

ACCP WHITE PAPER

Cultural Competency in Health Care and Its Implications for Pharmacy Part 3B: Emphasis on Pharmacy Education Policy, Procedures, and Climate

American College of Clinical Pharmacy

Mary Beth O'Connell,* Anita N. Jackson, Lamis R. Karaoui, Magaly Rodriguez de Bittner, Aleda M.H. Chen, Margarita Echeverri, Deepti Vyas, Therese Poirier, Shin-Yu Lee, and Christine K. O'Neil

The Institute of Medicine has stated that greater diversity within health care professionals leads to improved patient outcomes. Therefore, greater diversity within academia and student bodies is required to create future diverse health care professionals. Cultural sensitivity is required from recruitment to physical environment for administrators, faculty, staff, and students. University, college, and department recruitment, search committees, hiring practices, and admissions policies and procedures need to be assessed to determine whether they reflect the applicant pool and patient populations in their regions and whether they are culturally sensitive to a wide variety of cultures. The mission, vision, policies, procedures, curriculums, and environments should also be created or reviewed, modified, and/or expanded to ensure that no administrator, faculty member, staff member, or student is discriminated against or disadvantaged because of cultural beliefs or practices. In addition to discussing the interplay between cultural sensitivity and academic policies, procedures, and environments, this article briefly discusses specific cultural issues related to religion, spirituality, race, ethnicity, gender, age, marital status, veterans, physical, mental, and learning disabilities, and sexual orientation diversity.

KEY WORDS cultural competency, diversity, education, nontraditional, pharmacy, physical disability, policy, sexual orientation, veterans.

(*Pharmacotherapy* 2013;33(12):e368–e381) doi: 10.1002/phar.1352

This document finalizes work begun by the ACCP Cultural Competence Task Force: Mary Beth O'Connell, Anita N. Jackson, Lamis R. Karaoui, Magaly Rodriguez de Bittner, Aleda M.H. Chen, Margarita Echeverri, Deepti Vyas, Therese Poirier, Shin-Yu Lee, Christine K. O'Neil. Approved by the American College of Clinical Pharmacy Board of Regents on February 6, 2013. Final version received July 17, 2013.

Address reprint requests to the American College of Clinical Pharmacy, 13000 W. 87th Street Parkway, Suite 100, Lenexa, KS 66215; e-mail: accp@accp.com; or download from <http://www.accp.com>.

*Address for correspondence: Mary Beth O'Connell, Wayne State University, Eugene Applebaum College of Pharmacy and Health Sciences, Pharmacy Practice Department, 259 Mack Ave, Suite 2148, Detroit, MI 48328-3430; e-mail: mboconnell@wayne.edu.

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Culture is an important element of personal life and health care practice, thereby important for health care professional education. To assist practitioners, students, and educators, the American College of Clinical Pharmacy Task Force on Cultural Competency embarked on a series of articles exploring the various facets of cultural competency and pharmacy. The first article focused on health disparities, definitions, and models of cultural competency, whereas the second paper primarily focused on the culture-related aspects of practice. Pharmacy and education is the topic for the third article, which has been separated into part 3A on curriculums and global education and this part 3B on pharmacy education policies and procedures. This article

briefly covers culture as it pertains to diversity, admissions, recruitment, retention, and academic environments. In this document, *faculty* is an all-inclusive term used to include college educators, preceptors, practitioners, and all nonpharmacy educators involved with student pharmacist education and training. Although the article primarily focuses on the element of culture in student pharmacists and pharmacy academic programs, the information is also applicable to students, educators, and practitioners in other health care disciplines.

Cultural Diversity in Academic Environments

Diversity within the administration, faculty, staff, and students adds to the depth and breadth of ideas and decision making and fulfills national calls to create more diverse health care practitioners. Several organizations have identified a need for cultural diversity among students, faculty, and health care practitioners.¹⁻⁶ Colleges need to consider diversity broadly, including not only race and ethnicity but also socioeconomic status, rural and urban background, age, gender, sexual orientation, ability level, and other life experiences. Colleges must also clearly define the benefits of such diversity, not only in the classroom but also in society and the health care system.⁷⁻⁹

The Institute of Medicine (IOM) states that greater diversity among health care professionals is associated with improved access to care for race and ethnicity minority patients, greater patient choice and satisfaction, and better patient-provider communication, which are associated with better health care outcomes.¹⁰ In this report, the IOM concludes that ensuring diversity in the health care workforce is in the nation's interest. Race and ethnicity concordance between the patient and provider has also been identified as an important strategy in the fight against health disparities¹¹; as a result, increasing the diversity in the health care workforce has been considered a priority.¹⁻⁶ However, when looking at the diversity in the pharmacy profession, a discrepancy exists between the race and ethnicity diversity in the country and in pharmacy practitioners. According to U.S. Census data in 2010, the pharmacist workforce consisted of 53% women and 25% minorities, defined as black, Asian, and Hispanic Americans.¹² When the pharmacist workforce is compared with the general U.S. population, whites and Asians are overrepre-

sented, and blacks and Hispanics are underrepresented.¹³

To increase the diversity within health care professions, academic institutions need to prepare more diverse future practitioners, which coincides with a need for greater diversity in academic leadership, faculty, and staff. To ensure diversity in academia and the student body, greater administration and leadership commitment—together with the creation, modification, and/or expansion of culturally sensitive recruitment, hiring, retention, and admissions policies, procedures, and environments—may be needed.

Faculty and Staff Recruitment, Hiring Process, and Retention

Diversity is increasing in pharmacy faculty and students, but further growth to represent the U.S. diversity mix is still needed. The diversity among pharmacy faculty in 2012–2013 was 76% white, 15% Asian, 6% black/African-American, 3% Hispanic, and less than 0.1% Native Hawaiian or other Pacific Islander.¹⁴ The 2011 Accreditation Council for Pharmacy Education (ACPE) guideline 25.5 states that “the college or school should strive to achieve diversity in its faculty, administrators, and staff through its recruitment policies and procedures.”¹⁵ University, college, and department needs assessment activities should be performed relative to measuring the diversity of administrators, faculty, and staff within their units.

Needs Assessment

Faculty and staff composition should reflect the patient population aimed to serve. Multivariate study designs should be used to capture data pertaining to patient population, geographic census data, current campus and college composition, preceptor diversity, and existing programs related to recruitment and retention efforts so that sufficient data are generated to establish diversity composition goals and determine the adequacy of policies and procedures.¹⁶ Specific attention should be given to underrepresented minority (URM) groups, defined as black, Native American, Alaskan Native, and Hispanic populations. A contributing factor to low student diversity in pharmacy colleges was faculty and practitioner staffs having only a few URM pharmacy faculty and practitioners.¹⁷ The degree of college- or university-expressed commitment to cultural diversity, including the avoidance of

solo status or tokenism of URM faculty and staff, also needs analysis.^{18–20} Consideration should be given to the rank and position of URM faculty and staff relative to majority group colleagues, including an assessment of the number of URM faculty and staff in administrative, tenured, and associate- or professor-level positions.²¹

At a time when the number of faculty applicants is relatively low and the demand for new faculty is increasing, an assessment of how URM faculty fit into the academic culture of the college or university is also necessary.¹⁹ Key components of a climate assessment include mentorship programs, access to academic and research opportunities, promotion and tenure guidelines, faculty development programs, and minority faculty peer groups.²² Colleges hoping to transform the landscape of their campus with respect to cultural diversity should consider that isolated individual efforts or minority recruiters in the absence of collegewide participation in, commitment to, assessment of, and accountability for diversity efforts are likely to result in suboptimal outcomes.^{17, 23}

Cultivating future faculty from URM groups of students, residents, and fellows to build a pipeline of diverse candidates is an opportunity that colleges should consider implementing. Strategies to enhance interest in and access to academic careers include ensuring interactions with and mentoring from faculty role models; outlining requirements for and expectations of faculty positions; providing teaching, service, and research opportunities during rotations; and implementing career mapping and planning programs.²¹

Composition and Role of the Search Committee

Early in the search process, the composition and charge of the search committee should be planned with the overarching goal of diversifying the committee with respect to gender, race, ethnicity, expertise, educational background, and personal characteristics. For colleges without URM faculty representation, URM faculty from other departments or colleges could be included.^{10, 20} Search committee training opportunities related to diversity and/or affirmative action may be available from the institution or online.

The search committee can be charged with actively diversifying the applicant pool. If previous search committee efforts in the college or

department have not yielded diverse applicants, proactive methods for reaching and attracting qualified candidates from URM groups that meet the needs of the institution should be discussed. Selection criteria and candidate evaluation processes can be created a priori to capture candidate diversity strengths. Criteria can include the candidate's ability to add intellectual diversity, ability to work with diverse students and colleagues, and prior experience in nonacademic work, community service, and mentoring activities.²⁰

Advertising and Actively Diversifying the Applicant Pool

Advertising materials and recruitment methods, especially those used during previous faculty and staff search efforts with minimal URM applicants, should be critically evaluated. Analysis areas include language inclusivity; benefits and opportunities available in teaching, research, and service; statements about diversity commitments; and photographic depictions for inclusion of URM group members, especially in higher-level faculty and administrative positions. Research suggests that advertising materials highlighting diversity, including statements about equal employment opportunity, increase organizational attractiveness for URM candidates with a minimal impact on majority applicant perceptions.²⁴ Women and URM candidates may place a greater emphasis on recruiter characteristics as a representation of organizational commitment to diversity than may majority applicants.²⁵ Strategies for actively diversifying the applicant pool also include attending relevant national conferences and inviting URM candidates to apply, requesting nominations of potential URM applicants from colleagues at other institutions, advertising in specific publications aimed at URM groups, and reopening or intensifying a search if qualified URM candidates are absent from the initial applicant pool.²⁰ In many instances, the institutional human resources office can be of assistance and provide guidance on identifying sites for advertising.

Organizational Attractiveness to Diverse Candidates

The number of women obtaining pharmacy faculty positions has increased disproportionately to other URM faculty groups in the past 2 decades. An institution could examine previous

recruitment and retention strategies that yielded successful women faculty candidates to improve efforts with other URM groups.²¹ Research has shown that regardless of race and gender, candidates are attracted by similar job and organizational factors, including opportunities to use and develop talents and abilities, salary and advancement opportunities, institutional reputation and composition, location and work environment, job security, and diversity efforts and policies.²⁵

Interview Process and Campus Visit

The search committee, college, and department should standardize the interview process whenever possible to ensure an equitable experience and subsequent evaluation process for all selected candidates. When possible, interviewing several qualified URM candidates on site increases the likelihood of a successful merit-based faculty hire and decreases the emphasis on race and ethnicity characteristics. During the interview, certain activities should be avoided such as interest in a candidate because of URM status, selective introductions to other URM faculty or staff, unequal distribution of potentially relevant policies (e.g., dual career, parental leave, modified duties) to candidates, or interview questions pertaining to personal or family status.²⁰

Selection Process and Affirmative Action

The 2011 ACPE guideline 25.5 also states

“The college or school should select faculty and staff in accordance with a policy that ensures nondiscrimination, as defined by state and federal statutes and regulations, on the basis of, for example, race, religion, gender, lifestyle, sexual orientation, national origin, or disability.”¹⁵

Institutions and search committees need to become familiar with the legal requirements related to affirmative action and nondiscrimination laws before the selection process. Affirmative action laws vary from state to state and can influence faculty, staff, and student selection and hiring policies and procedures differently, both for institutions with and without affirmative action requirements. Affirmative action policies are controversial and could result in employee perceptions of tokenism or reverse discrimination.¹⁹ However, since the 1960s, when affirmative action was implemented, an increase in white women faculty hires has been observed at a rate far exceeding that of men or women

from URM groups.^{19, 21} It is recommended that colleges and schools selecting faculty seek advice and guidance from the institution's human resources and affirmative action offices.

Settling In and Posthire Support: Retention

Strategies for retaining URM faculty include mentoring, providing salary or benefit incentives, providing professional development and networking opportunities, initiating cluster hiring, providing collaboration opportunities, and designating research time and resources.^{16, 20, 21} Although teaching and service responsibilities for URM faculty should be similar to those for non-URM faculty, administrators need to make sure URM faculty are not overused to fill in diversity faculty voids, which could compromise or limit the available time for URM faculty to conduct scholarship and research.^{19, 21} Voids in URM faculty can also create disproportionate expectations for leadership to fulfill institutional diversity initiatives. Colleges relying on limited or isolated efforts to recruit URM faculty, such as targeting recruitment and hiring practices alone, to increase diversity without a focus on retention strategies, face difficulty maintaining diversity gains in the long term.²³

Student Recruitment, Admissions Processes, and Campus Life

In 1991, the American Pharmacists Association reissued a resolution from 20 years earlier to encourage the development of programs for recruiting minority students.²⁶ That year, the graduating Pharm.D. students who were American citizens or permanent residents were 70% white, 20% Asian, 5% black/African-American, 4% Hispanic, and about 1% other (0.4% Native American and 0.4% unknown).²⁷ The number of graduating minority pharmacists has increased since then; however, the number of URMs is still low. In 2012, graduating Pharm.D. students who were American citizens or permanent residents were 59% white, 23% Asian, 7% black/African-American, 4% Hispanic, and 7% other (1.5% Hawaiian or other Pacific Islander, 0.8% two or more races, 0.5% Native American, and 4.5% unknown). Some groups over- or underrepresent the U.S. population; however, direct comparisons are hindered by the different race and ethnicity categorizations used in the two documents (2010 U.S. Census data, race-only data: 72%

white, 13% black, 5% Asian, 3% two or more races, 0.9% Native American, 0.2% Native Hawaiian or other Pacific Islander, and 6% other; ethnicity-only data: 16% Hispanic).²⁸

Attracting and Cultivating Underrepresented Student Groups: Recruitment

Defining and articulating admissions criteria to attract students from diverse backgrounds can be challenging for institutions seeking to increase students from various cultures such as minority, religious, and sexual orientation populations.²⁹ A good starting point for colleges is to create a proactive mission statement and strategic plan that embrace diversity.^{8, 10, 23} To be effective, mission statements should not be limited to college admission and recruitment procedures or accreditation reports, but they should be actively reviewed by, discussed among, and displayed openly for view by administrators, faculty, staff, students, and the community.¹⁶ Although ACPE does not mandate diversity in college policies, it does evaluate institutional diversity efforts if included in the college's mission statement,⁸ and such accountability could help bolster diversity efforts and strategies for improvement.

Having only a few culturally diverse faculty and pharmacist practitioners, especially from URM groups, as role models in the community can lead to missed opportunities for inspiring talented diverse students, especially those from URM groups, to pursue a pharmacy career.^{8, 17} The efforts described earlier to increase diverse faculty can also increase diverse student applicants.¹⁷ Other successful student recruitment strategies at colleges and universities seeking to attract diverse students, especially those from URM groups and various religious cultures, include presenting programs about pharmacy early in elementary or secondary education, offering young students experiential projects and mentoring, conducting community outreach programs, hosting on-campus tours or other experiences geared toward children and adolescents, involving URM and culture-oriented student organizations in the recruitment process, providing scholarships and other financial incentives, and distributing marketing materials that include diverse populations.^{10, 16, 23, 30, 31}

Admissions Policies and Criteria

Admissions policies that consider the diversity of culture and experience in addition to the

criteria of academic performance and scores on entrance examinations may yield students with advanced skills to care for increasingly diverse patient populations and to succeed in an increasingly global economy.^{10, 23} From the 2011 ACPE guideline 17.3,

“Admissions criteria, policies, and procedures should take into account necessary scholastic accomplishments, as well as other desirable qualities (such as intellectual curiosity, leadership, emotional maturity, empathy, ethical behavior, motivation, industriousness, and communication capabilities) that support the student's potential to become a self-directed lifelong learner and an effective professional.”¹⁵ The admission process should foster diversity in the selection of students while ensuring that legal parameters are followed.”

Establishing a “compelling interest” for diversity is important for colleges and universities, as is establishing “narrowly tailored” race/ethnicity-conscious admissions policies that avoid quotas or separate admission tracks that should occur alongside individualized consideration of each applicant.⁹

Academic ability is important for pharmacy school success, but admissions policies placing undue emphasis on standardized test scores, including the Scholastic Aptitude Tests and Pharmacy College Admission Tests (PCATs), can disadvantage URM students.⁷ Factors associated with higher PCAT scores include higher parental education, male gender, and non-URM status.³² Factors associated with higher mean prepharmacy grade-point average (GPA) include female gender, higher parental education, and non-URM status.

Admissions policies that include a consideration of applicants' professional and personal characteristics, including service orientation and commitment, communication skills, ability to overcome challenges or distance traveled, and experience with diverse populations, is a practice that institutes for higher education of health care professionals are increasingly adopting to reduce barriers for URM groups and disadvantaged students seeking admission.^{7, 10} Pharmacy school academic success among black students is predicted less by prepharmacy GPA than by participation in community service and other extracurricular activities.³³ More URM students (vs white and Asian students) attend secondary schools that are comparatively poorly funded with fewer credentialed teachers. These schools generally have lower expectations for students academically, including few opportunities for

advanced placement and college preparatory classes.¹⁰ Regardless of race and ethnicity, economic class is a strong determinant of combined math and verbal SAT scores, with students from the most disadvantaged backgrounds scoring lower than students from the most economically advantaged backgrounds.³⁴

Affirmative Action

Affirmative action policies created consideration of race as part of private with federal funding and public college and university admission procedures if done in a holistic and narrowly tailored approach. These policies arose to ensure diversity in student populations and correct inequalities in college enrollment and societal processes. A narrowly tailored approach refers to providing preferences only to minorities to achieve the minimal requirements. This admissions policy was previously upheld by *Bakke* in 1978 and *Grutter v Bollinger et al* in 2003. In 2003, the Supreme Court of the United States (SCOTUS) also ruled in the *Gratz et al v Bollinger et al* case that a predetermined point system that placed a large emphasis on race was not permissible in admissions policies but that the holistic approach based on a compelling interest to diversify the student body, as endorsed in the *Grutter v Bollinger et al* case, was acceptable (Association of American Medical Colleges, 2003). After the *Grutter* decision in 2003, the University of Texas at Austin reexamined its 1996 affirmative action restrictions and created affirmative action policies that resulted in the reinstatement of race- and ethnicity-conscious admissions policies.

Affirmative action cases continue to be reviewed by the higher courts. In June 2013, the SCOTUS overturned a decision by the lower court of appeals in *Fisher v University of Texas at Austin* that previously ruled in favor of the university's use of race in admissions decisions and remanded the case back to the court for review under the "strict scrutiny" previously established by *Grutter*.³⁵ The *Fisher* trial decision was anticipated to be a landmark decision that would either uphold or overturn affirmative action admission policies in the United States; however, the SCOTUS decision to remand the case back to the appellate court leaves the *Grutter* decision intact while opening the door for close examination of race-conscious admissions policies in higher education nationwide. In the *Fisher* decision, colleges and universities are

advised to collect evidence demonstrating that race is used in admissions processes in accordance with the narrowly tailored and holistic approach previously established by *Bakke* and *Grutter*. At the time of this manuscript's preparation, the *Schuetz v Coalition to Defend Affirmative Action* case is under review, which would uphold or overturn the November 2012 decision of the U.S. Court of Appeals that stated Michigan's ban on affirmative action in admissions policies was unconstitutional.³⁶

Seven states (California, Washington, Florida, Michigan, Nebraska, Arizona, and New Hampshire) have regulations that eliminate race and ethnicity as a consideration in college and university admissions policies. Although statewide bans on affirmative action in Georgia have not been implemented, U.S. District Court rulings in 2000 against the University of Georgia's admissions policies that considered race and ethnicity were found unconstitutional because of their lack of narrow tailoring, resulting in the University of Georgia eliminating the practices.³⁴

Some research has evaluated the impact of long-standing affirmative action bans on URM admission and graduation rates. In California, enrollment of URM students decreased after affirmative action policies were voted down (Proposition 209) at the most selective institutions (e.g., University of California, Berkeley; University of California, Los Angeles); however, an overall increase was observed statewide in URM student graduation rates.³⁷ The statewide increases might be indicative of successful student-institution matching post-affirmative action. Colleges and universities in states with race and ethnicity affirmative action bans have developed alternative methods of ensuring diversity, including developing pipeline partnerships with disadvantaged schools, considering preferential admissions practices for economically disadvantaged students regardless of race or ethnicity, implementing financial aid programs for low-income and working-class students, dropping legacy preferences that predominantly benefit white students, considering life experience and special circumstances, and implementing admissions preferences for students with a high class ranking at graduation over standardized test scores.³⁴

Minority Student Retention

In addition to recruiting a diverse student body, retaining URM and culturally diverse students is imperative. Retention is addressed

through curriculum development and program innovations such as summer academy programs and other enrichment programs to recruit and retain minority and diverse students. These programs can be open to all students needing assistance regardless of race and ethnicity. Schools should increase funding of URM groups and diverse student support services at the federal, institutional, state, and local levels and establish cooperative agreements with majority, culture-oriented, or minority institutions for student exchange programs, visiting scholars, and practice experiences. Schools can also strategically collaborate with legislators, pharmacy associations, community colleges, school districts, and community groups to become partners in this endeavor.⁷

Departmental and institutional interest in and support of minority inclusiveness is essential for URM student retention. At one college, a minority affairs office played a significant role in developing a supportive environment for African-American medical students.³⁸ At another college, a successful multidisciplinary strategy was used to improve the retention of nursing students from disadvantaged backgrounds.³⁹ The activities in the latter program focused on study skills, writing skills, communication, medical terminology, critical thinking, career coaching, and socialization. Students expressed satisfaction with the program and achieved higher GPAs.

Mentoring

Informal, spontaneous mentoring relationships appear to provide the greatest mentorship benefits, followed by formal mentoring relationships and then no mentorship program at all.⁴⁰ Faculty mentors with proactive and caring attitudes and teaching expertise enhance URM student success rates.³⁹ As part of the Rochester School of Medicine medical student mentoring program, trained mentors discuss a range of topics with URM medical students including expectations for their professional year, race, gender, summer research, residencies, personal backgrounds, hobbies, and survival in medical school.⁴¹ The mentors were expected to build a trust relationship with their mentees and share with them information about their lives as well as provide them with emotional support. Such programs require appropriate funding and administrative sustenance. The role of a matched-background mentor for URM students is not fully studied but is thought to be beneficial.

Student Life and Culture

Although all pharmacy student organizations have open enrollment to all students from diverse cultures, some pharmacy student organizations have been developed with an emphasis on minority health care practitioners or cultural affiliations. Part of the mission of the Student National Pharmaceutical Association is to increase minority health care practitioners.⁴² Examples of religious and race- or ethnicity-based student groups are the Christian Pharmacists Fellowship International organization and the Arab American Student Pharmacist Association, respectively.

Creating Culturally Competent Work and School Practices and Climates

Fostering the understanding, respect, appreciation, and accommodation of individuality and the diversity of administrators, faculty, staff, and student beliefs, values, and spirituality is essential for cultural competency and sensitivity within work and study environments. University, college, and program policies and procedures should be reviewed to ensure that administrators, faculty, staff, and students from various cultures (e.g., religious/spiritual beliefs, race and ethnicity backgrounds, various sexual orientations, various disabilities) are not disadvantaged. Furthermore, these policies and procedures should be reviewed to identify and resolve gaps to foster and maintain cultural competency, cultural sensitivity, and fairness. The academic environment also includes sites for experiential activities and rotations, which need to be sensitive to student diversity. The college's experiential learning administrators, faculty, and staff need to ensure that the criteria to evaluate the sites include cultural sensitivity and should evaluate their policies, procedures, and practices relative to these important criteria for selection and annual evaluation.

College cross-cultural events and activities (e.g., ethnic luncheons, special holiday celebrations, movies, presentations) are encouraged to celebrate administrator, faculty, staff, and student diversity. Such venues allow participants to mutually share their cultural beliefs and thoughts and to explore each other's cultural approaches to life and pharmacy. Considering the special dietary requirements of administrators, faculty, staff, and students is crucial to encourage healthy and culturally sensitive

dietary choices. For example, when planning daily or weekly menus or events, campus cafeterias and event planners can pay special attention to include culture-based diets (e.g., alcohol-free, kosher, halal, and vegan/vegetarian foods) and medical-based diets (e.g., gluten-free, lactose-free, diabetic, and macrobiotic foods). The next section describes some examples of specific considerations for various administrators, faculty, staff, and student cultures that may require different policies, procedures, and/or accommodations to ensure culturally competent and sensitive work and school practices and environments.

Religion and Spirituality Diversity

Sincere efforts should be made to accommodate all administrators, faculty, staff, and students who, because of religious obligations, have conflicts with work, scheduled examinations, assignments, or other required attendance or work/practice responsibilities, if administrators and faculty members are notified well in advance of the scheduled conflict or responsibility. Accommodation policies should be produced and included in organization manuals and course syllabi to create a climate of fairness to all. For example, policies related to excused absences for religious reasons or the right to refuse the dispensing of morally objectionable medications because of a violation of personal beliefs or values should be included in syllabi as well as in work and experiential practice policies.⁴³

The college could create a calendar of major religious observances to aid administrators, faculty, staff, and students for planning purposes and to avoid class/examination/event-scheduling conflicts. Some holidays vary by tradition and country, such as Islamic, Hindu, and Buddhist holidays, which are calculated on the basis of lunar calendars and do not necessarily occur on the same dates each year. Prayer can be required and/or used to help with wellness, fulfillment of activities, and stress minimization. Having a special room or area for prayer and meditation within the college or nearby can be a culturally sensitive service. Accommodations for dietary issues may be required for some functions as well. Dietary restrictions exist for some religions such as Islam and Judaism, as do fasting requirements (e.g., month of Ramadan, Good Friday, and Yom Kippur). Some cultures do not permit members to attend events when alcohol is being served. A function could have a no-alcohol

period to facilitate the attendance of such members at part of the function (e.g., the graduation ceremony).

Race and Ethnic Diversity

Immigrant and foreign students may have additional challenges in successfully achieving college competencies. For many, English will not be their primary or native language. Resources to help improve English comprehension and spoken language may be needed to assist these students in didactic and experiential courses. Many immigrant and foreign students will have studied in a different educational system, making the manner of American college learning and testing unusual for them. Some students may struggle with multiple-choice questions because the logic to discriminate between options is not a developed skill set for them.⁴⁴ These students may be more familiar with open-ended and essay examinations. If English is a student's second language, understanding American colloquialism or examination writing styles, such as the double-negative question or K-type questions, can be challenging. Written assignments may have the same rigor, depth, and breadth as those of native students, but these assignments may contain more language errors. Not all students can afford a writer to review and correct their assignments before submission, nor do all of them have family or friends who can provide this service.

Foreign students can have more financial pressures and limited resources. Depending on their specific visa, they may be unable to obtain pharmacy internship positions except at university-affiliated health centers. Many foreign students may not have a car and may thus require special consideration with experiential placements. An effort could be made to help with internship placements for foreign students. By having a special information sheet for university services for foreign students and contact information for study abroad, foreign student counselors can be proactive.

Gender Diversity

Gender exerts a powerful influence on all facets of human interactions and raises many profound social boundaries. Gender roles and rights vary across cultures. For some members of some cultures, gender segregation may be required and practiced, which necessitates minimal interaction

between faculty, staff, and students of different genders. During special events such as the white coat and hooding ceremonies, having female and male faculty perform gender-congruent white coat placement and graduation hooding can represent culture sensitivity and create opportunities for all students to attend.

Gender needs may exist with mentor assignments. Some students may request an adviser or mentor from the same gender; policies allowing the designation of preferred mentor gender before assignment or mentor switching after assignment can solve this cross-cultural difference. When student pharmacists mentor pre-pharmacy students, some mentees and a few mentors express that they might have been more comfortable had their mentor or mentee been gender matched.⁴⁵ Although a counterargument suggesting intergender professional relationships are more valuable when considering future practitioners' needs in "the real world," a balance needs to exist to accommodate cultural beliefs.

Generational and Marital Status Diversity

Older students are increasing in pharmacy classes because of the need for more prerequisites, career changes, the economy, and/or their previous inability to attend college directly after high school graduation. Older students may have additional or greater responsibilities (e.g., spouse, parenting, extended family caregiving, financial commitments, employment required for health insurance, house maintenance) than a younger or single student.⁴⁶ Time challenges can exist for courses and experiential education because of events such as child illness or school functions, older parents' health care appointments, and spouse's career commitments (extensive or unpredictable hours, travel). These challenges can also exist for administrators, faculty, and staff.

Older students may have learning needs or challenges different from those of younger students.⁴⁶ Computer skills may be suboptimal. Learning styles can vary between generational learner cohorts (e.g., preference for lectures vs active learning and different formats for feedback). Educators may need to use many different learning formats to meet the needs of older, diverse learners. However, older students can bring a historical perspective and add to the maturity of the cohort and small groups. Mentoring by younger educators may pose initial adjustments to older students but can be just as fruitful and successful.

Desire to begin or expand family can create parenting needs for administrators, faculty, staff, and students, with the needs sometimes greater for women. Pregnancy during college can occur during required courses or rotations, creating a need for nontraditional fulfillment of course assignments, patient care, and projects; alternative learning strategies; and/or flexibility with examinations. Although some female students opt to reenter courses and rotations immediately or shortly after giving birth, other students may opt for a leave of absence. For those continuing, altered sleep patterns can affect retention of material and fulfillment of assignments. Culturally sensitive academic programs would have lactation rooms for administrators, faculty, staff, and students who breastfeed. Some male students will also request paternal time, creating the need for nontraditional learning and examinations for them as well. Faculty can also find that fulfilling academic responsibilities and having the ability to make adequate progress toward tenure and promotion is hampered by parenting. Developing accommodations and programs important for success is warranted during these times.⁴⁷

Veterans

Health care career goals can begin during the military, especially if duty included health care activities. In fact, the physician assistance program began in 1967 to advance the skills of military corpsmen and medics returning to civilian life.⁴⁸ Students with past or current military obligations create opportunities and challenges to recognize and accommodate them in prerequisites, admissions, and curriculum completion. Military students bring different life and health care experiences and experiential activities to the class; they may also be more mature and motivated.⁴⁹ Veterans were found to study as much as other students but, for various reasons, were less engaged. For pharmacy education, this could mean that veterans might participate less in organizations and other extracurricular activities.

Military experiences can result in prerequisite and pharmacy credits. Military candidates and students should work with a counselor (e.g., school-certifying official/veterans representative) or faculty member who is knowledgeable about military service activities and university rules and regulations.^{48, 50} Military experiences can result in credit recognition, or credits can be gained by passing the Defense Activity for Non-Traditional Education Support examinations. A

faculty member may also work with a student called to active duty to complete some directed-study elective credits during duty. Time-independent online college and pharmacy courses also can be a means to fulfill credits during duty.

College tuition aid exists for students enlisting with, or having past service to, the U.S. military.⁵¹ The Post-9/11 Veterans Educational Assistance Act of 2008 pays for up to 36 months of college tuition for up to 15 years after an honorable discharge.⁵² The Yellow Ribbon Program allows the government to match institutional tuition aid for ~4 years. Students should also work with their state department of Veterans Affairs and veterans benefit specialist to garner additional help with receiving tuition support. Some assistance may be available for books, online/correspondence courses, licensing examinations, and some apprenticeship programs.^{53, 54} Family financial pressures can also be difficult for veterans. Veterans' spouses and dependent children may be eligible for tuition assistance as well through programs like the Survivors' and Dependents' Educational Assistance program.

Curriculum and work fulfillment needs can be created, requiring accommodations when administrators, faculty, staff, and students with military obligations are called to service. Military personnel do not always know when they will be deployed, which makes preplanning for school and work responsibilities challenging and requires flexibility and creativity to solve academic and employment challenges. Federal laws exist to define employer responsibilities to military personnel. On return, different mental and physical illnesses and limitations could exist, requiring adjustments to schedules and work responsibilities.⁴⁹

Disability Diversity

The World Health Organization defines disability as an "umbrella term for impairments, activity limitations and participation restrictions" and describes disability as a diverse health condition, with varying needs, as shown through interactions with personal and environmental factors.⁵⁵

Recruitment and Hiring

A higher percentage of individuals with a disability are actively seeking employment without successful job placement (15% unemployment vs 8.7% unemployment for those with no disability; 2011 national data from the U.S. Bureau of

Labor Statistics).⁵⁶ Title I of the Americans with Disabilities Act (ADA) requires employers with 15 or more employees to provide equal employment opportunities for individuals with disabilities.⁵⁷ Section 504 of the ADA offers protection from discrimination, exclusion, and denial of benefits for programs that receive federal financial assistance. The ADA also restricts questions that can be asked pertaining to disabilities before hiring. To avoid discriminatory language in recruitment efforts for faculty and staff positions, colleges and universities are encouraged to post job descriptions that focus on the overall goal or outcome of a position versus the specific manner in which the job is customarily performed.

Environment

Section 504 of the ADA requires reasonable accommodations, communication assistance, and accessibility. The ADA requires that an employer provide reasonable accommodations for employees with a disability, insofar as the accommodations do not result in an undue hardship for the organization or institution.⁵⁷ On employment, administrators, faculty, staff, or a representative can make requests for reasonable accommodations at any point during the employment relationship. Examples of reasonable accommodations include approving time off from work for medical appointments, arranging a modified work schedule, enhancing the physical work environment, and adapting workplace policies, procedures, or supervisory methods.⁵⁸ For individuals who are deaf or hard of hearing, services can include qualified interpreters, note writing, written materials, and telecommunications devices. Even with antidiscrimination policies and reasonable accommodations in place, students and employees with disabilities can experience discrimination in subtle or covert ways. Indirect discriminatory practices can include selecting inaccessible venues for meetings or events and excluding images of disabled individuals from recruitment or publicity materials.⁵⁹

Admissions

The ADA requirements affect colleges in several ways. Admissions policies and criteria should be examined to ensure that all admission requirements are necessary for academic performance and do not unduly exclude individuals with disabilities that do not directly affect their academic performance or ability to practice pharmacy.⁶⁰

Pharmacy colleges are not required to lower their standards with respect to reasonable physical and mental qualifications; however, they must be able to justify their academic and performance requirements and determine whether alternative methods exist to accomplish them.^{60, 61}

Student Accommodations

Program accessibility and physical accommodations should be examined for the inclusiveness of individuals with functional or sensory limitations. Students are required to request services or accommodations on the basis of a disability, and a statement encouraging student requests for such support or referral for additional services should be made available during the admissions process and in the course syllabus by the instructor.⁶⁰ Thorough information gathering and supportive documentation related to a student's disability can facilitate informed decisions regarding reasonable accommodations.⁶²

Learning Disability

Approximately 15% of the general population has a learning disability, which may have implications for pharmacy students and employees with respect to academic and career performance. Additional support for students with learning disabilities (e.g., extra time for examinations, strategic classroom seating arrangements, classroom capture of lectures and activities, automated assistive technologies) should be offered.⁶³ In a study of medical students with disabilities, the use of personal "student support cards" (cards with detailed request from the dean for specific considerations, accommodations, or support), which were used by the students at their discretion, were beneficial and empowering as students moved through various academic settings, including off-campus clinical practice sites with nonfaculty preceptors.⁶⁴ This model could be adopted by pharmacy colleges, facilitating student access to accommodations during didactic, laboratory, and clinical academic experiences.

Sexual Orientation Diversity

Laws prohibiting discrimination on the basis of sexual orientation and/or gender identity and expression vary from state to state.⁶⁵ Laws criminalizing same-sex intimacy were overturned in 2003 with the Supreme Court decision in

Lawrence v Texas.⁶⁶ The federal government prohibits discrimination on the basis of sexual orientation for federal employment or promotion; however, no federal law currently exists to ensure the same worker protection nationwide.⁶⁷ Federal legislation banning lesbian, gay, bisexual, and transgender (LGBT) employment discrimination under the Employment Non-Discrimination Act is currently pending.⁶⁵

Campus Climate

Campus climate refers to the "current attitudes, behaviors and standards, and practices of employees and students of an institution," and the campus climate for LGBTQ (Q = questioning) individuals is influenced by many factors, including "access and retention, research and scholarship, inter- and intra-group relations, curriculum and pedagogy, university policies and services, and external relationships."⁶⁸ Colleges and universities can offer employee and student protection against discrimination that is based on sexual orientation and extend benefits, including health care coverage and family leave for same-sex domestic partners. However, self-reported data collected by the Human Rights Campaign suggest that less than 10% of colleges and universities report the implementation of such policies.⁶⁹ Many campuses nationwide offer LGBTQ student groups, and a smaller percentage have professionally staffed LGBTQ resource centers.⁶⁹

A nationwide campus climate survey of institutes of higher education in 2010 found that perceptions of campus climate were more negative for individuals who identified as LGBT, including administrators, faculty, staff, and students, compared with heterosexual and gender binary respondents.⁷⁰ The risk of negative perceptions was further increased for URM respondents who also identified as LGBT. The LGBT students tend to minimize instances or downplay the impact of heterosexism or overt discrimination that occurs on college campuses.⁷¹ However, studies have shown higher rates of anxiety disorders and depression among LGBT students and increased use of mental health and counseling services, with a subsequent impact on academic performance and decreased engagement in cocurricular activities, because of harassment or discrimination.^{72, 73}

Potential best practices to improve the campus climate for LGBTQ faculty, staff, and students are described in the literature.⁷⁰ Institutions could

develop inclusive policies and benefits (e.g., partner benefits, including sexual orientation in diversity statements, permitting use of preferred names and gender designations) and actively show institutional commitment through structural and organizational modifications (e.g., gender-neutral/single-occupancy restroom(s), student organizations, and resource centers). In-classroom and campus-wide changes, such as integrating LGBTQ issues and concerns in curricular and cocurricular education (stand-alone courses, content within existing courses, content and cases that include LGBTQ culture and issues but are not solely related to human immunodeficiency virus/sexually transmitted diseases), responding appropriately to anti-LGBTQ incidents and biases (e.g., bias response team, reporting system), and considering LGBTQ issues related to on-campus housing (e.g., gender-neutral housing, matching program, gender-neutral or single-occupancy restroom/showers, same-sex partner/family housing considerations) promote safe spaces and inclusiveness for LGBTQ students and employees. Other best practices include offering comprehensive counseling and health care services (e.g., support groups, training for on-campus health care providers on LGBTQ issues, health coverage for hormone replacement and sexual reassignment surgical procedures) and improving access and retention efforts for LGBTQ individuals (e.g., active recruitment, scholarships, topics during student/faculty orientation programs, mentoring, LGBTQ scholarship and research).

Conclusion

A concerted effort must be made to recruit and retain a diverse body of administrators, faculty, staff, and students to ensure that all groups are well represented. This effort must be evident in university, college, and department policies; within the academic curriculum and course syllabi; in physical accommodations; and in recruitment and marketing materials. In addition, administrators, faculty, and staff should be trained not only on the various cultural needs of peers and students but also on culturally sensitive words and actions. A diversified faculty can be an important factor in attracting other administrators, faculty, staff, and students who are diverse in different cultures such as race, ethnicity, religion, sexual orientation, country of origin, gender, marital status, age, and functional abilities, among others. All administrators, faculty, staff, and students should feel respected and valued and not discriminated against on the

basis of various cultural beliefs and practices. Furthermore, when culturally diverse students are recruited, making an effort to cultivate interest in academia can ensure that the next generation of administrators and educators continues to be diverse and culturally sensitive.

References

1. Desselle SP, Peirce GL, Crabtree BL, et al. Pharmacy faculty workplace issues: findings from the 2009–2010 COD-COF Joint Task Force on Faculty Workforce. *Am J Pharm Educ* 2011;75:Article 63.
2. American College of Clinical Pharmacy; O'Connell MB, Korner EJ, Rickles NM, Sias JJ. Cultural competence in health care and its implications for pharmacy. Part 1. Overview of key concepts in multicultural health care. *Pharmacotherapy* 2007;27:1062–79.
3. ASHP Ad Hoc Committee on Ethnic Diversity and Cultural Competence. Report of the ASHP ad hoc committee on ethnic diversity and cultural competence. *Am J Health Syst Pharm* 2005;62:1924–30.
4. Smedley BD, Sitith AY, Colburn L, Evans CH. The right thing to do, the smart thing to do: enhancing diversity in health professions. Washington, DC: National Academies Press, 2001.
5. American College of Clinical Pharmacy; O'Connell MB, Rickles NM, Sias JJ, Korner EJ. Cultural competency in health care and its implications for pharmacy. Part 2: emphasis on pharmacy systems and practice. *Pharmacotherapy* 2009;29:14e–34e.
6. U.S. Department of Health and Human Services Office of Minority Health. Pathways to integrated health care, strategies for African American communities and organizations. 2011:1–36. Available from <http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/PathwaystoIntegratedHealthCareStrategiesforAfricanAmericans.pdf>. Accessed May 30, 2013.
7. Hayes B. Increasing the representation of underrepresented minority groups in US colleges and schools of pharmacy. *Am J Pharm Educ* 2008;72:Article 14.
8. American Association of Colleges of Pharmacy. Ad hoc committee on affirmative action and diversity. 2000:1–17. Available from www.aacp.org/resources/studentaffairs/personnel/admissionguidelines/Documents/AffirmativeActionDiversityCmte102000.pdf. Accessed May 30, 2013.
9. American Medical Association. Assessing medical school admissions policies: implications of the U.S. Supreme Court's affirmative-action decisions. 2003:1–25. Available from www.eric.ed.gov/ERICWebPortal/search/detailmini.jsp?_nfpb=true&_ERICExtSearch_SearchValue_0=ED482312&ERICExtSearch_SearchType_0=no&accno=ED482312. Accessed May 30, 2013.
10. Institute of Medicine of the National Academies. In the nation's compelling interest: ensuring diversity in the health-care workforce. Washington, DC: National Academies Press, 2004.
11. Institute of Medicine of the National Academies. Unequal treatment: confronting racial and ethnic disparities in health care. Washington, DC: National Academies Press, 2002.
12. U.S. Census. Table 616. Employed civilians by occupation, sex, race, and Hispanic origin: 2010. Available from www.census.gov/compendia/statab/2012/tables/12s0616.pdf. Accessed May 30, 2013.
13. U.S. Department of Health and Human Services. Agency for Healthcare Research and Quality. 2010 national healthcare quality report. 2011:1–286. Available from www.ahrq.gov/research/findings/nhqrdr/nhdr10/pdf/nhdr10.pdf. Accessed May 30, 2013.
14. American Association of Colleges of Pharmacy. 2012–13 profile of pharmacy faculty. 2013:1–156. Available from www.aacp.org/career/salarydata/Documents/PPF-1213-final.pdf. Accessed May 30, 2013.

15. **Accreditation Council for Pharmacy Education.** Accreditation standards and guidelines for the professional program in pharmacy leading to the doctor of pharmacy degree. 2011:1–91. Available from www.acpe-accredit.org/pdf/FinalS2007Guidelines2.0.pdf. Accessed May 30, 2013.
16. **Dumas-Hines FA, Cochran LL, Williams EU.** Promoting diversity: recommendations for recruitment and retention of minorities in higher education. 2001. Available from www.freepatentsonline.com/article/College-Student-Journal/80744656.html. Accessed May 30, 2013.
17. **Chisholm MA.** Diversity: a missing link to professionalism. *Am J Pharm Educ* 2004;68:Article 120.
18. **Amerson R.** The impact of service-learning on cultural competence. *Nurs Educ Perspect* 2010;31:18–22.
19. **Aguirre A.** Women and minority faculty in the academic workforce: recruitment, retention and academic culture. San Francisco, CA: Jossey-Bass, 2000.
20. **University of Rhode Island.** Advance. Available from www.uri.edu/advance/recruitment.html. Accessed May 30, 2013.
21. **Chisholm-Burns MA, Spivey CA, Billheimer D, et al.** Multi-institutional study of women and underrepresented minority faculty members in academic pharmacy. *Am J Pharm Educ* 2012;76:7.
22. **Cora-Bramble D.** Minority faculty recruitment, retention and advancement: applications of a resilience-based theoretical framework. *J Health Care Poor Underserved* 2006;17:251–5.
23. **Nkansah NT, Youmans SL, Agness CF, Assemi M.** Fostering and managing diversity in schools of pharmacy. *Am J Pharm Educ* 2009;73:Article 152.
24. **Avery DR.** Reactions to diversity in recruitment advertising—are differences black and white? *J Appl Psychol* 2003;88:672–9.
25. **Thomas KM, Wise PG.** Organizational attractiveness and individual differences: are diverse applicants attracted by different factors. *J Bus Psychol* 1999;13:375–90.
26. **Bleidt B.** Multicultural pharmaceutical education. *J Pharm Teach* 1992;3:1–8.
27. **American Association of Colleges of Pharmacy.** Fall 2012 profile of pharmacy students. 2013:1–118. Available from www.aacp.org/resources/research/institutionalresearch/Pages/StudentApplications,EnrollmentsandDegreesConferred.aspx. Accessed May 30, 2013.
28. **Humes KR, Jones NA, Ramirez RR.** Overview of race and Hispanic origin: 2010. 2011:1–23. Available from www.census.gov/prod/cen2010/briefs/c2010br-02.pdf. Accessed May 30, 2013.
29. **American Council on Education and American Association of University Professors.** Does diversity make a difference? Three research studies on diversity in college classrooms. 2000:1–95. Available from www.aaup.org/NR/rdonlyres/97003B7B-055F-4318-B14A-5336321FB742/0/DIVREP.PDF. Accessed May 30, 2013.
30. **Rumala BB, Cason FD Jr.** Recruitment of underrepresented minority students to medical school: minority medical student organizations, an untapped resource. *J Natl Med Assoc* 2007;99:1000–4.
31. **Awe C, Bauman J.** Theoretical and conceptual framework for a high school pathways to pharmacy program. *Am J Pharm Educ* 2010;74:149.
32. **Vongvanith VV, Huntington SA, Nkansah NT.** Diversity characteristics of the 2008–2009 pharmacy college application service applicant pool. *Am J Pharm Educ* 2012;76:Article 151.
33. **Charupatanapong N, McCormick WC, Rascati KL.** Predicting academic performance of pharmacy students: demographic comparisons. *Am J Pharm Educ* 1994;58:262–8.
34. **Kahlenberg RD, Potter H.** A better affirmative action: state universities that created alternatives to racial preferences. 2012. Available from <http://tcf.org/assets/downloads/tcf-abaa.pdf>. Accessed May 30, 2013.
35. **Schmidt P.** Supreme Court puts off big legal questions in Texas affirmative-action case. *The Chronicle of Higher Education* June 24, 2013. Available from chronicle.com/article/Supreme-Court-Puts-Off-Big/139991/. Accessed July 17, 2013.
36. **Liptak A.** Supreme Court takes new case on affirmative action, from Michigan. *The New York Times*, March 25, 2013. Available from www.nytimes.com/2013/03/26/us/justices-take-new-case-on-affirmative-action.html?_r=1&. Accessed June 4, 2013.
37. **Arcidiacono P, Aucejo E, Coate P, Hotx VJ.** The effects of Proposition 209 on college enrollment and graduation rates in California. 2011:1–43. Available from emlab.berkeley.edu/users/webfac/moretti/e251_s12/hotx.pdf. Accessed May 30, 2013.
38. **Wiggs JS, Elam CL.** Recruitment and retention: the development of an action plan for African-American health professions students. *J Natl Med Assoc* 2000;92:125–30.
39. **Igbo IN, Straker KC, Landson MJ, et al.** An innovative, multidisciplinary strategy to improve retention of nursing students from disadvantaged backgrounds. *Nurs Educ Perspect* 2011;32:375–9.
40. **Ragins BR, Cotton JL.** Mentor functions and outcomes: a comparison of men and women in formal and informal mentoring relationships. *J Appl Psychol* 1999;84:529–50.
41. **Abernethy AD.** A mentoring program for underrepresented-minority students at the University of Rochester School of Medicine. *Acad Med* 1999;74:356–9.
42. **Student National Pharmaceutical Association.** Available from www.snpha.org/About.aspx. Accessed May 30, 2013.
43. **National Conference of State Legislatures Health Program.** Pharmacist conscience clauses: laws and information. 2012. Available from www.ncsl.org/issues-research/health/pharmacist-conscience-clauses-laws-and-information.aspx. Accessed May 30, 2013.
44. **Diaz-Gilbert M.** Writing skills of advanced pharmacy practice experience students whose first or best language is not English. *Am J Pharm Educ* 2005;69:Article 101.
45. **Brown BK, Hanson SH.** Development of a student mentoring program. *Am J Pharm Educ* 2003;67:Article 121.
46. **Bednarz H, Schim S, Doorenbos A.** Cultural diversity in nursing education: perils, pitfalls, and pearls. *J Nurs Educ* 2010;49:253–60.
47. **National Institutes of Health.** Women in biomedical research: best practices for sustaining career success. 2009:1–60. Available from womeninscience.nih.gov/bestpractices/docs/BestPracticesReport.pdf. Accessed May 30, 2013.
48. **Michaud E, Jacques PF, Gianola FJ, Harbert K.** Assessment of admissions policies for veteran corpsmen and medics applying to physician assistant educational programs. *J Physician Assist Educ* 2012;23:4–12.
49. **Klugeman Y.** Veterans attending college need more engagement. *Brain Track Universities, Colleges & Careers*, 2010. Available from www.braintrack.com/college-and-work-news/articles/veterans-attending-college-need-more-engagement-10110401. Accessed June 4, 2013.
50. **College.com.** About college credits based on your military experience. Available from www.college.com/resources/military/college-credits-military-experience/. Accessed May 30, 2013.
51. **College.com.** Use your military work and training experience to save on college tuition. Available from www.college.com/resources/military/college-credits-military-experience/. Accessed May 30, 2013.
52. **U.S. Department of Veterans Affairs.** Yellow Ribbon Program. Available from http://gibill.va.gov/School_Info/Yellow_Ribbon/index.htm. Accessed May 30, 2013.
53. **College.com.** University of Michigan: student veterans assistance program. Available from www.college.com/resources/military/university-of-michigan/. Accessed May 30, 2013.
54. **College.com.** Using military tuition assistance programs to avoid student loan debt. Available from www.college.com/resources/military/military-tuition-assistance-programs/. Accessed May 30, 2013.
55. **World Health Organization.** Disabilities. Available from www.who.int/topics/disabilities/en/. Accessed May 30, 2013.
56. **Bureau of Labor Statistics.** U.S. Department of Labor. Persons with a disability: labor force characteristics 2011. 2012:1–11. Available from www.bls.gov/news.release/pdf/disabl.pdf. Accessed May 30, 2013.

57. U.S. Department of Justice. A guide to disability rights laws. 2009. Available from www.ada.gov/cguide.htm. Accessed May 30, 2013.
58. Waldman RL. Issues in employment of faculty members with mental disabilities—background materials. 2009:1–15. Available from www.aaup.org/NR/rdonlyres/58487281-DCA6-4BB2-97D6-A868E630AFDA/0/Stetson2009FacultyMentalHealthOverview.pdf. Accessed May 30, 2013.
59. Wright T, Colgan F, Creegan C, McKearney A. Lesbian, gay and bisexual workers: equality, diversity and inclusion in the workplace. *Equal Oppor Int* 2006;25:465–70.
60. Van Dusen V. Students with disabilities: implications for pharmaceutical education. *Am J Pharm Educ* 2001;65:144–9.
61. Van Dusen V. Liability and litigation risks for colleges and schools of pharmacy. *Am J Pharm Educ* 2011;75:Article 52.
62. Association on Higher Education and Disability. Supporting accommodations requests: guidance on documentation practices. 2012. Available from www.ahead.org/resources/documentation_guidance. Accessed May 30, 2013.
63. Boyd JA, McKenzie CA, Holmes TJ. Assessment of learning disabilities among a pharmacy student population. *Am J Pharm Educ* 1999;63:68–72.
64. Cook V, Griffin A, Hayden S, Hinson J, Raven P. Supporting students with disability and health issues: lowering the social barriers. *Med Educ* 2012;46:564–74.
65. American Civil Liberties Union. Nondiscrimination laws: state by state information—map. 2011. Available from www.aclu.org/maps/non-discrimination-laws-state-state-information-map. Accessed May 30, 2013.
66. U.S. Supreme Court. *Lawrence v. Texas* – 539 U.S. 558. 2003:1–49. Available from supreme.justia.com/cases/federal/us/539/558. Accessed December 18, 2012.
67. U.S. Office of Personnel Management. Addressing sexual orientation discrimination in federal civilian employment: a guide to employee's rights. Available from www.opm.gov/er/address2/guide01.asp. Accessed December 18, 2012.
68. Rankin S, Reason R. Transformational tapestry model: a comprehensive approach to transforming campus climate. *J Divers Higher Educ* 2008;1:262–74.
69. Messinger L. A qualitative analysis of faculty advocacy on LGBT issues on campus. *J Homosex* 2011;58:1281–305.
70. Rankin S, Weber G, Blumenfeld W, Frazer S. 2010 state of higher education for lesbian, gay, bisexual, and transgender. 2010:1–24. Available from <http://lgbtq.sdes.ucf.edu/docs/campuspride2010lgbtreportsummary.pdf>. Accessed May 30, 2013.
71. Fine LE. Minimizing heterosexism and homophobia: constructing meaning of out campus LGB life. *J Homosex* 2011;58:521–46.
72. Oswalt SB, Wyatt TJ. Sexual orientation and differences in mental health, stress, and academic performance in a national sample of U.S. college students. *J Homosex* 2011;58:1255–80.
73. Yost MR, Gilmore S. Assessing LGBTQ campus climate and creating change. *J Homosex* 2011;58:1330–54.