</em></td>
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<td>(2) <em>This CE activity used appropriate, non-biased imagery, language, and terminology (e.g., avoiding stereotypes) when describing people and populations.</em></td>
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<td>Program Intake Questions for DEI:</td>
<td>(1) <em>Describe the steps that the course director and/or planning committee are taking to view any of the content for this interprofessional CE activity from a diversity, equity, and inclusion lens.</em></td>
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<td>(2) <em>Explain how the content of this interprofessional CE activity will address the root causes of health disparities, factors that impact patient wellness or provide mitigating factors to improve patient outcomes.</em></td>
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<td>Organizational DEI Strategies</td>
<td>DEI Training for CPE Staff</td>
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<td></td>
<td>Attend Educational Conferences/Sessions on DEI</td>
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<td>Include DEI in Needs Assessment Survey</td>
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<td>Develop DEI Mission Statement and Strategic Plan</td>
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<td>Create SMART Goals for DEI-related Activities and Initiatives</td>
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Glossary

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/).

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).

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).

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 to create 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).

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/).
References

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


iii Embedding diversity, equity, and inclusion principles not professional development activities. The American Occupational Therapy Association. Available from: Diversity, equity, and inclusion in professional development | AOTA

iv 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