

It is important that the revised policy wording include the broad but unique terms: sexual orientation, gender, gender identity and gender expression. Sexual orientation includes someone's emotional, sexual, or romantic attractions to others. While gender refers to attitudes, feelings and behaviors that a culture associates with biological sex, gender identity involves someone's "innermost concept of self as male, female, a blend of both, or neither." It describes how people may refer to themselves and how they perceive themselves whether different or the same as the gender they were assigned at birth. Gender expression is the "external appearance of one's gender identity, usually expressed through behavior, clothing, haircut, or voice," regardless whether one or more of these conforms to socially defined characteristics of male or female.⁹

Although only 30.8% of pharmacy schools have public written statements that include both sexual orientation and gender identity,¹⁰ sex and gender minorities are represented in a wide variety of health professions and professional training programs.¹¹ Non-inclusive learning environments in the health professions are linked to higher rates of depression and discomfort.¹² Health professions students also cite "fear of discrimination" as one of the most common reasons to not disclose their sexual or gender minority status.¹³ In the overall lesbian, gay, bisexual, or transgender (LGBT) populations, two thirds have experienced discrimination in some form due to their sexual orientation or gender identity.¹⁴ Up to 28% of transgender people have experienced verbal harassment, a physical attack, or sexual assault at work, specifically.¹⁵ Other forms of mistreatment at work related to transgender status including but not limited to forced resignation or sharing of private information have been reported by 23% of transgender individuals. Members of the LGBT community in our pharmacies, clinics, colleges, hospitals, and other healthcare settings deserve respect and equal treatment. Part of that process is reaffirming a commitment to fight discrimination in our professional community.

References

1. American Association of Medical Colleges. Implementing curricular and institutional climate changes to improve health care for individuals who are LGBT, gender nonconforming, or born with DSD. <http://offers.aamc.org/lgbtdsd-health> Accessed August 27, 2016.
2. American Medical Association. AMA policies on LGBT issues. <https://www.ama-assn.org/delivering-care/amapolicies-lesbian-gay-bisexual-transgender-lgbt-issues> Accessed August 4, 2016.
3. Daniel H, Butkus R, Health and Public Policy Committee of the American College of Physicians. Lesbian, gay, bisexual, and transgender health disparities: Executive summary of a policy position paper from the American College of Physicians. *Ann Intern Med.* 2015;163:135-137.
4. AAFP. AAFP policies. http://www.aafp.org/dam/AAFP/documents/about_us/policies/AllPoliciesMarch2016.pdf Accessed September 27, 2016.
5. American Physical Therapy Association. Code of ethics for the physical therapist. https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf Accessed August 27, 2016.
6. American Psychological Association. APA resolution on prejudice, stereotypes, and discrimination. <http://www.apa.org/about/policy/prejudice.pdf> Accessed October 27, 2016.
7. American Public Health Association. Homosexuality and public health. <http://www.apha.org/policies-andadvocacy/public-health-policy-statements/policy-database/2014/07/15/13/26/homosexuality-and-public-health>. Accessed October 27, 2016.
8. American Academy of Pediatrics. Office-based care for lesbian, gay, bisexual, transgender, and questioning youth. *Pediatrics.* 2013;132:198-203.
9. Human Rights Campaign. Providing LGBTQ-inclusive care and services at your pharmacy. <http://www.hrc.org/resources/providing-lgbtq-inclusive-care-and-services-at-your-pharmacy> Accessed October 27, 2016.
10. Jackson A, Matson KL, Mathews JL, Parkhill AL. Survey of lesbian, gay, bisexual and transgender (LGBT) inclusion: Campus climate in colleges/schools of pharmacy. AACP Annual Meeting, Grapevine, TX. July 2014.

11. GLMA: Health Professionals Advancing LGBT Equality. Recommendations for enhancing the climate for LGBT students and employees in health professional schools.
http://www.glma.org/data/n_0001/resources/live/Recommendations%20for%20Enhancing%20LGBT%20Climate%20in%20Health%20Professional%20Schools.pdf Accessed October 27, 2016.
12. Lapinski J, Sexton P. Still in the closet: The invisible minority in medical education. *BMC Med Educ.* 2014;14:171. doi: 10.1186/1186/1472-6920-14-171.
13. Mansh M, White W, Gee-Tong L, et al. Sexual and gender minority identity disclosure during undergraduate medical education: "In the closet" in medical school. *Acad Med.* 2015;90:634-644.
14. Kates J, Ranji U, Beamesderfer A, Salganicoff A, Dawson L. Health and access to care and coverage for lesbian, gay, bisexual, and transgender individuals in the U.S. Kaiser Family Foundation.
<http://kff.org/disparitiespolicy/issue-brief/health-and-access-to-care-and-coverage-for-lesbian-gay-bisexual-and-transgender-individuals-inthe-u-s/> Accessed October 27, 2016.
15. James SE, Herman JL, Rankin S, Kiesling M, Mottet L, Anafi M. The report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality. 2016.
<http://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF> Accessed January 2, 2017.

Current APhA Policy & Bylaws:

2012, 1989 Equal Employment Opportunity for Pharmacists

APhA reaffirms its unequivocal support of equal opportunities for professional employment and advancement, compensation, and organizational leadership position for all pharmacists regardless of gender, race, color, religion, national origin, age, disability, genetic information, sexual orientation, or any other category protected by federal or state law.

(Am Pharm NS 29(7):464 July 1989) (Reviewed 2001) (Reviewed 2007)(JAPhA NS52(4) 459 July/August 2012)

1979 Consideration of the Equal Rights Amendment (Under "Women in Pharmacy" Section)

APhA Supports efforts to assure equal rights of all persons.

(AmPharm NS19(7):60 June 1979) (Reviewed 2009)(Reviewed 2014)

2012, 1991 Recruitment of a Diverse Population into Pharmacy

1. APhA supports a vigorous long term program for the recruitment of a diverse population of student pharmacists into the pharmacy profession.

2. APhA encourages the development and regular updating of comprehensive recruitment materials, directed toward diversity and inclusion, that address such issues as pharmacy career opportunities, financial aid, and educational prerequisites, and that highlight professional diverse role models.

3. APhA encourages national, state, and local association; schools; students; and industry to create a network of pharmacists who would serve as role models for a diverse population of student pharmacists.

4. APhA supports the development of guidelines that assist schools of pharmacy in implementing diversity and inclusion initiatives into student pharmacist recruitment programs.

(Am Pharm NS31(6):28 June 1991) (Reviewed 2001) (Reviewed 2007) (JAPhA NS52(4) 459 July/August 2012)

****Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item Content.**

New Business Items are due to the Speaker of the House by **February 22, 2017** (30 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.