SPECIAL ARTICLES

Fostering and Managing Diversity in Schools of Pharmacy

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Organizational benefits of diversity in the workplace have been well documented. In health professions, however, diversity-related research traditionally has focused on the effect of diversity on health care disparities. Few tools exist describing the benefits of diversity from an organizational standpoint to guide pharmacy administrators and faculty members in nurturing and developing a culture of diversity. Given the scarcity of pharmacy specific data, experience from other academic areas and national/international diversity reports were incorporated into this manuscript to supplement the available pharmacy evidence base. This review summarizes the benefits of diversity from an academic organizational standpoint, discusses the issues administrators and faculty members must consider when developing programs, and provides guidance on best practices in fostering and managing diversity.

Keywords: diversity, health care disparities, minority, cultural competence

INTRODUCTION

Diversity is fundamental in academic institutional advancement, health care professional and scientist training, and the provision of safe and effective patient care. The pharmacy profession has acknowledged the importance of diversity in numerous ways. For example, the American Society of Health-System Pharmacists (ASHP) published a statement in 2007 stressing the importance of diversity towards reducing racial/ethnic health care disparities.[1] In addition, the 2006 Accreditation Council for Pharmacy Education (ACPE) standards and guidelines address the inclusion of diversity goals in pharmacy college/school values; consideration in recruiting faculty members, staff, and students; and as a significant factor influencing curriculum, teaching, and learning methodologies.[2]

Despite national awareness of the importance of diversity, the demographic profile of many health-related professions, including pharmacy, continues to fall short of mirroring the population. Traditionally, health professional colleges/schools have focused on the benefit of diversity from a patient care standpoint.[3] Although focusing on diversity related to health care disparities is necessary, eliminating health care disparities is not the sole reason to promote student, faculty, and staff diversity. Other benefits have been identified and can be leveraged to advance college/school goals and objectives. The objectives of this review are to: (1) describe the proven benefits of diversity, (2) discuss considerations in developing diversity programs, and (3) provide guidance on best practices to foster and manage diversity programs and initiatives.

DIVERSITY DEFINED

Prior to engaging in a productive discussion on diversity, it is essential to agree upon a definition. Simply defined, diversity means variety or multiformity.[4] A common misconception is the notion that the term *diversity* relates only to racial/ethnic or gender differences. Some interchange the term with affirmative action. Narrowly defining diversity, according to the affirmative action verbiage of the Equal Employment Opportunity Commission (EEOC), may perpetuate negative misconceptions that some individuals harbor toward diversity initiatives.[5]

Cox proposed a broader definition of diversity to be "a group of individuals in one social system who have distinctly different, socially-relevant group affiliations." A socially-relevant group affiliation is defined further as one to which some meaning is attached when people interact.[6] In this context, diversity can refer to gender, nationality, age, religion, racial/ethnic identity, sexuality, and physiological abilities/disabilities. There may be diversity within group affiliations depending on social and cultural norms. Chisholm-Burns proposed an even

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broader interpretation of diversity for postsecondary educational institutions. In addition to demographic diversity, she presents the concept of experiential diversity, defined as the intellectual depth developed from faculty members possessing varying disciplines/fields, professional, and research experiences.[7]

Higher education literature defines (1) structural diversity, (2) informal interactional diversity, and (3) classroom diversity as the 3 types of diversity experiences in the educational setting. Structural diversity is defined as the number of diverse groups represented, to increase the probability that students will be exposed to others of diverse backgrounds.[8] Informal interactional diversity describes the frequency and quality of interactions among diverse groups of students outside the classroom setting. Classroom diversity describes the experience of learning about a diverse group of people from a curriculum content and classroom interactional standpoint.[9] These 3 definitions of diversity are specific to the academic learning environment for students and/or postgraduate trainees; however, these concepts of diversity are also relevant when considering interactions among faculty members, staff members, and students.

Despite expanded definitions of diversity, most published literature focuses on gender and racial/ethnic inequities as measures for organizational diversity. While information about demographic characteristics of pharmacists, faculty members, and students is available,[10,11] little information exists about the measurement of the broader characteristics and impact of diversity within the pharmacy profession. Colleges and schools of pharmacy must consider their institutional goals, objectives, and ACPE standards when considering which definition(s) of diversity to adopt. This manuscript will address the demographic diversity perspective.

ORGANIZATIONAL DIVERSITY

The demographic makeup of the United States workforce and population continues to become more diverse; approximately 29% and 41% of new entrants into the workforce between 1998 and 2008 were projected to be Caucasian women and racial/ethnic minorities, respectively.[12] In contrast to health professions, corporate settings have long focused on studying the effects of diversity and implementing programs to capitalize on its benefits.[3] A study surveying human resource executives from the top 15 Fortune 500 companies cites several compelling reasons for engaging in diversity management which include: better utilization of talent (93%), increasing marketplace understanding (80%), enhanced breadth of understanding in leadership positions (60%), enhanced creativity (53%), and increased quality of team problem solving (40%).[13] Employee retention is financially beneficial as well. Employment turnover among women and minorities can be expensive; one study projected the cost of turnover at $5,000 - $10,000 for an hourly employee, and $75,000 - $221,000 for an executive with an annual salary of $100,000.[13]

Multiple benefits of diversity are documented in business literature. An organization that fosters an environment of inclusiveness yields a greater return on investment in human capital.[14] Organizations that employ individuals with diverse backgrounds and abilities have an increased level of job satisfaction and commitment among employees, which increases productivity. As a result, these organizations expend fewer resources on grievances, mediation, and turnover. In the higher education context, Gurin et al published data demonstrating the benefit of diversity on learning outcomes (eg, active-thinking skills, intellectual engagement/motivation) and democracy outcomes (eg, perspective-taking, citizenship, engagement) for all students despite race/ethnicity. Diverse higher learning environments provide students with a setting allowing further psychosocial development through the exploration of new ideas, relationships, and roles.[9]

A diverse organization has the competitive advantage of harnessing a highly capable and satisfied workforce if it is able to "hire, retain, and promote top performers, regardless of their racial or gender status."[12,14] Academic institutions are uniquely positioned to champion principles of diversity. Thoroughly understanding diversity from an organizational standpoint can help academicians and administrators develop diversity programs that meet the needs of faculty members, students, staff members, and the public.

Promoting the benefits of diversity fosters respect and appreciation of different cultures, lifestyles, professional experiences, and intellectual abilities.[7,12] These values are imperative for faculty members and students working in practice environments that depend on successful collaboration among people. In a survey conducted at an American Association of Colleges of Pharmacy (AACP) meeting, attendees of a Pharmacy Practice Department Round Table session were asked, "How do you define diversity in the departmental or team environment?" A common response was, "valuable differences in members of the team contributed by culture and experiences," suggesting that many participants positively valued diversity.[7] The presence of diverse viewpoints fosters collaboration, creative problem solving, innovation, and identification of financial resources that otherwise might be unrecognized.[7,12] In addition, strides to increase student, faculty, and staff diversity can lead to increased interest in

researching understudied areas in pharmacy (eg, health care disparities, access to care, effectiveness of outreach programs), increased diversity in the pharmacy workforce, and increased access to health care for the public.

DIVERSITY AND LEADERSHIP

Over the past 10 years, women and minorities have made steady advances in obtaining leadership roles in organizations. The proportion of African-American managers and professionals in the workforce has increased from 16% to 22%; similarly the proportion of female managers and professionals has increased from 14% to 29%.[12] In contrast, according to the annual Federal Workforce Report of 2003, fewer Americans with disabilities were in white-collar positions compared to employees without disabilities.[15] Unfortunately, the "glass ceiling" persists for women, minorities, and disabled persons working to obtain executive level positions. In 2002, only 2 Fortune 500 companies were led by women and 4 were led by members of an ethnic minority group. Eighteen percent and 11% of these companies reported having no women or ethnic minorities, respectively, as corporate officers.[12] Likewise, in the federal workforce, the percentage of persons with disabilities has consistently occupied less than 4% of senior level positions since 1994.[15]

These trends persist in colleges/schools of pharmacy. Based on the 2008-2009 AACP faculty demographic tables, of 444 dean-level rank faculty members (ie, dean, associate/assistant dean), 21% were female, 7% African American, 2% Hispanic/Latino, and 3% Asian/Native Hawaiian or Other Pacific Islander.[16] These proportions have changed minimally (at most, 1 percentage point) since 2003-2004.[17] The proportion of leadership made up of female faculty members may suggest a trend of women rising within the ranks of chair and assistant/associate dean. Data has not been published about persons with disabilities in faculty positions in colleges/schools of pharmacy; such data, along with other demographic parameters (eg, sexual orientation, religious affiliation) would be useful. Diversity in leadership roles in colleges/schools of pharmacy yields the same benefits discussed previously, and also exemplifies to faculty members, students, and staff members the possibility of upward mobility based on qualifications, regardless of background.

DIVERSITY AND ACADEMIC HUMAN CAPITAL

Postsecondary education has been a primary vehicle to improve equity in society.[18] While affirmative action policies have received much debate and scrutiny over the years, studies have demonstrated the need for such measures in academic institutions.[18,19] Affirmative action is necessary to minimize inherent inequities (eg, socioeconomic for some underrepresented minorities and other disadvantaged groups (eg, disabled persons). Admissions policies that value social diversity, rigor of prior academic coursework, and entrance examination scores yield a student body that may be better prepared to face a global economy and an increasingly diverse society. Diverse student bodies lead to measurable improvements in active learning, intellectual stimulation, cultural competence, and citizenship skills.[7,3,19,20] Other studies have shown a rise in the number of future academicians and researchers from different backgrounds pursuing graduate, doctoral, and postdoctoral programs.[21,22]

A diverse student body attracts diverse faculty members, and vice versa.[3,23] Although, AACP faculty-demographic profiles show increased diversity in certain groups (eg, women, Asians), the proportion of underrepresented minorities holding faculty positions remains well below the proportion of these individuals in the general population.[16]

Underrepresented minority enrollment in colleges and schools of pharmacy has increased from 10.6% to 14.0% between 1988 and 2002. Of 9,040 first professional doctor of pharmacy (PharmD) degrees nationally conferred in 2005-2006, underrepresented minorities received 12% (African American, 7.4%; Hispanic, 4.2% and Native American, 0.4%).[24] Based on data from 2006, however, approximately 54% of these students are distributed among 11 colleges/schools of pharmacy, 4 being historically black colleges and universities (HBCUs).[23] Currently no data exists within pharmacy literature assessing diversity in other respects (eg, physical/learning ability, sociocultural/economic disadvantage, sexual orientation). Depending on a school's definition of diversity, such data suggests that most colleges/schools can potentially recruit a more diverse student body.

The need for diversity extends beyond the immediate pharmacy academic setting. The impact can be translated to the pharmacy workforce as well. Racial/ethnic concordance, defined as patient and health care provider of similar racial/ethnic background, is directly related to patient satisfaction, outcomes, and access to care.[12] An assessment in California found that 93% of California's active pharmacists were either Asian or Caucasian compared with 57% of the labor force. Thirty-four percent of the California labor force is Latino and 6% is African American compared to 3% and 2% of active pharmacists, respectively.[23] Outreach programs designed to target underserved school-age populations may prove useful in diversifying the pipeline of competitive pharmacy college/school applicants. Unemployment rates for

Americans without a high school diploma are 8% to 12% and are higher in certain groups (eg, 21% to 24% for Native American and African-American populations).[25] Efforts can be made to target these populations and institute innovative longitudinal outreach programs (eg, mentoring, role-modeling, scholarships, educational resources, early conditional admission) focused on stimulating interest in pharmacy as a career option and college preparation.[26] These outreach programs could be utilized to expand the pipeline of competitive pharmacy college/school applicants to include intellectually capable populations that because of life circumstances either may not have been exposed to career opportunities in pharmacy or may not have considered postsecondary education. Several colleges/schools of pharmacy (eg, HBCUs) have successfully instituted such programs.[22,27]

DIVERSITY AND HEALTH CARE DISPARITIES

The implications of diversity in a pharmacy academic context extend to its impact in health care. Health care disparities have been well-defined and described. Healthy People 2010 reports eliminating health care disparities as 1 of the 2 overarching goals of the nationwide health promotion and disease prevention agenda.[28] In 2000, the Office of Minority Health published the first national standards in the Federal Registrar for culturally and linguistically appropriate services (CLAS); these standards mandate that health care systems make organizational, clinical, and procedural changes to eliminate structural, clinical, and attitudinal barriers that impact quality of health care in underserved populations.[29] Pharmacy colleges and schools and professional organizations have published formal statements and made commitments to move forward the national agenda to eliminate health care disparities.[1,2,30,31] For example, in May 2008 the Association of Black Health-System Pharmacists (ABHP) partnered with ASHP to host a Minority Health Conference for health care professionals with an interest in multicultural health issues.

Strategies to address health care disparities in colleges and schools of pharmacy include providing didactic and experiential cultural competency training, focusing on priority areas of research in health care disparities, and increasing diversity of the healthcare workforce.[1,20,32,33] The Center for the Advancement of Pharmaceutical Education (CAPE) and multiple professional pharmacy associations have proposed strategies to increase workforce diversity and cultural sensitivity by recruiting a diverse student body and incorporating cultural competence training into the pharmacy curriculum.[20,30,34-36]

Student body racial and ethnic diversity has had a positive impact on student attitudes about the value of diversity, cultural competence, and improved access to care for underserved patients.[37-39] Students at diverse medical colleges/schools had significantly higher concordance scores related to preparedness to care for underrepresented minorities and endorsement of equal access to healthcare, compared to colleges/schools with a less diverse student body. In addition, underrepresented minority students, regardless of campus diversity, were more likely to plan to practice in underserved areas.[37] Numerous studies have confirmed this trend of students practicing in underserved areas, thus improving access to care.[3] Moreover, ethnic and linguistic concordance has consistently been associated with increased patient satisfaction and self-reported quality of care.[40]

While implementation of initiatives and active strategies at different levels of health care have been effective in increasing awareness of health care disparities, there is a paucity of literature designed to measure the effectiveness of these strategies in producing improved health outcomes.[40] The Sullivan Commission emphasizes that individuals from underrepresented backgrounds tend to focus on research related to issues that affect these populations.[3] Compared to medical literature, little has been published in pharmacy literature focused on diversity and health care disparities. The absence of such pharmacy specific data may suggest a general lack of interest or resources for pharmacy faculty members to pursue research in such areas. As shown in other academic contexts, addressing the issue of diversity in pharmacy faculty members, students, and staff members could stimulate more interest in these research areas.

DEVELOPING AND IMPLEMENTING DIVERSITY PROGRAMS
Nurturing a Culture of Diversity in Colleges/Schools of Pharmacy

A challenge that all colleges and schools of pharmacy face when beginning to discuss ways to enhance diversity is assessing objectively the present culture to determine if diversity is a core value of the institution. Whether a college or school of pharmacy is standalone or part of a larger university campus, the questions to ask are "What does diversity look like at our campus?" and "What are the messages being sent to the campus community about diversity?" Literature reviews of attitudes on implementing diversity initiatives have shown that a backlash can occur due to the campus community defining "diversity" simply as "affirmative action."[41] Individually, each college/school needs to agree upon a specific definition reflective of its own organizational goals and objectives. In turn, this

definition will drive development and assessment of diversity-related initiatives.

Making a case for the importance of a diversified health care workforce as a way to help eliminate health disparities is a compelling and important argument to link diversity efforts to these desired outcomes. A diverse workforce strengthens patient care and the institution's research agenda for addressing some of these problems.[42,43] The distinctive values, perspectives, and experiences inherent in diversity can be mentioned as a way to influence positively the teaching, patient care, public service, and governance in the pharmacy academic environment. The potential for synergy, creative thinking, and innovative solutions is higher in heterogeneous than homogeneous groups.[44] For example, within a committee setting, a homogeneous group of individuals who were reared, educated, and practice under similar circumstances is less likely to formulate an innovative solution to a complex problem than a highly heterogeneous group of people who have been exposed to vastly different circumstances, experiences, and perspectives. Although clear benefits may be more mixed, diversity enhances the extensive human knowledge base inherent in academic settings.[45] This resulting intangible knowledge base can be leveraged for the widespread benefit of the school, its faculty, students, staff, patients served, and the public.

Diversity initiatives and programs must be grounded in the mission statement and strategic plan of the college/school as part of the rationale to accomplish its educational goals and outcomes. In addition, faculty, staff, and students must have active roles in the development, implementation, and evaluation of the programs. The programs must have a component of evaluation with measurable outcomes to allow for continuing quality assessment and refinement. The question that may present the biggest challenge is, "How will an individual school know when diversity has been achieved?"

Based on anecdotal experiences, networking, and information shared at professional pharmacy association roundtable discussions, colleges and schools of pharmacy tend to focus on building diversity through recruitment, admissions, and hiring, without giving due diligence to the efforts required to maintain diversity. Admissions and search committees may make organized efforts to seek out highly-qualified students and faculty and staff members from diverse backgrounds, yet allocate fewer resources to support individuals by fostering an organizational culture that embraces and nurtures diversity. Diversity efforts can be hampered if existing faculty and staff members are unaware of their importance and do not understand how diversity directly benefits them and the school.[46] Although isolated acts to improve diversity are positive steps, such efforts may yield untenable long-term results if organizational infrastructure is insufficient or nonexistent to support the maintenance of diversity-related efforts and outcomes.

Resistance to Change

People often resist change because of fear of losing something familiar or perceived as important, or having to learn something new.[47] Sources of resistance to diversity efforts are both internal and external. Internal reasons for resistance include an individual's predisposition to change, fear of failure, loss of job security or status, disruption of cultural traditions and/or group relationships, and the inability to see the benefits of diversity.[41] External reasons for resistance may include political, economic, social, and policy-related issues.[48]

Both internal and external attitudes and opinions may reflect the opinion that diversity goals are simply token acts or politically correct. If not clearly described, goals may be confused for quotas. Successfully facilitating change may involve presenting a clear mission, providing education and training to raise awareness and acceptance among faculty and staff members and students, and timing these efforts to allow changes to be introduced and discussed, before being implemented.

The political implications of change can make it particularly difficult for academic settings to advance diversity agendas.[49] The complex interplay of administrators, faculty members, staff members, and students with their competing interests and institutional goals, can be a political hurdle to achieving diversity. Incorporating input from all stakeholders in the creation of a strategic plan to address organizational diversity promotes a climate of inclusiveness and mutual respect within the organization.[12,47,50] As a strategy to address resistance, the strategic plan and vision must articulate the role of diversity in concrete terms. Academic pharmacy leadership tasked to implement diversity agendas should anticipate resistance to change, prepare for it, and maintain an attitude that will facilitate dialogue and acceptance. Maintaining a climate of inclusiveness, objectivity, and evidence-based discussions may help to mitigate resistance.[49] Suggestions for addressing resistance are available that provide tips for those embarking on establishing new diversity initiatives and programs (Table 1).[46,47,51]

Legal Issues

Legislation in some states, including California, Florida, Michigan, Texas, and Washington, prohibits state institutions of learning from using race/ethnicity in their admissions processes. In addition, recruitment, hiring,

Table 1. Addressing Resistance to Change to Diversity Programs[43,44,47]

Action	Tips
Maintain an attitude of patience and perseverance	● Recognize that it takes time and tact to work through resistance
Remain objective to avoid being perceived as biased and emotional	● Use data, when available, to support decisions
Engage stakeholders in discussions	● Involve formal and informal leaders
Seek ''feelers'' on initiatives/activities	● Have a few non-committee individuals who can give the committee insight on potential controversial or political issues with suggested initiatives/activities
Listen attentively	● Lengthy arguments justifying change tend to be ineffective in early stages of change
Involve others in implementation	● Involve those affected by or responsible for implementing elements of the diversity program in discussions/planning
	● Seek input from people at all levels

and promotion practices for faculty members and staff members cannot be perceived as showing preference towards any group. The challenge becomes how to work within the law and still achieve diversity goals and implement programs that can withstand the rigor and scrutiny of legal review. A report published by the American Association of Medical Colleges serves as a tool that can assist colleges/schools in the development of policies and procedures that are aligned with diversity goals and have minimal legal risk.[51] Building relationships with university counsel and becoming educated on the legal rights of universities in terms of admissions, recruitment and outreach, hiring, and retention policies and procedures, can assist in developing new programs and revising current programs.

Resources

Financial and human resources are at the forefront of program development. When resources are limited, diversity initiatives can be sidestepped if administrators focus on competing institutional priorities that yield more tangible and easily measurable results.[52] Low prioritization of diversity can lead to disjointed, ineffective efforts at diversity management. Leadership can demonstrate a strong commitment to change by providing resources for diversity programs. A challenge is to identify a champion and organize an oversight committee that can assist in keeping communication lines open within the organization as changes occur. Tapping into resources at the university or campus level can help bridge gaps in resources. For example, pharmacy colleges/schools that exist on a health sciences campus can join efforts with other colleges/schools (eg, medicine, nursing, and dentistry) to develop creative recruitment approaches and outreach efforts to attract a diversified pool of qualified students, trainees, and potential faculty members. Such collabora-

tion may achieve economies of scale and result in a more efficient use of limited resources.

DIVERSITY BEST PRACTICES

Organizational best practice principles for establishing and managing diversity have been well described.[12,53] Most models described to date focus on business work environments. Table 2 summarizes diversity best practices and some of their corresponding elements within a variety of work environments. Few reports specific to diversity best practices have focused on health-related academic environments, including pharmacy.[7,36] The best practice principles presented in Table 2 can be adapted by colleges and schools to develop a comprehensive framework to design and implement diversity management programs. Diversity is also an integral component of an organizational model for cultural competence.[36,54] Thus best practices relating to diversity may be addressed in health-related academic environments within such frameworks.[55]

Designing a Diversity Program

Colleges and schools of pharmacy have begun to take steps toward promoting diversity agendas and creating diversity programs.[31] The United States Office of Personnel Management emphasizes the importance of a comprehensive approach to fostering diversity that addresses both development and maintenance.[56] Pharmacy college/school administrators and faculty members may stand to benefit from evidence-based guidance on designing diversity programs presented in a step-wise manner. The practical steps mentioned below incorporate content from published resources, specific to health care and other workplace settings, designed to provide guidance to organizations on the development and maintenance of diversity programs.[7,12,31,49,50,53,56,57]

Table 2. Diversity Best Practices and Their Elements for Organizations[6,9,33,49]

Best Practice	Sample Elements
Leadership commitment	• Vision of diversity demonstrated and communicated throughout organization
Diversity integrated into mission and vision	• N/A
Diversity linked to recruitment	• Criteria for diversity defined and included in recruitment and hiring policies and procedures
Diversity linked to retention	• Criteria established to define and demonstrate how individuals fit into overall mission and vision • Ongoing strategic process in place to retain a diverse composition of individuals within the organization
Diversity-related training	• Plan and ongoing processes in place to support individual growth and development linked to diversity-related competencies
Diversity linked to performance	• Process developed and implemented to educate, garner buy-in and actively involve individuals with organizational diversity • Diversity defined and measured within ongoing processes in place to evaluate recruitment and retention practices • Criteria defined and implemented to evaluate individual performance that include diversity-related competencies
Accountability	• Performance evaluation and compensation of individuals responsible for diversity linked to progress of diversity initiatives and program(s)
Assessment	• Diversity-related goals, processes and outcomes continually assessed • Results communicated to all individuals within organization • Results compared to available benchmarks • Assessment results feedback into ongoing refinement of policies and procedures related to diversity
Diversity integrated into strategic plan	• Analysis of benefits of diversity conducted for the organization • Involvement of all individuals in diversity • Institutionalization of diversity into the organization via an individual or group responsible for diversity • Baseline and ongoing assessment of diversity goals and outcomes within the organization utilizing metrics developed to monitor progress • Accountability for diversity within the organization

Practical Steps to Designing a Diversity Program for Colleges/Schools of Pharmacy

Ensure academic leadership (eg, dean, department chairs) embrace and support the development of a diversity program. For a diversity program to be successful, key college/school leaders must support creation of a program and agree to allocate monetary and human resources for the program's implementation and maintenance. Diversity should be reflected in the school's mission and vision statements as well as addressed within the strategic plan.

Create a committee/group/department within the college/school to act as the governing body. This group would operate most efficiently if granted authority from the dean to administrate the developed program. An individual (eg, committee or group chair, assistant/associate dean) should be appointed to lead the effort. It will be important for the committee and appointed leader to proceed with an attitude of inclusiveness and objectively consider feedback received throughout the process.

Perform a baseline needs assessment. The committee will be responsible for specifying the definition of diversity, taking into account feedback from key stakeholder groups, and developing a methodology to perform a baseline measurement of diversity in relation to the agreed upon definition. Such an assessment could include: demographic information of trainees, faculty members, and staff; academic climate assessment (eg, satisfaction survey—Massachusetts Institute of Technology has a validated survey instrument that addresses all dimensions of the academic climate, including diversity[58]); exit interview results (eg, trainees, faculty members, staff members); focus groups; attrition assessment; and review of advancement statistics of specific demographic groups. A thorough review of this information will allow the committee to design a program to meet the strategic goals and needs of the college/school. In addition, it will provide the committee with baseline data to perform future benchmarking and progress reports.

Begin strategic planning and designing of diversity program to focus on building and maintaining a diverse academic environment. Based on the results of the baseline needs assessment, efforts should be made to resolve identified disparities in salary/resource distribution, performance evaluation, promotion opportunities, and other identified issues. A strategic plan will guide the committee as it sets forth to design a program with the elements needed to meet its school-wide goals. Care should be taken to ensure that programs consider federal and state regulations and court cases (eg, Civil Rights Act of 1964-Title VII; Age Discrimination in Employment Act of 1967; Americans with Disabilities Act of 1990; Proposition 209-State of California, Grutter v. Bollinger, 2003) with regard to the EEOC. There are multiple resources on the Internet available to assist committees with the interpretation of laws and regulations.

Committees should be open to networking and contacting other colleges/schools or universities, regardless of their educational areas, to discuss successes and shortcomings of established diversity initiatives and programs. Although there is a lack of published data describing and evaluating diversity programs/initiatives within the pharmacy profession, programs can be identified through an Internet search, abstract search from professional meetings, and networking. Such discussions can provide the committee with tools or ideas on specific programs that have been beneficial at other institutions and provide further guidance on best practices in the academic environment when designing a diversity program. Typical strategic plans for diversity programs should include diversity-specific goals and objectives relating to recruitment, outreach, hiring, admissions, school-wide culture, diversity discussions/training, climate, and attrition. The committee can then systematically design initiatives and activities to address these outlined goals and objectives.

Systematically implement diversity initiatives and activities according to allocated budget and resources. *Building.* Once the diversity program has been designed, the committee can then begin to create and implement activities to meet its objectives. Such activities could include innovative outreach programs to develop and nurture a pipeline into the profession, specifically K-12 or undergraduate populations (eg, pharmacy student-led outreach health education events, shadowing/mentoring programs, summer apprenticeship programs, pharmacy-specific post-baccalaureate programs). Efforts can be made to attend specific association meetings for faculty recruitment and networking purposes (eg, National Pharmaceutical Association, Association of Black Health-System Pharmacists, Association of Minority Health Professions Schools, American Medical Women's Association, National Medical Association). The college/school and departmental vision and mission statements should guide faculty, student, and staff recruitment as well.

Maintaining. A supportive environment of inclusion can be encouraged by demonstrating how each new or existing faculty member fits into the college/school or department's vision/mission. Mentoring programs for all new faculty members and faculty/staff availability to network or mentor students can further improve retention and performance.[57] Workshops, roundtables, and/or lecture-series can be performed with trainees, faculty, and staff to increase awareness and understanding of diversity-related issues. Topics offered could focus on stereotyping, cross-cultural expectations/adaptation, health care disparities, serving a diverse patient population, or even be specific to certain socially relevant groups (eg, gender, disabilities, sexuality, religion, nationality, experience). Faculty members, students, and staff members can be utilized to identify resource allocation and departmental/school diversity needs. Inter- and intra-disciplinary collaborations should be encouraged. Such collaborations are not only stimulating for the individuals involved, but can result in additional funding opportunities, new research directions, and innovative solutions to existing problems.

Ensure accountability by continuously defining metrics to measure program (and its individual activities) success and development of communication vehicles. The diversity committee must continuously measure its progress and the effectiveness of its programs. Metrics should be defined for each activity and routinely reevaluated for reliability and validity. Tracking program efforts allows the committee to create communication reports specific to recruitment, retention, academic climate perception, monetary savings, and pipeline creation, and potentially disseminate program results. Such reports allow the committee to assess the value and effectiveness of the diversity program, its specific activities, and provide essential information for future strategic planning and resource allocation.

Diversity committee efforts should be reported to leadership, trainees, faculty, and staff. The context of presenting this information will likely vary depending on the targeted group. For example, billboards, e-mail listservs, newsletters, and the college/school Web site can be used as communication vehicles to highlight the accomplishments of the diversity program. In contrast, a formal report and presentation would likely be used to update campus leaders. Another way to promote accountability and further foster a diversity-sensitive college/school culture could entail linking diversity-related

parameters (eg, participation in diversity-related activities, performing health disparities research, mentoring) to performance evaluations for faculty and staff members or using sensitivity toward diversity-related issues as a considered factor when making employment and admissions decisions.

CONCLUSION

The importance of diversity in pharmacy must be broadened to include more than the benefit of eliminating health care disparities. The benefits of diversity management are far reaching and impact more than just women and racial/ethnic minorities. Pharmacy colleges and schools stand to benefit dramatically from establishing successful diversity programs. Not only would health care disparities be addressed, but colleges/schools can improve their governance, training, and service activities through increased creativity, faculty/staff/student satisfaction, synergistic group problem-solving, and true academic stimulation by working with a melting pot of individuals.

Thus far, few studies or reviews have been published in pharmacy literature addressing issues of diversity and evaluating the characteristics, effectiveness, and acceptance of diversity-related programs in pharmacy academic and professional settings. This review incorporates evidence from business, higher education, and health care literature to provide an overview of some of the issues and considerations related to diversity programs. In addition, it lays out an evidence-based conceptual framework for nurturing and developing diversity programs. This framework is based on school-wide acceptance, commitment, effective resource leveraging, and infrastructure to build and maintain such programs. In a collaborative effort to maximize limited resources and minimize duplicate efforts, colleges and schools should continue to network with other institutions, regardless of specialty area, to explore, develop, and evaluate diversity programs/initiatives. Such collaboration on a local, state, or national level may highlight pharmacy's best practices in nurturing diversity, spur future research and publications in this area, and support continued diversity efforts in pharmacy.

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