

**UNSCRAMBLING THE ALPHABET SOUP OF LGBTQIA+:
FOUNDATIONS OF SEXUAL AND GENDER MINORITY HEALTH**

KEVIN ASTLE, PHARM.D., BCPS, BCACP, AAHIVP, CDCEES
ASSISTANT PROFESSOR, DEPARTMENT OF PHARMACOTHERAPEUTICS AND CLINICAL RESEARCH
UNIVERSITY OF SOUTH FLORIDA TANEJA COLLEGE OF PHARMACY
ASTLE@USF.EDU

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OBJECTIVES

- At the end of this presentation, attendees will be able to:
 - Utilize appropriate terminology when discussing sexual and gender minority health
 - Recognize health disparities that exist in the sexual and gender minority population
 - Given a patient case, demonstrate strategies to overcome health disparities in sexual and gender minority patients

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TERMINOLOGY

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TERMINOLOGY 101

- Guiding principle: sexual and gender minority-related terminology is **ever-evolving** and **individualized**
- Example: The term **Queer** is generally viewed as derogatory to older generations while it is now being embraced and reclaimed by younger generations

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TERMINOLOGY, CONTINUED

- Sexual Orientation:**
 - Gay, Lesbian, Bisexual, Asexual, Pansexual
- Sex**
 - Male, female, intersex
- Gender Identity:**
 - Cisgender, transgender, non-binary
 - FtM: female-to-male transition (transgender **man**)
 - MtF: male-to-female transition (transgender **woman**)
- Gender Expression**
 - Masculine, androgenous, feminine

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Breaking the binary
Diversity of human sexuality and sexual orientation


Gender Identity	Gender Expression	Biological Sex	Sexual Orientation
How you think about yourself	How you demonstrate your gender	Organs, hormones and chromosomes	Physical, spiritual and emotional attraction
Women, Genderqueer, Man	Feminine, Androgynous, Masculine	Female, Intersex, Male	Heterosexual, Bisexual, Homosexual

"Diversity in Human Sexuality", 4566, 2015

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PRONOUNS- WHY BOTHER??

- Key component of our identity and easiest way to validate identity
- Can either utilize *gendered* pronouns or *genderless* pronouns
- Tip: Share your pronouns before asking patient/individual theirs to show respect and don't force them to share!



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HEALTH DISPARITIES

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WHY IS IT IMPORTANT TO DISCUSS HEALTHCARE FOR THE LGBTQ+ COMMUNITY?

- LGBTQ+ Individuals face many **health disparities** that are often unaddressed
- LGBTQ+ Youth are at an increased risk for:
 - Substance use
 - Sexually transmitted infections
 - Cancers
 - Cardiovascular disease
 - Obesity
 - Bullying
 - Isolation
 - Rejection
 - Anxiety, depression, and suicide

Quick Stats radxhealth

42% of transgender patients reported having experienced mistreatment by health care providers.	23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person.
8% of all LGBTQ people and 14% of those who've experienced discrimination on the basis of their sexual orientation or gender identity – avoided or postponed needed medical care because of discrimination from health care staff (2016).	8% of lesbian, gay, and bisexual respondents and 29% of transgender respondents reported that a health care provider refused to see them because of their sexual orientation or gender identity in the past year.

RadxHealth's Transgender Survey (TTS) and the Center for Gender Equity (CGE)

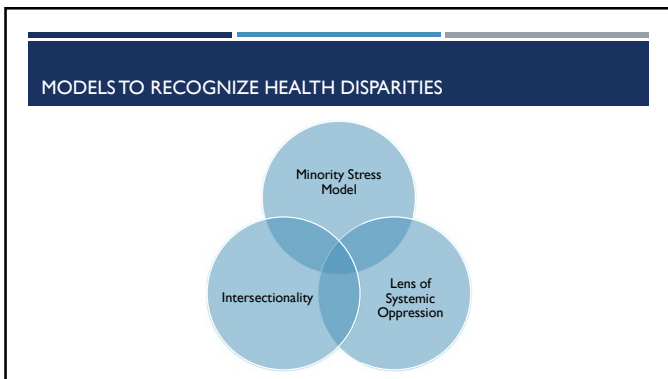
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MINORITY STRESS MODEL

Distal Stressors External Stimuli	Proximal Stressors Internal Stimuli
Harassment	Expectation of discrimination
Maltreatment	Internalization of negative social attitudes
Personal and social discrimination	

**Also includes protective factors*

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INTERSECTIONALITY

- Consequences of the Minority Stress Model are compounded for individuals who with multiple minority identities
- Examples:
 - Access to covid vaccines lowest among Black/African American Transgender individuals
 - New HIV diagnoses rates highest among Black and Hispanic Gay and Bisexual Men while utilization of PrEP and PEP are lowest in these communities

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LENS OF SYSTEMIC OPPRESSION

INDIVIDUAL
A person's beliefs & actions that serve to perpetuate oppression
• conscious and unconscious
• internalized and internalized

INTERPERSONAL
The interactions between people — both within and across difference

SYSTEMIC
INSTITUTIONAL
Policies and practices of the organization (or "sector") level that perpetuate oppression

STRUCTURAL
How these effects interact and accumulate across institutions — and across history

nationalequityproject.org

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SYSTEM LEVEL CONSIDERATIONS

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SGM IN PHARMACY EDUCATION

- 53% include transgender health in curriculum
- Only 41% require transgender health
- Lower exposure in curriculum leads to lower knowledge and clinical preparedness
- Focused lectures/panels with community members
- Focused courses/electives

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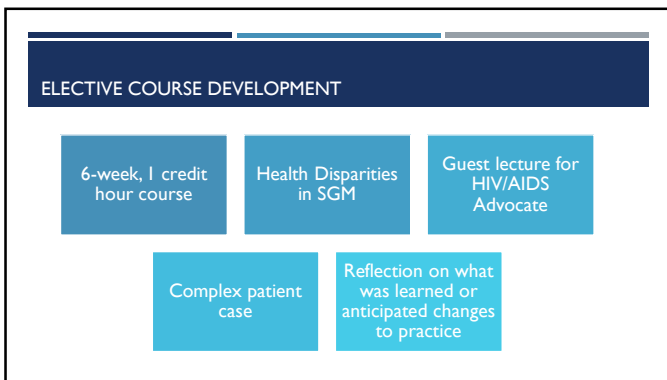
EVALUATING SGM CULTURAL COMPETENCE IN STUDENT PHARMACISTS

SGM cultural competence in curriculum lacking → Elective course developed → Assess impact of elective on attitudes and behaviors for caring for SGM

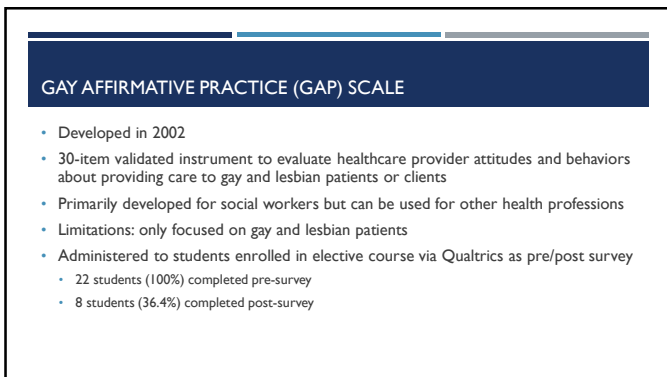
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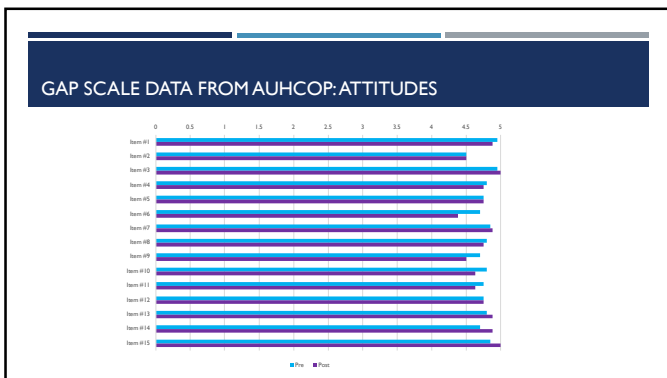


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GAP SCALE: ATTITUDE STATEMENTS

- 1. In their practice with gay/lesbian clients, practitioners should support the diverse makeup of their families.
- 2. Practitioners should verbalize respect for the lifestyles of gay/lesbian clients.
- 3. Practitioners should make an effort to learn about diversity within the gay/lesbian community.
- 4. Practitioners should be knowledgeable about gay/lesbian resources.
- 5. Practitioners should educate themselves about gay/lesbian lifestyles.
- 6. Practitioners should help gay/lesbian clients develop positive identities as gay/lesbian individuals.
- 7. Practitioners should challenge misinformation about gay/lesbian clients.
- 8. Practitioners should use professional development opportunities to improve their practice with gay/lesbian clients.
- 9. Practitioners should encourage gay/lesbian clients to create networks that support them as gay/lesbian individuals.
- 10. Practitioners should be knowledgeable about issues unique to gay/lesbian couples.
- 11. Practitioners should acquire knowledge necessary for effective practice with gay/lesbian clients.
- 12. Practitioners should work to develop skills necessary for effective practice with gay/lesbian clients.
- 13. Practitioners should work to develop attitudes necessary for effective practice with gay/lesbian clients.
- 14. Practitioners should help clients reduce shame about homosexual feelings.
- 15. Discrimination creates problems that gay/lesbian clients may need to address in treatment.

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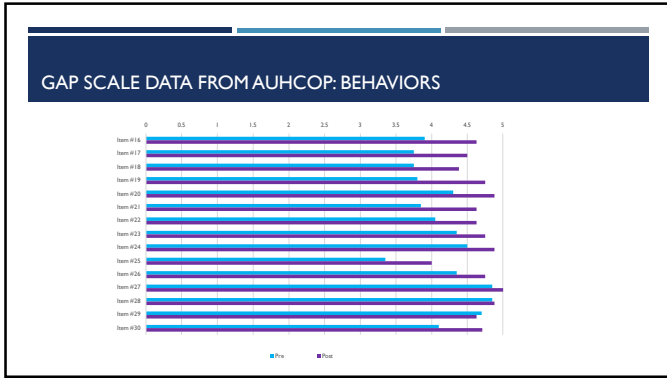


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GAP SCALE: BEHAVIOR STATEMENTS

- 16. I help clients reduce shame about homosexual feelings.
- 17. I help gay/lesbian clients address problems created by societal prejudice.
- 18. I inform clients about gay affirmative resources in the community.
- 19. I acknowledge to clients the impact of living in a homophobic society.
- 20. I respond to a client's sexual orientation when it is relevant to treatment.
- 21. I help gay/lesbian clients overcome religious oppression they have experienced based on sexual orientation.
- 22. I provide interventions that facilitate the safety of gay/lesbian clients.
- 23. I verbalize that a gay/lesbian orientation is as healthy as a heterosexual orientation.
- 24. I demonstrate comfort about gay/lesbian issues to gay/lesbian clients.
- 25. I help clients identify their internalized homophobia.
- 26. I educate myself about gay/lesbian concerns.
- 27. I am open-minded when tailoring treatment for gay/lesbian clients.
- 28. I create a climate that allows for voluntary self-identification by gay/lesbian clients.
- 29. I discuss sexual orientation on a non-threatening manner with clients.
- 30. I facilitate appropriate expression of anger by gay/lesbian clients about oppression they have experienced.

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INDIVIDUAL LEVEL FACTORS

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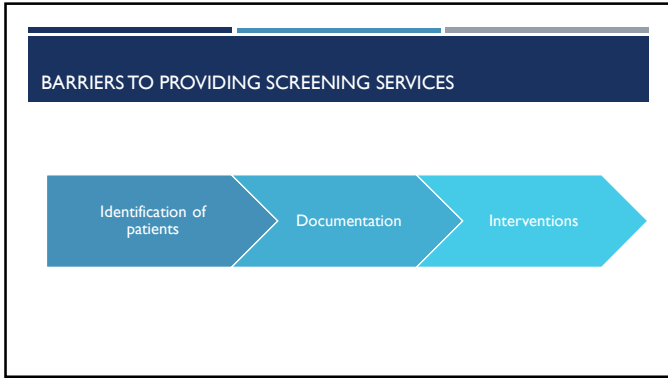
UNDERSTANDING ATTITUDES AND BEHAVIORS

- Many providers/specialties feel that SGM healthcare is not their area of expertise
- Unfamiliar with screening and treatment guidelines
- Uncomfortable discussing sexual orientation and gender identity (SOGI)

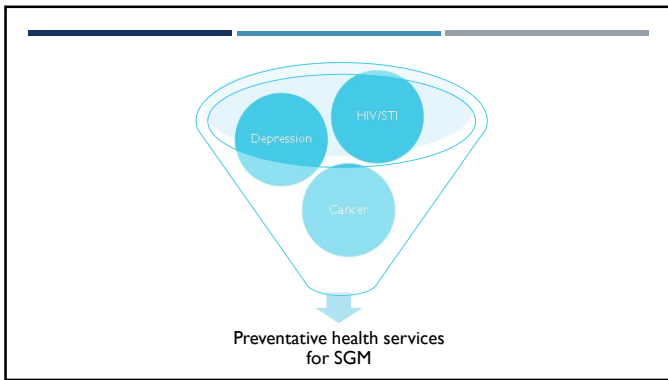
Medical School	Family Medicine Residents	Endocrinology Residents	Psychiatry Residents
<ul style="list-style-type: none"> • 30% of medical schools include transgender health in curriculum 	<ul style="list-style-type: none"> • 70% recognize role in care • 53% interest in providing care • 10% feel adequately prepared 	<ul style="list-style-type: none"> • 100% recognize role in care • 50% interest in providing care • 50% feel adequately prepared 	<ul style="list-style-type: none"> • 98% recognize role in care • 68% interest in providing care • 35% feel adequately prepared

*Int J Transgenderism. 2016;17(2):83-92
Can Med Ed Journ. 2018; 9(3)*

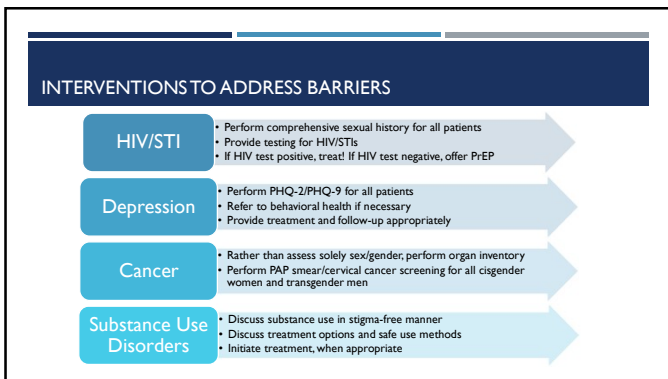
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INTERPERSONAL LEVEL FACTORS

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PATIENT CASE

- April is a 26 YO Hispanic transgender woman. She wants to begin hormone therapy for gender affirming care but cannot find a provider in her area that specializes in this care. April discussed this with her PCP 4 years ago and was denied care and then banned from the clinic. April has not sought another PCP since that time for fear of future rejection.

What distal stressors are present?

What proximal stressors are present?

What can or could have been done to prevent this?

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INTERVENTIONS

- Identify barriers to care in the community
- understand hesitance to care and healthcare needs through community-based participatory research
- Develop resources to improve engagement and linkage to care

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GENERAL PHARMACY INTERVENTIONS

The infographic consists of four hexagonal shapes arranged in a cluster. The top-left hexagon is a rainbow flag with a caduceus symbol and the text 'LGBT Friendly Signage'. The bottom-left hexagon is a rainbow flag with the text 'Gender inclusive products'. The central hexagon is light blue with the text 'Badges/pins'. To the right of this central hexagon is a smaller hexagon containing an image of various pills and capsules.

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PHARMACY SERVICES FOR LGBTQIA+ COMMUNITY

- Focus pharmacy interventions to address areas of healthcare disparities
 - HIV/AIDS treatment and prevention
 - STI treatment and prevention
 - Mental health service
 - Hormone therapy for gender-affirming care

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HIV PREP AND STI PREVENTION AND CARE

- HIV Screening and testing services
- Improved linkage to care
- Education and counseling
 - How HIV affects cells and the body
 - What lab tests indicate
 - Importance of adherence
 - Adverse effects and how to manage

The image shows a collection of colorful pills and capsules (orange, pink, white, green) scattered on a white surface. The text 'HIV/AIDS' is printed on the surface in a bold, black font.

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MENTAL HEALTH SCREENING AND REFERRAL

- 42-49% psychiatric morbidity in LGB
- 30% suicidal ideation LGBT youth
- Three-fold prevalence of suicidal ideation in transgender youth in previous 12 months
- 12-20% psychiatric morbidity in heterosexual M/F
- 6% suicidal ideation non-LGBT youth

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THE TREVOR PROJECT

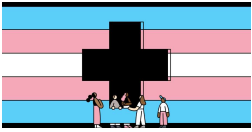
- Organization formed in the United States as the first LGBTQ+ Suicide hotline
- Advocacy and outreach for LGBTQ+ mental health
- TrevorSpace.org
 - Social network for LGBTQ+ Youth
 - Connect to professionals, if necessary



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HORMONE THERAPY FOR GENDER-AFFIRMING CARE

- Gender-affirming care includes many interventions to address gender dysphoria:
 - Non-pharmacological
 - Surgical ("top" and "bottom" surgery)
 - Non-surgical (use of concealers/binders)
 - Mental health services
 - Pharmacological
 - Hormone therapy
 - Pubertal suppression
- World Professional Association for Transgender Health (WPATH) Guidelines for gender-affirming care



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ETHICAL CONSIDERATIONS

- In healthcare and pharmacy practice, you will often face treatments, patients, conditions, etc. that you don't agree with or may not align with your morals or values
- It is important to recognize the impact you can have on a patient to affect their healthcare experience
- Even when you don't agree, if there is evidence of safety and efficacy, and it is in the patient's best interest, facilitating medical treatment can improve patient care and healthcare acceptance
 - On the other hand, refusing or denying treatment can negatively affect health outcomes and drive patients away from the healthcare system

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PATIENT CASE #1

A patient, Kyle W. (he/him/his) presents to the pharmacy to fill a prescription for **emtricitabine/tenofovir alafenamide (Descovy) for HIV pre-exposure prophylaxis (PrEP)**. He has a history of frequent sexually transmitted infections (STIs) and you are concerned that filling the prescription for PrEP will further enable his high-risk sexual behavior.

What do you do?

How can pharmacists **BEST** address sexual health with patients?

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PATIENT CASE #2

Jay F. (they/them/theirs) is a non-binary 16-year-old who is presenting to the pharmacy with their parents to initiate **leuprolide (GnRH-agonist)** for pubertal suppression for the treatment of gender dysphoria. You have read in the news that this can be very harmful to adolescents are you are not comfortable with filling the prescription.

What do you do?

Where can you go to find **CREDIBLE** information about pubertal suppression for gender dysphoria?

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