Lesbian, gay, bisexual, and transgender (LGBT) health: a population perspective

HBHE 705 / HPM 707
Spring 2012, Tuesdays 2:00 - 4:50PM, Rosenau Hall 123

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Course description
This course introduces students to health challenges faced by LGBT populations. We will use an interdisciplinary approach, though we will primarily examine course material from a population health perspective. Students will come away from the course with a working knowledge that includes: terminology and history related to LGBT health, information about who LGBT populations are, and what health disparities LGBT populations face. While the course will not be an exhaustive survey of all health disparities experienced by LGBT people, it will introduce students to a variety of these topics. Our discussions will span a breadth of health behaviors and health outcomes, determinants of health, developmental stages, identities, and settings.

As this is a public health course, it will focus particularly on community and population determinants that influence the health of LGBT populations. Underpinning the substantive information throughout the course will be information about conceptual and research paradigms used in LGBT health research and practice.

This course’s seminar format requires active participation from all students. Most classes will have a lecture, a discussion of assigned readings, as well as an activity to apply that week’s material. Students will develop a general appreciation of issues that permeate lesbian, gay, bisexual, and transgender health, and related practice and research endeavors.

Course objectives
● Students will be able to identify health challenges relevant to LGBT communities
● Students will understand “best practices” in LGBT health research, including sexual identity operationalization
● Students will be exposed to LGBT-specific factors that influence such populations’ access to and experiences with the US healthcare system, including quality of care and the patient-provider relationship

Note: This syllabus (and schedule), while comprehensive, is a living document, and therefore subject to flux (e.g., changes in guest speakers’ availability). As such, the instructors reserve the right to modify the syllabus at any time. Updates will be communicated by email.
Grading and assignments

- Participation in class, including team-based presentations on readings - 25%
- Reaction papers (a total of two required, at least one before spring break) - 15%
  - Each 2-page reaction paper (1.5x line spacing, 11-point font, 1" margins) will analyze and comment upon the required readings for a given class session. Papers must be submitted by 9AM on the Monday before the class to which the reaction paper pertains. Students should be prepared to engage the class in a light discussion regarding positions set forth in their papers. More detail available on Sakai.
- Field experience presentation (March 27th, week 11) – 25%
  - Small groups will volunteer in a community organization serving sexual or gender minorities, for at least 5 hours and make a brief 5-minute in-class presentation on the experience.
- Health promotion campaign (April) - 35%
  - Working in small groups, students will devise a health promotion campaign capitalizing on social media or other contemporary dissemination trends (e.g., print, messaging, YouTube). During week 4 (Jan 31st), students will be asked to identify their disease state of choice (e.g., uterine cancer, heart failure, depression). During week 8 (March 1st), students will submit a 1-page prospectus of their project for approval. This prospectus will include the disease state, associated health behavior (if applicable), population of interest, and media platform(s) being used. The final product will be an in-class presentation on April 24th that describes how you would go about implementing and evaluating the campaign plan. Further instructions and grading rubric available on Sakai.

Academic integrity and UNC Honor Code
Course assignments are all subject to the UNC Honor Code, which may be summarized (crudely) as: “Conduct all academic work within the letter and spirit of the Honor Code, which prohibits the giving or receiving of unauthorized aid in all academic processes.” Academic dishonesty in any form is unacceptable, and any breach in academic integrity, however small, will be investigated and accordingly addressed. If you have any questions regarding the Honor Code, please consult with someone in either the Office of the Student Attorney General (966-4084) or the Office of the Dean of Students (966-4042). Read “The Instrument of Student Judicial Governance” (http://instrument.unc.edu).

Disability
We encourage students with disabilities that may affect their participation in the course to contact the student coordinators to make alternate arrangements as appropriate. Additional support regarding such matters may be accessed from the UNC Office of Disability Services: www.disabilityservices.unc.edu or 919-962-8300.

Required readings
We will post readings on Sakai. Each week at least one reading group (to be assigned during the first week of class) will be responsible for summarizing and leading discussion of indicated articles.

Recommended resources

The Health Sciences Library has compiled an excellent guide for LGBTIQ health that contains a variety of resources online at http://guides.hsl.unc.edu/ltgbtiqhealth. The guide includes research databases, journal articles, professional organizations, and clinical training materials.
Course schedule

Week 1 (1/10): Course introduction
Guest Speaker: Mellanye Lackey, MLIS (Public Health Librarian, UNC Health Sciences Library)

Learning objectives:
- Define the frequently-used vocabulary and concepts related to LGBT health
- Describe the historical and present-day determinants of LGBT health endeavors
- Identify the components of a population perspective on LGBT health
- Identify LGBT health resources available to students at the UNC Health Sciences Library

Discussion/activities:
- Introductions
- Discussion
  - Who are LGBTs?
  - Why a population perspective of LGBT health? What are advantages and disadvantages to such an approach?
  - Read and discuss excerpt from Simon, W., & Gagnon, J. H. (1967). Homosexuality: The formulation of a sociological perspective. Journal of Health and Social Behavior, 8(3), 177-185. How might current-day academic perspectives manifest in our research concerning LGBT health?
  - The instructors made a conscious decision to leave out Q (for queer), as well as I (intersex) in this course title and material. What are the advantages and disadvantages of such a decision?

Week 2 (1/17): LGBT health disparities
Guest Speaker: Joseph Lee, MPH (PhD student, UNC HBHE)

Student-led reading:

Required readings:

Optional readings:
Learning objectives:
- Be able to identify three public health problems faced disproportionately by one of the LGBT populations
- Be able to identify gaps in research on LGBT population health
- Understand the diversity of health disparities experienced by LGBT populations

Discussion/activities:
- Discuss the inclusion of LGBT health in Healthy People 2020. What did you find remarkable about it? What might you have done differently?
- Hypothesize mechanisms through which being LGBTT might influence health.
- The IOM consensus report used the lifecourse as an organizing framework. What are the strengths and weaknesses of such an approach? If you were a member of this IOM committee, how would you have organized the findings?

Week 3 (1/24): Conceptual and theoretical perspectives

Guest speaker: Angela Thrasher, PhD, MPH (Assistant Professor, UNC HBHE)

Student-led readings:

Required readings:
- **Conceptual Frameworks** section of Institute of Medicine report: “The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for a Better Understanding” (pg. 19-23)

Optional readings:
Learning objectives:
- Understand conceptual frameworks and perspectives that researchers use to explain LGBT health disparities
- Discuss the development of such frameworks, as well as their successes (and limitations) in practice

Discussion/activities:
- Apply the Link and Phelan and perspectives about population health to selected LGBT health disparities.
- Discuss issues that arise from applying theoretical frameworks that have been initially used and validated primarily with populations of gay men with LBT populations.

Week 4 (1/31): Policy and population determinants of LGBT health disparities

Due: Decide on disease state of choice for health promotion campaign project

Student-led readings:

Required readings:

Learning objectives:
- Identify those social and structural causes that produce poor health for LGBT populations
- Articulate mechanisms through which social determinants result in LGBT health disparities
- Identify ways by which the Patient Protection and Affordable Care Act may affect LGBT healthcare delivery and experiences

Discussion/activities:
- Discuss what other policy determinants influence the health of LGBT persons.
- A lot of the conceptualization of how institutional and interpersonal discrimination influences the health of LGBT population was born of work previously done with racial and ethnic minorities. What are the advantages and disadvantages of such an approach?
Week 5 (2/7): Research issues I: Heteronormativity and the gender binary in research; qualitative methods; and using community-based participatory research

Guest speaker: David Jolly, DrPH, MSPH, MEd (Associate Professor and Chair, Department of Public Health Education, North Carolina Central University)

Student-led reading:

Required readings:

Learning objectives:
- Explain how sexual and gender minorities are excluded from research and its consequences
- List several ways that community-based participatory research can assist in research endeavors involving LGBT populations

Discussion/activities:
- Debate: does setting LGBT health apart as an area of specific research help or hinder advancement of research about LGBT populations?
- Consider Egleston et al.’s critique: how is or isn’t it a valid one?

Week 6 (2/14): Research issues II: Measurement and operationalization, sampling, and data sources

Guest speaker: Michele DiPietro, PhD (Executive Director, Center for Excellence in Teaching and Learning; Associate Professor of Statistics, Kennesaw State University)

Student-led reading:

Required readings:
Optional readings:

Learning objectives:
● Describe best practices for assessing who is LGBT.
● Identify various sources of data that permit the research of LGBT health
● Describe different challenges with doing population-based LGBT health research

Discussion/activities:
● Compare/contrast Kinsey and Laumann’s strategies assessing the prevalence of sexual minorities in the United States.
● Split into groups and design a tool to assess the prevalence and distribution of sexual and gender minorities in North Carolina. Discuss strengths and weaknesses of each group’s approach

**Week 7 (2/21): Life course perspectives I: Childhood and adolescence**  
*Guest speaker: Terri Phoenix, PhD (Director, UNC Lesbian, Gay, Bisexual, Transgender, and Queer Center)*

Student-led reading:

Required readings:
● NPR article about transgender children: [http://www.npr.org/2008/05/07/90247842/two-families-grapple-with-sons-gender-preferences](http://www.npr.org/2008/05/07/90247842/two-families-grapple-with-sons-gender-preferences) and  

Optional readings:
Learning objectives:
- Articulate what factors unique to LGBT youth shape their health-related experiences (e.g., behaviors, health care) that produce their health status.
- Identify issues with assessing sexual orientation and gender identity among young LGBT populations

Discussion/activities:
- What are distinct points in development that may be particularly important for public health to take into consideration as it relates to the health of LGBT young persons? What are important similarities and differences among and between L, G, B, and T populations?
- We will watch several of the It Gets Better Project videos. What do we like about this campaign? What is missing or could be improved?
- Think through how you would develop a comprehensive intervention to prevent LGBT adolescent health risk behaviors (e.g., suicide, tobacco use). You can consider prior efforts such as the It Gets Better Project as a starting point from which you can launch your intervention.

Week 8 (2/28): Chronic diseases
Guest speaker: Grant W. Farmer, MPH, MA (PhD student, Saint Louis University School of Public Health, Department of Community Health)

Due: Prospectus of health promotion campaign due (via Sakai) by Friday, March 3 at 5 PM
Student-led reading:

Required readings:

Optional reading:

Learning objectives:
- Describe how sexual orientation can influence the likelihood or trajectory of chronic illness.
- Identify mechanisms by which public health professionals may intervene to break sexuality-mediated patterns in chronic disease development.

Discussion/activities:
- Discuss why there are conflicting findings on likelihood of cancer diagnosis among sexual minorities surrounding gender
Given that heart disease is the leading cause of mortality in the United States, why are there so few studies that empirically examine cardiovascular-related disparities among sexual and gender minorities?

(3/6): No class: Spring Break

9 (3/13): Sex and sexuality, relationships and family

*Guest speaker:* Anna Kirey (Graduate student, Center for Slavic, Eurasian, and East European Studies, University of North Carolina) [speaking on global LGBT issues and transgender healthcare access in Kyrgyzstan]

Student-led reading:

Required readings:

Learning objectives:
- Describe the strategies used to form non-traditional kinship structures and families
- Formulate a resiliency framework to understand LGBT relationships and families

Discussion/activities:
- Film clip: Watch *Paris Is Burning.* Discuss how communities within the film formed, and articulate the influence they have on the health of its members. How might public health take lessons from these communities to form individual, community, or population interventions aimed at promoting LGBT health?

**Week 10 (3/20): Patient-centered health care for sexual and gender minorities**

*Guest speaker:* Lisa Hightow-Weidman, MD, MPH (Clinical Associate Professor, Center for Infectious Diseases, UNC School of Medicine)

Student-led readings:
  - **Group 1:** Nutrition and Weight
  - **Group 2:** Health Communication
○ **Group 3:** Violence Prevention
○ **Group 4:** Educational and Community-Based Programs

**Required readings:**

**Optional readings:**

**Learning objectives:**
- Describe aspects of the health care experience that influence the health of LGBT persons.
- Formulate strategies that could be employed within and outside of the health care system to improve the provider-patient relationship for LGBT persons.
- Explore issues related to medical decision-making for sexual minorities in the context of past and present sociopolitical climates and regulations.

**Week 11 (3/27): Interventions**

*Guest speaker:* Scott Rhodes, PhD, MPH (Professor, Department of Social Sciences & Health Policy, Wake Forest School of Medicine)

**Student-led reading:**

**Required readings:**
- Submitted working paper: “Implications of sexual orientation concordance between clients and counselors in community-based HIV testing”

**Learning objectives:**
- Identify intervention strategies that have been, or may be, used with LGBT groups
- Understand criteria of efficacious, effective, and culturally-appropriate interventions with LGBT groups
• Explain why we believe that these interventions may (or may not) work differently with these populations.

Discussion/activities:
• Critique the working paper considering issues of community membership, confidentiality, and the unintended consequences of publication/ethics of communicating research findings.
• Contrast the population strategy of intervention with what Rose names the “high-risk” strategy. When might certain types of interventions be preferable to another? Are there unique considerations when developing interventions for LGBT populations?
• Pick a health disparity experienced by LGBT populations, and articulate an intervention approach that leverages the “high-risk” and population strategy.

Week 12 (4/3):  A global perspective on LGBT health
Guest speaker: Emilia Lombardi, PhD (Assistant Professor, Department of Infectious Diseases and Microbiology, University of Pittsburgh Graduate School of Public Health) [rescheduled from 3/13]

Student-led reading:

Required readings:
• Kidd, J. D., & Witten, T. M. (2010). Transgender and transsexual identities: The next strange fruit—hate crimes, violence and genocide against the global trans-communities. *Journal of Hate Studies, 6*(1), 31-63. Required sections: Section 4 (pg. 44-50), though rest of article is highly recommended.

Learning objectives:
• Evaluate ways in which the health of LGBT persons can be a function of region.
• Develop a framework for understanding LGBT population health in a global context.

Discussion/activities:
• What are important similarities and differences in the health challenges faced by LGBT populations as we look across cultures and nations?
• What are some of the unique challenges in conducting LGBT population health research in different regions of the world, particularly in the global South? What are some unique opportunities? How might studying these populations add to our understanding of LGBT population health in general?

Week 13 (4/10):  Identity intersectionality and health
Guest speaker: John Blochsch, PhD (Departmental Fellow, Department of Psychiatry, University of Rochester; Center of Excellence in Suicide Prevention, Canandaigua Veterans Affairs Medical Center)

Due: Present experiences from field organization volunteering project
Student-led reading:

Required readings:
Version: 2-Apr-12

Optional readings:

Learning objectives:
● Assess how sexual orientation and gender identity are related to other social categories.
● Differentiate between conceptualization social identities as being additive versus interactive.

Discussion/activities:
● Discuss how public health can strike an appropriate balance between acknowledging diversity within groups as intersectionality and the need to address health from a population level.
● Consider some other axes of identity that have not been included in your readings this week, and express how they may operate alongside being LGBT to produce health.

**Week 14 (4/17): Life course perspectives II: Aging and advance care planning**

**Guest speaker 1:** Aimee Van Wagenen, PhD (Program Manager, Center for Pop. Research, The Fenway Institute)

**Guest speaker 2:** Karen Thompson (Adjunct Faculty, Department of Human Relations and Multicultural Education, St. Cloud State University)

Student-led reading:

Required readings:

Optional reading:
Learning objectives:
- Discuss the implications of statutory discrimination on the ability for LGBT individuals to perform advance care planning
- Discuss how the contemporary lifecourse for LGBT seniors might differ from that of heterosexual seniors, both physically and psychosocially

Discussion/activities:
- Video clip: Gen Silent
- What are some ways that services for seniors could be made more responsive to the unique needs of LGBT seniors?

**Week 15 (4/24): Presentation of health promotion campaigns**

**Acknowledgements**

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