

Speaker 1: Welcome to the ASHPOfficial Podcast, your guide to issues related to medication use, public health, and the profession of pharmacy.

Melanie Smith: Thank you for joining us for today's podcast, African American women pharmacy leaders past and present. Our discussion will look at the role and journey of several African American women pharmacy leaders and the social and political environment affecting the opportunities for these practitioners. It will also explore the role that pharmacy education plays in improving diversity and inclusiveness in the workforce as well as the ongoing issue of health disparities and opportunities to address the problem. My name is Melanie Smith and I'm the director for the section of ambulatory care practitioners at ASHP. I will be your host for today's interview on important research as we celebrate Black History Month 2020.

Melanie Smith: With me today is Dr. John Clark, who is the assistant professor and director for experiential education and the director of pharmacy residency programs in the department of pharmacotherapeutics and clinical research at the college of pharmacy at The University of South Florida, as well as Dr. Marie Chisholm-Burns, who is the Dean and professor at The University of Tennessee health science center, college of pharmacy and a professor of surgery at The University of Tennessee college of medicine. Thank you both for joining us today Dr. Clark and Dr. Chisholm Burns. So Dr. Clark, I'll begin with you. Having reviewed your research on this important topic, it's commendable and impressive on the depth and time you have committed to this research. Can you describe the scope of your research and what inspired you to take on this topic and how it was related to the women's rights movement?

Dr. Clark: Yes. And thank you for having me. This is a project that I started almost six years ago. It started with a phone call that I had received in my office from a lady who identified her as Deborah Williams, associate professor at the college of pharmacy at Touro University in New York. When I answered the call, she had this powerful commanding voice, very articulate. She went on to explain to me that she was working on developing a program at her school for Women's History Month. She described that she was trying to create a program that included African American women in pharmacy, but she knew very little about the history of African American women in pharmacy and wanted to look at historical women leaders in pharmacy who were African American. And in our conversation, she tragically asked me who was the first African American woman to become a pharmacist. And I really didn't know who that was, but it fascinated me with the question. So as we continued to talk, I started looking on the computer as we were speaking. And I could tell that she was very knowledgeable about history and medical history because she kept mentioning the names of and describing the accomplishments of several African American women who were physicians. And as our conversation continued, I learned that she was not a pharmacist. She was a physician who worked at The Medicap, the pharmacy college.



Dr. Clark: So while we were on the telephone, I searched through the internet as we were talking with the search words African American women in pharmacy, and as different women began to appear on the screen, I would cut and paste little snippets from the story and paste it in a word file with the thought that I may go back and look at it at a later time. So in anticipation of this podcast, I went and looked for that file, which was about six years old, which was the motivation for me to get started with this. And some of the names on that list was Marvin Augusts, Miriam Mobley Smith, Lenore Cowen, Arcelia Johnson-Fanin, Mary Munson Runge[inaudible 00:03:55]Clara Smith, Harriet Beecher Stowe Marble, Eleanor Phillip Stewart, Delores Cooper Shockley, [inaudible 00:04:08]Jackson, Molly Moon, Amanda Gray Hillier and Marie Chisholm-Burns. So Marie is here today, but she was one of those people on that list that got me inspired to look at the African American women leaders in pharmacy. So as I went through the list, I found that there were three women on the list that were sort of the oldest one on that list, that was Amanda Gray Hillier who was a Howard university graduate in 1903 and Clara Smith. She was 1904 and Harriet Beecher Stowe Marble was a 1906 graduate from Meharry Medical College.

Dr. Clark: So I went back to my thinking about Dr. Williams course and like, who was the first African American woman to become a pharmacist? And I noticed that two of the women on the list were Howard University graduates. So my interest led me to look in at Howard and I couldn't figure out how to find the information, but I did notice that Howard had very good records that had archives with their school going back to as early as 1870. So that was pretty impressive, I'd never knew that existed. Meharry had records in the same way. Their records was very complete, going back at least to the early 1870s or 1880s as well. So what I did was to go through those records that Meharry first and I logged every single graduate page by page, year by year, hour by hour til I got all of them listed. At least I thought I did. So I had over 579 graduates and I put them all in a list and a table that I've saved. In all of that list, they had at least 81 female graduates out of that class. And I did the same thing with Howard, but I stopped at Howard around 1936 and that really was pretty exciting. And from that list I was able to identify a number of key women that seem to have been involved with a number of activities.

Dr. Clark: In the early, as you may be aware, in the mid 1840s and the early 1890s, the women movement had started. And that was during the time when women were first making inroads into pharmacy and in any universities for that matter at that time. And it was also, right? In the 1860s we were looking at near the end of the civil war by 1865, and that was a time period when there were no black women in universities at that time, at least none that we could find. And so what I noticed is that as the women movement began to increase between the mid 1860s, up until the early 1900s, the number of women started to increase as well. And I also noticed that the number of women in pharmacy started to gradually begin to first go up about 1900. And that number has continued today where they currently outnumber the men in the pharmacy profession. But in the late 1890s, the women movement started inviting all women to be a part. Most



of the agenda prior to 1865 focused on a boss bit of slavery and on human rights. But as you can imagine with any movement, the agenda is going to change over time. So when the agenda changed over time, sometime the members within the group have their own special interests in there that can change the agenda as well.

Dr. Clark: So there became a separation of many of the women movements into women's clubs and one of those clubs that formed was made up of mostly African American women because they had issues that they were looking at that wanted to be addressed, that the major big movement perhaps did not want to address those issues. And those issues was things such as voting rights. At that time we had what we call today, Jim Crow laws, which were legal mandated laws that mandated segregation and discrimination. So they wanted to run, they had that as part of their agenda. So there was big disagreements within the movement. So the black woman seemed to have separated out and it started around 1890 when three major black female groups merged into one and became the National Association of Colored Women's Clubs. And that group grew in numbers that has been reported to be as high as 300,000 around 1918. But what was significant about that is that a number of pharmacists, black female pharmacists joined that group and they became leaders within that group that sometime their stories often overlook.

Dr. Clark: The one that comes to mind most often is Eleanor Phillip Stewart. She actually became the president and she, at that time the membership had started falling around in 1930s. And she still had a large number of women that were around 100,000 or so. But also, some of the women that were in that group was the women I mentioned on that list. One was Harriet Beecher Stowe Marble and Clara Smith[inaudible 00:09:47] they were the presidents of some of their local Colored Women Association in New York and in Tennessee. And those women sort of spun off into some other clubs. For example Clara Smith[inaudible 00:10:03] formed a group called The Tuesday Evening Club, which was a social group that had a goal of creating programs for the community to help children mostly out in having recreational activities that they could be performing after school. That organization continues to exist today and quite a few other pharmacist join that group and became big leaders.

Dr. Clark: One being Julia Pearl Hughes, who was a Howard University graduate[inaudible 00:10:30]also joined that group. So I'm continuing to look at this information, it gets bigger and bigger as I look deeper and deeper into it and learn more, you continue to get questioned and as you try to pursue the answers to those questions, it leads to other questions. And I think that's the nature of doing historical research. You never stop finding questions to a problem that caused you to keep looking for. So I'm continuing looking at it now, I have about a good 35 women that I want to write personal stories on, but the list is actually longer. It's probably closer to about 75 women. And once I can find the time to continue



the research on a steady basis, I hope to have that completed with information that I can share that has not been shared in many of our history books.

Melanie Smith: Very interesting. You've kind of already alluded to my next question, but in thinking about some of the women that you've come across in some of your research, who are some of the top women that stand out to you in regards to their work in pharmacy as well as civic leadership? And what were some of their notable accomplishments?

Dr. Clark: Well, one that comes to mind, her name was Julia Pearl Hughes. She's pretty well known. She was a 1897 graduate from Howard university. And the interesting, Julie has such an interesting story. She did her internship as a student in 1896 at the hospital, at the Friedman hospital in Washington DC. So there's a, I guess a big promotion on my part that she was probably one of the first female hospital pharmacist. She worked as a student in the dispensary at the Friedman hospital in 1896. I haven't found any other women who may have been in the hospital during that time period. So I think she may have been the first. So she graduated in 97 and in 1897 she got a job offer at the Frederick Douglas Memorial hospital in Philadelphia, in the pharmacy again. She met someone new, the director there. Well, I'm calling it a director, but it was someone who was in charge who offered her a position working in a pharmacy in 1898. So she ended up working in the hospital there. So she had, again, another practice in the hospital.

Dr. Clark: So in 1899, she started taking classes at Philadelphia College of Pharmacy, but I don't see where she ever graduated from the courses but she, there is information showing her listed as taking classes in 1900. So then in 1900, she opened up a drug store called Hughes' pharmacy. And there is a bigger article in one of the old pharmacy mag journals called the pharmaceutical era where they mentioned that she was the first African American woman to open up a drug store in Philadelphia and they believe she the first in the whole country. The first in the whole country I cannot verify, but it appears that she was the first one to open up a pharmacy in Philadelphia. So that was a major accomplishment at that time for an African American woman to be able to own her own drug store. That was one of the big accomplishments. So in 1903, she married a gentleman, his name was James Coleman and they opened up a pharmacy. They opened up a chemical business together at the same time and then they moved from Philadelphia to Virginia and the business became The Coleman Chemical Company. I'm sorry, Columbia, The Columbia Chemical Company and their whole goal was to manufacture products for the hair.

Dr. Clark: She created these hair products for black women that were manufactured out of her company. And that was a major accomplishment because that was at the beginning of the period when black women hair products were just beginning to get to the market where different hairstyles were changing and they went from this curly hair to the straight hair. And so Julia Hughes is also recognized as being



one of those women who was able to develop a straightening comb and get a patent on the straightening comb, that information I have not been able to confirm for sure, but you can find it listed in pharmacy journals back then as well as some of the other journals that you would see in the internet. But the straightening comb is one of those combs that if you heat it up pretty hot and with certain chemicals on your hair, it caused the hair to straighten so that became extremely popular. And so she is listed as one of those women who did that. So her products that she created was mostly toiletries and beauty products that became the name or a staple for her company. Well, she divorced Mr. Coleman, they moved to Washington, D.C. where she continued to operate her chemical company and then she later moved the company from Washington, D.C. to New York.

Dr. Clark:

And while she was in New York, she got involved with a number of political dentures where she was supporting a lot of politicians doing their election for office. And then later she ran for office herself. So she is listed as one of the first African American women to run for political office and for sure the first African American female pharmacists to run for a political office during that time and she lost the race, by the way, she didn't win. But that was a major accomplishment as well. And in the process, she was able to go into a partnership to form a newspaper called the Washington Sun. That newspaper continues to exist today. She sold the newspaper, I don't remember what year it was, but around 1963 it was purchased again by a pharmacist who his son continues to hone that newspaper to this day. So she had many, many major accomplishments, extremely very active and in a number of civic organizations and professional organizations. And on the pharmacy side, she was a member of The National Medical Association. That was during the time when many of the professional associations didn't openly welcome African Americans as members so The National Medical Association had a complete section that was created just for pharmacists so she joined that section and became what they call the secretary of that section, which today would be the same as the president of that section.

Dr. Clark:

And things that I didn't think occurred as early as 1918 were that they did quite a number of national presentations. You can actually find a number of her lectures that she gave at these national conferences online. I've been able to copy some of those just to have it as a file. So she gave presentations, she participated in the house of delegates, she brought resolution before the house, she was very vocal and one of the standouts amongst The National Medical Association until years later when they began gradually split off and pharmacists relationships changed within that group. So she was in my mind probably one of the most powerful leaders that we had amongst African American women during that time period. And just to mention one other, it was Amanda Gray Hillier. Amanda Gray Hillier and Julia Pearl Hughes were the same. Amanda was a school teacher from Kansas, she moved to Washington, D.C. around 1900s, she graduated from Howard in 1903 with her Pharm D degree. She was married to



Arthur Gray who also became a pharmacist, but he went to pharmacy school after she did. He graduated in 1906 but they formed their own company called Gray&Gray and they became very popular in the city during that time. In fact, she is listed as the first black female to own a pharmacy in the Washington, D.C. area.

Dr. Clark: And later on she went into a business Gray&Gray and Arthur brought on his brother, which his name was Spurgeon Gray and if you look at Texas Southern University, the pharmacy building is called Gray Hall and that building is named after Spurgeon Gray, which is Amanda's Gray's brother-in-law. So she later on sold the pharmacy when her husband died and she became president of The Howard University Alumni Association and a member of the board of directors for the university itself. So she was a very big figure within African American women in pharmacy. And I could go on, but I think I'll just leave it there. There's so many women that I've found just so fascinating to talk about with different stories, but I think I'll just stop there with that one.

Melanie Smith: No. Yeah. That was really, really interesting. Especially the part about the straightening comb. Did not know that. So thank you Dr. Clark for kicking us off and now Dr. Chisholm Burns, I'm going to switch it over to you because you have a rich history in research and patient care of underserved population. So reflecting on the things that Dr. Clark has mentioned thus far on efforts to address disparities in healthcare, what are some of your thoughts on how they have been addressed thus far, either successfully or unsuccessfully? And what are your opinions regarding the work that's still left to be done?

Dr. Chisholm Bu...: Thank you for the question. And also, thank you for inviting me to be part of this program, it's so exciting. And I want to really thank Dr. Clark for his outstanding work in this needed work. He talked about a lot of unsung individuals, many names I recognize, many names I didn't recognize, so thank you John for that. I also want to applaud ASHP for this program and for recognizing the continued existence of disparities, in particular healthcare disparities and the importance of continuing to address these significant issues. Starting off with regarding African American woman pharmacy leaders, I think what John hit upon as I was just listening to these stories for the first time, is that they seem to be entrepreneurs, they seem to be people that think outside of the box and I think that we certainly need more of that today. And they certainly made a big mark in addressing disparities during their time.

Dr. Chisholm Bu...: However, these disparities are so entrenched in society. John went back, Dr. Clark went back, and he talked about things that happened in the 1800s. These things have been around for so long and they seem to be so entrenched that they continue to be an ongoing struggle among diverse groups and we need to confront these disparities all of us, you don't have to be in a minority population to do that. As a matter of fact, I contend that it's going to take all of us to make a difference and to help eliminate these disparities. And there's a role for all of



us. There are just so many social unjust issues that go on in many diverse groups, including underrepresented minority populations, LGBTQ, geographical disparities, a lot of people don't think about that, urban, rural, those areas. And people with social economic backgrounds and different educational backgrounds. What I really want to focus on since we're talking with, and this is going to probably be sent out to pharmacists is pharmacotherapeutic disparities.

Dr. Chisholm Bu...: In 2010, Elizabeth Hall Lipsey and I published an article, and we published it in the ASHP Journal, the American Journal Health System Pharmacy. And it talked about pharmacotherapeutic disparities. And this really opened my eyes to the extent of the problem. And what we found or saw was significant disparities in the medication treatment received by racial and ethnic minorities and women in the areas of pain control as well as disease states, common disease states such as asthma, cardiovascular disease, oncology, HIV and mental health. And for me, that was really eye opening. So, as Dr. Clark took us along this journey from the 1800s, and I could say unfortunately today we still have these disparities and sometimes in some of these groups you can see the gap, instead of getting better, it's widening up in some areas. While it's important to identify these disparities, it's even more critical to develop and implement strategies to address disparities. However, I think that I'll be remiss in saying, if I don't say how complicated these disparities are and how multifaceted these disparities are.

Dr. Chisholm Bu...: And unfortunately, and this is my humble opinion, I think society sees these disparities now as being the norm. It's something that's there and just deal with it. Which is one reason why I don't think that we get the needed advocacy around these disparities, especially in pharmacy. I also think that their problem is so overwhelming and role recognition and empowerment are certainly lacking. Again, great work has been done, people have identified that is the health disparities in particular. I want to thank the many individuals that Dr. Clark talked about, but there's still work to be done and we need to get beyond identifying and rolling up our sleeves into addressing these disparities. So thank you for the question.

Melanie Smith: Right. And I think you both have covered things on a high level from a historical perspective as well as what's going on right now. So Dr. Chisholm Burns, I want to ask you another question, and that is, where do you see opportunities for advancing diversity and inclusiveness in our healthcare system? It's particularly in regards to pharmacy professionals to address the disparities of care that exist present day.

Dr. Chisholm Bu...: That's a great question. I think I'm going to start out by mentioning the Institute of Medicine, the IOM. According to the IOM, increased demographic diversity among healthcare professionals is related to greater access of healthcare in minority patient populations, improved patient outcomes and better satisfaction, better communication between the patients and the healthcare professional. All of is well documented. And so, I think it's certainly a great need



that we have diversity in our health care professionals so we could service our patient population, which is becoming more and more diverse. So that's in the community of healthcare professionals. But I think in order to get there, we have to address the pipeline issue. And that starts with our students that are in pharmacy school. We've got to make sure that we have diverse populations there and it's going to take everyone, everyone being involved, not just pointing a finger and saying that's your job, because we also have to make sure the culture is right.

Dr. Chisholm Bu...: And so you said two words in this question and I wrote them down. You talked about diversity, which is important and that's just making sure that a group represents differences in the community that you want to represent, but also, we cannot forget about inclusivity. And a lot of times that's forgotten. And inclusivity has to do with the culture of feeling of belongingness. So someone explained it to me like this, diversity is inviting someone to the dance. Okay? You're invited to the dance. Inclusivity is being, once I get to the dance, there's someone who asks me actually to participate. Say, "Hey Marie, you want a dance?" So it's more than getting people at the table, they have to feel that they belong and that you're utilizing the skill sets that they bring. And so it's not just about the numbers game. And I think that's where interprofessional education and pharmacy school becomes so important where you have students that are diverse and they get together with other health professional students, these students, at some point, they go onto graduate and they carry away with them this great learning experience in which they learnt from others that are different than themselves.

Dr. Chisholm Bu...: Different health professionals, but also different in socioeconomic backgrounds, race, religion, and we could go on and on in talking about the differences. So I think it's incumbent upon us as educators and administrators to recognize the significance of diversity and inclusivity in our students, in our day to day culture, know that one day these students will graduate and they will become healthcare professionals and they will make the difference in people's lives. As I talked about greater communication skills between the healthcare professionals and the patients, improve patient options and satisfaction, and just greater access to health care. Another thing that we could do as educators is to make sure our curricula addresses all populations, not just majority of populations, but also non majority population.

Dr. Chisholm Bu...: So make sure our curriculum is integrated and it includes all populations. So I think it's a lot to be done, I know we have done a lot at The University of Tennessee. Of course there's always room for improvement. We have focused on making our classroom diverse for all source of perspectives. I'm proud to say that our first year class, I looked at the statistics before I signed in on the webinar and we have greater than 40% minorities in our first year class of students. But I will tell you it's an active effort, if you're not active in addressing this. It's so





easy to default to the norm and so it requires everyone, it really does. Thanks for the question.

Melanie Smith: No problem. I think this has been a great and interesting discussion and we're coming to the close of our podcast, so I just want to reach out to both of you again just to see what final thought you'd like to share regarding the things that we've discussed today. So Dr. Clark, I'll start with you.

Dr. Clark: Okay, thank you. I actually, if you don't mind, I want to go back on one of the comments that Marie did. Then I'm going to come back and tell you what my final thoughts are. One of the comments that she made in talking about health disparities is that it is a very difficult thing to address and it requires a lot of effort to do that. I have been meeting with some groups talking about health disparities and how to address it and it's not uncommon for someone in the group to always come up with a number of ideas of how they think it should be addressed. But the part that gets missed I believe, is that this is such a huge thing to tackle, that it cannot be done by one person, one group or one profession. It is something that has to be addressed as a total group, a total group of professional people working on it. And in one organization that I was working with, The Association of Black Health System Pharmacists, we were trying to address it as well.

Dr. Clark: And this discussion gets banged around so much that everybody finds it, at least I find it difficult to get everybody on the same page on it. But one of the things that we started doing, and myself and another Lieutenant Colonel, Jasper Watkin and I were sitting around one weekend in Atlanta, we would discuss the same issue of health disparities, and we kept trying to think of how can we get people to remember how this should be worked on as a group? And we kept saying to ourselves, it's just not clear to everybody, they just don't seem to understand it, it's not clear. And so then we started laughing because we looked at each other, we both thought of the word clear, and so we were standing in this little conference room and we wrote down that word clear and in that word we were able to come up with an acronym to address health disparities and what it meant to us. The C means collaboration. You cannot deal with, address health disparities without collaborating with a number of people, number of health professionals.

Dr. Clark: If you're a pharmacist, you've got to collaborate with a number of health professionals. The L in the clear, we came up with the word leaders. You have to take a leadership in the process of addressing health disparities. We have to take a lead on it in some ways so that we make sure that we go in the right direction in addressing it. And E was the education, we have to educate and A was the advocacy, we have to advocate for it. And then the R was for research. So it became very easy for us to put together a little bit of an acronym that tells us what we should be doing to address this as a group. You cannot collaborate on this and get it done as one group, it has to take multiple collaborators,



multiple leaders. You have to educate everyone and you have to keep advocating for the change, advocating forward because this disparity that we're seeing now is over a hundred years old, it probably started during the civil war, it started right after the end of the civil war and it has continued to be a problem even to this day. Although the different diseases may have changed, the disparity within those underprivileged minority groups have stayed the same or continues, I should say, has continued.

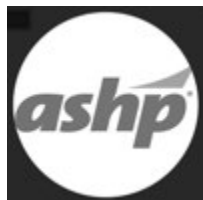
Dr. Clark: So that's one way that we were looking at how it should be addressed is through collaboration, leadership, education, advocacy and research. Now, one of the things that I want to talk about briefly before we end is how one of the things that schools have been doing a few years ago to try to increase diversity within the school. I work with a group called The Minority Consortium. At the time, it was The University of Illinois, Purdue University, Ohio State University, University of Michigan, Wayne State University. And then later we had at Ohio Northern and The University of Cincinnati. And that group would meet on a regular basis and I don't remember how often they met, but it was at least three to four times a year. And the whole idea was to try to come up with strategies for increasing minority enrollment into pharmacy schools. And it was started really by the faculty because there were not a designated person or that had a paid job just to do that. So there was certain faculty members that had a key interest in that.

Dr. Clark: And there were two or three schools that actually had a paid person that was specifically paid to run a program for trying to increase minority enrollment. Wayne State University had an office, University of Tennessee, I'm sorry, University of Cincinnati eventually hired someone to do that. And I think The University of Illinois had someone at that time. This was somewhere around the 80s, around the 1980s or late 1970s and so I don't know whatever happened to that movement during the time and I'm not sure how effective it was, but there were students that were coming into the schools in very slow numbers.

Dr. Clark: And so that would be one effort or a process by which you could look at trying to increase enrollment and to ... I saw a quote that I want to leave with and end with and that was, and I'm paraphrasing it now as it relates to history. I'm becoming so interested in looking at pharmacy history. And the quote is, I paraphrase it as that, "Pharmacy is in history and history is in pharmacy." And so we have so much of our history tied up that we don't really know about and that history has to be not just African American history, it has to be American history.

Melanie Smith: Very good point to end with, especially during Black History Month. So Dr. Chisholm Burns, I will turn it over to you for your final thought.

Dr. Chisholm Bu...: Sure. As I listened to the words of Dr. Clark and some of the words that I spoke about during this webinar, I want to leave the listeners, and encourage the listeners if I can, for them to dwell in the possibilities, to look for opportunities, to embrace both diversity and inclusivity, I want them to be build bridges for



other people, because that's what it's all about, building bridges. One of my favorite poems is actually called *The Bridge Builder* and it was written by a woman. Her name was Will Allen Dromgoole. And I would like to read this poem for you and close with this poem with you today.

Dr. Chisholm Bu...: It says, an old man going a lone highway came at an evening cold and gray, to a chasm vast and deep and wide through which was flowing a sullen tide. The old man crossed in the twilight dim, the sullen stream had no fear for him, but he turned when safe on the other side and built a bridge to span the tie. "Old man," said a fellow pilgrim near, "You are wasting your strength with building here; Your journey will end with the ending day, You never again will pass this way, You've crossed that chasm deep and wide, Why build this bridge at evening tide?"

Dr. Chisholm Bu...: The old man, the builder lifted his old gray head, "Good friend in the path I've come," he said. Then followed after me today are you whose feet must pass this way? This chasm that has been naught to me, to that youth may have pitfall be he too must cross in the twilight dim; Good friend, I am building this bridge for him. So I encourage everyone to build bridges, to be bridge builders, to help others and to pass on your experiences, your opportunities and the possibilities. So again, thank you so much for inviting me to participate in this project.

Melanie Smith: Thank you. Well, that's all the time we have today. We have reached the end of our podcast and I want to thank you both again Dr. Clark and Dr. Chisholm Burns for joining us and thank you to everyone who's listening and we hope you enjoy the rest of your day.

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