

Practicing with PRIDE



Top 10 actionable strategies to improve 2SLGBTQIA+ health in pharmacy!

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Presenter Disclosure

Presenter Name: **Samuel Villemure**, BSc

- I have no relationships with any commercial interests to disclose
- I have received a speaker's fee from CPhA for this learning activity

Presenter Name: **Kyle John Wilby**, BSP, ACPR, PharmD, PhD

- Unrestricted research grant from Shoppers Drug Mart
- I have received a speaker's fee from CPhA for this learning activity

Learning Objectives

By the end of this session, participants will be able to:

- 1** Describe health disparities that exist in the 2SLGBTQIA+ population
- 2** Outline how stigma and discrimination can lead to avoidance of care
- 3** List at least FIVE actionable strategies to improve care for 2SLGBTQIA+ people in pharmacy practice

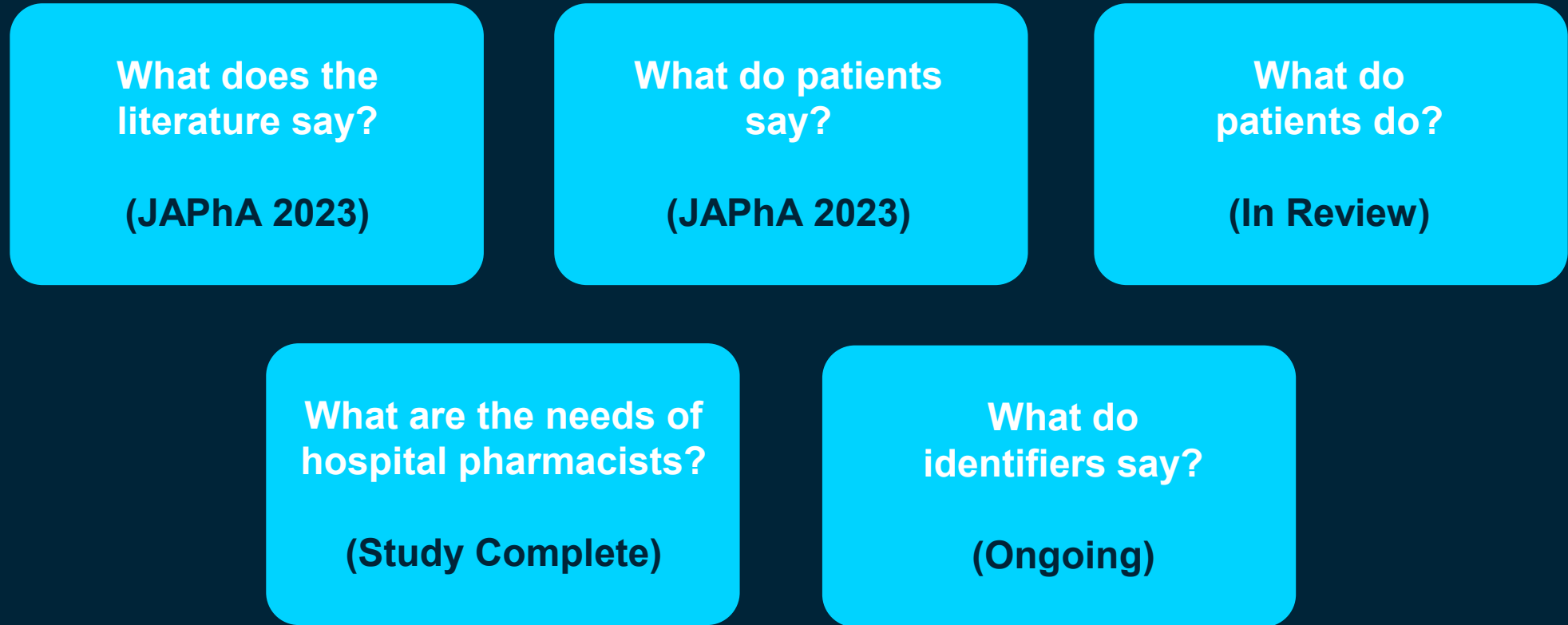
Positionality



Where did we begin?



Where are we now?



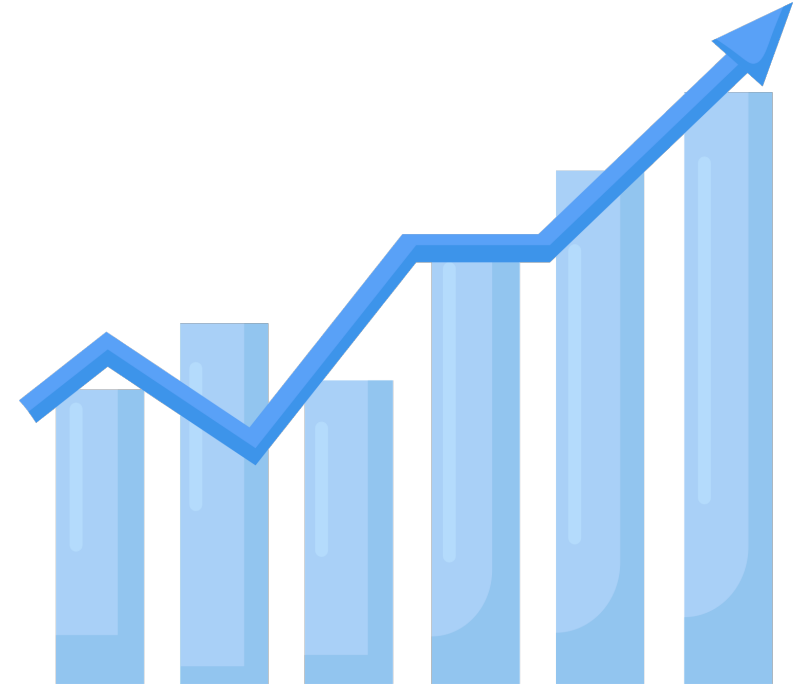
Villemure et al. J Am Pharm Assoc. 2023;63:32-38. doi: 10.1016/j.japh.2022.10.011

Villemure et al. J Am Pharm Assoc. 2023: doi: 10.1016/j.japh.2023.05.011

The Heavy Stuff

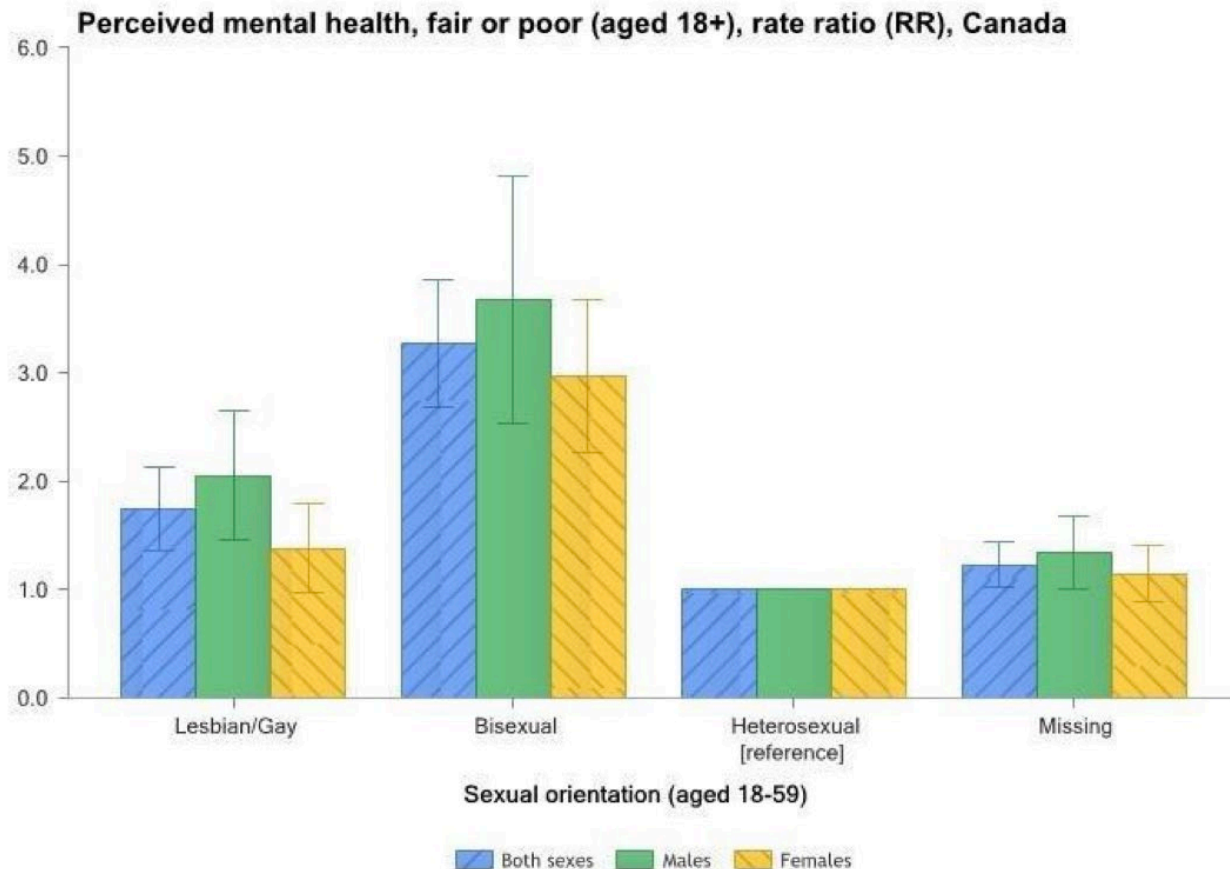
2SLGBTQ+ people experience healthcare differently

- ➔ Greater prevalence of arthritis (women)
- ➔ Greater prevalence of asthma (women)
- ➔ Anal cancer rates up to 30x greater for cis-men who have sex with cis-men
- ➔ Increased risk for HIV and other STBBIs
- ➔ Mental health disparities (see next slides)



https://www.health.gov.on.ca/en/pro/programs/heia/docs/heia_lgbt2sqpopulations_en.pdf

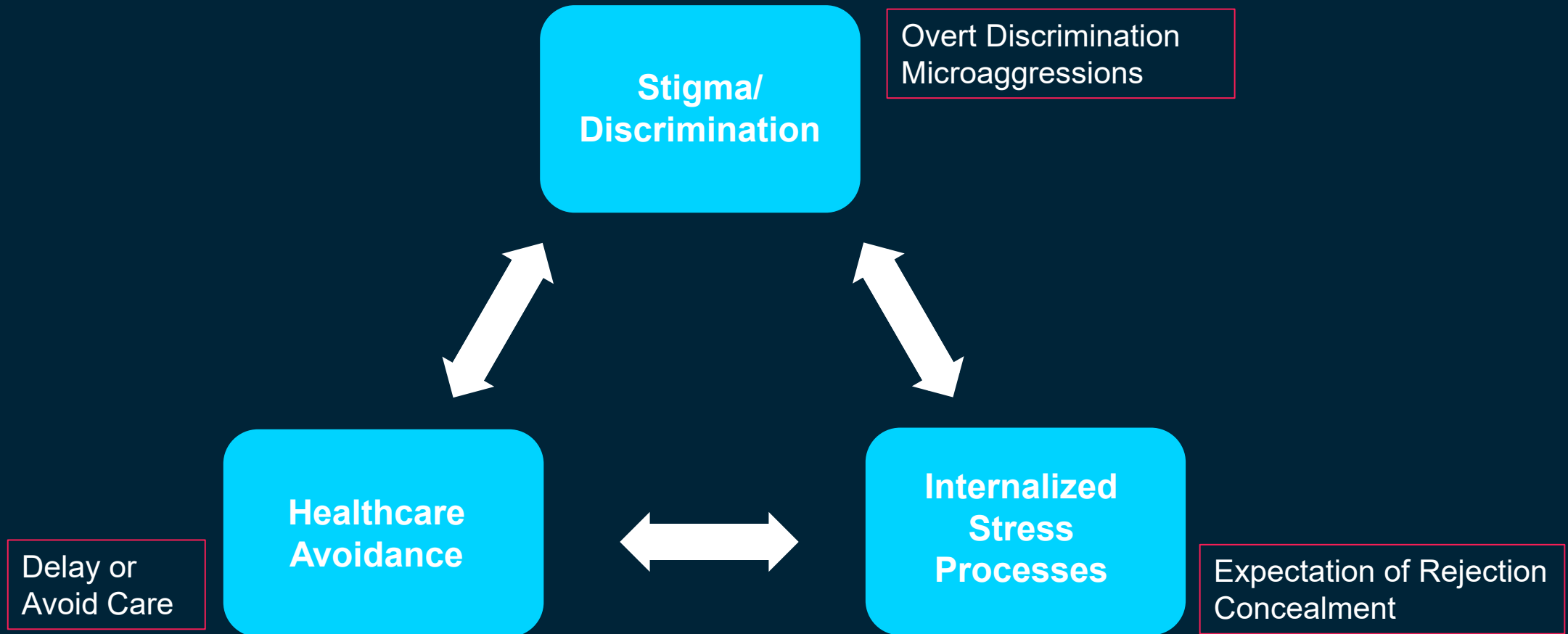
Mental Health Outcomes



- Increased depression/anxiety
- Increased suicidal ideation (3.5-4x higher)
- Increased substance use
- Healthcare professionals and healthcare settings are top sources of perceived stigma

Casey. The health of LGBTQIA2 communities in Canada. 42nd Parliament, 1st Session. 2019:
<https://www.ourcommons.ca/Content/Committee/421/HESA/Reports/RP10574595/hesarp28/hesarp28-e.pdf>

2SLGBTQ+ people (and others) experience healthcare differently...



Psychol Bull 2003;129:674-697

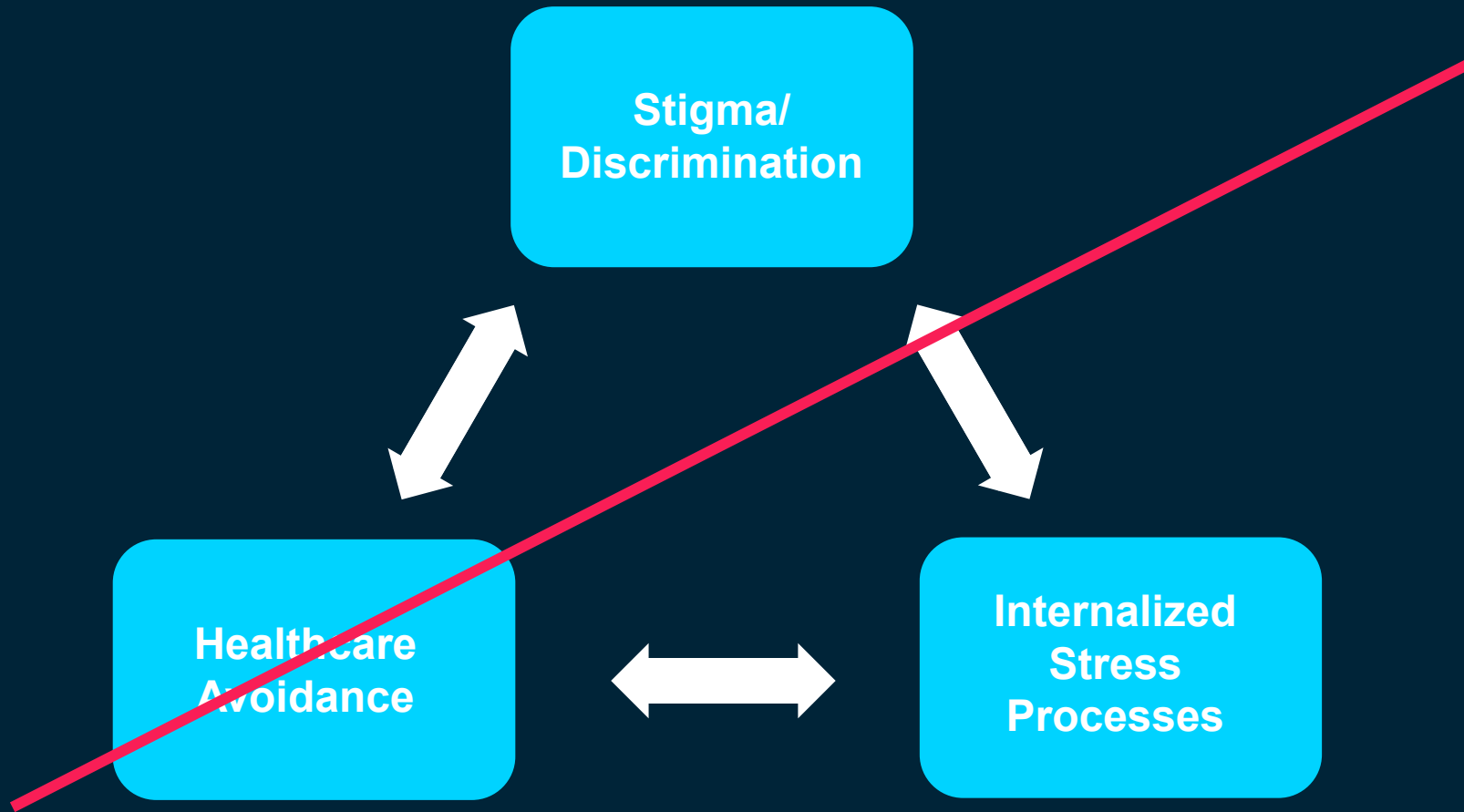
Coping Strategies From the Community

- Avoidance
- Concealment
- Perseverance
- Seeking Support
- Lowering Expectations



Villemure & Wilby. The burden of identity: coping strategies used by 2SLGBTQ+ people in pharmacy practice. Submitted to AJHP, May 2023.

What can we do?



Strategy #1: Intake Forms

- ✓ Less confronting than direct ask
- ✓ Provides patient with the power to disclose what they wish
- ✓ Normalizes collection of this data
- ✓ Can be used as educational opportunity for others

Name on Health Card:	_____
Name (if different):	_____
Gender (female, male, transgender, non-binary):	_____
Sex on Health Card:	_____
Pronouns (she/her, he/him, they/their, other):	_____
Date of Birth (DD/MM/YYYY):	_____/_____/_____

Strategy #2: Reduce Cis/Hetero-normativity

- Critically review procedures
 - Contraception
 - PrEP management
- Sex-based calculations
- Consider different types of relationships
 - Erectile dysfunction
 - Sexual health care
 - Partner/family support



Strategy #3: Invest in Education for ALL Staff

- Everyone plays a critical role
- A patient's experience starts upon entering the pharmacy...
- ...and ends upon leaving
- Investing in education for all may decrease negative experiences



Strategy #4: Representation / Symbols

- Display of symbols / resources
- Allows the community to be seen
- Must be done meaningfully and not performatively
- Ensure all staff have received orientation/training on inclusivity



Strategy #5: Learn

Topics to focus on:

- Feminizing hormone therapy
 - Estrogen and anti-androgens
- Masculinizing hormone therapy
 - Testosterone
- Administration techniques
- Administration supplies

“I would take a bus for an hour each way to see a pharmacist who had some knowledge of gender affirming care”

Quote from a participant of PROGRESSIVE study from New Brunswick

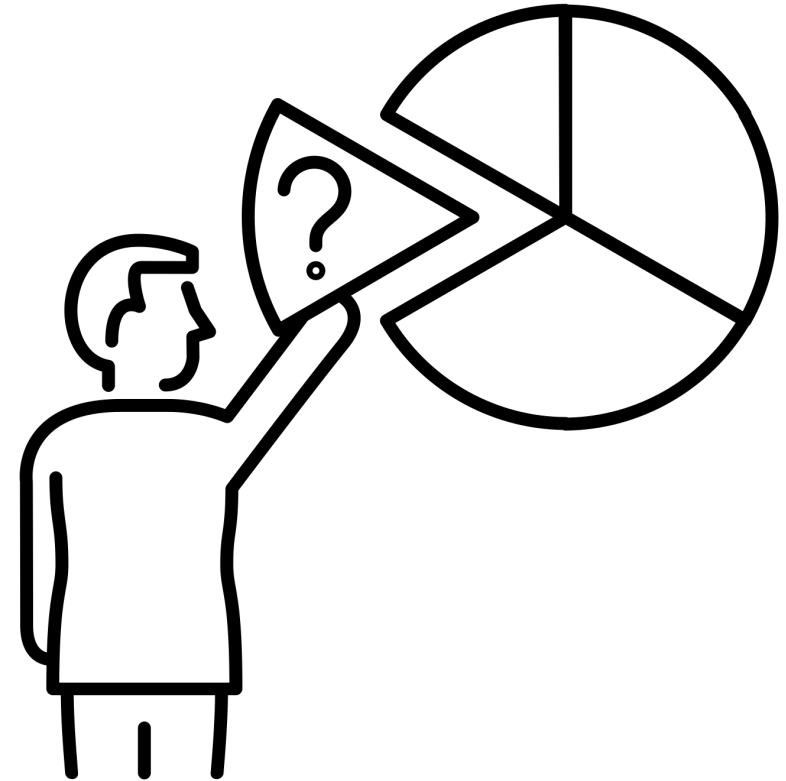
Strategy #6: Pronoun Normalization

- ✓ Displaying pronouns (nametag)
- ✓ Documenting pronouns (intake forms, patient records)
- ✓ Using pronouns in patient conversations



Strategy #7: Let Go of Assumptions

- Patients' goals of therapy for gender affirming care may differ
- Community stereotypes exist
 - Gay = HIV, Trans = mental health
- Gender expression may differ from gender identity



Strategy #8: Value Discretion

- Patients may associate medications with stigma
- Privacy central to community practice
- Provide patients with the choice for consultation rooms



Strategy #9: Be an Advocate (not just ally!)

- Be at the forefront of system change!
- More voices = greater change
- Advocacy is everyone's place

CPJRPC Journal indexing and metrics

 Available access | Article commentary | First published online October 7, 2022

Advocacy as a professional responsibility

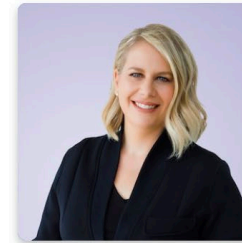
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[Volume 155, Issue 6](#) | <https://doi.org/10.1177/17151635221125782>

Strategy #10: See the Person, not the Identity

- Labeling very common!
 - ‘Gay’ professor
 - The ‘trans’ patient
- Sexual/gender identities are part of us but do not define us

Saskatoon Morning with Leisha Grebinski



Gay pharmacy professor uses personal stories to guide future pharmacists, break down barriers for LGBTQ+ people



Play Episode

6:42



Share Episode

A man who grew up in Saskatoon has travelled the world working in the pharmacy field. Now he's back in Canada with a clear mission to make healthcare accessible to people with diverse sexual and gender identities. Host Leisha Grebinski speaks with Kyle Wilby, Associate Professor in the College of Pharmacy, Dalhousie University in Halifax.

Aired: Oct. 18, 2021

Helpful Resources

- **Local or provincial guidelines**
 - Health systems, sexual health centres, specialty clinics
- **Sherbourne Health**
 - <https://www.rainbowhealthontario.ca/product/4th-edition-sherbournes-guidelines-for-gender-affirming-primary-care-with-trans-and-non-binary-patients/>
- **W-Path**
 - <https://www.wpath.org/publications/soc>
- **Trans Care BC**
 - <http://www.phsa.ca/transcarebc/>



- 1 Be critical**
- 2 Be reflective**
- 3 Be open to change!**

**Putting
it all
together!**

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