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Research

An evaluation of lesbian, gay, bisexual, and transgender (LGBT) health education in pharmacy school curricula☆

Madalene Mandap, PharmD[a], Sarah Carrillo, PharmD[b], Sharon L. Youmans, PharmD, MPH, BCPS, FAPhA[c,*]

[a] *Southcentral Foundation, Anchorage, AK*
[b] *Department of Pharmacy Services, Highland Hospital, Oakland, CA*
[c] *University of California San Francisco School of Pharmacy, San Francisco, CA*

Abstract

Background: The lesbian, gay, bisexual, and transgender (LGBT) community has increased health risks, including higher rates of certain cancers, depression, tobacco use, and substance abuse. These individuals are less likely to seek medical treatment and have higher rates of dissatisfaction with the health care system. It is unclear to what extent pharmacy school curricula prepare students to provide quality care to this population.
Objective: The objective of this study is to describe to what extent LGBT health content is integrated in the pharmacy curricula.
Methods: Between November 2011 and January 2012, curriculum Deans (or equivalent) from schools of pharmacy throughout the US were invited to complete a 14-item questionnaire to report the amount of LGBT health content taught in their respective schools.
Results: A total of 28 schools ($n = 125$, 22%) responded. Of the 28 respondents, 43% reported having LGBT content in the required curriculum, with 39% reporting one to three hours and 4% reporting four to ten hours. The topics most frequently taught by schools were human immunodeficiency virus (HIV) in LGBT people (71%) and sexually transmitted infections (non-HIV) (46%). Faculty development for teaching LGBT health content was provided by 18% of schools. The coverage of LGBT content was rated as "good" or "very good" by 14% and "very poor" by 32% of respondents.
Conclusions: A review of how the schools of pharmacy curricula include LBGT health content is needed. We suggest strategies and resources that may help prepare faculty to teach LGBT health content and assist curriculum committees to integrate this material into the pharmacy curricula.
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Keywords: Pharmacy; Education; Curriculum; LGBT health

Background

Despite advances in legal rights, and positive changes in the public's perception of lesbian, gay, bisexual, and transgender (LGBT) individuals, this population still continues to face many health disparities. Studies have shown that lesbian, gay, and bisexual men and women are twice as likely to smoke and are at 1.5 times higher risk for depression and anxiety disorders. Compared to heterosexual men, gay and

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* Corresponding author: Sharon L Youmans, PharmD, MPH, BCPS, FAPhA, University of California San Francisco School of Pharmacy, 521 Parnassus Avenue, C-152, San Francisco, CA 94143-0622.

E-mail: youmanss@pharmacy.ucsf.edu

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bisexual men have a higher prevalence of attempted suicide.[1–3] Gay and bisexual men have an elevated risk of contracting sexually transmitted infections, such as HIV and viral hepatitis, have up to an 80-fold increased risk of developing anal cancer, and are more likely to use illicit drugs.[4,5] Lesbians are twice as likely to be overweight or obese, more likely to have alcohol-related problems, and less likely to seek preventative care.[6–9] Transgender patients currently have higher rates of intravenous drug use, HIV infection, and suicidality.[10–13]

Research has shown that LGBT patients are less likely to seek medical care when warranted due to higher rates of dissatisfaction with the health care system.[14,15] A common barrier to health care for this population has been insufficient access to health insurance.[16] This is slowly changing with the increasing legalization of same-sex marriages, availability of domestic partner health benefits, and the efforts of the Affordable Care Act to reduce insurance discrimination.[17] Another barrier is access to health care providers. LGBT patients may avoid disclosing their sexuality to providers for fear of homophobic reactions or breach of confidentiality. Distrust of the health care system following negative experiences with providers in the past may lead to a delay in LGBT patients seeking health care when needed.[18] Discomfort about homosexuality still persists among health care workers, and there remains little training to improve knowledge about this population in many areas of the health care field. Studies have reported that many physicians and medical students do not feel prepared to provide care to LGBT persons.[14,19,20]

Today, many health care-related institutions are calling for increased attention to health care issues experienced by LGBT communities. The federal government's national objectives for improving health of the LBGT community are outlined in Healthy People 2020.[21] The Association of American Medical Colleges (AAMC) has created a Group on Diversity Inclusion to promote care equality and elimination of health disparities among the LGBT population. As a result, Schools of Medicine have made significant advances in their provision of LGBT health training for students.[22–25]

While studies have been conducted on the LGBT curricular content in medical schools and other health care professions, to our knowledge, no study has been published exploring the prevalence and substance of LGBT health content in the curricula of pharmacy schools. The purpose of this study is to report the prevalence, content, placement, and barriers to inclusion of LGBT-specific health topics within the curricula of pharmacy schools across the United States. Our findings will be used to suggest strategies that may help prepare faculty to teach LGBT health content and assist curriculum committees to integrate this material into the pharmacy curricula.

Methods

Study design

A cross-sectional web-based survey, using SurveyMonkey,[26] was administered to schools of pharmacy across the United States. Deans of curriculum, or equally appropriate staff or faculty, from each school were sent invitations to participate in the survey via e-mail. Survey invitations were sent to 125 schools between November 2011 and January 2012, using the American Association of Colleges of Pharmacy (AACP) website to identify Deans or curricular administrators who would be appropriate to answer the questionnaire. The investigators manually searched school of pharmacy websites to identify points of contact for faculty or staff members associated with the curriculum. The e-mail invitations included a study information sheet explaining the purpose of the study, risks, and benefits. By completing the survey, the participant provided consent. In an effort to maximize the response rate, e-mails were sent at week one (initial e-mail in October 2011), week three, and week six. Two additional e-mails were sent in January 2012 to improve response rates. The study protocol was approved by the University of California San Francisco Committee on Human Research.

Survey instrument design

To inform our study instrument design, a literature search was performed using the following terms: pharmacy school, education, curriculum, homosexual, lesbian, gay, bisexual, and transgender in the abstract or title. The survey instrument items were developed by the research team using previous published instruments,[24,25] faculty, and experts in LGBT health issues. The survey consisted of 14 questions and was designed to take approximately 20 minutes to complete. The only demographic information gathered was the institution type (public versus private). The questions were designed to have schools report current amounts of LGBT health content in their curricula and to identify useful strategies for increasing LGBT health content in their respective curricula.

We asked schools to report the number of hours of LGBT health content covered in the required and elective didactic and experiential courses. In addition, we asked schools to report the specific LGBT health topics taught, teaching strategies used, availability of faculty development opportunities, and methods used to evaluate students' learning of the material. Participants were asked to provide their opinions regarding the level of LGBT health content in their school's curriculum. Ordered response questions asked participants to describe the degree to which various LGBT health issues were covered in the curriculum. Potential responses included "no coverage," "too little coverage," "basic coverage," "in-depth coverage," "too much coverage," and "don't know." Results were analyzed using descriptive statistics.

Results

Of the 125 schools invited to participate in the study, we received responses from 28 schools (22%). Of them,

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