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Journal of the American Pharmacists Association

journal homepage: www.japha.org

A DOSE OF INSPIRATION

Pharmacist leaders in public and global health: Nurturing practitioners at the forefront of an ever-connected world

Priscilla L. Ko, Kya R. Norby, Diane Nguyen*

Pharmacists' role and accessibility poise them as ideal public and global health practitioners. The Bristol Myers Squibb Foundation and Rutgers University PharmD-Public Health Residency trains graduates to address health care challenges through two 6-month assignments in sub-Saharan Africa and the United States. While in sub-Saharan Africa, residents work with grant partners to provide technical assistance in research, quality improvement, capacity building, and outreach work through a model that embraces mutual exchange and joint development of sustainable solutions. While in the United States, residents support grant-making operations and policy and advocacy efforts including reviewing proposals, developing governance materials, assessing monitoring and evaluation reports, conducting literature reviews, and writing policy briefs. Three alumni residents describe how field experiences and opportunities during their residency enabled them to engage in sustainable global health programming, sharpen skills and attitudes essential to tackling

dynamic health care challenges, and refine their perceptions, professional identities, and career paths.

Vignette #1—Sustainable global health programing

With dirt on the floor, an open window, and individuals entering the cleanroom without personal protective equipment (PPE), the chemotherapy cleanroom in Eldoret, Kenya, was not the sterile environment it was intended to be. I recognized that the reasons underlying this issue were multifaceted: financial, educational, and supply chain to name a few. As we began to dialog, the pharmacy staff shared their inside perspective. First, the room was constructed incorrectly, but a renovation was unlikely owing to administrative and financial factors. Second, there was a higher level of acceptable risk in the Kenyan culture than the United States, which became evident as I listened, learned, and observed. Limited resources coupled with a higher risk tolerance resulted in less urgency to meet cleanroom guidelines. By having one foot in the United States and the other in Kenya, I learned to identify available resources and help implement simple changes for the biggest impact. By the time I left Eldoret, the cleanroom was being cleaned daily according to newly developed standard operating procedures. The anteroom was demarcated into clean and dirty areas. Equipment was designated for cleanroom use only. Staff were appropriately donning and doffing PPE. Structural issues remained, but the recent changes were effective and going to last. These small sustainable changes

would have a more meaningful impact than a large unsustainable change. Most importantly, the pharmacy staff was empowered to advocate for their pharmacy's needs and drive the changes they identified, and I came to see the world as one full of capable people with the keys to lasting solutions.—*Public Health Resident 2018-2019*

Vignette #2—Professional identity formation

“Remember those who need help the most but can't always get it.” I often reflect on this patient encounter as the impetus to my start in health care. As a pharmacy student, I engaged with people who faced difficult choices between paying for medications or for rent, depended on patient assistance programs, and drove hundreds of miles to see a specialist. Despite living in a high-income country, I recognized the inequities of resource distribution that left the society's most vulnerable neglected and sought to address these disparities. Through the residency, I learned the role of health philanthropy and the importance of a grant maker's commitment to health equity. Financial resources are used as a catalyst, funding innovative solutions that must work in tandem with other systemic changes to have long-term impact. Partnerships must be multisector to collectively address social determinants of health, segment health disparities data, and engage with policy and advocacy groups to spotlight issues and solutions. I came to understand that trust is built by mutual agreement, progress occurs over a multitude of steps, and

Disclosure: Priscilla L. Ko is employed by Bristol Myers Squibb Foundation, a sponsor of the PharmD-Public Health Residency Program described in this commentary. All other authors declare no relevant conflicts of interest or financial relationships.

Funding: This Dose of Inspiration did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

* **Correspondence:** Diane Nguyen, PharmD, BCPS, Assistant Professor, Department of Pediatrics, Department of Education, Innovation, and Technology, Baylor College of Medicine, 1102 Bates St., FC Suite 630, Houston, TX 77030.

E-mail address: diane.nguyen@bcm.edu (D. Nguyen).

systemic change is made incrementally over the course of time. After residency, I had the opportunity to continue my work in health philanthropy and contribute to teaching the next generation of learners about global health principles and corporate social responsibility.—*Public Health Resident 2014-2015*

Vignette #3—Career development

“Delicious!” his sister exclaimed. He grinned widely with satisfaction at having prepared a healthy snack that his family enjoyed. Sitting around their kitchen, I witnessed a home-based intervention program for youth with or at risk of type 2 diabetes in the Navajo Nation. Collaborating with Family Health coaches, who were native paraprofessionals, I strengthened the referral process for at-risk youth, enhanced program policies and procedures, and developed diabetes training curricula. The work focused on both clinical care management and broader program operations management. Program participants and coaches made an immense and lasting impact on me. They invited me into their homes and shared their Navajo culture and beliefs. The emphasis on the family, its vital role in society, and principal institution of the young generation opened my eyes to a different, countercultural way of living. The coaches, all of whom were successful young women, had committed themselves to returning and serving their communities. They inspired me to reflect

on my own career trajectory, how that intertwined with my personal choices, and gave me courage to chart my adventure into the unknown: a new global health position that had not yet existed, in a space that had not known a pharmacist. The breadth of skills and experiences during residency in programming, operations, and community and partnership engagement directly launched me into my global health career and gave me confidence to transform the nebulous into outcomes. My experience with the Navajo Nation resonates many years later, having formed part of my professional and personal identity.—*Public Health Resident 2013-2014*

These experiences empowered residents to broaden the scope of pharmacist services and pursue careers as global health practitioners. Although the reflections of each residency alumni are unique, the impact on their development can be distilled in three main ways. First, residents established an understanding of sustainable health programming, which is a fundamental aspect of responsible and ethical global health activity. This understanding encompassed developing a personal perspective on community-based interventions, reciprocal knowledge sharing, and an appreciation for the value of operating within a long-term, locally driven mindset. Second, residents cultivated a deeper awareness of the structural and systemic forces and the interplay of cultural, political, and economic histories that have affected marginalized com-

munities. Ultimately, this inspired residents to a career serving vulnerable communities and striving toward health equity. Finally, residents developed unique skill sets that served as a launchpad into a global health career not clearly defined for pharmacists. Residency field assignments have ambiguous boundaries and circumstances, requiring resilience that enhanced the residents' threshold to thrive in the face of uncertainty, fostered adaptive skills for responding to changing needs of communities, and empowered residents to trailblaze their own career path.

Acknowledgments

John Damonti, MSW, Patricia Doykos, PhD, Phangisile Mtshali, Joseph Barone, PharmD, Michael Toscani PharmD, and Evelyn Hermes-DeSantis, PharmD, are acknowledged for their mentorship of residents in the program.

Priscilla L. Ko, PharmD, Director, Corporate Contributions, Department of Corporate Philanthropy, Bristol Myers Squibb Foundation, Lawrence Township, NJ; at the time of the study, Director, Corporate Contributions, Bristol Myers Squibb Foundation, Lawrence Township, NJ.

Kya R. Norby, PharmD, Pharmacist, Department of Pharmacy, Santa Fe Indian Hospital, Indian Health Service, Santa Fe, NM.

Diane Nguyen, PharmD, BCPS, Assistant Professor, Department of Pediatrics, Department of Education, Innovation, and Technology, Baylor College of Medicine, Houston, TX; at the time of the study, Director of Global Programs, Baylor College of Medicine International Pediatrics AIDS Initiative, Houston, TX.