Research, Curricula, and Resources Related to Lesbian, Gay, Bisexual, and Transgender Health in US Schools of Public Health

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To assess the extent to which public health schools conduct research, offer planned curricula, and provide resources related to lesbian, gay, bisexual, and transgender health, we mailed a self-administered questionnaire to individual department chairpersons at each school. Survey results suggested that departmental lesbian, gay, bisexual, and transgender research and curricular activities extending beyond HIV and AIDS were uncommon in most public health school programs. Expanding lesbian, gay, bisexual, and transgender health research and curricula may help health professionals improve their response to lesbian, gay, bisexual, and transgender health disparities. (*Am J Public Health.* 2007;97:1023–1027. doi:10.2105/AJPH.2006.086157)

The mission of public health is to ensure societal conditions in which people can be healthy.[1] Health services and programs tailored to the cultural characteristics of diverse populations (e.g., racial/ethnic minorities and elderly, lesbian, gay, bisexual, and transgender people) are more effective in addressing health disparities.[2–12] Thus, the establishment of culturally competent health care systems (i.e., the integration of knowledge, attitudes, behaviors, practices, and policies that enable effective, quality health services in cross-cultural situations) has been identified as fundamental for achieving the public health mission.[13]

A growing body of research[14–17] identifies some health disparities of the lesbian, gay, bisexual, and transgender population. For example, lesbian, gay, bisexual, and transgender people are at increased risk for experiencing mental health problems,[18–31] engaging in substance use and abuse,[32–49] and contending with discrimination and violence.[50–60] Lesbian, gay, bisexual, and transgender people also encounter unique barriers to accessing and using appropriate health services.[18,38,61–68] Consequently, factors associated with sexual orientation and gender identity are increasingly recognized as important to consider in public health practice and research.[7,69]

In light of the increasing recognition of the health disparities of the lesbian, gay, bisexual, and transgender population, we conducted a survey to examine the extent to which US schools of public health focus on lesbian, gay, bisexual, and transgender health through research and planned curricula. Our 3 primary objectives were (1) to assess overall climate indicators (e.g., sexual orientation nondiscrimination policy, same-sex domestic partner health insurance benefits) for lesbian, gay, bisexual, and transgender people affiliated with public health schools; (2) to measure the prevalence of lesbian, gay, bisexual, and transgender research and curricula; and (3) to establish a baseline to gauge the efforts of public health education to address the health needs of the lesbian, gay, bisexual, and transgender community.

METHODS

We designed and piloted a self-administered questionnaire that was mailed (May 2002) to department or division chairpersons (N=184) of 35 schools of public health in the United States and Puerto Rico. The questionnaire covered 3 main domains: (1) overall climate for lesbian, gay, bisexual, and transgender faculty, staff, and students; (2) lesbian, gay, bisexual, and transgender faculty and student research activities; and (3) planned lesbian, gay, bisexual, and transgender health curricula. Schools and chairpersons were identified through Web sites of the Association of Schools of Public Health and the individual schools.

A man from Nagpur in the west Indian state of Maharashtra, reacts as his photograph is taken during a cultural festival of sexual minorities in Bangalore, India. *Source.* Photograph by Gautam Singh. Printed with permission of AP Photo.

Nonresponders were targeted for follow-up (September 2002 and April 2003); 102 usable questionnaires were produced from departments and divisions, all schools contacted were represented, and a response rate of 55.4% was generated. Chi-square analysis found that nonresponders did not differ from responders with respect to region of location ($P=.19$), public or private affiliation ($P=.96$), or department type (i.e., epidemiology or biostatistics, behavioral or community health, health services or policy, environmental or occupational health, maternal child or international health, or other; $P=.51$).

RESULTS

Climate Indicators for Faculty, Staff, and Students

Most schools included sexual orientation in their nondiscrimination policy, although fewer than 50% offered domestic partner health insurance benefits to same-sex partners of faculty, staff, and students (Table 1). About one third of the departments indicated the presence of a faculty member known to be lesbian, gay, bisexual, or transgender ("out").

TABLE 1—School- and Department-Level Lesbian, Gay, Bisexual, and Transgender Climate Indicators: US Schools of Public Health, 2002–2003

Climate Indicator	No. (%)
School-level indicator (n = 35)	
School has nondiscrimination policy that covers sexual orientation in employment and education	
Yes	25 (71.4)
No	10 (28.6)
School offers same-sex domestic partner health insurance benefits to	
Faculty	
Yes	17 (48.6)
No	18 (51.4)
Staff	
Yes	17 (48.6)
No	18 (51.4)
Students	
Yes	4 (11.4)
No	31 (88.6)
School has a lesbian, gay, bisexual, and transgender public health student group	
Yes	11 (31.4)
No	24 (68.6)
Department-level indicator (n = 102)	
Department has a faculty member who is known to be lesbian, gay, bisexual, or transgender ("out")	
Yes	32 (31.4)
No	70 (68.6)

Indicators of Health Research and Curricula

Overall, 41% of the departments of US schools of public health reported the presence of a faculty member who was conducting any lesbian, gay, bisexual, or transgender health research. However, most of this research was related to HIV and AIDS (Table 2). Few respondents (10%) reported that a student in their department had ever completed a doctoral dissertation on lesbian, gay, bisexual, or transgender health. Fewer than 9% of the departments had offered a course in the past 2 years that covered lesbian, gay, bisexual, or transgender health topics extending beyond HIV and AIDS.

TABLE 2—Prevalence of Faculty and Student Lesbian, Gay, Bisexual, and Transgender Research and Health Curricula in Departments: US Schools of Public Health, 2002–2003

Department Characteristic	No.[a] (%)
Faculty research	
Are any faculty members currently conducting HIV- or AIDS-related lesbian, gay, bisexual, or transgender health research?	
Yes	37 (36.3)
No	56 (54.9)
Do not know	9 (8.8)
Are any faculty members currently conducting lesbian, gay, bisexual, or transgender health research other than HIV and AIDS?	
Yes	18 (17.6)
No	67 (65.7)
Do not know	17 (16.7)
Have any faculty members ever chaired a doctoral committee on lesbian, gay, bisexual, or transgender health?	
Yes	8 (7.8)
No	52 (51.0)
Do not know	42 (41.2)
Student research	
Are any students currently conducting lesbian, gay, bisexual, or transgender health research?	
Yes	22 (21.6)
No	44 (43.1)
Do not know	36 (35.3)
Have any students ever completed a doctoral dissertation on lesbian, gay, bisexual, or transgender health?	
Yes	10 (9.9)
No	72 (71.3)
Do not know	19 (18.8)
Health curricula	
Did your department offer a course in the past 2 years that covered lesbian, gay, bisexual, or transgender health topics extending beyond HIV and AIDS?	
Yes	9 (8.8)
No	93 (91.2)
Does your department plan to offer a course in the next 3 years that will cover lesbian, gay, bisexual, or transgender health topics extending beyond HIV and AIDS?	
Yes	11 (10.8)
No	86 (84.3)
Do not know	5 (4.9)
How adequate is your department's coverage of lesbian, gay, bisexual, or transgender health topics?	
Very adequate	11 (10.8)
Somewhat adequate	27 (26.5)
Somewhat inadequate	29 (28.4)
Very inadequate	16 (15.7)
Do not know/refused to answer	19 (18.6)

[a]Total sums to 102 except for student lesbian, gay, bisexual, or transgender doctoral dissertation because 1 department did not award doctoral degrees.

DISCUSSION

The Institute of Medicine recommends that educational opportunities be expanded to increase public health practitioners' knowledge of minority health issues.[70] The American Public Health Association has adopted policy statements (9819 and 9933) urging educational, research, and funding institutions to improve their capacity to respond to the health disparities of the lesbian, gay, bisexual, and transgender population. Similarly, other health professional organizations formally recognize lesbian, gay, bisexual, and transgender health disparities.[71–73] For example, in 2005, the American Medical Association adopted a policy statement (H-295.878) aimed at eliminating lesbian, gay, bisexual, and transgender health disparities through promoting lesbian, gay, bisexual, and transgender health topics in medical education.

The results of this study indicate that, contrary to official American Public Health Association policy, public health schools seldom offer planned curricula that address comprehensive lesbian, gay, bisexual, and transgender health. The unique and varied concerns of the lesbian, gay, bisexual, and transgender population may not be fully recognized within public health educational programs. Lack of knowledge of the full range of lesbian, gay, bisexual, and

transgender health needs can lead to suboptimal health services and programs for this population.[74] Although HIV continues to be an important concern for the lesbian, gay, bisexual, and transgender community, the public health landscape for lesbian, gay, bisexual, and transgender people is much broader and more complex than matters related solely to sexually transmitted infections. Achieving optimal health will require the public health community to move beyond standard practice and knowledge and to incorporate a perspective that considers the full range of health disparities as well as the multiple dimensions that influence the lesbian, gay, bisexual, and transgender community and its health.[75]

Limitations of this study included a moderate response rate (although similar to that in other analogous surveys)[76,77] and possible changes in departmental characteristics over the 1-year data collection period that may have limited the generalizability of the findings. A lack of detailed information on the nature of reported research and planned curricula also precluded our ability to assess the quality, quantity, and perceived adequacy of lesbian-, gay-, bisexual-, and transgender-related activities within responding departments. The research has, however, established a baseline for future assessment of lesbian, gay, bisexual, and transgender school policies and activities.

Schools of public health may be able to improve their response to the health disparities of the lesbian, gay, bisexual, and transgender population by

- Establishing a supportive environment for lesbian, gay, bisexual, and transgender individuals through adopting and promoting nondiscrimination policies; hiring and supporting openly lesbian, gay, bisexual, and transgender faculty and staff; offering same-sex domestic partner benefits; and supporting lesbian, gay, bisexual, and transgender student groups
- Supporting lesbian, gay, bisexual, and transgender health research by adopting research protocols that include demographic data related to sexual orientation and gender identity and by supporting faculty and students who conduct lesbian, gay, bisexual, and transgender health research
- Expanding the availability of lesbian, gay, bisexual, and transgender health curricula by implementing core curricula and sponsoring school-wide professional development sessions that cover lesbian, gay, bisexual, and transgender health.

These actions may have the potential to improve public health strategies to address the specific health concerns of lesbian, gay, bisexual, and transgender people. Public health schools are strategically positioned to become leaders in the fight to eliminate health disparities in this population. Future investigation to determine whether additional research and training of public health practitioners will contribute to improving the health of this population is warranted. ■

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Contributors

Each author contributed to all aspects of the study, including survey design and administration, questionnaire development, participant recruitment, data management and analysis, interpretation of findings, and article preparation.

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Human Participant Protection

The study was approved by the institutional review boards of the University of Pittsburgh and the University of California, Los Angeles.

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