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## REFLECTION ON OLIVIA NATHAN'S PRESENTATION - "NEW PATHOGEN, SAME DISPARITY"

At The University of Findlay, pharmacy students are required to complete a variety of co-curricular credits each year. The co-curricular program allows students to practice self-awareness, reflection, and many other valuable skills that pharmacists should possess. These learning opportunities that augment didactic learning include qualities of advocacy, caregiving, collaborator, includer, leadership, professional, and self-awareness. Future pharmacists should have excellent verbal communication skills as well as other transferable skills. It is imperative to implement activities that encompass these core values into pharmacy students as soon as possible. With that said, one of the many valuable co-curricular activities that we were fortunate enough to experience was presented by Dr. Olivia Nathan, PharmD, RPh, AAHIVP.

Dr. Nathan is an HIV pharmacist at Equitas Health in Columbus, Ohio. Equitas Health has core values that encompass cultural competency, comprehensive care, inclusivity, relationship oriented, and forward-thinking values. She came to speak to us to inspire us to be culturally aware in order to provide

competent care to the LGBTQ community and those who seek a welcoming healthcare home. The presentation started with the history of the black experience in America. Black Americans have been segregated since the beginning of slavery and have not had adequate resources as other people have. The point of equality vs. equity was discussed, and it really allowed me to understand the difference and the impact it has on our society. Equality means each individual or group of people is given the same resources or opportunities. Equality simply means everyone is treated the exact same way, regardless of need or any other individual difference. Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome. This involves distributing resources based on the needs of the recipients. She then further elaborated on the difference between health disparities and health inequity. Health disparities are differences and gaps in disease burden among different racial, ethnic, and socio-economic groups. Health inequity denotes differences in health outcomes that are systematic, avoidable, and unjust. These two are certainly not the same thing and should not be confused for each other. Social determinants of health are the conditions in the environment in which populations of people are born, live, learn work, play, worship, and age. These factors include education access and quality, health-care access and quality, economic stability, social and community context, and neighborhood and built environment. SARS-COV-2 and HIV/AIDS are caused by different pathogens but have the same have disparities. Income, homelessness, unemployment, residential segregation, insurance, healthcare access, incarceration, provider bias, federal laws, and local policies have all been tied back to racism and its effect on the Covid-19 pandemic and HIV. Black people have received smaller shares of vaccinations compared to their shares of cases and the total population. Black men and women are more likely to die from complications of



AIDS, diabetes, pneumonia, influenza, cancer, and asthma. She inspired us as future pharmacists, to challenge our professor and make it known when there is racism taking place in the classroom. For example, if patients of different races in our patient cases are represented properly, if race is contextualized, and if any inadvertent stereotypes are removed from materials. Pharmacists are the most accessible healthcare providers, and we see our patients more than primary care providers do therefore, we have a tremendous impact in improving healthcare outcomes. Patient pharmacist relationship is the foundation in making progress to health equity. I completely agree that health disparity training needs to be embedded in pharmacy curriculum. We need to participate in volunteering in underserved communities to really visualize the impact of quality healthcare on patients who would not otherwise be able to access. At the end, we went through a high-risk patient case and it gave several impactful examples of how pharmacists can make a change by simple intervention.

In 1851, Dr. Samuel A. Cartwright, a Louisiana physician, published a paper, "Report on The Diseases and Physical Peculiarities of The Negro race." He believes that Blacks who escaped slavery suffered from drapetomania. Drapetomania is defined as a manic and uncontrollable impulse of slaves to run away from their master. Essentially, it was a psychiatric diagnosis for a slave who no longer wanted to be a slave. This is a prime example of scientific racism. For the longest time in history, the belief that racial minorities are biologically and socially inferior has been planted in our society.

According to the American Journal of Public Health, the pandemic has reinvigorated racism in our society. Racism negates our values as healthcare workers. We are supposed to promote the health of all with the goal of

achieving health equity. Instead, racial discrimination may result in improper health care. The lack of culturally appropriate services has prolonged the progression of the COVID-19 pandemic. Healthcare practitioners can play a fundamental role in stopping racism and its consequences by approaching this pandemic in a compassionate and nonracist manner. We should build trust and ensure the privacy of patients, due to the highly infectious nature of the virus. Effective communication regarding the treatment, quarantine, and mental health counselling needs to be established.