

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

HBEH 705 / HPM 707

Spring 2014, Tuesdays: 2:00 p.m. to 4:50 p.m.

Rosenau Hall Room 324

Course Instructor

Joseph G. L. Lee, MPH, CPH

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Gillings School of Global Public Health

The University of North Carolina at Chapel Hill

Please direct all initial concerns or questions to Joseph. Office hours 1-2 p.m. on Tuesdays in Rosenau 323A (sign up via Sakai) or by appointment.

Instructors-of-record

Noel Brewer, PhD

Associate Professor

Department of Health Behavior

Bryan Weiner, PhD

Professor

Department of Health Policy & Management

Course description

This course introduces students to health inequalities faced by LGBT populations and offers possibility for interventions thereon. Students will come away from the course with a working knowledge of the terminology and history related to LGBT health, key frameworks and concepts relating to LGBT identity and health, information about who LGBT populations are, knowledge of what health inequalities LGBT populations face, and possible interventions. The class is organized using a social ecological approach. We begin with interpersonal influences on health; move through families, organizations, and healthcare settings; and, examine the media environment. We will end by focusing on state and federal policy and unique considerations for researchers. We will examine LGBT health inequalities with an eye towards public health policy, meaning both policies that impact health and the potential for policy-based interventions to improve health. While the course will not be an exhaustive survey of all health inequalities experienced by LGBT people, it will introduce students to a variety of key inequalities. Our discussions will span a breadth of determinants of health, identities, populations, and settings. Students will develop a general appreciation of issues that permeate LGBT health, interventions, and public health policies.

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.

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 able to identify intervention points at multiple levels to promote LGBT health
- Students will be able to articulate the diversity within LGBT communities and implications for public health practice, research, and policy

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%
- Problem [or protective factor] memo - 15%
- Policy intervention memo - 15%
- Media interview project - 15%
- Blog dissemination product - 15%
- Policy briefing - 15%

For graduate coursework at UNC, the "P" grade indicates entirely satisfactory work at the graduate level. The "H" grade indicates clear excellence. "L" indicates inadequate graduate work, and "F" is fail.

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.

Tobacco-Derived Products

Electronic cigarettes and other tobacco-derived products not intended for cessation purposes (and not regulated by the FDA as such) may not be used in class.

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.

There is also a required podcast that (\$0.99) that must be downloaded from iTunes or Amazon.

Recommended resources

I. H. Meyer & M. E. Northridge (Eds.). (2007). *The health of sexual minorities: public health perspectives on lesbian, gay, bisexual and transgender populations*. New York: Springer.

The Health Sciences Library has compiled an excellent guide for LGBTIQ health that contains a variety of resources online at <http://guides.lib.unc.edu/friendly.php?s=lgbtiqhealth>. The guide includes research databases, journal articles, professional organizations, and clinical training materials.

Course schedule

Week 1 (1/14): Course introduction

Learning objectives:

- Course overview and student introductions
- Define the frequently-used vocabulary and concepts related to LGBT health
- Identify the components of a population perspective on LGBT health
- Articulate why LGBT health matters

Reading:

- Ferris, J. L. (2006). The nomenclature of the community: an activist's perspective. In Shankle, M. D. (Ed.). *The handbook of lesbian, gay, bisexual, and transgender public health: a practitioner's guide to service* (3-9). New York: Harrington Park Press.

Discussion/activities:

- Introductions
- Activity: Terminology
- 3:30 p.m., Clare Barrington, PhD, MPH, on her work and on research opportunities.

Week 2 (1/21): Key concepts and frameworks

Learning objectives:

- Understand conceptual frameworks and perspectives that researchers use to explain LGBT health disparities
 - Minority Stress Model
 - Syndemic Theory
 - Intersectionality
- Assess how sexual orientation and gender identity are related to other social categories.

Student-led readings:

- **Group 1:** Daley, A., Solomon, S., Newman, P., & Mishna, F. (2008). Traversing the margins: Intersectionalities in the bullying of lesbian, gay, bisexual and transgender youth. *Journal of Gay & Lesbian Social Services*, 19(3-4), 9-29.

Required readings:

- Bowleg, L. (2013). "Once You've Blended the Cake, You Can't Take the Parts Back to the Main Ingredients": Black Gay and Bisexual Men's Descriptions and Experiences of Intersectionality. *Sex Roles*, 68(11-12), 754-767.
- Stall, R., Friedman, M., & Catania, J. A. (2008). Interacting epidemics and gay men's health: a theory of syndemic production among urban gay men. In R. J. Wolitski, R. Stall & R. O. Valdiserri (Eds.), *Unequal opportunity: health disparities affecting gay and bisexual men in the United States* (pp. 251-274). New York: Oxford University Press.
- Meyer, I. H. (2013). Minority stress and the health of sexual minorities. In C. J. Patterson & A. R. D'Augelli (Eds.), *Handbook of psychology and sexual orientation* (pp. 252-266). New York: Oxford University Press.

Discussion/activities:

- Activity: Communicating major approaches.

Week 3 (1/28): Key concepts and historical context

Guest Speaker: Kate McFarland Bruce, PhD, Department of Sociology & Anthropology, Elon University

Guest Speaker: Mellanye Lackey, MSI, Public Health Liaison, UNC Health Sciences Library

Learning objectives:

- Understand core concepts of domains of sexual orientation and concepts of identity development
- Articulate development of trajectories of understanding of sexual orientation
- Identify pivotal events in history of LGBT health

Required readings:

- Laumann, E. O., Gagnon, J. H., Michael, R. T., & Michaels, S. (1994). Homosexuality. In *The Social Organization of Sexuality: Sexual Practices in the United States* (pp. 283-301). Chicago: University of Chicago Press.
- Sánchez, F. J., & Vilain, E. (2013). Transgender identities: Research and controversies. In C. J. Patterson & A. R. D'Augelli (Eds.), *Handbook of psychology and sexual orientation* (pp. 42-54). New York: Oxford University Press.
- Eliason, M. J., & Schope, R. (2007). Shifting sands for solid foundation? Lesbian, gay, bisexual, and transgender identity formation. In I. H. Meyer & M. E. Northridge (Eds.), *The health of sexual minorities: public health perspectives on lesbian, gay, bisexual and transgender populations* (pp. 3-26). New York: Springer.
- Spiegel, A. (Host). (2007, May 11). 81 Words. This American Life. [Podcast.] Chicago: Chicago Public Radio. Retrieved September 23, 2007, from http://www.thislife.org/Radio_Episode.aspx?episode=204 [Available online].

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.
- Discuss issues that arise from applying theoretical frameworks that have been initially used and validated primarily with populations of gay men with LBT populations.
- Activity: Measuring sexual orientation
- Discussion: Scout *et al* cognitive testing paper (read in class), BRFSS, Add Health Wave III
- Activity: Timelines and health.

Week 4 (2/04): LGBT health disparities

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
- Identify LGBT health resources available to students at the UNC Health Sciences Library

Student-led reading:

- **Group 2:** Disability - Fredriksen-Goldsen, K.I., Kim, H., & Barkan, S.E. (2011). Disability Among Lesbian, Gay, and Bisexual Adults: Disparities in Prevalence and Risk. *American Journal of Public Health*, doi:10.2105/AJPH.2011.300379
- **Group 3:** Violence - Gruenewald, J. (2012). Are anti-LGBT homicides in the United States unique? *J Interpers Violence*, 27(18), 3601-3623. doi:10.1177/0886260512462301
- **Group 4:** Mental Health - Cochran SD, Mays VM. Burden of psychiatric morbidity among lesbian, gay, and bisexual individuals in the California Quality of Life Survey. *J Abnorm Psychol*. 2009 Aug;118(3):647-58.
- **Group 1:** Substance Abuse - Lee, J.G.L., Griffin, G.K., & Melvin, C.L. (2009). Tobacco use among sexual minorities in the USA, 1987 to May 2007: a systematic review. *Tobacco Control*, 18(4), 275-282.

Required readings:

- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). A Report of the National Transgender Discrimination Survey: National Center for Transgender Equality and National Gay and Lesbian Task Force: Executive Summary. Accessible from http://www.thetaskforce.org/downloads/reports/reports/ntds_summary.pdf
- Healthy People 2020: Lesbian, Gay, Bisexual, Transgender Health. <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>
- Dilley, J. A., Simmons, K. W., Boysun, M. J., Pizacani, B. A., & Stark, M. J. (2010). Demonstrating the importance and feasibility of including sexual orientation in public health surveys: health disparities in the Pacific Northwest. *Am J Public Health*, 100(3), 460-467. doi:10.2105/AJPH.2007.130336

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?
- Activity: Ranking of disparities by morbidity and mortality cost.
- Activity: What's invisible in the data?

Week 5 (2/11): Determinants of LGBT health disparities

Due Today: Choice of disparity area (e.g., smoking among lesbian and bisexual women, school-based bullying of transgender youth). Electronic copy <1 page double spaced via Sakai describing health behavior or outcome that you will investigate in greater depth in the subsequent assignments. Informally note (1) your current knowledge of the topic, (2) why the topic matters to health and health equity, and (3) what specific populations you are covering. This is not a research paper just a description of what you want to look at and why it matters. The instructor will suggest additional resources to you based on this description. This is part of your participation grade.

Learning objectives:

- Articulate the role of the social ecological framework in understanding LGBT health disparities.
- Explore relationship between individual perceptions of health promotion and population-based perceptions of health promotion
- Identify broad economic patterns that may influence LGBT health.
- Examine assumptions about income and wealth among LGBT populations.

Student-led reading:

- **Group 2:** Gonzales, G., and Blewett, L. A. (2013). National and state-specific health insurance disparities for adults in same-sex relationships. *American Journal of Public Health*, advance access.

- **Group 3:** Weichselbaumer, D. (2003). Sexual orientation discrimination in hiring. *Labour Economics*, 10, 629-642.
 - Note: If you are interested, there are newer studies about this from Greece (2009) and the United States about gay men.

Required readings:

- Adams J, McCreanor T, Braun V. (2013). Gay men's explanations of health and how to improve it. *Qualitative Health Research*, 23(7), 887-99.
- Badgett, M. V. L. (1997). Beyond biased samples: Challenging the myths on the economic status of lesbians and gay men. In A. Gluckman & B. Reed (Eds.), *Homo Economics* (pp. 65-72). New York, NY: Routledge.
- Fieland, K. C., Walters, K. L., & Simoni, J. M. (2007). Determinants of health among two-spirit American Indians and Alaska Natives. In I. H. Meyer & M. E. Northridge (Eds.), *The health of sexual minorities: public health perspectives on lesbian, gay, bisexual and transgender populations* (pp. 268-300). New York: Springer.
- If you do not know what the "social ecological framework" is, then you must watch this video: Ruderman, M. (ND). An Introduction to the Ecological Model in Public Health. Available from: http://navigator.mchtraining.net/?page_id=4102

Discussion/activities:

- Activity: explaining social ecological models.
- Discussion: Explanations of health

Week 6 (2/18): Interpersonal Factors

Guest speaker: Will Hall, MSW, doctoral student, UNC School of Social Work on school bullying and policy interventions

Learning objectives:

- Identify interpersonal influences on poor health for LGBT populations
- Consider possible intervention points and historical trajectories of change.

Student-led readings:

- **Group 4:** Roberts, A. L., Rosario, M., Corliss, H. L., Koenen, K. C., & Austin, B. (2012). Childhood Gender Nonconformity: A Risk Indicator for Childhood Abuse and Posttraumatic Stress in Youth. *Pediatrics*, published online ahead of print February 20, 2012. doi: 10.1542/peds.2011-1804.
- **Group 1:** Dickter CL. (2012). Confronting hate: heterosexuals' responses to anti-gay comments. *Journal of Homosexuality*, 59(8), 1113-30.

Required readings:

- Visit: <http://www.nohomophobes.com>
- Hillard, P., Love, L., Franks, H. M., Laris, B. A., & Coyle, K. K. (2014). "They Were Only Joking": Efforts to Decrease LGBTQ Bullying and Harassment in Seattle Public Schools. *Journal of School Health*, 84(1), 1-9.
- Wong JP, Poon MK. (2013). Challenging homophobia and heterosexism through storytelling and critical dialogue among Hong Kong Chinese immigrant parents in Toronto. *Culture, Health & Sexuality*, 15(1), 15-28.
- Rose, S. M. (2003). Community interventions concerning homophobic violence and partner violence against lesbians. *Journal of Lesbian Studies*, 7(4), 125-139.

Discussion/activities:

- Discussion: Language, representation, and stress
- Activity: Power of language and how it is modifiable.
- 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?

Week 7 (2/25): Sexuality, Relationships, and Family

Guest speaker: (1) Terri Phoenix (confirmed), PhD (Director, UNC Lesbian, Gay, Bisexual, Transgender, and Queer Center) on leisure activities and identity/relationships

Due by 11 p.m. electronically via Sakai's assignments tab: Write a two-page (excluding references), single-space background memo to a policymaker regarding the disparity you have chosen.¹ This should "bring them up to speed" on the disparity, who it affects, its impact/costs/effects, and what is known about the origins of the disparity. It should be formatted as a memo. Remember: The policy maker to whom you are addressing this memo is not an expert on the subject matter, does not know the acronyms, and only has 10 minutes (or less) to read it. Cite your sources using whatever citation style you think most appropriate.

Learning objectives:

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

Required readings:

- Arnold, E.A., & Bailey, M.M. (2009). Constructing home and family: How the Ballroom Community supports African American GLBTQ youth in the face of HIV/AIDS. *Journal of Gay & Lesbian Social Services*, 21(2), 171-188.
- Patterson, C. J. (2013). Sexual orientation and family lives. In C. J. Patterson & A. R. D'Augelli (Eds.), *Handbook of psychology and sexual orientation* (pp. 223-236). New York: Oxford University Press.
- NPR article about transgender children: <http://www.npr.org/2008/05/07/90247842/two-families-grapple-with-sons-gender-preferences> and <http://www.npr.org/templates/story/story.php?storyId=90273278>

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 8 (3/04): LGBT Healthcare

Guest speakers: (1) Regina Rutledge (confirmed), MPH (Graduate student, Department of Health Policy and Management, University of North Carolina) on reproductive health care for lesbian and bisexual women; (2) Cramer McCullen (tentatively confirmed), medical student, UNC School of Medicine, on sexual minority healthcare access in Latin America; (3) Christina Drostin (tentatively confirmed), MD, MPH, Resident, UNC

¹ Think of it this way: The new Secretary of the Department of Health and Human Services asks you, "I want to know what is known about X disparity?" You can pick if that's the US DHHS or the NC DHHS...

Department of Family Medicine on LGBT healthcare needs; and, (4) Justin Smith (confirmed), MPH, Fellow, Centers for Disease Control and Prevention

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.

Student-led reading:

- **Group 2:** Harding, R., Epiphaniou, E., & Chidgey-Clark, J. (2012) Needs, experiences, and preferences of sexual minorities for end-of-life care and palliative care: A systematic review. *Journal of Palliative Medicine*, 15(5):602-11.
- **Group 3:** Kristin M. Mattocks, Michael R. Kauth, Theo Sandfort, Alexis R. Matza, J. Cherry Sullivan, and Jillian C. Shipherd. Understanding Health-Care Needs of Sexual and Gender Minority Veterans: How Targeted Research and Policy Can Improve Health. *LGBT Health*. 2014, 1(1): 50-57.
- **Group 4:** Boehmer, U., Miao, X., & Ozonoff, A. (2011). Cancer survivorship and sexual orientation. *Cancer*. 2011 Aug 15;117(16):3796-804

Required readings:

- Coren, J.S., Coren, C.M., Pagliaro, S.N., & Weiss, L.B. (2011). Assessing Your Office for Care of Lesbian, Gay, Bisexual, and Transgender Patients. *The Health Care Manager*, 30(1), 66-70.
- Alegria, C.A. (2011). Transgender identity and health care: implications for psychosocial and physical evaluation. *Journal of the American Academy of Nurse Practitioners*, 23(4):175-82.
- Coker, T.R., Austin, S.B., & Schuster, M.A. (2010). The health and health care of lesbian, gay, and bisexual adolescents. *Annual Review of Public Health*, 31, 457-477.

Discussion/activities:

- Panel Discussion: Rutledge, McCullen, Drostin (2 - 3 p.m.)
- Guest Lecture: Justin Smith (4 - 4:50 p.m.)
- Activity: Office improvements in healthcare.
- Discussion: What are important similarities and differences in the health challenges faced by LGBT populations as we look across cultures and nations?

Week 9 (3/11): No class: Spring Break

Week 10 (3/18): Schools, Churches, and Community Organizations

Guest speaker: David Jolly (confirmed: 4:00 p.m.), DrPH, MSPH, MEd, Associate Professor and Chair, Department of Public Health Education, North Carolina Central University

Due: Identify an LGBT-serving organization (state, local, or national in any country) that has a health-related program (broadly defined). Write a one-paragraph description of their program based on any information you can find. What is it trying to do? How does the program go about achieving that goal? Who or what does the program target in its objectives? Bring your description to class. This is part of your participation grade.

Learning objectives:

- Identify possible organizational policies and strategies to promote health.
- Identify lessons learned from past LGBT organizing.
- Describe how the presence and characteristics of organizations can influence health

Student-led readings:

- **Group 1:** Konishi, C., Saewyc, E., Homma, Y., & Poon, C. (2013). Population-level evaluation of school-based interventions to prevent problem substance use among gay, lesbian and bisexual adolescents in Canada. *Preventive Medicine*. doi:10.1016/j.ypmed.2013.06.031
- **Group 2:** Kane, M. D. (2013), LGBT Religious Activism: Predicting State Variations in the Number of Metropolitan Community Churches, 1974–2000. *Sociological Forum*, 28: 135–158.

Required readings:

- Drabble, L. (2000). Alcohol, Tobacco, and Pharmaceutical Industry Funding: Considerations for Organizations Serving Lesbian, Gay, Bisexual, and Transgender Communities. *Journal of Gay & Lesbian Social Services*, 11(1), 1-26.
- Lekus, I. K. (2001). Health care, the AIDS crisis, and the politics of community: The North Carolina Lesbian and Gay Health Project, 1982-1996. [Chapter 14.] In Black, A. M. (Ed.). *Modern American Queer History* (227-252). Philadelphia: Temple University Press.

Week 11 (3/25): Sexualities in Space and Place**Please bring your laptop, if possible.**

Learning objectives:

- Identify features of the physical environment of LGBT-dense neighborhoods that can hinder and promote health
- Place LGBT health disparities in a framework of neighborhood health disparities.
- Describe key tenets of the demography of same-sex couples

Student-led reading:

- **Group 3:** Gruskin, E., Byrne, K., Kools, S., & Altschuler, A. (2006). Consequences of frequenting the lesbian bar. *Women & Health*, 44(2), 103-120.
- **Group 4:** Ross, M. W., Nyoni, J., Bowen, A. M., Williams, M. L., & Kashiha, J. J. (2012). Sexual and geographic organisation of men who have sex with men in a large East African city: opportunities for outreach. *BMJ Open*, 2(6).

Required readings:

- Bernard, P., Charafeddine, R., Frohlich, K. L., Daniel, M., Kestens, Y., & Potvin, L. (2007). Health inequalities and place: a theoretical conception of neighbourhood. *Social Science & Medicine*, 65(9), 1839-1852.
- Hayslett, K. L., & Kane, M. D. (2011). "Out" in Columbus: A geospatial analysis of the neighborhood-level distribution of gay and lesbian households. *City & Community*, 10(2), 131-156.

Discussion/activities:

- Discussion: What are "gay and lesbian spaces?"
- Activity: Domains of Bernard framework.
- Discussion/Activity: How do each of the domains relate to LGBT health?

Week 12 (4/01): The Media Environment

Guest Speaker: Rhonda Gibson (confirmed), PhD, Associate Professor, UNC School of Journalism and Mass Communications.

Learning objectives:

- Describe the role of the media environment in promoting or hindering health
- Articulate potential pitfalls of emphasizing disparities in media outreach
- Identify unique potential in LGBT media for intervention

Student-led reading:

- **Group 1:** Streitmatter, R. (1995). Creating a venue for the 'love that dare not speak its name': Origins of the gay and lesbian press. *Journalism & Mass Communication Quarterly*, 72(2), 436-447.
- **Group 2:** Milillo, D. (2008). Sexuality sells: a content analysis of lesbian and heterosexual women's bodies in magazine advertisements. *Journal of Lesbian Studies*, 12(4), 381-392.
- **Group 3:** Smith, E. A., Offen, N., & Malone, R. E. (2005). What makes an ad a cigarette ad? Commercial tobacco imagery in the lesbian, gay, and bisexual press. *Journal of Epidemiology and Community Health*, 59(12), 1086-1091.
- **Group 4:** Strand, C. (2011). Kill Bill! Ugandan human rights organizations' attempts to influence the media's coverage of the Anti-Homosexuality Bill. *Culture, Health & Sexuality*, 13(8), 917-931.

Required readings:

- Judd, J. (2007). Health Policy and Communications. [Video] Available from: http://navigator.mchtraining.net/?page_id=169
- Finnegan, J. R., Jr., & Viswanath, K. (2008). Communication theory and health behavior change: The media studies framework. In K. Glantz, B. K. Rimer & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (4 ed., pp. 363-388). San Francisco, CA: John Wiley & Sons.
- Niederdeppe, J., Bigman, C. A., Gonzales, A. L., & Gollust, S. E. (2013). Communication About Health Disparities in the Mass Media. *Journal of Communication*, 63(1), 8-30.
- See also: <http://lens.blogs.nytimes.com/2014/01/10/pictures-of-men-friends-or-lovers/>

Discussion/activities:

- Activity: Articulating media effects frameworks
- Discussion about media representation and identity

Week 13 (4/08): Policy Context: Local, State, and Federal Governments

Guest Speaker: Aimee M. McHale, JD, MSPH, Lecturer, UNC Department of Public Policy

Due: Upload a five minute media interview between you (the expert) and a volunteer news reporter discussing the disparity topic you have chosen and post the link to Sakai. (We do not care about video quality; it is fine to use your mobile phone to record.) Remember, a reporter may know little about the topic. Do you have a pithy "sound bite" embedded in your answers? The instructor will distribute a score sheet, and, after scoring by the class, the instructor will give our first and second place prizes for best interview.

Required readings:

- Smith, K. E., & Katikireddi, S. V. (2013). A glossary of theories for understanding policymaking. *Journal of Epidemiology & Community Health*, 67(2), 198-202.

- Epstein, S. (2007). Targeting the state: risks, benefits, and strategic dilemmas of recent LGBT health advocacy. In Meyer, I. H., & Northridge, M. E. *The health of sexual minorities: public health perspectives on lesbian, gay, bisexual and transgender populations* (149-168). New York: Springer.

Learning objectives:

- Discuss potential pitfalls of using health as an organizing framework for civil rights.
- Activity: policy processes as health interventions

Week 14 (4/15): Research Issues in LGBT Health

Guest Speaker: Derrick D. Matthews (confirmed), PhD, MPH, Postdoctoral Scholar, University of Pittsburgh

Due: Using the style and length of the blogs identified in "Keeping the Community Posted: Lesbian, Gay, Bisexual, and Transgender Blogs and the Tobacco Epidemic" (available on Sakai), develop a blog post and post it to Sakai on your disparity of interest. What would you write if you were asked by the blog's owner for a guest post on the disparity topic you have chosen? What does the community need to know? Remember: your audience is not researchers and is only partially policymakers. You will also review (i.e., grade) the posts of three other students.

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

Required readings:

- Paxton, K. C., Guentzel, H., & Trombacco, K. (2006). Lessons learned in developing a research partnership with the Transgender community. *American Journal of Community Psychology*, 37(3-4), 349-356.
- Runyan, C. W., & Freire, K. E. (2007). Developing interventions when there is little science. In L. S. Doll, S. E. Bonzo, J. A. Mercy & D. A. Sleet (Eds.), *Handbook of injury and violence prevention* (pp. 411-431). New York, NY: Springer.

Week 15 (4/22): Policy Intervention Briefing Presentations

Due: Course Evaluations

Due: See readings below regarding It Gets Better Project.

Due: Without PowerPoint, provide a 5 minute overview of the disparity you have chosen and recommendations to address it to an audience of policy makers, staff, and reporters. You can use notes, but you cannot read them verbatim. Remember to talk slowly. Remember that you are the expert on this subject.

Learning objectives:

- Deliver clear, concise synthesis of research and evidence regarding policy option to improve health.
- Practice presentation skills without visual aids.

Required readings:

- Stokols D. (1996). Translating social ecological theory into guidelines for community health promotion. *American Journal of Health Promotion*, 10(4), 282-98.

Week 16 (5/05 at 12 p.m.): FINAL EXAM PERIOD: Policy briefing

Learning objectives:

- Demonstrate ability to synthesize and efficiently present information regarding LGBT health disparities.
- Develop skills in effective presentation style.

Final Exam Period

Due: Write a policy memo making recommendations for addressing the health disparity you have chosen. Upload it via Sakai. This should be no more than two pages (excluding references) and should use single spacing. The policy maker to whom you are addressing this memo wants to know what should be done and why you believe that to be the case. It should be formatted as a memo. You should think across the levels of the social ecological framework (there must be at least two levels or a clear rationale for why there are not). You should only briefly describe the disparity (since they already have your previous memo). Remember: they have 10 minutes (or less) to read and understand this memo.

For additional guidance on writing a policy memo see the following resources:

- http://twp.duke.edu/uploads/media_items/policy-memo.original.pdf
- <http://slc.berkeley.edu/writing/PublicPolicy.htm>

Acknowledgements

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