

Course Title: LGBTQ Health and Health Disparities

Course Number: UGPH 0642

Course Pre- and Co-requisite(s): None

Course Location: Zoom:
<https://rutgers.zoom.us/j/93100337000?pwd=d3BvZEpvZHJENkhRT2hha2I3WW5ldz09>

Course Date & Time: Tuesday, 3pm-5pm

Course Instructor: Kristen D. Krause, PhD, MPH, Instructor, Rutgers University School of Public Health, Deputy Director, Center for Health, Identity, Behavior and Prevention Studies (CHIBPS,) 973-972-9571 (only for emergencies, please!), kristen.krause@rutgers.edu

Office Hours: Monday, 1-2pm or please e-mail for appointment

Course Assistant: None

Course Website: <https://rutgers.instructure.com/courses/177385>

Required Course Text:

- Bodies and Barriers: Queer Activists on Health. Shanker, A. and Kendell, K. 2020. PM Press.
- Additional weekly assigned readings are outlined below and can be found on our CANVAS page

Additional/Supplemental Readings/Resources:

- Institute of Medicine (IOM). (2011). The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, D.C., The National Academies Press. Available at:
https://www.nap.edu/login.php?record_id=13128&page=https%3A%2F%2Fwww.nap.edu%2Fdownload%2F13128

Course Description: This course examines the core interdisciplinary theories, knowledge, research, and methods evidenced in understanding LGBTQ health and disparities in the LGBTQ population. The course introduces students to the main conceptual frameworks for the study of LGBTQ individuals, communities, and populations across the lifespan and overviews existing knowledge about LGBTQ health in the United States and globally. The course highlights research design, measurement, ethics, and analysis issues in population research in LGBTQ health.

Selected Concentration Competencies Addressed: The competencies addressed in this course include:

- A: Describe the concept of gender, sex, gender identity, and sexual orientation as it is situated across culture, history, legal, medicine, and the political context.

- B: Understand the origins, causes and manifestations of health disparities among LGBTQ populations.
- C: Use relevant sources (including public health literature and qualitative and quantitative data) to identify the health status and disparities in specific LGBTQ populations and communities.
- D: Synthesize the existing literature to identify relevant health problems, policies, programs or gaps in the research to identify research agendas and questions that when addressed will contribute to the improvement of LGBTQ health.
- E: Design research for diverse LGBTQ populations that address identified relevant health problems.
- F: Demonstrate advocacy techniques to improve the health of LGBTQ populations.

Please visit the Concentration webpages on the School of Public Health’s website at sph.rutgers.edu for additional competencies addressed by this course for other degrees and concentrations.

Course Objectives: By the completion of this course, students will be able to:

- A: Analyze terminology and concepts utilized to assess health in the LGBT population.
- B: Demonstrate knowledge of the epidemiology of LGBT health disparities in the U.S. and globally.
- C: Assess the main health issues of LGBT populations across the life-course using a developmental perspective.
- D: Apply and evaluate the key theoretical perspectives that inform research on LGBT health and the main challenges and limitations of each.
- E: Evaluate health policies related to disparities among LGBT populations.
- F: Explain how social and environmental factors can interact with individual behavioral factors to influence health outcomes among sexual minorities.

Competency	Course Objectives(s)	Lessons/Weeks	Assessment(s)
A	A	1-3	Class discussions, outside learning activity
B	C	11-12	Class discussions, online posts, outside learning activity, final paper/presentation
C	B	3-11	Online posts, final paper/presentation
D	D	12-13	Online posts, final paper/presentation
E	F	3-13	Class discussions, final paper/presentation, outside learning activity
F	E	3-11	Online posts, final paper/presentation

Course Requirements and Grading:

1. In-class discussions are a large component of this class and students' grades. Thus, students are expected to attend all classes, to have completed all required readings prior to coming to class, and to actively participate in all discussions.
2. Each student will be allowed one absence without receiving a reduced attendance grade. If you cannot attend class, it is your responsibility to notify the instructor. Additional absences may be considered excused (i.e., not impacting your grade) with appropriate medical documentation at the instructor's discretion.
3. Students are expected to login to class on time. Consistent tardiness will result in a reduction of a student's participation grade.
4. Complete all assigned readings prior to class. If it is evident that a student has not completed the required readings prior to class, their participation grade will be lowered.
5. This course will strictly adhere to the Rutgers School of Public Health Honor Code (see the policy statement at the end of this syllabus)
6. Complete all assignments on time (due dates are noted below). Late assignments may be accepted, at the instructor's discretion, for reduced credit.
7. This syllabus is subject to minor changes throughout the semester in order to accommodate the needs of the class. Revisions to the syllabus will be announced via email and in class. It is your responsibility to download and abide by the most current version of the syllabus.

GRADING:

Class Participation & Attendance: 10%
Discussion Leader: 15%
Annotated Bibliography: 10%
Flash Presentation: 10%
Final Paper: 25%
Posts (3): 15%
Outside Learning Activity: 15%

GRADING SCALE:

A:	94-100	C+:	77- <80
A-:	90-<94	C:	73- <77
B+:	87-<90	F:	< 70
B:	84-<87		
B-:	80-<84		

Course Assignments and Graded Items:

1. Class Participation and Attendance (10 points)

This class is structured largely around discussion, therefore active participation in class discussions is key to getting the most out of the course and receiving the highest possible grade. Students are expected to come to each class having read the required readings and being prepared to discuss them. The instructor and discussion leaders may call on students to answer questions or to discuss relevant topics and students are required to respond appropriately. Each student will be allowed one (1) absence without receiving a reduced participation grade. Absences may be considered excused (i.e., not impacting your grade) with appropriate medical documentation at the instructor's discretion.

2. Posts (3 posts, 5 points per post = 15 points total)

Students will complete 2 posts on Canvas throughout the semester, including one post that proposes the topic of the final paper. Each post must be between 400-500 words. Additional details for each post will be posted on Canvas prior to each post's due date. Late posts will not be accepted, except under extraordinary circumstances and at the instructor's discretion.

3. Discussion Leader (15 points)

Students will be required to lead the class discussion one week during the semester. The discussion leader must come to class prepared to facilitate a productive discussion of the week's assigned readings and Online 30 assignments. The instructor will provide an introduction (~30-45 minutes) to the topic and then move into the discussion. The discussion leader(s) may call on their fellow students to answer questions or to discuss relevant topics. Discussion leader(s) may bring other articles, videos, multimedia related to that week's topic to discuss with the group. Students will be assigned their discussion leader week in between the first two weeks of class. The instructor will attempt to give students their preference for week and/or topic. Depending on the number of students enrolled in the course, two students may share the role of discussion leader on weeks with more content to discuss.

4. Outside (but Stay Inside-ish...) Learning Opportunity (15 points)

Students will find one online (outside of class, but physically distant inside your home or another safe/vaccinated space) LGBTQ-originated, health activity (e.g., webinar, film, lecture, etc.) of their choice and write a 2-3 page double-space paper on what they learned from the experience. An LGBTQ-originated activity is one that is not only about the LGBTQ population but also is developed and delivered by or among members of this community. Submissions based on activities that are not LGBTQ-originated will receive a grade of "0". If you are unsure about whether an activity is LGBTQ-originated, please reach out to the instructor to confirm. The outside (but stay inside-ish...) learning opportunity must occur during the semester. The paper may be turned in no later than the last day of class (but can be submitted earlier). This activity will take the place of 2 'online 30' activities (noted below).

5. Flash Presentation (10 points)

Students will present a flash summary of their final paper topic in one of the last two sessions of the semester. The purpose of the flash presentation is to allow students to provide a quick overview of their final paper and obtain feedback from their classmates and the instructor to enhance their final papers. Presentations will be a maximum of 3 minutes, including 1-2 minutes for questions and answers (5 minutes total). Students must use at least one visual aid to enhance their presentation (e.g., PowerPoint, video, scientific poster etc.) – no more than 3 slides should be used.

6. Annotated Bibliography (10 points)

You will prepare an annotated bibliography with a minimum of ten (10) scholarly sources that are related to your final paper. Focus on scientific peer-reviewed literature that consist of a topic of LGBTQ-related health that is of interest to you. Annotations should be a concise paragraph of 200-300 words that describes the following elements (if included): brief background, theory and concepts used in the article; the primary points/arguments made by the authors; the problem statement; the scientific premise; the main findings; important next steps; and include any controversies and trends noted by the authors. They should be in alphabetical order.

7. Final Paper (25 points = 100pts/4)

Students will be required to write an 8-12 page, double-spaced paper on a topic of their choice. Students may choose to write about topics relevant to LGBT health that have research, clinical, or policy implications. The final paper must be well written, without typographical, grammatical, and/or spelling errors. Students will have the opportunity to propose their topic and format during one of the post assignments to receive approval by the instructor. Possible formats include:

a) Literature Review: Students who opt to write a review of the literature should include: (1) an introduction to the theoretical context of the research topic; (2) the formulation of specific research questions guiding the literature review; (3) a review of relevant empirical literature; (4) a critique of the state of knowledge on the topic; (5) and a discussion of needs for further research.

b) Research Proposal: Students opting to write a research proposal should include: (1) a review of the relevant literature; (2) a critique or synthesis of the theoretical foundations; (3) formulation of the research problem(s) and/or hypotheses to be tested; (4) a justification of a problem and/or hypotheses. Data sources and research designs are expected in the proposal, but they can be brief. The format of this assignment should conform to the actual application requirements of a funding agency of choice.

c) Student Choice of Format: Students can suggest a different format (e.g., policy report, program analysis/evaluation, etc.) and work with the instructor to ensure it will meet the needs of this assignment.

Grading Rubric:

Item and % of grade	Exceeds Expectations (A)	Meets Expectations (B)	Needs Development (C – F)
Class Participation (10%)	Actively participates; comments are relevant, reflect understanding, and frequently help move conversation forward	Sometimes participates; comments occasionally betray lack of preparation or attention	Seldom participates; exhibits little understanding of previous remarks or evidence of having read assigned material
Discussion Leader (15%)	Effectively leads class in covering main points from reading, discussion reflects understanding of content, helps move conversation forward	Leads class in covering some of the points from reading, discussion reflects moderate understanding of content, struggles to move conversation forward	Not prepared to lead discussion; exhibits little understanding of the reading or evidence of not reading assigned material; cannot move conversation forward
Posts (15%)	Addresses the assignment fully; shows depth and complexity of thought	Generally, addresses the assignment; contains occasionally unclear aspects or inadequate details	Lacks understanding of assignment.
Outside Learning Activity (15%)	Addresses the assignment fully; shows depth and complexity of thought; fully explains the activity (who led it, what happened, who attended, who was the audience, etc.)	Generally, addresses the assignment; contains occasionally unclear aspects or inadequate details	Lacks understanding of assignment, did not attend LGBTQ-specific event

Annotated Bibliography (10%)	Annotations are complete with pertinent information	Generally, addresses the assignment; contains occasionally unclear aspects or inadequate details	Lacks understanding of assignment.
Final Paper and Flash Presentation (35%)	Will be provided on Canvas.	Will be provided on Canvas.	Will be provided on Canvas.

Course Schedule:

Week/Date	Topics	Assignment Due
Introduction: Course Overview, LGBTQ Definitions, and Key Populations		
Week 1: 1/18	<ul style="list-style-type: none"> ▪ Course Overview: Introduction of instructor and students ▪ Overview of LGBTQ Health & Risk Behaviors 	
Week 2: 1/25	<ul style="list-style-type: none"> ▪ Intersectionality & Theoretical Approaches to LGBTQ Health 	
Special Considerations for Specific Groups		
Week 3: 2/1	<ul style="list-style-type: none"> ▪ The Health of Racial and Ethnic Minority LGBTQ Populations 	
Week 4: 2/8	<ul style="list-style-type: none"> ▪ Transgender Health 	Post #1
Week 5: 2/15	<ul style="list-style-type: none"> ▪ The Impact of Place on the Health of LGBTQ People ▪ LGBTQ Youth 	
Week 6: 2/22	<ul style="list-style-type: none"> ▪ Bisexual Health 	
Week 7: 3/1	<ul style="list-style-type: none"> ▪ Aging, Resilience, and Health in LGBTQ Populations 	
Week 8: 3/8	<ul style="list-style-type: none"> ▪ Intersex Health 	Post #2
Spring Break		
Major Health Issues, Outcomes, and Conditions		
Week 9: 3/22	<ul style="list-style-type: none"> ▪ Chronic Health Conditions in LGBTQ Groups 	
Week 10: 3/29	<ul style="list-style-type: none"> ▪ Mental Health: Interpersonal Violence Among LGBTQ Communities 	Annotated Bibliography
Week 11: 4/5	<ul style="list-style-type: none"> ▪ Relationships, Reproductive Health, and Parenting in LGBTQ Populations 	
Week 12: 4/12	<ul style="list-style-type: none"> ▪ Mental Health: Suicidality, Depression, and Substance Use in LGBTQ People 	Post #3
Week 13: 4/19	<ul style="list-style-type: none"> ▪ HIV/AIDS and Other Sexually Transmitted Infections Within LGBTQ Communities 	
Recommendations and Future Directions		
Week 14: 4/26	<ul style="list-style-type: none"> ▪ Flash Presentations 	Presentations
Week 15: 5/3	<ul style="list-style-type: none"> ▪ Final Thoughts & Wrap Up/Future Directions ▪ Evidence-Based Approaches to LGBTQ Health 	
5/6		Final Paper & Outside Learning Activity

Weekly Readings and Online 30 Material:

Week 1: Overview of LGBTQ Health & Risk Behaviors

Bodies & Barriers: Foreword and Introduction

Articles:

- Young, R.M. and Meyer, I.H., 2005. The trouble with “MSM” and “WSW”: Erasure of the sexual-minority person in public health discourse. *American journal of public health*, 95(7), pp.1144-1149.
- Cahill S, Makadon H. Sexual orientation and gender identity data collection in clinical settings and in electronic health records: a key to ending LGBT health disparities. *LGBT health*. 2014 Mar 1;1(1):34-41.

Online 30:

- Video: LGBT Voices: Perspectives on Healthcare. The National LGBT Health Education Center (Fenway). <https://www.lgbthealtheducation.org/video/lgbt-voices-perspectives-on-healthcare/>

Week 2: Intersectionality & Theoretical Approaches to LGBTQ Health

Articles:

- Mink MD, Lindley LL, Weinstein AA. Stress, stigma, and sexual minority status: The intersectional ecology model of LGBTQ health. *Journal of Gay & Lesbian Social Services*. 2014 Oct 2;26(4):502-21.
- Halkitis PN, Moeller RW, Siconolfi DE, Storholm ED, Solomon TM, Bub KL. Measurement model exploring a syndemic in emerging adult gay and bisexual men. *AIDS and Behavior*. 2013 Feb;17(2):662-73.
- Bowleg L. When Black+ lesbian+ woman ≠ Black lesbian woman: The methodological challenges of qualitative and quantitative intersectionality research. *Sex roles*. 2008 Sep;59(5):312-25.
- Meyer IH. Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*. 2015 Sep;2(3):209.

Online 30:

- Video/Podcast: EP 4: Love + Teach the Babies: Black LGBTQ Mental Health. <https://www.youtube.com/watch?v=NGOBVfR1ea0>

Week 3: The Health of Racial and Ethnic Minority LGBTQ Populations

Articles:

- Page KV, Cerezo A, Ross A. Creating space for ourselves: Black sexual minority women and gender diverse individuals countering anti-Black racism and heterosexism. *Psychology of Sexual Orientation and Gender Diversity*. 2021 Feb 1.

- McConnell EA, Janulis P, Phillips II G, Truong R, Birkett M. Multiple minority stress and LGBT community resilience among sexual minority men. *Psychology of sexual orientation and gender diversity*. 2018 Mar;5(1):1
- Kim HJ, Jen S, Fredriksen-Goldsen KI. Race/ethnicity and health-related quality of life among LGBT older adults. *The Gerontologist*. 2017 Feb 1;57(suppl_1):S30-9
- Ristock J, Zoccole A, Passante L, Potskin J. Impacts of colonization on Indigenous Two-Spirit/LGBTQ Canadians' experiences of migration, mobility and relationship violence. *Sexualities*. 2019 Sep;22(5-6):767-84
- Abboud S, Naal H, Chahine A, Taha S, Harfouch O, Mahmoud H. "It's Mainly the Fear of Getting Hurt": Experiences of LGBT Individuals with the Healthcare System in Lebanon. *Annals of LGBTQ Public and Population Health*. 2020 Dec 3;1(3):165-85
- Le TP, Bradshaw BT, Wang MQ, Boekeloo BO. Discomfort in LGBT community and psychological well-being for LGBT Asian Americans: The moderating role of racial/ethnic identity importance. *Asian American Journal of Psychology*. 2021 Jul 1

Online 30:

- Publication: Understanding and Addressing the Social Determinants of Health for Black LGBTQ People: A Way Forward for Health Centers. The National LGBT Health Education Center (Fenway) https://www.lgbthealtheducation.org/wp-content/uploads/2019/06/TFIE-33_SDOHForBlackLGBTPeople_Web.pdf
- Video: LGBT Rights in the Post-Arab Spring Middle East. Woodrow Wilson Center. <https://www.wilsoncenter.org/article/lgbt-rights-the-post-arab-spring-middle-east>

Week 4: Transgender Health

Bodies & Barriers: Chapter 16

Articles:

- Cicero, E.C., Reisner, S.L., Silva, S.G., Merwin, E.I. and Humphreys, J.C., 2019. Health Care Experiences of Transgender Adults: An Integrated Mixed Research Literature Review. *Advances in Nursing Science*, 42(2), pp.123-138.
- T'Sjoen G, Radix A, Motmans J. Language & ethics in transgender health. *Journal of Sexual Medicine*. 2020;17(9):1585-6
- Restar A, Jin H, Operario D. Gender-inclusive and gender-specific approaches in trans health research. *Transgender Health*. 2021 Oct 1;6(5):235-9
- Lett E, Everhart A. Considerations for transgender population health research based on US national surveys. *Annals of epidemiology*. 2021 Oct 28
- Restar A, Jin H, Breslow AS, Surace A, Antebi-Gruszka N, Kuhns L, Reisner SL, Garofalo R, Mimiaga MJ. Developmental milestones in young transgender women in two American cities: Results from a racially and ethnically diverse sample. *Transgender health*. 2019 Aug 1;4(1):162-7
- Nolan IT, Blasdel G, Dubin SN, Goetz TG, Greene RE, Morrison SD. Current state of transgender medical education in the United States and Canada: Update to a scoping review. *Journal of Medical Education and Curricular Development*. 2020 Jun;7:2382120520934813
- Guy AA, Yoder W, Manser K, Ramos SD, Du Bois SN. Comparing the health of transgender women, transgender men, and gender non-conforming individuals using

population-level data. *Annals of LGBTQ Public and Population Health*. 2020 Mar 1;1(1):43-62

Online 30:

- Video: Transgender People Share Stories About Healthcare.
<https://www.youtube.com/watch?v=m9I75EKNYfg>
- James, S.E. and Herman, J., 2017. *The report of the 2015 US Transgender Survey: Executive summary*. National Center for Transgender Equality.
<https://transequality.org/sites/default/files/docs/usts/USTS-Executive-Summary-Dec17.pdf>

Week 5: The Impact of Place on the Health of LGBTQ People & LGBTQ Youth

Bodies & Barriers: Chapters 1, 3, 5, & 20

Articles:

- Lardier DT, Opara I, Brammer MK, Pinto SA, Garcia-Reid P, Reid RJ. Psychological sense of community, community civic participation, and ethnic identity on social justice orientation and psychological empowerment between LGBQ and Non-LGBQ youth of color. *Journal of LGBT Youth*. 2020 Dec 9:1-32
- Stout, C.D., Paredes, C.D. & Nelson, K.M. “I Wish I Actually Had Known What the Heck Sex Was:” What Adolescent Sexual Minority Males Knew and Wish They Knew Prior to Sexual Debut with a Male Partner. *Sex Res Soc Policy* (2022).
- Miller KK, Watson R, Eisenberg M. The intersection of family acceptance and religion on the mental health of LGBTQ Youth. *Annals of LGBTQ Public and Population Health*. 2020.
- White Hughto JM, Murchison GR, Clark K, Pachankis JE, Reisner SL. Geographic and individual differences in healthcare access for US transgender adults: a multilevel analysis. *LGBT health*. 2016 Dec 1;3(6):424-33
- Walsh CF, O'Connell RP, Kvach E. Patterns of Healthcare Access and Utilization among Nonurban Transgender and Nonbinary Patients at a Large Safety Net Health System in Colorado. *Annals of LGBTQ Public and Population Health*. 2020 Dec 3;1(3):186-99
- Whitehead J, Shaver J, Stephenson R. Outness, stigma, and primary health care utilization among rural LGBT populations. *PloS one*. 2016 Jan 5;11(1):e0146139
- Davies M, Lewis NM, Moon G. Sexuality, space, gender, and health: Renewing geographical approaches to well-being in lesbian, gay, bisexual, transgender, and queer populations. *Geography Compass*. 2018 May;12(5):e12369

Online 30:

- Video: This is what LGBT life is like around the world.
https://www.ted.com/talks/jenni_chang_and_lisa_dazols_this_is_what_lgbt_life_is_like_a_round_the_world

Week 6: Bisexual Health

Bodies & Barriers: Chapter 14

Articles:

- Katz-Wise SL, Mereish EH, Woulfe J. Associations of bisexual-specific minority stress and health among cisgender and transgender adults with bisexual orientation. *The Journal of Sex Research*. 2017 Sep 2;54(7):899-910
- Feinstein BA, Dodge B. Meeting the sexual health needs of bisexual men in the age of biomedical HIV prevention: Gaps and priorities. *Archives of sexual behavior*. 2020 Jan;49(1):217-32
- Chan RC, Operario D, Mak WW. Bisexual individuals are at greater risk of poor mental health than lesbians and gay men: The mediating role of sexual identity stress at multiple levels. *Journal of affective disorders*. 2020 Jan 1;260:292-301
- Harrison EA, Kopit AG. Accessibility at the Bisexual Health Summit: Reflections and lessons for improving event accessibility. *Journal of Bisexuality*. 2020 Jul 2;20(3):273-95
- DeLucia R, Smith NG. The Impact of Provider Biphobia and Microaffirmations on Bisexual Individuals' Treatment-Seeking Intentions. *Journal of Bisexuality*. 2021 Mar 10:1-22
- Feinstein BA, Xavier Hall CD, Dyar C, Davila J. Motivations for sexual identity concealment and their associations with mental health among bisexual, pansexual, queer, and fluid (bi+) individuals. *Journal of bisexuality*. 2020 Jul 2;20(3):324-4
- Grant R, Nash M. Young bisexual women's sexual health care experiences in Australian rural general practice. *Australian Journal of Rural Health*. 2019 Jun;27(3):224-8

Online 30:

- Video: Bisexual Health and Service Providers. <https://www.youtube.com/watch?v=dDD1-VTC80w>

Week 7: Aging, Resilience, and Health in LGBTQ Populations

Bodies & Barriers: Chapters 21 & 22

Articles:

- Maschi T, Rees J, Klein E. "Coming out" of prison: An exploratory study of LGBT elders in the criminal justice system. *Journal of Homosexuality*. 2016 Sep 1;63(9):1277-95
- Witten TM. It's not all darkness: Robustness, resilience, and successful transgender aging. *LGBT health*. 2014 Mar 1;1(1):24-33
- Laganá L, Balian OA, Nakhla MZ, Zizumbo J, Greenberg S. A preliminary model of health regarding sexual and ethnic minority older adults. *Culture, health & sexuality*. 2021 Mar 4;23(3):333-48.
- Fredriksen-Goldsen KI, Kim HJ, Bryan AE, Shiu C, Emlert CA. The cascading effects of marginalization and pathways of resilience in attaining good health among LGBT older adults. *The Gerontologist*. 2017 Feb 1;57(suppl_1):S72-83
- Halkitis PN, Krause KD, Vieira DL. Mental health, psychosocial challenges and resilience in older adults living with HIV. *HIV and Aging*. 2017;42:187-203

- Fredriksen Goldsen K, de Vries B. Global aging with pride: International perspectives on LGBT aging. *The International Journal of Aging and Human Development*. 2019 Jun;88(4):315-24

Online 30:

- Publication: Promoting the Behavioral Health of LGBT Older Adults_The National LGBT Health Education Center (Fenway). https://www.lgbthealtheducation.org/wp-content/uploads/2019/07/TFIE-34_LGBT-Older-Adults-Brief_final_web.pdf

Week 8: Intersex Health

Bodies & Barriers: Chapter 2

Articles:

- Jones T. Intersex studies: A systematic review of international health literature. *Sage Open*. 2018 May;8(2):2158244017745577
- Roen K. Intersex or diverse sex development: Critical review of psychosocial health care research and indications for practice. *The Journal of Sex Research*. 2019 Jun 13;56(4-5):511-28.
- Rosenwohl-Mack A, Tamar-Mattis S, Baratz AB, Dalke KB, Ittelson A, Zieselman K, Flatt JD. A national study on the physical and mental health of intersex adults in the US. *PloS one*. 2020 Oct 9;15(10):e0240088
- Indig G, Serrano M, Dalke KB, Ejiogu NI, Grimstad F. Clinician advocacy and intersex health: a history of intersex health care and the role of the clinician advocate past, present, and future. *Pediatric annals*. 2021 Sep 1;50(9):e359-65
- Morrison T, Dinno A, Salmon T. The Erasure of Intersex, Transgender, Nonbinary, and Agender Experiences Through Misuse of Sex and Gender in Health Research. *American Journal of Epidemiology*. 2021 Dec;190(12):2712-7

Online 30:

- Video: What it means to be intersex. <https://www.youtube.com/watch?v=MB7nbvD8rQk>
- Website: Key Issues Facing People With Intersex Traits. <https://www.americanprogress.org/article/key-issues-facing-people-intersex-traits/>

Week 9: Chronic Health Conditions in LGBTQ Groups

Bodies & Barriers: Chapters 9, 15, & 17

Articles:

- Dispenza F, Harper LS, Harrigan MA. Subjective health among LGBT persons living with disabilities: A qualitative content analysis. *Rehabilitation psychology*. 2016 Aug;61(3):251
- Miller RA, Smith AC. Microaggressions Experienced by LGBTQ Students With Disabilities. *Journal of Student Affairs Research and Practice*. 2020 Nov 15:1-6

- Miller CA, Biskupiak A, Kushalnagar P. Deaf LGBTQ patients' disclosure of sexual orientation and gender identity to health care providers. *Psychology of sexual orientation and gender diversity*. 2019 Jun;6(2):194
- Scheer JR, Pachankis JE. Psychosocial syndemic risks surrounding physical health conditions among sexual and gender minority individuals. *LGBT health*. 2019 Dec 1;6(8):377-85
- Cloyes KG, Hull W, Davis A. Palliative and end-of-life care for lesbian, gay, bisexual, and transgender (LGBT) cancer patients and their caregivers. In *Seminars in oncology nursing* 2018 Feb 1 (Vol. 34, No. 1, pp. 60-71). WB Saunders
- Krause KD. Implications of the COVID-19 Pandemic on LGBTQ Communities. *Journal of Public Health Management and Practice*. 2021 Jan 1;27:S69-71

Online 30:

- Video: How discrimination affects LGBTQ Health.
<https://www.youtube.com/watch?v=vA8xppGgfNI>

Week 10: Mental Health: Interpersonal Violence Among LGBTQ Communities

Articles:

- Stults, C.B., Kupprat, S.A., Krause, K.D., Kapadia, F. and Halkitis, P.N., 2017. Perceptions of safety among LGBTQ people following the 2016 Pulse nightclub shooting. *Psychology of sexual orientation and gender diversity*, 4(3), p.251
- Morris, E.R. and Galupo, M.P., 2019. "Attempting to dull the dysphoria": Nonsuicidal self-injury among transgender individuals. *Psychology of Sexual Orientation and Gender Diversity*, 6(3), p.296.
- Watson LB, Craney RS, Greenwalt SK, Beaumont M, Whitney C, Flores MJ. "I Was a Game or a Fetish Object": Diverse Bisexual Women's Sexual Assault Experiences and Effects on Bisexual Identity. *Journal of Bisexuality*. 2021 Aug 18;21(2):225-61
- Edwards KM, Sylaska KM, Neal AM. Intimate partner violence among sexual minority populations: A critical review of the literature and agenda for future research. *Psychology of Violence*. 2015 Apr;5(2):112
- Caputi TL, Shover CL, Watson RJ. Physical and sexual violence among gay, lesbian, bisexual, and questioning adolescents. *JAMA pediatrics*. 2020 Aug 1;174(8):791-3
- Barnett AP, Molock SD, Nieves-Lugo K, Zea MC. Anti-LGBT victimization, fear of violence at school, and suicide risk among adolescents. *Psychology of sexual orientation and gender diversity*. 2019 Mar;6(1):88
- Stults CB, Brandt SA, Hale JF, Rogers N, Kreienberg AE, Griffin M. A qualitative study of intimate partner violence among young gay and bisexual men. *Journal of interpersonal violence*. 2020 Jul 3:0886260520936365

Online 30:

- N/A due to length of readings

Week 11: Relationships, Reproductive Health, and Parenting in LGBTQ Populations

Bodies & Barriers: Chapters 4, 8, & 10

Articles:

- Tate DP, Patterson CJ. Sexual minority women's attitudes toward infants, children, and parenthood. *Journal of lesbian studies*. 2019 Oct 2;23(4):464-75
- Bartelt E, Bowling J, Dodge B, Bostwick W. Bisexual identity in the context of parenthood: An exploratory qualitative study of self-identified bisexual parents in the United States. *Journal of Bisexuality*. 2017 Oct 2;17(4):378-99
- Andersen AE, Moberg C, Bengtsson Tops A, Garmy P. Lesbian, gay and bisexual parents' experiences of nurses' attitudes in child health care—A qualitative study. *Journal of clinical nursing*. 2017 Dec;26(23-24):5065-71
- Agénor M, Murchison GR, Najarro J, Grimshaw A, Cottrill AA, Janiak E, Gordon AR, Charlton BM. Mapping the scientific literature on reproductive health among transgender and gender diverse people: a scoping review. *Sexual and Reproductive Health Matters*. 2021 Jan 1;29(1):1886395
- Stults CB. Relationship quality among young gay and bisexual men in consensual nonmonogamous relationships. *Journal of Social and Personal Relationships*. 2019 Oct;36(10):3037-56
- Lubbe C. LGBT parents and their children: Non-Western research and perspectives. In *LGBT-parent families 2013* (pp. 209-223). Springer, New York, NY
- Muzacz AK. Expressions of Queer Intimacy: BDSM and Kink as Means of Self-Actualization. *Journal of Humanistic Psychology*. 2021 Jun 10:00221678211022638

Online 30:

- Video: Our Families: LGBT / Two Spirit Native American Stories. <https://www.youtube.com/watch?v=geFgT-X7Ajc>
- Video: This Couple Gets Vulnerable About Their Relationship. <https://www.youtube.com/watch?v=jP5TeWuBBZo>

Week 12: Mental Health: Suicidality, Depression, and Substance Use in LGBTQ People

Bodies & Barriers: Chapters 13 & 23

Articles:

- Chen D, Watson RJ, Caputi TL, Shover CL. Proportion of US Clinics Offering LGBT-Tailored Mental Health Services Decreased Over Time: A Panel Study of the National Mental Health Services Survey. *Annals of LGBTQ public and population health*. 2021 Sep 24;2(3):174-84
- Feinstein BA, Dyar C, Pachankis JE. A multilevel approach for reducing mental health and substance use disparities affecting bisexual individuals. *Cognitive and behavioral practice*. 2019 May 1;26(2):243-53
- Robertson L, Akre ER, Gonzales G. Mental Health Disparities at the Intersections of Gender Identity, Race, and Ethnicity. *LGBT health*. 2021 Nov 1;8(8):526-35

- Brown-Beresford E, McLaren S. The Relationship between Self-Compassion, Internalized Heterosexism, and Depressive Symptoms among Bisexual and Lesbian Women. *Journal of Bisexuality*. 2021 Nov 10:1-26
- Simone M, Askew A, Lust K, Eisenberg ME, Pisetsky EM. Disparities in self-reported eating disorders and academic impairment in sexual and gender minority college students relative to their heterosexual and cisgender peers. *International Journal of Eating Disorders*. 2020 Apr;53(4):513-24
- Hatchel T, Polanin JR, Espelage DL. Suicidal thoughts and behaviors among LGBTQ youth: meta-analyses and a systematic review. *Archives of suicide research*. 2021 Jan 2;25(1):1-37

Online 30:

- Video: OutBüro LGBTQ Professionals, Zander Keig: Trans US Veteran Mental Wellness Coach: <https://www.youtube.com/watch?v=by7mGG1eqKg&t=16s>

Week 13: HIV/AIDS and Other Sexually Transmitted Infections Within LGBTQ Communities

Bodies & Barriers: Chapters 18 & 19

Articles:

- Everhart AR, Boska H, Sinai-Glazer H, Wilson-Yang JQ, Burke NB, LeBlanc G, Persad Y, Ortigoza E, Scheim AI, Marshall Z. 'I'm not interested in research; i'm interested in services': How to better health and social services for transgender women living with and affected by HIV. *Social Science & Medicine*. 2022 Jan 1;292:114610
- Earnshaw VA, Eaton LA, Watson RJ, Brousseau NM, Layland EK, Berman M, Wiginton JM. Sexual Minority Outness and HIV/STI Stigma Over First Year Post-HIV/STI Diagnosis among Black Sexual Minority Men. *Annals of LGBTQ Public and Population Health*. 2021 Sep 24;2(3):166-73
- Shover CL, DeVost MA, Beymer MR, Gorbach PM, Flynn RP, Bolan RK. Using sexual orientation and gender identity to monitor disparities in HIV, sexually transmitted infections, and viral hepatitis. *American journal of public health*. 2018 Nov;108(S4):S277-83
- Jaiswal J, LoSchiavo C, Maiolatesi A, Kapadia F, Halkitis PN. Misinformation, gendered perceptions, and low healthcare provider communication around HPV and the HPV vaccine among young sexual minority men in New York City: The P18 cohort study. *Journal of community health*. 2020 Aug;45(4):702-11
- Sevelius JM, Poteat T, Luhur WE, Reisner SL, Meyer IH. HIV testing and PrEP use in a national probability sample of sexually active transgender people in the United States. *Journal of acquired immune deficiency syndromes (1999)*. 2020 Aug 15;84(5):437

Online 30:

- Video: Challenges of being older and HIV positive amid the pandemic. <https://www.ama-assn.org/delivering-care/public-health/challenges-being-older-and-hiv-positive-amid-pandemic>

- Video: Trans Empowered: JoAnne Keatley in Conversation w/ 5 Women about HIV & Transgender Health
https://www.youtube.com/watch?list=PLMg9scXawOhRsBG3F6MPnJKkUgzy0SInG&v=z6VRMg7LCcM&feature=emb_logo

Week 14: Flash Presentations

Online 30: N/A in place of assignment #4

Week 15: Evidence-Based Approaches to LGBTQ Health & Final Thoughts & Wrap Up/Future Directions

Online 30: N/A in place of assignment #4

Assignment Standards:

Lateness. Assignments turned in after the official collection period are considered late. Unless the instructor and student come to an arrangement, there is a 5% point penalty for written work turned in late. Assignments are posted to Canvas by the due date. If you need to turn in something after the date due, please discuss it with the instructor to avoid point penalty.

Grammar/Spelling. If more than eight (8) gross punctuation, grammar or spelling errors occur in the written assignments, they will be returned with no grade. These can be resubmitted within one week with a five (5) point penalty or the student can accept a failing grade.

Citations. Preferred citation style for references in written assignments will be American Medical Association (AMA). Please use this AMA citation style for electronic references:
https://owl.purdue.edu/owl/research_and_citation/ama_style/index.html.

Margins and Page Limits Requirements. Refer to each assignment instructions for page limit requirements. All assignments (except posts) should be 12-point Arial or Times New Roman font with 1-inch margins. A deduction of 10% will occur if assignment over the maximum page limit.

School Policies:

Special Circumstances During COVID-19 (For Spring 2022)

The School of Public Health recognizes that students may experience challenges or be negatively impacted due to the COVID-19 pandemic, mental and emotional health toll from systemic racism, altered personal and professional obligations, and other crises existing at the moment in our local, national, and global communities. Students are encouraged to discuss these challenges and circumstances with their instructor, if they feel they may need additional support or temporary accommodations at the beginning or during this course. The course instructor may consider making reasonable temporary adjustments depending on the student's situation. If additional support is needed, students may reach out to the Office of Student Affairs (studentaffairs@sph.rutgers.edu) or any of the appropriate referral resources listed on the [SPH Student Connect](#) Canvas page.

Learning Management System: Canvas will be used extensively throughout the semester for course syllabus, assignments, announcements, communication and/or other course-related activities. It is the student's responsibility to familiarize themselves with Canvas and check it regularly. If you have difficulties accessing Canvas, please inform the instructor and Canvas Support (help@canvas.rutgers.edu). Canvas is accessible at canvas.rutgers.edu.

School of Public Health Honor Code: The School of Public Health Honor Code is found in the School Catalog (sph.rutgers.edu/academics/catalog.html). Each student bears a fundamental responsibility for maintaining academic integrity and intellectual honesty in his or her graduate work. For example, all students are expected to observe the generally accepted principles of scholarly work, to submit their own rather than another's work, to refrain from falsifying data, and to refrain from receiving and/or giving aid on examinations or other assigned work requiring independent effort. In submitting written material, the writer takes full responsibility for the work as a whole and implies that, except as properly noted by use of quotation marks, footnotes, etc., both the ideas and the works used are his or her own. In addition to maintaining personal academic integrity, each student is expected to contribute to the academic integrity of the School community by not facilitating inappropriate use of her/his own work by others and by reporting acts of academic dishonesty by others to an appropriate school authority. It should be clearly understood that plagiarism, cheating, or other forms of academic dishonesty will not be tolerated and can lead to sanctions up to and including separation from the Rutgers School of Public Health.

Students with Disabilities: Rutgers University welcomes students with disabilities into all of the University's educational programs. In order to receive consideration for reasonable accommodations, a student must apply for Services by first completing a Registration Form with the Rutgers Office of Disability Services (ODS) at ods.rutgers.edu. The student will also be required to participate in an ODS intake interview and provide documentation. If reasonable accommodations are granted, ODS will provide you with a Letter of Accommodations which should be shared with your instructors as early in your courses as possible.

Commitment to Safe Learning Environment: The Rutgers School of Public Health is committed to helping create a safe learning environment for all students and for the School as a whole. Free expression in an academic community is essential to the mission of providing the highest caliber of education possible. The School encourages civil discourse, reasoned thought, sustained discussion, and constructive engagement. Provocative ideas respectfully presented are an expected result. An enlightened academic community, however, connects freedom with responsibility. The School encourages all students to disclose any situations where you may feel unsafe, discriminated against, or harassed. Harassment or discrimination of any kind will be not tolerated and violations may lead to disciplinary actions.

Reporting Discrimination or Harassment: If you experience any form of gender or sex-based discrimination or harassment, including sexual assault, sexual harassment, relationship violence, or stalking, know that help and support are available. You may report such incidents to the [RBHS Title IX Office](#) or to the School of Public Health's [Office of Student Affairs](#). Rutgers University has staff members trained to support survivors in navigating campus life, accessing health and counseling services, providing academic and housing accommodations, and more. If you experience any other form of discrimination or harassment, including racial, ethnic, religious, political, or academic, please report any such incidents to the School's [Office of Student Affairs](#). The School strongly encourages all students to report any incidents of discrimination or harassment to the School. Please be aware that all Rutgers employees (other than those designated as confidential resources such as advocates, counselors, clergy and healthcare providers as listed in Appendix A to [Policy 10.3.12](#)) are required to report information about such discrimination and harassment to the School and potentially the University. For example, if you tell a faculty or staff member about a situation of sexual harassment or sexual violence, or other related misconduct, the faculty or staff member must share that information with the [RBHS Title IX Coordinator](#). If you wish to speak to a confidential employee who does not have this reporting responsibility, you can find a list of resources in Appendix A to University [Policy 10.3.12](#). For more

information about your options at Rutgers, please visit [Rutgers Violence Prevention and Victim Assistance](#).

Graduate Student Computer Policy: Students are required to possess a personal laptop, no older than approximately two years, that must meet minimum requirements which may be found online at: sph.rutgers.edu/student-life/computer-support.html

Policy Concerning Use of Recording Devices and Other Electronic Communications Systems:

When personally owned communication/recording devices are used by students to record lectures and/or classroom lessons, such use must be authorized by the faculty member or instructor who must give either oral or written permission prior to the start of the semester and identify restrictions, if any, on the use of mobile communications or recording devices.

Policy Concerning Use of Turnitin: Students agree that by taking this course all required papers may be subject to submission for textual similarity review to Turnitin.com (directly or via learning management system, i.e. Canvas) for the detection of plagiarism. All submitted papers will be included as source documents in the Turnitin.com reference database solely for the purpose of detecting plagiarism of such papers. Use of the Turnitin.com service is subject to the Usage Policy posted on the Turnitin.com site. Students who do not agree should contact the course instructor immediately.

Withdrawal/Refund Schedule: Students who stop attending their course(s) without submitting a completed [Add/Drop Course](#) form will receive a failing grade. Furthermore, students dropping to zero credits for the semester are considered withdrawn and must submit a completed [Leave of Absence](#) form from the School of Public Health's Office of Student Affairs. The School of Public Health refunds tuition only. Administrative and technology fees are non-refundable. You may find the Withdrawal/Refund Schedule on the School of Public Health website at: sph.rutgers.edu/academics/academic-calendar.html