American Pharmacists Association
For Every Pharmacist. For All of Pharmacy.

To be completed by the Office of the Secretary of the House of Delegates

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American Pharmacists Association
House of Delegates – March 18-21, 2022

NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Myriam E. Shaw (APhA-APPM Delegate)

(Name)

February 14, 2022 — **(Date)**

APhA-APPM Delegation on behalf of the Public Health Special Interest Group (SIG) — **(Organization)**

Subject: Data to Advance Health Equity

Motion:

1. **APhA urges pharmacists to use evidence-based data to address health disparities, equitably distribute resources, and drive decision-making in advocacy and practice.**
2. **APhA supports the collection, analysis, reporting, and exchange of disaggregated data regarding race, ethnicity, language, sexual orientation, gender identity, and social determinants of health in partnership with the impacted communities.**
3. **APhA urges schools and colleges of pharmacy to prioritize and incentivize the collection and analysis of disaggregated data as part of institutional research efforts towards health equity.**

Background:

COVID-19 has brought to light the importance of collecting disaggregated data to understand populations' access to testing, healthcare, and insurance, as well as infection, hospitalization, death, and vaccination rates. Data disaggregation means breaking down large data categories into more specific sub-categories. When data are broken down and disaggregated by ethnic groups, they can show the unique differences among groups and reveal significant disparities. For example, "in New Mexico, American Indian and Alaska Natives have accounted for nearly 40 percent of COVID-19 cases, even though Native peoples make up only 9 percent of the population. But because detailed, tribal level data are not available, there is no way of knowing which tribes are most impacted within the 40 percent infection rates across tribal nations. This prevents decision-makers from determining where and how best to intervene" (APIAHF, Advocating for Data Disaggregation by Race and Ethnicity).

As our nation becomes increasingly diverse in terms of race, ethnicity, and gender, advancing health equity requires an understanding of how health and health disparities are experienced across distinct communities. When information is collected about race and ethnicity, it is often done using federal categories guided by the Office of Management and Budget's (OMB) minimal standards. Broad categories such as "Asian American" or "Latino" lump

together communities with unique cultures, lived experiences, strengths, and challenges (APIAHF, Advocating for Data Disaggregation by Race and Ethnicity). Furthermore, many surveys, programs, tools, and data collection instruments do not capture even the most basic OMB categories. When this data is collected within healthcare settings, there are often challenges exchanging information with external providers or agencies due to a lack of interoperable systems. “These flaws in data collection and reporting render populations invisible, mask unique needs, and hide strengths and assets. It means that decisions are being made that impact people’s lives and well-being without complete information” (APIAHF, Advocating for Data Disaggregation by Race and Ethnicity).

To better see and serve diverse communities, the pharmacy profession must commit to collecting meaningful patient data that can be used to address disparities and drive decision-making. Only with accurate data can we ensure that resources and interventions are laser focused to help address widening health, economic, and social disparities. This requires collecting, analyzing, reporting, and exchanging disaggregated data regarding demographics and social determinants of health. Demographic information are characteristics of a given population and may include factors such as age, race, ethnicity, sex, gender, and geographic area. Social determinants of health, according to the Centers for Disease Control and Prevention, are “conditions in the environments in which people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (CDC, Healthy People). Health People 2030 focuses on five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. Discrimination, for example, would be a social determinant of health. Prioritizing and incentivizing these practices within academic institutions is also required to address disparities. It also requires prioritizing and incentivizing these practices within academic institutions. As such, the APhA-APPM Public Health SIG proposes these policy statements to underscore our profession’s role in collecting data such as race, ethnicity, language, and sexual & gender identity, and social determinants of health as a means of advancing health equity. Through these policy statements, we will improve our understanding of communities and our ability to identify solutions that provide more equitable care.

Resources:

- https://northsoundach.org/wp-content/uploads/2019/11/Counting_a_Diverse_Nation_08_15_18_sized.pdf
- https://www.pharmacist.com/APhA-Press-Releases/apha-physicians-and-nurses-urge-bolstered-collection-of-race-and-ethnicity-data-during-covid-19-vaccinations
- https://www.aha.org/ahahret-guides/2011-03-01-improving-health-equity-through-data-collection-and-use-guide-hospital
- https://www.ama-assn.org/delivering-care/health-equity/role-data-collection-covid-19-pandemic
- https://www.apiahf.org/wp-content/uploads/2021/05/FINAL-REL-DataDisaggregationMessage-Guide-December-2020.pdf
- https://www.searac.org/wp-content/uploads/2019/03/2019.02-DataDisagg_UpdatedFactsheet_general_final.pdf
- https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Current APhA Policy & Bylaws:

2021 Social Determinants of Health

1. APhA supports the integration of social determinants of health screening as a vital component of pharmacy services.
2. APhA urges the integration of social determinants of health education within pharmacy curricula, post-graduate training, and continuing education requirements.
3. APhA supports incentivizing community engaged research, driven by meaningful partnerships and shared decision-making with community members.
4. APhA urges pharmacists to create opportunities for community engagement to best meet the needs of the patients they serve.
5. APhA encourages the integration of community health workers in pharmacy practice to provide culturally sensitive care, address health disparities, and promote health equity.

2021 Anti-Racism in Pharmacy

1. APhA denounces all forms of racism.
2. APhA affirms that racism is a social determinant of health that contributes to persistent health inequities.
3. APhA urges the entire pharmacy community to actively work to dismantle racism.
4. APhA urges the integration of anti-racism education within pharmacy curricula, post-graduate training, and continuing education requirements.
5. APhA urges pharmacy leaders, decision-makers, and employers to create sustainable opportunities, incentives, and initiatives in education, research, and practice to address racism.
6. APhA urges pharmacy leaders, decision-makers, and employers to routinely and systematically evaluate organizational policies and programs for their impact on racial inequities.

2015 Interoperability of Communications Among Health Care Providers to Improve Quality of Patient Care

1. APhA supports the establishment of secure, portable, and interoperable electronic patient health care records.
2. APhA supports the engagement of pharmacists with other stakeholders in the development and implementation of multidirectional electronic communication systems to improve patient safety, enhance quality care, facilitate care transitions, increase efficiency, and reduce waste.
3. APhA advocates for the inclusion of pharmacists in the establishment and enhancement of electronic health care information technologies and systems that must be interoperable, HIPAA compliant, integrated with claims processing, updated in a timely fashion, allow for data analysis, and do not place disproportionate financial burden on any one health care provider or stakeholder.
4. APhA advocates for pharmacists and other health care providers to have access to view, download, and transmit electronic health records. Information shared among providers using a health information exchange should utilize a standardized secure interface based on recognized international health record standards for the transmission of health information.
5. APhA supports the integration of federal, state, and territory health information exchanges into an accessible, standardized, nationwide system.
6. APhA opposes business practices and policies that obstruct the electronic access and exchange of patient health information because these practices compromise patient safety and the provision of optimal patient care.
7. APhA advocates for the development of systems that facilitate and support electronic communication between pharmacists and prescribers concerning patient adherence, medication discontinuation, and other clinical factors that support quality care transitions.
8. APhA supports the development of education and training programs for pharmacists, student pharmacists, and other health care professionals on the appropriate use of electronic health records to reduce errors and improve the quality and safety of patient care.
9. APhA supports the creation and non-punitive application of a standardized, interoperable system for voluntary reporting of errors associated with the use of electronic health care information technologies and systems to enable aggregation of protected data and develop recommendations for improved quality.

****Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item Content.**

New Business Items are due to the Speaker of the House by February 16, 2022 (30 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.