

Recommendations for Enhancing the Climate for LGBT Students and Employees in Health Professional Schools

.....
A GLMA White Paper
.....

AUTHOR

Shane Snowdon, MA



GLMA

Health Professionals
Advancing LGBT Equality

© Copyright 2013, GLMA

Recommended citation:

Snowdon, S. (2013) Recommendations for Enhancing the Climate for LGBT Students and Employees in Health Professional Schools: A GLMA White Paper. Washington, DC: GLMA.

All rights reserved. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher, except in the case of brief quotations embodied in critical reviews and certain other noncommercial uses permitted by copyright law. For permission requests, write to the publisher, addressed "Attention: Permissions Coordinator," at the address below.

GLMA: Health Professionals Advancing LGBT Equality

1326 18th St., NW

Suite 22

Washington, DC 20036

202-600-8037

(f) 202-478-1500

info@glma.org

www.glma.org



ACKNOWLEDGEMENTS

GLMA extends very special appreciation to Shane Snowdon for her authorship of this paper, as well as her longstanding work addressing the needs of LGBT people in academic settings.

GLMA would also like to extend appreciation to former GLMA intern Shannon O’Hern, MD, former GLMA staff member James Beaudreau, MPA, and Carl Streed, Jr., MD, for their significant contributions to the bibliography. Thanks also to Jesse Joad, MD, MS, GLMA Vice President for Education, Hector Vargas, JD, GLMA’s Executive Director, and Emily Kane-Lee, MA, GLMA’s Education & Communications Manager and project manager for this paper. GLMA also acknowledges Pat Dunn, JD, MSW, for her contributions to this project.

Finally, we gratefully acknowledge Pfizer, Inc., for its generous support of GLMA’s work on health profession education reform and this resulting paper.



About GLMA

GLMA: Health Professionals Advancing LGBT Equality, which was founded in 1981, is the world’s oldest and largest association of lesbian, gay, bisexual and transgender (LGBT)—and ally—healthcare professionals.

GLMA’s mission is to ensure equality in healthcare for LGBT individuals and healthcare providers. GLMA achieves its goals by using healthcare expertise in professional education, public policy work, patient education and referrals and the promotion of research. GLMA represents the interests of thousands of LGBT healthcare professionals as well as millions of LGBT patients across the country.

FOREWORD

It is with great pleasure that GLMA: Health Professionals Advancing LGBT Equality provides this unique white paper, “Recommendations for Enhancing the Climate for LGBT Students & Employees in Health Professional Schools.” The paper is the culmination of a project begun in 2010 by GLMA, which convened an advisory group under the leadership of Shane Snowdon, then Director of the Center for LGBT Health & Equity at the University of California San Francisco (UCSF).

The initial intent of the project was to provide resources and information to medical schools in response to recommendations that were developed by the Association of American Medical Colleges (AAMC) in 2007, but not widely implemented. Since the inception of the project, its scope has changed to include all health professional schools and to focus on climate, since curriculum and healthcare recommendations are now available elsewhere, often with input from GLMA.

In this paper, primary author Shane Snowdon, with assistance from advisory group members, has provided comprehensive recommendations to health professional schools on how to improve their climate for LGBT students, faculty and staff. In her 13 years at UCSF, she was often the only person nationally visiting health professional schools, listening to issues around climate and meeting with LGBT students, faculty and administrators to suggest solutions. These recommendations distill her expertise from 13 years of work with UCSF and other schools.

The recommendations are accompanied by a bibliography of LGBT health resources compiled by James Beaudreau, former Education and Policy Director at GLMA, and Carl Streed, Jr., a GLMA board member and internal medicine resident at Johns Hopkins Bayview Medical Center. The bibliography includes references on a wide range of LGBT-related health topics, including LGBT health risks and concerns, LGBT inclusion in health professions education, and issues affecting lesbians/WSW, gay men/MSM, bisexuals, transgender individuals, LGBT youth, LGBT elders and LGBT families.

It is important to note that equality for LGBT people is expanding rapidly nationwide—in fact, major changes occurred as this document was being prepared. Be sure to check the footnotes provided for the latest information about LGBT non-discrimination laws in your area, federal treatment of same-sex married couples and similar topics. In addition, national organizations like the AAMC will be providing new resources in coming months to ensure equity and inclusion for LGBT students, staff and faculty, including surveys, model policies, and opportunities for learning and discussion.

We are confident that these climate recommendations, together with the accompanying bibliography, will be useful for all involved in health professional education, which will play a critical role in achieving equity for LGBT patients and health professionals alike.

Recommendations for Enhancing the Climate for LGBT Students & Employees in Health Professional Schools

OVERVIEW

It can be very tempting for health professional schools to focus primarily on curriculum in their desire to attend to LGBT needs and concerns. This is understandable, since curriculum enhancement is critical if LGBT people are to receive equitable, inclusive, knowledgeable and sensitive healthcare. It is every bit as vital, however, for schools to ensure that their climate is equitable, inclusive, supportive and welcoming for LGBT students and employees. Climate improvement not only maximizes the success of curriculum initiatives but is also tremendously important in its own right.

Needless to say, LGBT climate improvement is enormously helpful to LGBT students and employees, assuring them of fair and unbiased treatment and enabling them to be their full, authentic selves, just like their colleagues. Students and employees should never fear that if they are simply themselves, that if they mention the important people and events in their lives, they will face bias ranging from joking and hostile comments to ostracism, harassment and career obstacles. And LGBT students and employees, like members of other groups that have historically faced discrimination, deeply appreciate support in navigating the particular challenges they face as LGBT people.

But LGBT climate improvement isn't valuable only to LGBT students and employees. It benefits everyone associated with a health school, helping all become more comfortable, sensitive and knowledgeable vis-à-vis LGBT colleagues and patients (and other LGBT people in their lives). The recommendations below do much more than enable students and employees to steer clear of biased or discriminatory behavior. They also allow students and employees to get to know LGBT people as their full, authentic selves—a critical factor in extending full acceptance to LGBT colleagues and providing optimal care to LGBT patients.

The recommendations address the full spectrum of climate issues experienced by LGBT students and employees. They discuss the cornerstones of institutional equity, which protect LGBT campus community members

from discrimination, and give particular attention to the concerns of transgender people, who have become much more visible in health professional schools and healthcare generally. The recommendations also discuss how institutional diversity initiatives can enhance LGBT equity and inclusion, sending LGBT students and employees the message that they are seen and supported.

These broad institutional recommendations are supplemented by detailed information about best practices in specific activity areas. To ensure that your school mirrors the general population, counters entry barriers to LGBT people in the health professions and enjoys the benefits of LGBT student and employee diversity, admissions and recruitment initiatives are described in detail. Recognizing how much targeted and inclusive programs, together with mentoring and networking initiatives, contribute to the success of students and employees from groups that have historically faced discrimination, the recommendations also discuss the kinds of offerings that are most useful for LGBT campus community members.

The recommendations also explain the importance of offering LGBT-related information, resources and training to your school as a whole. This vital educational work deepens general campus awareness of LGBT needs and concerns, so that work toward equity and inclusion is well understood and supported. Among the many recommendations is that recognition be offered to individuals who have made significant contributions to LGBT equity and inclusion, whether or not they are LGBT themselves.

Finally, your school is urged to consider creating an LGBT office, designating an LGBT point-person or appointing a high-level LGBT advisory committee. By doing so, you'll ensure that these recommendations are as useful as possible, since they can easily be used to structure and guide the work of a dedicated office, point-person or advisory group. They can also be used by a diversity office or officer to frame LGBT work.

Whether your school is just beginning its journey toward LGBT equity and inclusion,

or is well along, you should find much of value in these recommendations. Not all can be implemented immediately, but each one you embrace will be a gift to all of your students and employees.

INSTITUTIONAL EQUITY

Include “sexual orientation” and “gender identity and expression” in your school’s nondiscrimination policy.

LGBT protection in a non-discrimination policy is considered foundational to LGBT equity and inclusion, and sends a powerful positive message to LGBT students and employees. It is also strongly backed by the American public, about 75% of whom believe that LGBT discrimination should be prohibited.¹

Your school may not be located in a state that bans discrimination on the basis of sexual orientation (protecting lesbian, gay and bisexual people) and/or gender identity and expression (protecting transgender and other gender-non-conforming people).² You are still free, however, to create an institutional prohibition with institutional consequences, a move that conveys a strong commitment to LGBT equity and inclusion. Schools located in states that do ban LGBT discrimination are strongly urged to mirror that ban in their own policies, in order to affirm their concern for their LGBT students

1. Since at least 2001, 75% or more of the American public, in major national polls, has indicated support for laws prohibiting discrimination on the basis of sexual orientation. See, for example, Inside-OUT: A Report on the Experiences of Lesbians, Gays and Bisexuals in America and the Public's Views on Issues and Policies Related to Sexual Orientation, The Kaiser Family Foundation, 2001, <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/national-surveys-on-experiences-of-lesbians-gays-and-bisexuals-and-the-public-s-views-related-to-sexual-orientation.pdf>. Polling with respect to protection vis-à-vis gender identity and expression has been more limited, but a recent national poll that found 75% support for sexual orientation protection found 73% support for gender identity/expression protection: <http://www.americanprogress.org/issues/lgbt/news/2011/06/02/9716/polls-show-huge-public-support-for-gay-and-transgender-workplace-protections/>

2. More information about LGBT discrimination laws and policies in your state is available at these websites: http://www.nglhf.org/reports_and_research/nondiscrimination_laws <http://www.hrc.org/resources/entry/maps-of-state-laws-policies>

and employees.

- Make sure that the policy is readily available to students and employees online, in trafficked areas and in recruitment and orientation materials; also ensure that key staff and faculty are familiar with the policy.

- Make sure that all protected by the policy know how to raise a question or lodge a complaint in connection with it.

- Ensure that those who monitor and enforce your school's policy are well-versed in LGBT terminology and concerns, particularly confidentiality. Staff and faculty charged with handling discrimination complaints often have not had LGBT-related training, since there is no federal law prohibiting LGBT discrimination. (See discussion of training below.)

- Review LGBT-related complaints regularly to assure that responses have been adequate, to spot trends and to take preventive action.

- If your school has a "mistreatment," "civility" or similar policy in addition to a non-discrimination policy, make sure that it is LGBT-inclusive in its call for respectful treatment of all community members.

TIP: The current legal trend is for courts and administrative agencies to interpret prohibitions of "gender" or "sex" discrimination as also banning discrimination related to gender identity or expression. (For example, in April 2012 the federal Equal Employment Opportunity Commission ruled that Title VII of the Civil Rights Act protects transgender and other non-gender-conforming employees from discrimination.³) But it is strongly recommended that schools spell out that discrimination related to gender identity and expression is forbidden, in order to send a powerful message that it will not be tolerated.

Ensure that your school treats married same-sex spouses identically to different-sex spouses.

Your school should make no distinction between same-sex and different-sex spouses. In particular, appropriate staff members should be aware of the federal responses to the June 2013 ruling by the U.S. Supreme Court that struck down a key section of the Defense of Marriage Act (DOMA). For example, the

federal government now treats same-sex and different-sex spouses identically in many realms, including taxation, immigration, financial aid, Family Medical Leave and more.⁴

Schools are also strongly encouraged to treat unmarried same-sex partners identically to spouses, as described below, even in states where same-sex couples may legally marry. In order to enhance recruitment and retention, many schools extend spousal benefits to domestic partners who could legally marry.

Offer health coverage to spouses and same-sex domestic partners on an equal basis.

Health professional schools are, of course, particularly aware of the critical importance of adequate health insurance. Coverage for domestic partners (when offered to spouses) is widely viewed as a key element in recruitment, retention and morale, explaining why 62% of the Fortune 500 (and many colleges and universities) now offer partner coverage. A wealth of resources is available for schools seeking to explore or add this coverage, including information about utilization and implementation of this low-cost, high-need benefit.⁵

In equalizing health coverage for spouses and domestic partners, it's important to note that a school's monetary contribution to coverage for a domestic partner (and any children of the domestic partner who are not tax dependents of the covered employee) is considered income to the covered employee under federal law and in most states.⁶ This means that the employer contribution to the coverage is reported on the employee's W-2 as regular taxable income, effectively reducing that employee's salary and creating inequity: employer contributions to coverage of a spouse and spouse's children are never federally taxed. A growing number of employers are choosing to offset this inequitable

tax burden by "grossing up" the salaries of affected employees to offset the tax they pay on the employer share of health coverage.⁷

It's also important that schools not overlook dental, vision, life, accidental death and dismemberment and similar health-related benefits when equalizing insurance coverage. In addition, schools can choose to extend COBRA coverage to same-sex partners on the same basis as spouses.⁸

TIP: Make sure benefits administrators at your school are prepared to talk knowledgeably and comfortably with LGBT students, staff and faculty about health and other benefits. If you have not yet equalized benefits, a sensitive and sympathetic explanation of the outlook for equalization is much appreciated, as opposed to a curt "Only family members are eligible."

Ensure that your school's health coverage does not exclude transgender care.

A growing number of institutions⁹ are taking action to ensure that their health policies cover transgender care, e.g., health services provided both in connection with gender transitions and in relation to a transgender person's assigned sex at birth. Many policies currently exclude actual and perceived transgender-related care, forcing covered transgender individuals to pay out of pocket for--or do without--medically necessary services. The AMA and other health organizations have called for an end to this practice and many insurers now offer transgender coverage on request, utilizing the Standards of Care developed by the World Professional Association for Transgender Health (WPATH). This coverage is extremely helpful to transgender students and employees and signals a strong, proactive commitment to LGBT equity and inclusion.¹⁰

3. Macy v. Holder, April 2012. See the ruling and a discussion of case by the Transgender Law Center at: <http://transgenderlawcenter.org/archives/635>.

4. For detailed, up-to-date information about federal implementation of the DOMA ruling, see: <http://www.lambdalegal.org/publications/after-doma>

5. For example, extensive data and resources related to employer partner coverage are available from the Human Rights Campaign (HRC) Corporate Equality Index: <http://www.hrc.org/resources/entry/establishing-domestic-partner-benefits>

6. Some states do not tax benefits provided to members of state-registered domestic partnerships or civil unions. On the other hand, some states that do not recognize same-sex marriages tax benefits provided to same-sex spouses even though those benefits are now exempt from federal taxation because of the Supreme Court's DOMA ruling.

7. The HRC Foundation provides information about grossing up: <http://www.hrc.org/resources/entry/domestic-partner-benefits-grossing-up-to-offset-imputed-income-tax>

8. The Society for Human Resource Management (SHRM) provides information about COBRA coverage for same-sex partners: <http://www.shrm.org/TemplateTools/hrqa/pages/doesfederalcobrapplytosamesexdomesticpartners.aspx>

9. For a complete list of educational institutions providing transgender health coverage, see Campus Pride: <http://www.campuspride.org/tpc/>

10. In-depth information about transgender health coverage is available from HRC: <http://www.hrc.org/resources/entry/transgender-inclusive-benefits-for-employees-and-dependents>

Allow employees to take family leave to care for seriously ill same-sex partners, just as for care of spouses.

Your school should have policies that provide employees the same leave for care of a seriously ill same-sex domestic partner as the leave provided for care of a spouse.¹¹ Likewise, if your school permits leave to be used to care for ill family members, make sure that same-sex domestic partners and their children are considered “family” for this purpose.

Ensure that retirement plans treat spouses and same-sex domestic partners equally.

Some institutions’ retirement plans offer survivor and/or continuation benefits to spouses on a more favorable basis than same-sex domestic partners. These plans can be changed to extend the same treatment to partners as to spouses—a change that is particularly meaningful during the retirement years.

Extend all institutional benefits—discounts, memberships, insurance, loans, fee waivers and more—to spouses and same-sex domestic partners on an equal basis.

Most institutions provide benefits like these to students, staff, faculty and their families. It is both a financial and emotional blow when a same-sex-partnered employee’s family members are refused benefits because they are not considered “family.” Schools should make sure that all benefits, large and small, extended to “family members” are fully available to partners and partners’ children.

TIP: After equalizing benefits like these, be sure to update online and print information about them and notify administering staff. All too often, staff learn that they have mistakenly denied a benefit after full price has been paid or a deadline has been missed.

Ensure that your school’s parenting policies and benefits acknowledge and support those who become parents through adoption, fostering and surrogacy.

LGBT people are among the many student, staff and faculty who deeply appreciate broadened support for parenting. Although there have been—and still exist in some areas—barriers for LGBT people who wish to foster or adopt, many agencies now do special outreach

to them in seeking good placements for youth in need.¹²

Support for parenting should also extend to employees who act as parents for a child with whom they may not have a legal relationship. This aids employees who co-parent a same-sex partner’s biological or legal child, but are prohibited by state law from establishing a legal relationship with that child.

If your school offers housing to students, staff and/or faculty, ensure that it is open to LGBT people on the same basis as others.

“Family” housing, for example, should be available to same-sex partners on the same basis as different-sex couples. In addition, a number of schools have created policies to ensure that transgender students, staff and faculty are sensitively and equitably accommodated in campus housing; some additionally offer LGBT-themed and/or gender-neutral housing.¹³

Check the language of institutional policies and procedures for LGBT inclusion.

One way to ensure that all benefits have been equalized is to search for references to “spouse” and “family” in academic personnel manuals, as well as student and employee handbooks, then add “domestic partner” and/or an LGBT-inclusive definition of “family.” This ensures that equalized benefits are spelled out in school materials and all policies and benefits offered to spouses and families are LGBT-inclusive.

.....
TIP: It also sends a very welcoming message to acknowledge LGBT and other “non-traditional” families on student and employee forms. For example, references to “spouse” can be changed to “spouse/partner/significant other,” and references to “mother” and “father” can be changed to “parent/guardian.”
.....

TRANSGENDER SERVICES & SUPPORT

In the last decade or so, transgender students and employees have become much more numerous and visible in health professional schools.¹⁴ Some want to work in transgender health, others choose different focus areas; some are out, some are not. Some identify with a sex or gender other than the one entered on their birth certificate and have transitioned or plan to transition to the sex or gender with which they identify; non-gender-conforming others express their sense of their gender in ways that seem atypical or different from the gender expressions that prevail in our society.

It is absolutely critical that schools welcome and thoughtfully prepare for transgender (and other gender-non-conforming) students and employees. Preparation can do much to avoid situations in which transgender people are met with surprise, ignorance, bias, discrimination and even outright hostility and mockery. Health professional schools can and should be places where transgender people experience an equitable, knowledgeable and warm welcome.

As mentioned above, adding “gender identity and expression” to your school’s non-discrimination policy is a foundational best practice, as is transgender health coverage. Much more can and should be done, however, to ensure equity and inclusion for transgender students, faculty and staff, bearing in mind these two simple rules: the gender identity that a person chooses should always be honored and how a person expresses their sense of their gender never justifies discrimination.

Provide specialized transgender training to institutional leaders and all relevant staff.

Staff who have received training around transgender concerns will be well-positioned to develop and implement services and support for transgender students and employees. They can also model sensitive language and behavior and serve as resources for others, both transgender and not. Key training audiences include—but are certainly not limited to—deans, chairs, registrars, admissions, police and security, counselors and other advisers, student health centers, housing administrators and faculty opinion leaders.

11. The HRC Foundation provides information on family leave and FMLA coverage: <http://www.hrc.org/resources/entry/family-and-medical-leave-act-fmla-equivalent-benefit-for-lgbt-workers>

12. A discussion of LGBT-friendly employer adoption policies is available from HRC: <http://www.hrc.org/resources/entry/adoption-benefit-programs-lgbt-considerations-for-employers>
For more information about agency outreach to LGBT people, see: <http://www.hrc.org/resources/entry/all-children-all-families-about-the-initiative>

13. For a discussion of LGBT-themed and gender-neutral housing in one university system (the University of California), see: <http://www.uclgbtia.org/themehousing.html>

14. One example is the creation of the UCSF Center of Excellence for Transgender Health, which provides a wealth of information: transhealth.ucsf.edu. See also this transgender overview from Campus Pride: <http://www.campuspride.org/resources/trans-advocacy/>

TIP: Training may be available from an LGBT center on or near your campus (or in your community) or from an individual trainer. In-person training is strongly recommended, but a number of websites also offer helpful information.¹⁵

Develop key policies and procedures to support transitioning students, staff and faculty.

It is essential that your school have policies and procedures in place to assist students, staff and faculty who choose to transition from the sex or gender on their birth certificate to another one. It is much harder to develop and implement these in the midst of a student or employee's transition process.¹⁶

Create a process for records to show a new gender (and new name, if any), before a legal gender (or name) change has occurred. It is important that transitioning students and employees be addressed as the proper gender and by the proper name as soon as they wish, rather than being forced to wait for a legal gender or name change. In particular, processes should be created for them to receive email in their new name and to receive an ID in their new name and with an appropriate photo; this ensures that, as they transition to a different gender, their email address and ID do not “out” them to everyone who emails and or sees them. Many schools have created a simple form for changes in records, email and IDs.

Create flexible guidelines for supporting transitions. Student affairs and human resources staff, in particular, should receive guidance and training in supporting transitions. While the needs and preferences of transitioning individuals are paramount, they often request and welcome assistance in thinking about how (and whether) to discuss their transition with classmates, roommates, colleagues and others. There are a number of excellent resources designed to help transitioning individuals and

those supporting them, with these and other questions.¹⁷

Designate a point-person for transgender-related needs.

This point-person, who should be publicly identified, can provide skilled ongoing support to transgender students, staff and faculty, whether they plan to transition, are transitioning or transitioned in the past. She or he can also provide assistance to staff working with transgender individuals—but it's important to note that the identification of a point-person should be a supplement to broad staff training, not a substitute for it.

Identify single-stall restrooms restricted to one gender and re-sign them as unisex.

All too often, transgender or gender-non-conforming people experience resistance when they use the bathroom. Health professional schools should never deny students, staff or faculty the right to use the bathroom of their gender, and should provide transgender education if there is resistance to this non-discriminatory stance.

In addition, transgender groups and others recommend replacing signs limiting single-stall restrooms to only one sex with signs indicating that these restrooms may be used by anyone, as is increasingly common in restaurants and other public accommodations. This change is welcomed not only by transgender people seeking a bathroom where they will not meet resistance but also by people caring for children or adults of another sex and people waiting in long lines for the bathroom signed for their sex, hesitant to use a line-free single-stall restroom signed for another sex.

DIVERSITY INITIATIVES

LGBT people applaud and are often heavily engaged in institutional diversity initiatives. It can be painful and disturbing, however, when these efforts are not LGBT-inclusive, given ongoing bias and discrimination based

on LGBT status. As more and more U.S. institutions express strong support for LGBT equity and inclusion, it is important that health professional schools not remain silent, implying either that they don't perceive or don't care about LGBT concerns. It is critical that schools include LGBT people as they work to ensure that they reflect the U.S. population and welcome groups who have historically faced discrimination and who bring enriching experiences and perspectives.

Ensure that diversity statements are inclusive of LGBT people.

It means a great deal to LGBT students, staff and faculty to be mentioned when schools announce their commitment to diversity in general and specific groups in particular. All too often, diversity materials leave out LGBT people when expressing support and concern for groups that have long faced discrimination, welcoming them to the school and indicating pride in their presence. When LGBT students and employees are not mentioned, they wonder—sometimes, sadly, with reason—whether their school appreciates their presence and is aware of and concerned about the challenges they face.

When creating diversity advisory groups and/or developing diversity plans and reports, include the perspectives, experiences and concerns of LGBT students, staff and faculty.

When a school charges staff, faculty or a specially constituted group with examining institutional diversity and making recommendations for improvement, it's important that LGBT concerns be explicitly included in the charge, so they're not overlooked or added only as an after-thought. Likewise, in selecting those who will prepare diversity plans or reports, it is essential to include people who are well-versed in LGBT perspectives, needs and resources.

Allow LGBT students and employees to self-identify on institutional surveys and forms.

It sends a very welcoming message to LGBT students and employees when surveys and forms requesting demographic data on a voluntary, confidential basis provide options for them to self-identify as LGBT, if they wish. By modifying the “gender” question on surveys and forms to be transgender-inclusive and also adding a question about sexual identity, schools

15. An online search will reveal a host of transgender trainers and other training options nationwide. For a map of campus LGBT centers, visit the Consortium of Higher Education LGBT Resource Professionals: <http://www.lgbtcampus.org/lgbt-support-services-map>

For a list of the 200+ LGBT community centers in the country, visit Centerlink: <http://www.lgbtcenters.org/Centers/find-a-center.aspx>

16. A helpful overview of transition concerns is available from HRC: <http://www.hrc.org/resources/entry/workplace-gender-transition-guidelines>

17. For example, see the extensive resources provided by the National Center for Transgender Equality: <http://transequality.org/Resources/> Also, the HRC Foundation provides employee resources that are often useful to students: <http://www.hrc.org/resources/entry/coming-out-in-the-workplace-as-transgender>

can readily gather useful LGBT data.¹⁸ Not all LGBT students and employees will self-identify, even when assured of confidentiality, but important information can still be gathered.

Allowing LGBT self-identification also signals other students and employees that your school includes and welcomes LGBT people and familiarizes them with a best practice in patient data collection and health research. In addition, schools that have allowed LGBT respondents to self-identify and have added LGBT-related questions on climate surveys have gained useful insights into areas where improvement is needed.

TIP: Dr. Randall Sell of Drexel University documents on gaydata.org has shown that adding a question about sexual orientation does not significantly lessen survey participation. In fact, questions about sexual orientation were added to the National Health Interview Survey in 2013¹⁹ and are increasingly common in surveys on health and other topics around the country.

When holding celebrations of diversity or planning a calendar of diversity events, be mindful of LGBT inclusion.

When your school plans a general diversity event, be sure that LGBT people, achievements and concerns are mentioned. It's also a good idea to review invitations to make sure they are LGBT-inclusive--for example, that they mention "partners" as well as "spouses."

In addition, like other groups that have faced discrimination, LGBT people have particular points in the year when they take pride in their accomplishments, commemorate those who have been lost and invite others to join them in working toward equality. These

18. A number of institutions have chosen to modify their gender question to offer the following options, inviting respondents to check all that apply: female, male, transgender (sometimes divided into transgender MTF/transwoman and transgender FTM/transman) and other (inviting respondents to specify). Another approach is the two-step question recommended by the UCSF Center of Excellence for Transgender Health: <http://transhealth.ucsf.edu/trans?page=lib-data-collection>. A number of institutions have also created a question regarding sexual identity, offering these options: bisexual, gay/lesbian, heterosexual/straight and other (inviting respondents to specify). UCLA's Williams Institute provides additional information at: <http://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics-studies/best-practices-for-asking-questions-about-sexual-orientation-on-surveys/>

19. See <http://www.hhs.gov/news/press/2013pres/06/20130603a.html>

excellent opportunities for schools to show their commitment to equity and support for LGBT students, faculty and staff include:

- **National Coming Out Day**, October 11 (celebrated since 1988; also the anniversary of college student Matthew Shepard's murder in Wyoming in 1998)
- **LGBT History Month**, October
- **Transgender Day of Remembrance**, November 20 (a commemoration of transgender people who have died in hate crimes that has been expanded into a day or week of transgender awareness)
- **National LGBT Health Awareness Week**, generally last week in March
- **Pride Month**, usually June, but July, August or other months in some areas

TIP: Make sure that your diversity celebration is taking place in a venue that is safe and welcoming for LGBT students and employees. For example, a gala shouldn't be held in a location where same-sex couples are likely to be looked at askance if they dance together or where transgender people are likely to be confronted if they use their gender's bathroom.

ADMISSIONS

Needless to say, it is critical that LGBT students, staff and faculty be welcomed into health professional schools and protected from bias and discrimination in admissions and recruitment. Your school can do much to ensure that LGBT people experience a level playing-field and as warm an invitation as all other applicants.

Sadly, LGBT student applicants can face particular challenges in making their way to the health professions. Although there is not yet reliable data about their prevalence in the general population, allowing a determination of whether they are underrepresented among health professional students, there are certainly indications of the special difficulties they may experience.

For example, the 2010 University of California Undergraduate Experience Survey, asked UC undergraduates on all campuses about their career aspirations, while also allowing them to self-identify as LGBT. Of the 61,800 students who responded, 24% of heterosexual-identified respondents indicated they were interested in

a health professions career, while only 15% of LGB-identified undergraduates said they aspired to a health career.²⁰ No follow-up questions were posed, but possible explanations for this significant difference (which might well be even more marked in other areas of the country) include:

- Awareness of public resistance to LGBT people in the health professions. In a 2005 Gallup poll of the general public about their "attitudes toward homosexuality," 19% said that lesbians and gay men should not be permitted to be physicians.²¹ In another survey, 36% of respondents indicated that they would not knowingly see a lesbian or gay health professional.²² (Neither survey asked about bisexual or transgender health professionals.) While LGBT youth are unlikely to know of these specific surveys, they are likely to sense resistance to LGBT people in general in the health professions.
- As much research has found, considerable resourcefulness and resilience are required for many LGBT youth to negotiate their adolescent and college years. For example, the process of deciding whether, when and how to come out to family, friends and other adults and peers adds a daunting layer of complexity to the lives of LGBT youth as they juggle academics and other commitments. And they may have to negotiate additional challenges: as a group, LGBT youth have been shown to experience extraordinarily high rates of bullying, parental abuse, homelessness, depression, alcohol use, substance use and more.²³ All of these challenges can threaten the degree of academic success needed to be a strong candidate for the health professions.
- The limited availability of role models may also influence LGBT students' sense of themselves as future health professionals. They may even hear LGBT health professionals

20. Unpublished data, 2010 University of California Undergraduate Experience Survey. Available from the Office of the President, University of California.

21. Saad, Lydia, *Gay Rights Attitudes a Mixed Bag*, in Gallup, A. & Newport, F., eds., *The Gallup Poll: Public Opinion 2005* (The Gallup Poll: 2005).

22. Lee, Rita et al. *The Dilemma of Disclosure: Patient Perspectives on Gay and Lesbian Providers*. *J Gen Intern Med* 23(2):142-7

23. Much has been written about the challenges faced and resilience shown by LGBT youth. For an overview, see Ryan, C. *LGBT youth: Health concerns, services and care*. *Clinical Research and Regulatory Affairs*, 2003, 20(2): 137-158.

mocked: for example, googling “gay dentist” brings up multiple mocking references to “the tooth fairy.” Anecdotally, very few LGBT health students report being acquainted with or even knowing of an LGBT health professional—beyond a handful of LGBT characters on medical TV shows. (See section below on mentoring.)

- Undergraduate career advisers may not be prepared to answer LGBT students’ questions about whether and how to mention their LGBT status, LGBT-related studies and/or LGBT co-curricular activities on graduate applications.

- Targeted outreach to potential LGBT students in print or in person is rare. In fact, LGBT people looking at a health professional school’s website or print materials may find no explicit mention or other indication of an LGBT presence or welcome, even in sections on diversity. This may lead, rightly or wrongly, to the conclusion that the school is not LGBT-inclusive or -supportive.

Fortunately, all of these admissions challenges can be addressed by health professional schools by using the recommendations below to send a message of equity and inclusion to actual and potential LGBT applicants.

Develop targeted LGBT outreach materials, including text on your admissions website and/or a brochure or one-pager for use in general or LGBT-oriented recruitment activities.

These materials can highlight the ways in which your school extends institutional equity (see above), mention any LGBT group(s) or initiatives, feature an LGBT-related image (like a rainbow flag-draped table at a student event), include a quote from LGBT students, reprint your school’s LGBT-inclusive non-discrimination policy and showcase a statement from leadership welcoming LGBT applicants.

.....

TIP: If you develop an LGBT brochure or one-pager, be sure to include it if you send applicants and information-seekers packets of materials geared to other groups representing diversity. Likewise, if you offer applicants and interested others a checklist of informational materials they can receive, include your LGBT brochure or one-pager.

.....

Make outreach and admissions materials that highlight diversity LGBT-inclusive.

If your materials feature images of students from groups that have historically faced discrimination, consider adding a photo of

an LGBT event poster, a student wearing a rainbow sticker on her ID badge or a group staffing an LGBT table. Likewise, if student groups representing diversity are listed, add the LGBT group at your school, if there is one. If students are quoted praising the climate for diverse groups, add a quote about your school’s LGBT inclusiveness.

If you list online or in print individual students or student groups who can be contacted for information about your school, include a person or organization who can provide LGBT-related insights.

If your school lacks a student volunteer or group, try to identify a faculty or staff member who can describe your school’s LGBT climate and answer questions. But be sure they are well-prepared and sensitive to confidentiality concerns—a well-meaning but ill-prepared contact can unintentionally undo your school’s LGBT outreach!

Make activities for information-seekers, applicants and admitted-but-undecided students LGBT-inclusive.

LGBT students often mention how meaningful it is to visit a potential school and hear an LGBT person on a panel about student life or a presentation about LGBT-related faculty research or a mention of innovative LGBT curriculum. These inclusion efforts can seem small, but make a real difference.

Recruit LGBT and LGBT-knowledgeable students and employees to be admissions reviewers and interviewers.

If your school tries to ensure that admission reviewers and interviewers include people from groups that have historically faced discrimination (and people knowledgeable about the challenges faced by these groups), consider doing similar outreach to potential reviewers and interviewers who are LGBT and LGBT-knowledgeable.

Train admissions staff and interviewers to be knowledgeable and sensitive around LGBT concerns.

Admissions training is essential for LGBT applicants to experience equity and inclusion and, more generally, for the health professions to represent the U.S. population in all its diversity. LGBT training significantly increases the likelihood that LGBT applicants will be reviewed—and interviewed—in an unbiased, knowledgeable way. It also reinforces the

message that LGBT diversity is prized along with other forms of diversity.

To achieve these purposes, admissions training should include a careful, thorough discussion of the challenges faced by LGBT people in the health professions and beyond, not just information about your school’s climate, curriculum and resources. This approach educates and engages attendees who may feel hesitant about LGBT inclusion in the health professions or even about LGBT equity, allowing them to air their concerns and receive thoughtful responses. If training doesn’t skillfully address underlying misconceptions, stereotypes and prejudices, interviewers may merely be left with information that they are reluctant to deliver or that they convey with discomfort or disapproval. Your school should respond to persistent LGBT bias among reviewers and interviewers just as it would to bias in relation to other groups that have historically faced discrimination.

With training, staff and interviewers can knowledgeably and comfortably answer questions on key topics like same-sex partner health coverage, transgender health benefits, LGBT inclusion in the curriculum, LGBT health research, LGBT student and faculty groups and the LGBT climate on campus and locally (which can be readily ascertained through informal and/or focus-group meetings with LGBT students and employees). Without training, they run the risk of giving LGBT applicants an incomplete or misleading picture or even having their lack of preparation mistaken for individual or institutional bias in relation to LGBT people. Anecdotes abound of interviewers showing embarrassment or changing the subject when asked about LGBT topics—and, conversely, of applicants being impressed and touched by interviewers who, while not LGBT themselves, were clearly prepared for LGBT questions. Until all staff and interviewers are up to speed, it is wise to publicly identify a particular person who can answer LGBT applicants’ questions fully and empathetically, although this is not a substitute for broad training.

Consider allowing LGBT applicants to identify as such, if they wish, in the “demographics section” of admissions forms you generate or control.

As discussed above, in relation to institutional equity, schools gather useful data and send a powerful message of equity and inclusion when

they give LGBT people the opportunity to self-identify on forms and surveys. Not all LGBT people will take advantage of this opportunity, but it has real statistical and symbolic meaning. (Specific self-identification approaches are discussed above in connection with institutional equity.)

Institutions that allow LGBT self-identification in other contexts sometimes hesitate to provide them in admissions materials, concerned that this may make their school's admissions process seem more LGBT-inclusive and -equitable than it really is, and may engender biased responses to self-identifying applicants. This possibility underscores the importance of training admissions staff and interviewers, as described above, to respond the same way to LGBT admissions bias as to any other form of bias. If a school feels that self-identification options would put applicants at serious risk of rejection, it should embark on admissions training as soon as possible, since applicants may well come out regardless of whether forms specifically allow LGBT self-identification, in the course of describing meaningful extra-curricular activities and /or community service. Concern about the consequences of self-identification should lead to training, rather than indefinite postponement of self-identification opportunities.

.....

TIP: Some colleges and universities now offer LGBT self-identification options in their undergraduate admissions materials,²⁴ as do some law schools.²⁵ There has also been preliminary exploration of LGBT self-identification in the common medical school application.

.....

STAFF & FACULTY RECRUITMENT AND RETENTION

It is important to assure LGBT people that they are welcome at your school and to afford them unbiased treatment in the employment process. LGBT staff and faculty bring a wealth of benefits to health professional schools, allowing them to mirror the population as a

whole, offering them diverse experiences and perspectives, helping create an LGBT-friendly and -knowledgeable climate and assisting with LGBT mentoring, curriculum development, health research, patient care and more.²⁶

LGBT-related bias or discrimination in recruitment may or may not resemble bias or discrimination vis-à-vis other groups. For example, LGBT prejudice may be expressed in a comment like one all too often made about candidates from other groups that have historically faced discrimination: "I just don't think this person is a fit for us." Whenever this kind of remark is made, it's important to follow up, asking about the position-related reasons for it and assessing their validity.

LGBT bias is not always expressed covertly, however. People involved in search processes may feel comfortable expressing it openly and may even consider it justifiable. They may also feel, in states or at schools where there is no prohibition against LGBT discrimination, that there will be no consequences if they downgrade a candidate for being or seeming LGBT. It's not uncommon for LGBT candidates to engender comments like, "I don't think our students would be comfortable with someone like this," "I don't want one of these people sitting at our front desk," or "The other staff will be upset if they have to work with a person like this."

Employment equity and diversity can never be achieved, of course, if these kinds of comments about prospective staff and faculty from groups that have historically faced discrimination prevent them from being hired. When qualified candidates are turned away due to discomfort or other bias, a school not only loses their skills and experience but also misses an opportunity to deepen mutual understanding and respect in the workplace.

The presence of LGBT employees, far from engendering discomfort, often promotes acceptance. Research has shown that being acquainted with someone LGBT is the leading factor in acceptance of LGBT people²⁷—and workplaces always benefit when employees reach

across and learn from difference.²⁸ As so many have observed over the years, workplace equity isn't "just" the right thing to do—it's the smart thing to do.

Provide LGBT training to human resources staff involved in recruitment and hiring.

It's important that HR staff involved with hiring, compensation and benefits be knowledgeable not only about your school's LGBT-related policies, benefits and resources but also about general LGBT workplace concerns, particularly bias and discrimination. This enables them not only to answer candidates' questions and provide information to hiring managers and search committee chairs but also to identify statements or practices that may convey bias or constitute discrimination. As in the admissions realm, it can be helpful to identify a point-person in HR to provide LGBT information and training, although all key HR staff should be up to speed on LGBT recruitment concerns.

If your school provides materials and/or trainings to strengthen recruitment practices, make them LGBT-inclusive.

This alerts hiring faculty and managers to your school's LGBT-related policies, benefits and resources. LGBT inclusion in trainings is a particular boon to faculty and staff involved with recruitment, who often appreciate the opportunity to discuss how to respond to a biased comment about an LGBT applicant or to a question from a candidate about partner health coverage or other aspects of school climate.

Make your school's "equal employment opportunity employer" notifications LGBT-inclusive.

If your school declares via advertising, job postings, human resources webpages or other materials that it does not discriminate on the basis of specific identities, characteristics or experiences, add "sexual orientation" and "gender identity and expression" (or "LGBT status") to the list. You may also want to add "LGBT individuals" to taglines indicating that certain groups "are encouraged to apply." Needless to say, LGBT people respond very positively when they see these assurances.

24. For an overview of undergraduate self-identification initiatives, see this post by Shane Windmeyer of Campus Pride: http://www.huffingtonpost.com/shane-l-windmeyer/college-admission-forms-sexual-orientation_b_1346593.html

25. The Law School Admission Council has created webpages to provide information and advice to LGBT applicants: <http://www.lsac.org/jd/diversity/lgbt-overview.asp>

26. Extensive information about recruiting and supporting LGBT faculty in schools of medicine is available on pages 25-32 of the Association of American Medical Colleges (AAMC) Group on Faculty Affairs (GFA) New Members Toolkit: <https://www.aamc.org/download/53522/data/gf toolkit.pdf>

27. See, for example, Inside-OUT: A Report on the Experiences of Lesbians, Gays and Bisexuals in America and the Public's Views on Issues and Policies Related to Sexual Orientation, note 1 above.

28. See Degrees of Equality, Human Rights Campaign, 2009: <http://www.hrc.org/resources/entry/degrees-of-equality>

Consider adding LGBT groups, meetings and publications to your recruitment efforts.

If your school does targeted outreach to groups that have historically faced discrimination, consider adding LGBT people to the list. There are LGBT groups in most of the health professions, with listservs and regular meetings and GLMA is an interprofessional organization with a well-attended annual conference.²⁹ In addition, most major cities have an LGBT publication with employment advertising and there are several national LGBT publications online and in print. If your recruitment staffing and budget are limited, even one posting or ad can send a welcoming message to potential LGBT candidates.

TIP: For information about LGBT health professional groups, contact GLMA. To learn about LGBT publications locally or nationally, just do an online search—or ask an out LGBT student or employee for help.

STAFF & FACULTY TRAINING

As already noted in the context of admission and recruitment, training is a must for a school to live out its policies and intentions around LGBT equity and inclusion. Interestingly, LGBT training often receives exceptionally positive evaluations from attendees, who often feel they have received “news they can use.” Because LGBT visibility was so low for so long and because LGBT myths and stereotypes still abound, training that provides an LGBT overview, lets participants ask questions they might hesitate to raise in other settings and offers advice and resources for relating comfortably to LGBT classmates and colleagues is often highly valued. Although more extensive training is ideal, a 90-minute session covering these basics, if done well, can leave participants with heightened empathy for LGBT people and a personal commitment to ensuring that they experience equity and inclusion.

Fortunately, good LGBT training is widely available. For example, many campus LGBT centers, along with other LGBT groups and individual trainers, offer “Safe Zone” and “Ally” trainings that health professional schools have found useful, particularly if tweaked to meet

their particular needs.³⁰ These trainings often focus on strategies for Counseling staff may want information and resources to enhance their work around coming out, depression, anxiety and other challenges experienced by LGBT people as a group.

International student services should gather information about the treatment of same-sex partners and spouses under federal immigration and citizenship laws and regulations,³¹ and about how best to support students from countries that are hostile—often openly so—to LGBT people.

Campus police should discuss strategies for responding sensitively to situations involving LGBT students, staff and faculty (such as a call about “a man using the women’s bathroom” after a transgender woman has used the facility reflecting her gender identity) and for generally enhancing their relationship with LGBT community members.

Student health center staff should ensure that they have up-to-date information about key topics (including transgender health needs, sexual health risk assessment, HIV/STI screening and treatment, hepatitis among men who have sex with men (MSM), pap smears for MSM and women sexually active with women and pre- and post-exposure prophylaxis for MSM), as well as referrals to LGBT-sensitive local health resources.³²

Financial aid offices should gather information about the treatment of students who have a same-sex spouse or registered partner, which may differ under state and federal laws supporting LGBT students, but their content can also be helpful in resolving

30. These trainings are often available from a campus or community LGBT center, as described in note 12 above. For examples of Safe Zone training provided by schools of medicine, see these materials developed by the Boston University School of Medicine and the Feinberg School of Medicine: <http://www.bumc.bu.edu/facdev-medicine/diversity/lgbt/safe-space-training/> <http://www.feinberg.northwestern.edu/diversity/programs/safe-space/>

31. For example, see UCSF’s webpage for LGBT students: <http://isso.ucsf.edu/resources/lgbt-resources>

32. A number of student health centers offer webpages designed for LGBT students. For example, see: <http://studentaffairs.psu.edu/health/services/clinicalServices/lgbtHealth.shtml> <http://www.health.umd.edu/healthpromotion/lgbthealth> <http://www.princeton.edu/uhs/healthy-living/hot-topics/lgbt-at-princeton/>

workplace challenges. Participants in trainings like these often receive a pin, sign or sticker that allows them to make known their support for LGBT equity and identifies them as resources.

Health professional schools may want to make a point of arranging training that incorporates information about LGBT health challenges, which can draw additional attendees and underscore the importance of creating a welcoming and supportive climate for LGBT students, staff and faculty. Schools may also want to add content for particular internal audiences:

While audiences like these are often very receptive to LGBT training, health professional schools sometimes worry that others—for example, deans, department chairs and other senior faculty—will not make themselves available for training. This may be a realistic fear, yet it is still important to offer them the opportunity. A number of schools have been pleasantly surprised when very busy faculty have nonetheless made a point of attending an LGBT training, with explanations like, “I’ve never gotten this information before,” “I have an LGBT relative,” “I’ve seen the new reports on LGBT health,” or “I wanted to let other faculty and staff know that this really matters.”

TIP: Many LGBT trainers feel that the ideal training approach combines personal storysharing, factual information, a “no dumb questions” period and an opportunity for participants to brainstorm solutions to common LGBT workplace and classroom challenges. But balance among these is critical. Training that consists solely or primarily of a speaker panel can leave participants without information about your school’s resources and panelists who are not carefully vetted may offer very idiosyncratic perspectives that can be misleading or confusing. On the other hand, a presentation that is dry and factual can fail to generate interest and empathy, leaving attendees bored and resistant to further diversity training. Likewise, a “no dumb questions” period, while always advisable, needs to be skillfully facilitated so that it doesn’t crowd out other aspects of training or revolve around a particularly persistent questioner or obscure query. Brainstorming, too, calls for careful guidance, lest attendees unfamiliar with LGBT concerns come up with ideas that would actually create more problems than they would solve.

29. For more information about GLMA, visit www.glma.org.

TARGETED PROGRAMS FOR LGBT STUDENTS & EMPLOYEES

Programs targeted to the particular needs of LGBT students, faculty and staff are tremendously helpful, both for the information they provide and the supportive message they send. Not all LGBT people will have a need for all programs, but all will appreciate the fact that they are offered.

LGBT people at your school can be surveyed formally or informally to pinpoint topics of greatest interest. Topics like these typically rise to the top of the list:

- **Navigating “outness” as a healthcare professional.** No topic is of greater interest than this. One effective approach is to assemble a panel of out faculty (and/or hospital- or community-based professionals) to discuss their personal coming out process and their thoughts about being out to classmates/colleagues, “authority figures,” and patients. The Q&A following is always lively and a reception or meal after the panel provides opportunities for follow-up and informal discussion.

- **Being out when applying for jobs or residencies.** A workshop, dedicated speaker or panel on this specific outness topic is extremely useful. Students, in particular, appreciate guidance in thinking about whether, when, where and how to come out in their professional journeys.³³ While, of course, no one answer fits all people and all situations, it is very helpful to discuss possible approaches to being out in personal essays, in responding to questions like “Tell us more about yourself,” in resumes/CVs and in interviews. It is important that a session like this also cover situations in which applicants are “automatically out,” for example, when they are seeking a same-sex partner match or when their records are in a different name and/or gender.

- **Legal and financial challenges.** It’s very helpful to provide information about the particular legal and financial challenges of being LGBT. For example, the patchwork of state and federal relationship recognition means that married and state-registered same-sex partners face special tax filing requirements and employees providing same-sex partner health

coverage through their employer need to plan for income tax on their employer’s contribution to the coverage. Limited legal relationship recognition also means that same-sex partners need to make a point of preparing powers of attorney and advance directives and need to approach estate planning thoughtfully.³⁴ In addition, people planning a gender transition need to do careful financial planning, given the rarity of transgender health coverage and need reliable information about changing their name and gender in various systems.³⁵ And LGBT people as a group need information about how to respond to discrimination they experience, both in settings where it is prohibited and where it is not.

INCLUSIVE PROGRAMS

When programs designed to help your students negotiate particular challenges are made LGBT-inclusive, they not only assist LGBT students but also acquaint other students with LGBT experiences. It means a tremendous amount to LGBT students when they see themselves and their concerns reflected in general programming. Possibilities for this include:

- **Welcome and orientation events.** These programs typically include a panel of students talking about how they negotiated their first months of health professional school or a panel of faculty offering advice about that critical time. Inclusion of an out LGBT panelist can be very helpful in reassuring LGBT newcomers that they are seen and supported. In addition, when orientation speakers welcome specific groups—students who may have faced particular obstacles in getting to health professional school—it is very meaningful to LGBT students to be included and for others to learn that they face some special challenges, as described above.

- **Student life panels and workshops.** More and more schools are offering programs to help students combine intensive academic work with relationships and parenting duties and to help

them cope with challenges ranging from anxiety and depression to eating disorders and substance use. In designing these programs, it is important to ensure that presenters acknowledge and encompass LGBT people’s existence and experiences. LGBT students often report feeling unseen when, for example, couples are always mentioned as heterosexual, parents are referred to only as mother-father pairs, the toll taken by social stigma on emotional wellbeing is not discussed and other challenges faced by LGBT people are not acknowledged.

- **Professional development workshops and speakers.** As mentioned above, targeted programs to assist LGBT students with career challenges are critical. But it is also important to acknowledge LGBT concerns in general offerings that help students decide where to apply, craft their resumes, prepare for interviews, cultivate referrals, learn managerial skills and maximize advancement opportunities. All of these aspects of career development hold particular challenges for LGBT people and while targeted activities allow them to be explored in depth, they should not be overlooked in broader programs. When other students become acquainted with LGBT workplace challenges, they often report being surprised by them and wanting to minimize them as their own careers unfold.

- **Social activities.** LGBT students sometimes avoid (or shorten their stays at) school social activities, even in this day and age. If not out, they may worry that it will be difficult to navigate the event comfortably. And if out and coupled, they may feel, unlike other students, that it would be unwise to bring their partner—that dancing together or publicly showing affection in any way might cause problems they don’t want to have to negotiate. Schools and student groups can ease dilemmas like these by holding social events in venues where same-sex couples will be as comfortable as possible and by making publicity LGBT-inclusive both in wording (“all partners welcomed”) and in any images used.

34. Lambda Legal has prepared a toolkit for same-sex partners: <http://www.lambdalegal.org/publications/take-the-power>

35. Information about gender and name changes in - and state systems is available from Lambda Legal: http://www.lambdalegal.org/sites/default/files/publications/downloads/trt_transgender_id.pdf

33. Ming Chan, MD, PhD, has authored a Guide for LGBT Medical Students Applying for Residency which is useful across professions: http://lgbt.ucsf.edu/services_health.html#education

AWARENESS-BUILDING ACTIVITIES

In addition to targeted and inclusive programs like those described above, school-wide activities designed to enhance LGBT awareness and acceptance do a tremendous amount to ensure a welcoming environment. In fact, all of these efforts reinforce and amplify each other to warm up a school's LGBT climate. Many schools have had success with campus-wide awareness-building activities like these:

- **Prominent speaker on LGBT equality.**

A well-publicized event featuring a nationally known speaker can be a great opportunity for students, staff and faculty to come together in a show of support for LGBT equity and inclusion. The catalogues of both general and LGBT-focused speakers bureaus can be consulted to identify speakers who would draw a crowd at your school. For example, you may want to bring a speaker who speaks to intersectionality, as someone who is both LGBT and a member of another group that has faced historic discrimination or a speaker who has achieved a notable breakthrough, like the first out legislator in your state.

TIP: Consider speakers who may not be LGBT themselves but nonetheless do much to enhance understanding of LGBT people and advance LGBT equality. One example is Judy Shepard, mother of Matthew Shepard, the gay University of Wyoming student who was murdered in 1998, who says she was "an average homemaker" until her son's death led her to become a powerful voice against hate crimes of all kinds.

- **"LGBT 101" talk.** An event like this provides detailed information about LGBT identities, nomenclature, demographics and more, answering the basic questions that people who are not LGBT often want and need to ask, but may hesitate to raise with an LGBT peer.

- **"Ally" or "Safe Zone" training.** This can be offered not only to staff and faculty, as mentioned above, but also in open sessions, to anyone interested in being an ally to LGBT people. These trainings typically begin by providing LGBT 101 information, then explore LGBT concerns in depth, often offering opportunities for problem-solving and role-playing. Attendees generally receive a sticker, sign or pin that identifies them as having taken LGBT training. As preparation for training or for general information, students and

employees interested in being LGBT allies may want to review the online materials provided by the national project Straight for Equality in Healthcare.³⁶

TIP: Staff and faculty who are LGBT (or who are LGBT-knowledgeable, thanks to training and experience) may want to wear or display a pin, post a card or sign or add a rainbow stripe to their ID card to indicate that they are LGBT-supportive.³⁷ This does much on an informal level to warm up the climate for LGBT students and colleagues.

- **LGBT Health 101 talk.** Many health professional schools have drawn sizeable audiences for presentations that describe the health disparities and inequities experienced by LGBT people, together with strategies for addressing them. In fact, a number of schools have scheduled follow-up talks on the topics covered, such as the particular health concerns of transgender people and LGBT youth, elders and parents.

- **Timely topic talk.** When an LGBT-related incident has been in the news, there may be particular interest in awareness-building events. For example, after gay Rutgers student Tyler Clementi committed suicide, a number of schools invited speakers to discuss topics like the challenges faced by LGBT youth, depression among LGBT people and how to support a friend or family member who is coming out.

- **Films and exhibits.** Movies whether dramas, comedies or documentaries can be very powerful ways to engender greater awareness and empathy vis-a-vis LGBT people. Students and employees who might not attend events like those above will often show up for a film. Likewise, an LGBT-related exhibit in a high-traffic location can move and inform people who wouldn't necessarily set other time aside to learn more about LGBT people.³⁸

36. See brochure, FAQs and other resources from Straight for Equality in Healthcare: <http://www.straightforequality.org/Healthcare>

37. Some LGBT-supportive students and employees have turned to online vendors to design their own LGBT-supportive items (e.g., pins saying Straight But Not Narrow). Straight for Equality in Healthcare sells cards and other items indicating support for LGBT people in healthcare: http://www.pflag.org/zen/index.php?main_page=index&cPath=10

38. One source of LGBT-related exhibits is the non-profit Family Diversity Project: <http://familydiv.org/host-an-exhibit/>

TIP: There is a huge variety of LGBT films available for sale and rent. Several national film distributors (like Frameline, affiliated with San Francisco's annual LGBT film festival) specialize in LGBT releases, lists of outstanding LGBT-related films can be found online and some non-profits produce movies and displays specially designed to educate the public about LGBT people and issues.³⁹

- **Holiday commemorations.** As mentioned in connection with inclusion in diversity initiatives, LGBT people have designated particular points in the year to celebrate accomplishments, honor those who have been lost and invite others to join the movement toward equality. While, as noted, several such holidays occur during the traditional school year, National Coming Out Day, celebrated on October 11 annually, is a particularly good opportunity for institutional awareness-building, since it falls relatively early in the typical year and revolves around LGBT visibility. It can be an excellent time to present a speaker, workshop, film or exhibit, to reaffirm your school's commitment to LGBT equity and inclusion via a public statement or to announce the extension of equal benefits or a similar breakthrough.

- **LGBT self-identification initiatives.** Just as allies may want to publicly show their support for LGBT colleagues and students, as described above, LGBT students and employees increasingly want to self-identify, further warming up the school climate for LGBT people. Popular options include a rainbow stripe on ID cards and rainbow caduceus pins.⁴⁰

39. Schools are encouraged to explore the many LGBT-related films now available. Two that have been recently shown in a number of hospitals and health professional schools and can be ordered online, are Transgender Tuesdays (about an early San Francisco clinic serving transgender patients) and Gen Silent (about the healthcare and other challenges faced by LGBT elders); many other excellent films are now available.

40. Many online vendors offer LGBT-themed items, including rainbow stickers the length of an ID card or work with LGBT students and employees to design custom items. In addition, the American Medical Students Association sells a rainbow caduceus pin: https://online.amsa.org/amsassa/ecssashop.show_product_detail?p_product_serno=275&p_mode=detail&p_cust_id=&p_session_serno=&p_trans_ty=&p_order_serno=&p_promo_cd=&p_price_cd=#

MENTORING & NETWORKING

Mentoring and networking are critical for LGBT students, staff and faculty to maximize their success in health professional schools. Fortunately, there is a host of ways in which your school can facilitate the connections that are so important for professional and personal support.

Create (or encourage creation of) a listserv for LGBT students, staff and faculty.

If your school offers listservs for particular groups, it can be very helpful to create one for LGBT students, staff and faculty, so that LGBT-related information is widely distributed and signaling that LGBT concerns are an accepted part of institutional life. A listserv ensures that, as people come and go, there is an ongoing, institutional means of information-sharing that is available at the same address, year in and year out. The listserv can be used for event and position announcements, updates about school policies and practices, subscriber queries about school- and LGBT health-related topics, etc. Potential subscribers can be invited via word of mouth, flyers and existing lists for students, staff and faculty.

Encourage use of social media for mentoring and networking.

If your school does not offer institutional listservs or to supplement an institutional listserv, Facebook, Google, Yahoo and other social media can be used to ensure that LGBT students, staff and faculty are well-connected and stay abreast of LGBT-related activities and developments at your school. Is it important that LGBT-related pages and lists created by a school's students, staff or faculty be treated identically to similar resources created by campus community members vis-a-vis other groups, needs and concerns, with no additional requirements or scrutiny.

Provide an Out List of LGBT students, staff, faculty and alumni/ae.

There is no more helpful resource for LGBT mentoring and networking than a readily available Out List of your school's LGBT students, staff, faculty and alums, since it can be

difficult to identify them otherwise.⁴¹ An Out List serves several important purposes:

- Identifying LGBT students, staff, faculty and alums who can be contacted for information and mentoring, not only by other LGBT people but also by staff and faculty who may be seeking information about a particular LGBT topic, panelists for an event, lecturers for a course or mentors for a student;
- Allowing LGBT students, faculty, staff and alums to come out publicly, if they wish a process that can have great personal meaning;
- Making visible your school's support for LGBT equity and inclusion in general and for LGBT individuals within the campus community.

An Out List is most useful in online form, particularly when linked to email addresses and can be hosted by a student affairs or diversity office. It can also be published in print, with copies made widely available to student affairs and HR staff, although print lists are harder to update and involve more time, labor and expense. Publishing an online Out List in print periodically, however, is very helpful in making the list's existence widely known and showing support for LGBT equity and inclusion; for example, it can be included in the issue of a school's newspaper or newsletter closest to October 11, National Coming Out Day.

Like potential listserv subscribers, potential Out List members can be reached by word of mouth, flyers and email announcements via existing lists and channels. No matter how big a school's Out List is initially or ongoingly, it is a vital source of information and a very welcome sign of an LGBT-inclusive climate.

.....

TIP: Your school may also want to provide a list of LGBT allies for students and others seeking support. An Ally List can draw on those who have completed an Ally or Safe Zone training or who have otherwise accumulated demonstrated knowledge of LGBT concerns, support strategies and key resources. It is recommended that an Ally List be separate from an Out List, to avoid confusion and because of the significance of the coming out process for LGBT people.

.....

41. At this writing, examples of online Out Lists at health professional schools include these (many undergraduate campuses also offer Out Lists):
http://lgbt.ucsf.edu/out_outlist.html
http://www.bumc.bu.edu/oma/out_and_ally_list/
<https://lgbt.hms.harvard.edu/outlist.html>
<http://queersandalliesuc.wordpress.com/out-list/>

Encourage formation of an LGBT student, staff and/or faculty group and meet with its members or representatives regularly.

Needless to say, an LGBT group is an invaluable resource for LGBT people at health professional schools and for that very reason may form on its own. At some schools, however, institutional encouragement may be helpful. For example, LGBT students, staff or faculty can be asked whether there is an LGBT group and how the school might assist in creating one or supporting an existing one. It is important that LGBT groups or people considering forming them, know that they will not face any institutional barriers or heightened scrutiny and that they will have the same access as other groups to resources like funding and publicity mechanisms. They may also need some special institutional assistance, especially when first established; for example, LGBT groups at some schools may need help reserving a room which will offer privacy to members who may not be out.

An LGBT group is also an invaluable source of information for schools seeking to offer an LGBT-welcoming climate. Regular meetings with your LGBT group can ensure that your school is aware of existing and emerging needs and concerns, allowing you to be proactive around LGBT equity and inclusion. Connections made in these meetings can also be very helpful when problems arise.⁴²

Hold a welcome event for LGBT campus community members and support ongoing LGBT gatherings at your school.

42. A number of health professional schools primarily schools of medicine and dentistry have LGBT groups with websites and Facebook pages. They can be readily found online; examples include:
<http://www.dent.umich.edu/academicaffairs/dental-lesbian-gay-bisexual-transgender-alliance-lgbta>
<http://dental.tufts.edu/about/student-gateway/student-organizations/gay-lesbian-bisexual-transgender-and-allies-student-organization-glbt/>
<https://www.facebook.com/PennLGBTQAlliance>
<https://www.facebook.com/GSDAUCSF>
<http://www.med.unc.edu/qsas/about-qsas>
<https://medschool.vanderbilt.edu/qsas/>
<http://lgbthealth.wustl.edu/>
<http://www.bumc.bu.edu/facdev-medicine/diversity/lgbt/>
<http://www.med.upenn.edu/lgbt/>
<http://medstation.yale.edu/gsm/wwww/>
<http://www.ucdmc.ucdavis.edu/diversity/lgbt2.html>
<https://lgbt.hms.harvard.edu/>
<http://lgbtpm.uchicago.edu/>
<http://www.hopkinsmedicine.org/som/students/diversity/LGBT%20Resources.html>
<http://weill.cornell.edu/diversity/communities/lgbt-communities/>
<http://school.med.nyu.edu/student-resources/diversity-affairs/professional-development/student-life/lesbian-gay-bisexual-and-t>

The start of the school year, when welcome events abound, is an ideal time to send a strong message of LGBT equity and inclusion at your school. LGBT students, staff and faculty can be contacted to offer support for a planned event or to request assistance in planning one. Whether the gathering is held on- or off-campus, as an institutional event or not, it is important that information be made available about LGBT resources at your school; in fact, an institutional representative may want to request time to offer a welcome in person and review what your school offers. LGBT attendees often report that this kind of event makes a big difference in their comfort level going forward.

Provide funding for attendance at major events for LGBT health professionals and trainees.

If your school has earmarked or discretionary funds for students (and others) to attend important conferences, make sure they know that this support is available for them to attend key LGBT meetings. Individuals returning from these events have made contributions to their school's LGBT climate and curriculum that would otherwise have been impossible or much-delayed and the mentoring and networking they experience can be life-changing. GLMA holds a popular and well-attended national conference annually for LGBT health professionals and students, and national LGBT health student gatherings have been convened by the University of California San Francisco, the American Medical Students Association and others. GLMA staff can provide information about upcoming events, which are also highlighted in GLMA's periodic e-newsletters.

Ensure that LGBT people are included in existing mentoring programs.

If your school offers mentoring programs, it is very helpful to have LGBT people among the mentors. LGBT mentorees will not always choose to work with them (or may not be assigned them if assignments are random), but their presence in the pool adds an important resource, for mentors and mentorees alike, and sends a welcoming message. It is also a good practice to provide LGBT information in any preparation mentors receive, so that they are equipped to provide good guidance or referrals around LGBT concerns.

OTHER KEY BEST PRACTICES

Appoint an LGBT point person or high-level LGBT advisory group.

Your school will find it immeasurably easier to implement and maintain these recommendations if you designate an LGBT point-person to help carry out your school's commitment to LGBT equity and inclusion. Of course, it should never fall to only one person to create a supportive and welcoming climate work to this end should never be just one person's job. But a point-person can do much to ensure that your intentions are lived out.

Ideally, an office would be created for this purpose, with at least one fulltime staff member, adequate administrative help and a programming budget. An office ensures that LGBT work at your institution is carried on regardless of the comings and goings of staff and faculty, and shows a particularly strong institutional commitment. Every recommendation in this publication is best served by the creation of an LGBT office.

If your school's budget or structure makes an office impossible, however, public designation of an LGBT point-person is enormously helpful. Again, ideally, this person would be fulltime, although your school's budget or structure may only allow for a part-time appointment, at least temporarily.

If your budget prohibits even a part-time appointment, it is extremely valuable to create an ongoing, high-level LGBT advisory group of students, staff and faculty to assess your LGBT climate, recommend improvements and help implement approved measures. To ensure its effectiveness, this group should report to and regularly meet with your school's president, dean, diversity and inclusion dean or other high-ranking official, although it will also be working with operational staff at various levels. In fact, even if your school has an LGBT office or point-person, a group like this can be very helpful in ensuring that LGBT concerns are addressed as thoroughly and successfully as possible.

Create an institutional website and/or brochure with LGBT-related information and resources.

It is critical that your school provide an ongoing source of LGBT information for students, staff and faculty, both LGBT and not. A website and/or brochure ensures, first, that LGBT community members are fully aware of the actions you have taken to provide equity and inclusion in the areas mentioned above, giving them ready access to a wide range of information important to them. In fact, the site or brochure can be structured around these recommendations, going over what your school offers in each area.

Second, and equally important, a site and/or brochure provides very useful information to other students, staff and faculty, filling them in on your school's LGBT-related policies, benefits, training opportunities, awareness-building initiatives and more. It is also helpful for an online or print resource to feature a frequently asked questions section, including links to information about, for example, the coming out process or specific LGBT health issues.

A site or brochure is not, of course, a substitute for training or the designation of an office, point-person or advisory group. But it provides an excellent follow-up to training and is usually the first project of any person or group formally charged with implementing or recommending LGBT equity and inclusion initiatives. Suggestions for web and brochure content are given above, in connection with the development of an LGBT-related admissions site or brochure.

.....
TIP: Although websites are unsurpassed as information sources, your school may also want to produce a brochure to publicize your LGBT webpage(s), to reach out to employees who lack ready online access and to include in print orientation packets for students and employees, unless or until your orientation materials are available only online. A brochure is also very helpful to have at events, during tabling, at recruitment fairs and in waiting rooms.
.....

Consider an award or other recognition for LGBT leadership or achievement.

If your school recognizes students, staff or faculty for leadership or achievements in diversity or other areas, it is very meaningful to extend this recognition to LGBT-related accomplishments. People recognized may or may not be LGBT themselves, since the aim is simply to celebrate contributions to LGBT equity and inclusion.⁴³

A public event celebrating those being recognized can be a very moving occasion, bringing together both LGBT people and allies to reflect on all that has been accomplished. The presence of campus leaders at an event like this sends a powerful message and attendees often additionally appreciate hearing comments from those being honored. As they share stories of overcoming obstacles both internal and external, all present get a sense of how rewarding it is, personally and institutionally, to help make equity and inclusion possible for all.

CONCLUSION

While beyond the scope of this paper, it is important to note that additional opportunities exist for health professional schools and school-affiliated healthcare facilities to improve the health of and care environment for LGBT patients. LGBT inclusion in curriculum plays a critical role in improving health and achieving equity for LGBT patients. Climate improvements are a great first step and can even contribute to and maximize the success of curriculum changes. There are many resources available and in development from a number of organizations and academic institutions aimed at inclusion of LGBT health in curricula. Additionally, there are many resources available aimed at creating a more welcoming environment for LGBT patients in school-affiliated healthcare facilities and healthcare settings in general. Examples include the Human Rights Campaign's Healthcare Equality Index (www.hrc.org) and GLMA's Guidelines for Care of Lesbian, Gay, Bisexual and Transgender Patients (www.glma.org). Not only will implementing these changes improve the health of LGBT patients, inclusion of LGBT health in curricula and improving the care environment for patients will send a strong message to LGBT students and employees, and contribute to an improved climate for them.

Improving the climate for LGBT students and employees is enormously important and will make a huge impact in helping all students and employees be their full, authentic selves. Whether your school is just beginning its journey toward LGBT equity and inclusion, or is well along, this paper addressed the spectrum of climate issues experienced by LGBT students and employees and offered best practices and tips to assuring fair and unbiased treatment of LGBT people within your institution. As noted at the onset of this paper, not all can be implemented immediately but each one you embrace will be a gift to all of your students and employees.

43. An example of criteria and nomination processes for an LGBT award is available from the Chancellor's Office at the University of California San Francisco: <http://ucsfchancellor.ucsf.edu/award-gay-lesbian-bisexual-and-transgender-leadership>



Selected Citations

LGBT Health Issues & LGBT Health Education

GENERAL ISSUES

Alper J, M.N. Feit, and J.Q. Sanders. 2012. Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records: Workshop Summary. Board on the Health of Select Populations, Institute of Medicine. Available at <http://iom.edu/Reports/2012/Collecting-Sexual-Orientation-and-Gender-Identity-Data-in-Electronic-Health-Records.aspx>

AMA (American Medical Association). 2010. Health care needs of the homosexual population. AMA policy regarding sexual orientation. Available at <http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/glb-advocacy-committee/ama-policy-regarding-sexual-orientation.shtml>.

American Psychological Association. 2009. Report of the task force on appropriate therapeutic responses to sexual orientation. Washington, DC: American Psychological Association. Available at <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

Ard K.L. and H.J. Makadon. 2012. Improving the Health Care of Lesbian, Gay, Bisexual and Transgender (LGBT) People: Understanding and Eliminating Health Disparities. The National LGBT Health Education Center, The Fenway Institute, Fenway Health. Available at http://www.lgbthealtheducation.org/wp-content/uploads/12-054_LGBTHealtharticle_v3_07-09-12.pdf

Cahill S., C. Grasso, and H. Makadon. Why gather data on sexual orientation and gender identity in clinical settings. The Fenway Institute, Fenway Health. Available at http://www.lgbthealtheducation.org/wp-content/uploads/policy_brief_why_gather.pdf

Cahill S., C. Grasso, and H. Makadon. How to gather data on sexual orientation and gender identity in clinical settings. The Fenway

Institute, Fenway Health. Available at http://www.lgbthealtheducation.org/wp-content/uploads/policy_brief_how_to_gather.pdf

Cochran S. D., and V. M. Mays. 2007. Physical health complaints among lesbians, gay men, and bisexual and homosexually experienced heterosexual individuals: Results from the California Quality of Life Survey. *American Journal of Public Health*. 97(11): 2048-2055.

Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities; Board on the Health of Select Populations; Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: Institute of Medicine; 2011. Available at http://www.nap.edu/catalog.php?record_id=13128.

Conron K. J., M. J. Mimiaga, and S. J. Landers. 2008. A health profile of Massachusetts adults by sexual orientation identity: Results from the 2001-2006 Behavioral Risk Factor Surveillance System Surveys. November. Report for Massachusetts Department of Public Health.

Egleston, B. L., R. L. Dunbrack, Jr., and M. J. Hall. 2010. Clinical trials that explicitly exclude gay and lesbian patients. *New England Journal of Medicine*. 362(11):1054-1055.

Gay and Lesbian Medical Association and LGBT Health Experts. 2001. *Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health*. San Francisco, CA: Gay and Lesbian Medical Association.

Heck, J. E., R. L. Sell, and S.S. Sheinfeld-Gorin. 2006. Health care access among individuals involved in same-sex relationships. *American Journal of Public Health*. 96, 1111-1118.

Johnson CV, Mimiaga MJ, Bradford J. Health care issues among lesbian, gay, bisexual, transgender and intersex (LGBTI) populations

in the United States: Introduction. 2008. *J Homosex*. 54(3):213-24.

King, M., and I. Nazareth. 2006. The health of people classified as lesbian, gay and bisexual attending family practitioners in London: a controlled study. *BMC Public Health*. 6:127.

Landers, S. J., and G. Paola. 2009. The health of lesbian, gay, bisexual and transgender (LGBT) persons in Massachusetts: A survey of health issues comparing LGBT persons with their heterosexual and non-transgender counterparts. Boston, MA: Massachusetts Department of Public Health. Available at <http://archives.lib.state.ma.us/handle/2452/112258>.

Makadon HJ. Ending LGBT invisibility in health care: the first step in ensuring equitable care. *Cleve Clin J Med*. 2011 Apr;78(4):220-4. Review.

Makadon, H. J. 2006. Improving health care for the lesbian and gay communities. *New England Journal of Medicine*. 354:895-7.

Makadon H. J., K. H. Mayer, J. Potter, and H. Goldhammer, eds. 2008. *The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health*. Philadelphia, American College of Physicians.

Mayer KM, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and gender minority health: what do we know and what needs to be done? *AJPH*. 2008;98:989-995.

Meyer I and Northridge M, eds. *The Health Of Sexual Minorities – Public Health Perspectives On Lesbian, Gay, Bisexual And Transgender Populations*. 2007. Springer.

Office of the New York City Public Advocate. 2008. Improving lesbian, gay, bisexual and transgender access to healthcare at New York City health and hospitals corporation facilities. New York: Office of the New York City Public Advocate. Available at <http://publicadvocategotbaum.com/policy/>

documents/LGBHealthrecsreportfinal_pdf.pdf.

Ragins, B. R., R. Singh, and J. M. Cornwell. 2007. Making the invisible visible: Fear and disclosure of sexual orientation at work. *Journal of Applied Psychology*. 92(4):1103–1118.

Sanchez, J. P., S. Hailpern, C. Lowe, and Y. Calderon. 2007. Factors associated with emergency department utilization by urban lesbian, gay, and bisexual individuals. *Journal of Community Health: The Publication for Health Promotion and Disease Prevention*. 32(2):149–156.

Shankle, M. 2006. *The handbook of lesbian, gay, bisexual, and transgender public health: A practitioner's guide to service*. New York: Haworth.

Tjepkema, M. 2008. Health care use among gay, lesbian, and bisexual Canadians. *Health Reports*. 19(1):54–64.

Top Health Issues for LGBT Populations Information & Resource Kit. 2012. U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention. Available at <http://store.samhsa.gov/shin/content//SMA12-4684/SMA12-4684.pdf>

LESBIANS/WSW

Austin, E. L., and J. A. Irwin. 2010. Health behaviors and health care utilization of southern lesbians. *Women's Health Issues*. 20(3):178–184.

Boehmer, U., D. J. Bowen, and G. R. Bauer. 2007. Overweight and obesity in sexual-minority women: Evidence from population-based data. *American Journal of Public Health*. 97(6): 1134–1140.

Burgard S. A., S. D. Cochran, and V. M. Mays. 2005. Alcohol and tobacco use patterns among heterosexually and homosexually experienced California women. *Drug and Alcohol Dependence*. 77:61-70.

Centers for Disease Control and Prevention (CDC). 2006. CDC HIV/AIDS Fact Sheet: HIV/AIDS among women who have sex with women. Available at: <http://www.cdc.gov/hiv/>

topics/women/resources/factsheets/pdf/wsw.pdf.

Dibble, S., and P. Robertson. 2010. *Lesbian Health 101*. San Francisco, CA: University of California Nursing Press.

Hughes, T. L., S. C. Wilsnack, L. A. Szalacha, et al. (2006). Age and racial/ethnic differences in drinking and drinking-related problems in a community sample of lesbians. *Journal of Studies on Alcohol*. 67:579-590.

Herrick, A. L., A. K. Matthews, and R. Garofalo. 2010. Health risk behaviors in an urban sample of young women who have sex with women. *Journal of Lesbian Studies*. 14(1):80–92.

Institute of Medicine (IOM). 1999. *Lesbian health: Current assessment and directions for the future*. Washington, DC: National Academy Press.

Kerker, B. D., F. Mostashari, and L. Thorpe. 2006. Health care access and utilization among women who have sex with women: Sexual behavior and identity. *Journal of Urban Health*. 83(5):970–979.

Koh, A. S., C. A. Gomez, S. Shade, and E. Rowley. 2005. Sexual risk factors among self-identified lesbians, bisexual women, and heterosexual women accessing primary care settings. *J Am Sex Trans Dis Assn*. 32: 563-569.

Koh, A. S., and L. K. Ross. 2006. Mental health issues: A comparison of lesbian, bisexual and heterosexual women. *Journal of Homosexuality*. 51(1):33–57.

Pinto, V.M., M.V. Tancredi, N.A. Tancredi, and C.M. Buchalla. 2005. Sexually transmitted disease/HIV risk behaviour among women who have sex with women. *AIDS*. 19(suppl 4):S64-69.

Seaver, M. R., K. M. Freund, L. M. Wright, J. Tjia, and S. M. Frayne. 2008. Healthcare preferences among lesbians: A focus group analysis. *Journal of Women's Health*. 17(2):215–225.

Singh, A., B. J. Dew, D. G. Hays, and A. Gailis. 2006. Relationships among internalized homophobia, sexual identity development, and coping resources of lesbian and bisexual women. *Journal of LGBT Issues in Counseling* 1:15–31.

Wilsnack, S. C., T. L. Hughes, T. P. Johnson, W. B. Bostwick, L. A. Szalacha, P. Benson, F. Aranda, K. E. Kinnison. 2008. Drinking and drinking-related problems among heterosexual and sexual minority women. *J Stud Alcohol Drugs*. Jan;69:129-139.

GAY MEN/MSM

Bianchi, F. T., C. A. Reisen, M. C. Zea, P. J. Poppen, M. G. Shedlin, and M. M. Penha. 2007. The sexual experiences of Latino men who have sex with men who migrated to a gay epicentre in the USA. *Culture, Health & Sexuality*. 9(5):505–518.

Bowen, A. M., M. L. Williams, C. M. Daniel, and S. Clayton. 2008. Internet based HIV prevention research targeting rural MSM: Feasibility, acceptability, and preliminary efficacy. *Journal of Behavioral Medicine*. 31(6):463–477.

Carpenter, K., S. Stoner, A. Mikko, L. Dhanak, and J. Parsons. 2010. Efficacy of a web-based intervention to reduce sexual risk in men who have sex with men. *AIDS and Behavior*. 14(3):549–557.

California STD/HIV Prevention Training Center. 2006. A guide to sexual history taking with men who have sex with men. Available at: http://www.stdhivtraining.net/pdf/SS_02_MSM%20Sexual%20History%20Taking.pdf.

Crepaz, N., G. Marks, A. Liau, M. M. Mullins, L. W. Aupont, K. J. Marshall, E. D. Jacobs, R. J. Wolitski, and HIV/AIDS Prevention Research Synthesis Team. 2009. Prevalence of unprotected anal intercourse among HIV-diagnosed MSM in the United States: A meta-analysis. *AIDS*. 23(13):1617–1629.

Hall, H. I., R. H. Byers, Q. Ling, and L. Espinoza. 2007. Racial/ethnic and age disparities in HIV prevalence and disease progression among men who have sex with men in the United States. *American Journal of Public Health*. 97(6):1060–1066.

Fessler, D, Makadon HJ, Mitty, J, Mayer, K. The 2010 Health Care Act and barriers to effective health promotion among men who have sex with men. *Sexually Transmitted Diseases*. 2012 Jun; 39(6):449-52.

Hatzenbuehler ML, O'Cleirigh C, Grasso C, Mayer K, Safren S, Bradford J. Effect of

Same-Sex Marriage Laws on Health Care Use and Expenditures in Sexual Minority Men: A Quasi-Natural Experiment. *Am.J Public Health*. 2012 Feb;102(2):285-91.

Herrick AL, Stall R, Goldhammer H, Egan JE, and Mayer KH. Resilience as a Research Framework and as a Cornerstone of Prevention Research for Gay and Bisexual Men: Theory and Evidence. *AIDS Behav*. 2013 Jan 16. [Epub ahead of print]

Pathela, P., A. Hajat, et al. 2006. Discordance between sexual behavior and self-reported sexual identity: a population-based survey of New York City men. *Annals of Internal Medicine*. 145: 416-25.

Kaminski, P. L., B. D. Chapman, S. D. Haynes, et al. 2005. Body image, eating behaviors, and attitudes toward exercise among gay and straight men. *Eat Behav*. 6:179-187.

Makadon HJ, Mayer KH, Garofalo R. Optimizing primary care for men who have sex with men. *JAMA*. 2006;296:2362-2365.

Mimiaga MJ, Goldhammer H, Belanoff C, Tetu AM, Mayer KH. Men who have sex with men: perceptions about sexual risk, HIV and sexually transmitted disease testing, and provider communication. *Sex Transm Dis*. 2007 Feb;34(2):113-9.

O'Leary, A., H. H. Fisher, D. W. Purcell, P. S. Spikes, and C. A. Gomez. 2007. Correlates of risk patterns and race/ethnicity among HIV-positive men who have sex with men. *AIDS & Behavior*. 11(5):706-715.

Purcell, D. W., S. Moss, R. H. Remien, et al. 2005. Illicit substance use, sexual risk, and HIV-positive gay and bisexual men: differences by serostatus of casual partners. *AIDS*. 19:S37-S47.

Safren SA, O'Cleirigh C, Skeer MR, Driskell J, Goshe BM, Covahey C, Mayer KH. Demonstration and evaluation of a peer-delivered, individually-tailored, HIV prevention intervention for HIV-infected MSM in the primary care setting. *AIDS Behav*. 2010 Jul;15(5):949-58.

BISEXUALS

Harawa, N. T., J. K. Williams, H. C. Ramamurthi, C. Manago, S. Avina, and M.

Jones. 2008. Sexual behavior, sexual identity, and substance abuse among low-income bisexual and non-gay-identifying African American men who have sex with men. *Archives of Sexual Behavior*. 37(5):748-762.

Miller, M., A. André, J. Ebin, and L. Bessonova. 2007. *Bisexual health: An introduction and model practices for HIV/STI prevention programming*. New York: National Gay and Lesbian Task Force Policy Institute, the Fenway Institute at Fenway Community Health, and BiNet USA. Available at http://www.thetaskforce.org/reports_and_research/bisexual_health.

Page, E. H. 2004. Mental health services experiences of bisexual women and bisexual men: An empirical study. *Journal of Bisexuality*. 4:137-160.

Saewyc, E. M., C. L. Skay, P. Hynds, S. Pettingell, L. H. Bearinger, M. D. Resnick, and E. Reis. 2007. Suicidal ideation and attempts in North American school-based surveys: Are bisexual youth at increasing risk? *Journal of LGBT Health Research*. 3(2):25-36.

Sheets, R. L., Jr., and J. J. Mohr. 2009. Perceived social support from friends and family and psychosocial functioning in bisexual young adult college students. *Journal of Counseling Psychology*. 56(1):152-163.

TRANSGENDER INDIVIDUALS

Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff. 2013. The National LGBT Health Education Center, The Fenway Institute, Fenway Health. Available at http://www.lgbthealtheducation.org/wp-content/uploads/13-017_TransBestPracticesforFrontlineStaff_v6_02-19-13_FINAL.pdf

American Psychological Association. 2009. Report of the APA task force on gender identity and gender variance. Washington, DC: American Psychological Association. Available at <http://www.apa.org/pi/lgbt/resources/policy/gender-identity-report.pdf>.

Bockting, W., G. Knudson, J. Goldberg. 2006. *Counselling and mental health care of transgender adults and loved ones*. Vancouver Coastal Health. Available at [\[transhealth.vch.ca/resources/library/\]\(http://transhealth.vch.ca/resources/library/\).](http://</p></div><div data-bbox=)

Bockting, W. O., C. Y. Huang, H. Ding, B. B. Robinson, and B. R. S. Rosser. 2005. Are transgender persons at higher risk for HIV than other sexual minorities? A comparison of HIV prevalence and risks. *International Journal of Transgenderism*. 8(2):123-131.

Bockting, W. O., B. E. Robinson, J. Forberg, and K. Scheltema. 2005. Evaluation of a sexual health approach to reducing HIV/STD risk in the transgender community. *AIDS Care*. 17(3):289-303.

Brill, S. A., and A. Pepper. 2008. *The transgender child: A handbook for families and professionals*. Berkeley, CA: Cleis Press.

Brown, G. R., and E. McDuffie. 2009. Health care policies addressing transgender inmates in prison systems in the United States. *Journal of Correctional Health Care*. 15(4):280-291.

Cohen-Kettenis, P. T., and F. Pfafflin. 2010. The DSM diagnostic criteria for gender identity disorder in adolescents and adults. *Arch Sex Behav*. 39(2):499-513.

Cohen-Kettenis, P. T., H. A. Delemarre-van de Waal, and L. J. G. Gooren. 2008. The treatment of adolescent transsexuals: Changing insights. *The Journal of Sexual Medicine*. 5(8):1892-1897.

de Vries, A. L., T. D. Steensma, T. A. Doreleijers, and P. T. Cohen-Kettenis. 2011. Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. *Journal of Sexual Medicine*. 8(8):2276-83.

Delemarre-van de Waal, H. A., and P. T. Cohen-Kettenis. 2006. Clinical management of gender identity disorder in adolescents: A protocol on psychological and pediatric endocrinology aspects. *European Journal of Endocrinology*. 155(Suppl. 1):S131-137.

Elamin, M. B., M. Z. Garcia, M. H. Murad, P. J. Erwin, and V. M. Montori. 2010. Effect of sex steroid use on cardiovascular risk in transsexual individuals: A systematic review and meta-analyses. *Clinical Endocrinology* 72(1):1-10.

Erich, S., J. Tittsworth, J. Dykes, and C. Cabuses. 2008. Family relationships and their correlations with transsexual well-being. *Journal of GLBT Family Studies*. 4(4):419-

- Garofalo R., J. Deleon, E. Osmer, M. Doll, G. W. Harper. 2006. Overlooked, misunderstood and at-risk: exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *J Adolesc Health*. 38(3):230-6.
- Gooren, L. J., and E. J. Giltay. 2008. Review of studies of androgen treatment of female-to-male transsexuals: Effects and risks of administration of androgens to females. *Journal of Sexual Medicine*. 5(4):765-776.
- Grant, J. M., L. A. Mottet, J. Tanis, D. Min, J. L. Herman, J. Harrison, and M. Keisling. 2010. National Transgender Discrimination Survey Report on Health and Health Care. Washington, DC: National Center for Transgender Equality and the National Gay and Lesbian Task Force.
- Herbst, J. H., E. D. Jacobs, T. J. Finlayson, V. S. McKleroy, M. S. Neumann, N. Crepaz, and HIV/AIDS Prevention Research Synthesis Team. 2008. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: A systematic review. *AIDS & Behavior*. 12(1):1-17.
- Kenagy, G. P. 2005. The health and social service needs of transgender people in Philadelphia. *International Journal of Transgenderism*. 8(2-3):49-56.
- Kenagy, G. P. 2005. Transgender health: Findings from two needs assessment studies in Philadelphia. *Health & Social Work*. 30(1):19-26.
- Koken, J. A., D. S. Bimbi, and J. T. Parsons. 2009. Experiences of familial acceptance-rejection among transwomen of color. *Journal of Family Psychology*. 23(6):853-860.
- Lurie, S. 2005. Identifying training needs of health-care providers related to treatment and care of transgendered patients: A qualitative needs assessment conducted in New England. *International Journal of Transgenderism*. 8(2-3):93-112.
- Nemoto, T., D. Operario, and J. Keatley. 2005. Health and social services for male-to-female transgender persons of color in San Francisco. *International Journal of Transgenderism*. 8(2-3):5-19.
- Nemoto, T., L. A. Sausa, D. Operario, and J. Keatley. 2006. Need for HIV/AIDS education and intervention for MTF transgenders: Responding to the challenge. *Journal of Homosexuality*. 51(1):183-202.
- Operario, D., J. Burton, K. Underhill, and J. Sevelius. 2008. Men who have sex with transgender women: Challenges to category-based HIV prevention. *AIDS & Behavior*. 12(1):18-26.
- Rachlin, K., J. Green, and E. Lombardi. 2008. Utilization of health care among female-to-male transgender individuals in the United States. *Journal of Homosexuality*. 54(3):243-258.
- Sanchez, N. F., J. P. Sanchez, and A. Danoff. 2009. Health care utilization, barriers to care, and hormone usage among male-to-female transgender persons in new york city. *American Journal of Public Health*. 99(4):713-719.
- Smith, Y. L. S., S. H. M. Van Goozen, A. J. Kuiper, and P. T. Cohen-Kettenis. 2005. Sex reassignment: Outcomes and predictors of treatment for adolescent and adult transsexuals. *Psychological Medicine*. 35(1):89-99.
- Teich N. Transgender 101: A Simple Guide to a Complex Issue. Columbia University Press, 2012. Available at http://www.nickteich.com/Transgender_101/Home.html
- Dohwenrend A. Of what am I afraid? *JAMA*. 2012; 307(4):371-372.
- Weyers, S., E. Elaut, P. De Sutter, J. Gerris, G. T'Sjoen, G. Heylens, G. De Cuypere, and H. Verstraelen. 2009. Long-term assessment of the physical, mental, and sexual health among transsexual women. *Journal of Sexual Medicine*. 6(3):752-760.
- Xavier, J. M., M. Bobbin, B. Singer, and E. Budd. 2005. A needs assessment of transgendered people of color living in Washington, DC. *International Journal of Transgenderism*. 8(2/3):31-47.
- Xavier, J. M., J. Bradford, and J. Honnold. 2007. The health, health-related needs, and life-course experiences of transgender Virginians. Richmond, VA: Virginia Department of Health. Available at <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/THISFINALREPORTVol1.pdf>.
- Zule, W. A., G. V. Bobashev, W. M. Wechsberg, E. C. Costenbader, and C. M. Coomes. 2009. Behaviorally bisexual men and their risk behaviors with men and women. *Journal of Urban Health*. 86 (Suppl. 1):48-62.

LGBT YOUTH

- Almeida, J., R. M. Johnson, H. L. Corliss, B. E. Molnar, and D. Azrael. 2009. Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *Journal of Youth & Adolescence*. 38(7):1001-1014.
- Biegel, S., and S. J. Kuehl. 2010. Safe at school: Addressing the school environment and LGBT safety through policy and legislation. Los Angeles, CA: The Williams Institute, The Great Lakes Center for Education Research and Practice, and the National Education Policy Center. Available at <http://nepc.colorado.edu/publication/safe-at-school>.
- Coker, T. R., S. B. Austin, and M. A. Schuster. 2010. The health and health care of lesbian, gay, and bisexual adolescents. *Annual Review of Public Health*. 31:457-477.
- Di Ceglie, D. 2009. Engaging young people with atypical gender identity development in therapeutic work: A developmental approach. *Journal of Child Psychotherapy*. 35(1):3-12.
- Eisenberg, M. E., and M. D. Resnick. 2006. Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *Journal of Adolescent Health*. 39(5):662-668.
- Friedman, M. S., G. F. Koeske, A. J. Silvestre, W. S. Korri, and E. W. Sites. 2006. The impact of gender-role nonconforming behavior, bullying, and social support on suicidality among gay male youth. *Journal of Adolescent Health*. 38(5):621-623.
- Gangamma, R., N. Slesnick, P. Toviessi, and J. Serovich. 2008. Comparison of HIV risks among gay, lesbian, bisexual and heterosexual homeless youth. *Journal of Youth & Adolescence*. 37(4):456-464.
- Garofalo R, Deleon J, Osmer E, Doll M, Harper GW. Overlooked, misunderstood and at-risk: exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *J Adolesc Health*. 2006; 38(3):230-236.

- Garofalo, R., B. Mustanski, and G. Donenberg. 2008. Parents know and parents matter: Is it time to develop family-based HIV prevention programs for young men who have sex with men? *Journal of Adolescent Health*. 43(2):201–204.
- Garofalo, R., B. Mustanski, A. Johnson, and E. Emerson. 2010. Exploring factors that underlie racial/ethnic disparities in HIV risk among young men who have sex with men. *Journal of Urban Health*. 87(2):318–323.
- Goodenow, C., L. Szalacha, and K. Westheimer. 2006. School support groups, other school factors, and the safety of sexual minority adolescents. *Psychology in the Schools*. 43(5): 573–589.
- Goodenow, C., L. A. Szalacha, L. E. Robin, and K. Westheimer. 2008. Dimensions of sexual orientation and HIV-related risk among adolescent females: Evidence from a statewide survey. *American Journal of Public Health*. 98(6):1051–1058.
- Grossman, A. H., and A. R. D’Augelli. 2006. Transgender youth: Invisible and vulnerable. *Journal of Homosexuality*. 51(1):111–128.
- Grossman, A. H., and A. R. D’Augelli. 2007. Transgender youth and life-threatening behaviors. *Suicide & Life-Threatening Behavior*. 37(5):527–537.
- Guenther-Grey, C. A., S. Varnell, J. I. Weiser, R. M. Mathy, L. O’Donnell, A. Stueve, G. Remafedi, and Community Intervention Trial for Youth Study. 2005. Trends in sexual risk-taking among urban young men who have sex with men, 1999–2002. *Journal of the National Medical Association*. 97(Suppl. 7):S38–S43.
- Hoffman, N. D., K. Freeman, and S. Swann. 2009. Healthcare preferences of lesbian, gay, bisexual, transgender and questioning youth. *Journal of Adolescent Health*. 45(3):222–229.
- Jiang, Y., D. K. Perry, and J. E. Hesser. 2010. Adolescent suicide and health risk behaviors: Rhode Island’s 2007 Youth Risk Behavior Survey. *American Journal of Preventive Medicine*. 38(5):551–555.
- Kipke, M. D., K. Kubicek, G. Weiss, C. Wong, D. Lopez, E. Iverson, and W. Ford. 2007. The health and health behaviors of young men who have sex with men. *Journal of Adolescent Health*. 40(4):342–350.
- Kitts, R. L. 2005. Gay adolescents and suicide: Understanding the association. *Adolescence*. 40(159):621–628.
- Kosciw, J. G., A. Diaz, and E. A. Greytak. 2008. 2007 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation’s schools. New York: The Gay, Lesbian and Straight Education Network.
- Marshall, B. D. L., K. Shannon, T. Kerr, R. Zhang, and E. Wood. 2010. Survival sex work and increased HIV risk among sexual minority street-involved youth. *Journal of Acquired Immune Deficiency Syndromes: JAIDS*. 53(5):661–664.
- McGuire, J. K., C. R. Anderson, R. B. Toomey, and S. T. Russell. 2010. School climate for transgender youth: A mixed method investigation of student experiences and school responses. *Journal of Youth & Adolescence*. 39:1175–1188.
- Meckler, G. D., M. N. Elliott, D. E. Kanouse, K. P. Beals, and M. A. Schuster. 2006. Nondisclosure of sexual orientation to a physician among a sample of gay, lesbian, and bisexual youth. *Archives of Pediatrics & Adolescent Medicine*. 160(12):1248–1254.
- Needham, B. L., and E. L. Austin. 2010. Sexual orientation, parental support, and health during the transition to young adulthood. *Journal of Youth & Adolescence*. 39(10):1189–1198.
- Poon, C. S., and E. M. Saewyc. 2009. Out yonder: Sexual-minority adolescents in rural communities in British Columbia. *American Journal of Public Health* 99(1):118–124.
- Saewyc, E. M., C. L. Skay, S. L. Pettingell, E. A. Reis, L. Bearinger, M. Resnick, A. Murphy, and L. Combs. 2006. Hazards of stigma: The sexual and physical abuse of gay, lesbian, and bisexual adolescents in the United States and Canada. *Child Welfare*. 85(2):195–213.
- Rew, L., T. A. Whittaker, M. A. Taylor-Seehafer, and L. R. Smith. 2005. Sexual health risks and protective resources in gay, lesbian, bisexual, and heterosexual homeless youth. *Journal for Specialists in Pediatric Nursing*. 10(1):11–19.
- Rosario, M., E. W. Schrimshaw, and J. Hunter. 2009. Disclosure of sexual orientation and subsequent substance use and abuse among lesbian, gay, and bisexual youths: Critical role of disclosure reactions. *Psychology of Addictive Behaviors*. 23(1):175–184.
- Ryan, C., D. Huebner, R. M. Diaz, and J. Sanchez. 2009. Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. *Pediatrics*. 123(1):346–352.
- Ryan, C., S. T. Russell, D. M. Huebner, R. Diaz, and J. Sanchez. 2010. Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*. 23(4):205–213.
- Saewyc, E. M., C. L. Skay, S. L. Pettingell, E. A. Reis, L. Bearinger, M. Resnick, and A. Murphy. 2006. Hazards of stigma: the sexual and physical abuse of gay, lesbian, and bisexual adolescents in the United States and Canada. *Child Welfare*. 85(2):195–213.
- Saewyc, E., C. Skay, K. Richens, E. Reis, C. Poon, and A. Murphy. 2006. Sexual orientation, sexual abuse, and HIV-risk behaviors among adolescents in the Pacific Northwest. *Am J Public Health*. 96(6):1104–10.
- Self-Assessment Checklist for Personnel Providing Services and Supports to LGBTQ Youth and Their Families. 2012. National Center for Cultural Competence, Georgetown University Center for Child and Human Development. Available at <http://nccc.georgetown.edu/documents/Final%20LGBTQ%20Checklist.pdf>
- Silenzio, V. M., P. R. Duberstein, W. Tang, N. Lu, X. Tu, and C. M. Homan. 2009. Connecting the invisible dots: Reaching lesbian, gay, and bisexual adolescents and young adults at risk for suicide through online social networks. *Social Science & Medicine*. 69(3):469–474.
- Suicide Prevention Resource Center. 2008. Suicide risk and prevention for lesbian, gay, bisexual, and transgender youth. Newton, MA: Education Development Center, Inc. Available at http://www.sprc.org/library/SPRC_LGBT_Youth.pdf.
- Van Leeuwen, J. M., S. Boyle, S. Salomonsen-

- Sautel, D. Baker, J. Garcia, A. Hoffman, and C. J. Hopfer. 2006. Lesbian, gay, and bisexual homeless youth: An eight-city public health perspective. *Child Welfare Journal*. 85(2):151–170.
- Wallien, M. S. C., and P. T. Cohen-Kettenis. 2008. Psychosexual outcome of gender-dysphoric children. *Journal of the American Academy of Child & Adolescent Psychiatry*. 47(12):1413–1423.
- Wallien, M. S. C., S. H. M. Van Goozen, and P. T. Cohen-Kettenis. 2007. Physiological correlates of anxiety in children with gender identity disorder. *European Child & Adolescent Psychiatry*. 16(5):309–315.
- Wilbur, S., C. Ryan, and J. Marksamer. 2006. *Serving LGBT youth in out-of-home care: Best practices guide*. Washington, DC: Child Welfare League of America. Available at <http://www.lsc-sf.org/wp-content/uploads/bestpracticeslgbtyouth.pdf>.
- Williams, T., J. Connolly, D. Pepler, and W. Craig. 2005. Peer victimization, social support, and psychosocial adjustment of sexual minority adolescents. *Journal of Youth and Adolescence*. 34(5):471–482.
- Wright, E. R., and B. L. Perry. 2006. Sexual identity distress, social support, and the health of gay, lesbian, and bisexual youth. *Journal of Homosexuality*. 51(1):81–110.
- LGBT ELDERS**
- Barker, J. C., G. Herdt, and B. de Vries. 2006. Social support in the lives of lesbians and gay men at midlife and later. *Sexuality Research & Social Policy: A Journal of the NSRC*. 3(2):1–23.
- Bent, K., and J. Magilvy. 2006. When a partner dies: lesbian widows. *Issues Ment Health Nurs*. 27:447–59.
- Blank, T. O., M. Asencio, L. Descartes, and J. Griggs. 2009. Aging, health, and GLBTQ family and community life. *Journal of GLBT Family Studies*. 5(1–2):9–34.
- Brotman, S., B. Ryan, S. Collins, L. Chamberland, R. Cormier, D. Julien, E. Meyer, A. Peterkin, and B. Richard. 2007. Coming out to care: Caregivers of gay and lesbian seniors in Canada. *Gerontologist*. 47(4):490–503.
- Cahill S, and Valadéz R. Growing older with HIV/AIDS: new public health challenges. *Am J Public Health*. 2013 Mar;103(3):e7–e15. Epub 2013 Jan 17.
- Cohen, H. L., L. C. Curry, D. Jenkins, C. A. Walker, M. O. Hogstel. 2008. Older lesbians and gay men: Long-term care issues. *Annals of Long-Term Care: Clinical Care and Aging*. 16:33–8.
- Cook-Daniels, L., and M. Munson. 2010. Sexual violence, elder abuse, and sexuality of transgender adults, age 50+: Results of three surveys. *Journal of GLBT Family Studies*. 6(2):142–177.
- de Vries, B., and D. Megathlin. 2009. The meaning of friendship for gay men and lesbians in the second half of life. *Journal of GLBT Family Studies*. 5(1):82–98.
- de Vries, B., A. M. Mason, J. Quam, and Aquaviva. 2009. State recognition of same-sex relationships and preparations for end of life among lesbian and gay boomers. *Sexuality Research & Social Policy: A Journal of the NSRC*. 6(1):90–101.
- Fredriksen-Goldsen, K. I., and A. Muraco. 2010. Aging and sexual orientation: A 25-year review of the literature. *Research on Aging*. 32(3):372–413.
- Fredriksen-Goldsen, K. I., H. J. Kim, A. Muraco, and S. Mincer. 2009. Chronically ill midlife and older lesbians, gay men, and bisexuals and their informal caregivers: The impact of the social context. *Sexuality Research & Social Policy: A Journal of the NSRC*. 6(4):52–64.
- Hash K. 2006. Caregiving and post-caregiving experiences of midlife and older gay men and lesbians. *J Gerontol Soc Work*. 47:121–38.
- High, K. P., R. B. Effros, C. V. Fletcher, K. Gebo, J. B. Halter, W. R. Hazzard, F. M. Horne, R. E. Huebner, E. N. Janoff, A. C. Justice, D. Kuritzkes, S. G. Nayfield, S. F. Plaeger, K. E. Schmader, J. R. Ashworth, C. Campanelli, C. P. Clayton, B. Rada, and N. F. Woolard. 2008. Workshop on HIV infection and aging: What is known and future research directions. *Clinical Infectious Diseases*. 47(4):542–553.
- Johnson, M. J., N. C. Jackson, J. K. Arnette, and S. D. Koffman. 2005. Gay and lesbian perceptions of discrimination in retirement care facilities. *Journal of Homosexuality*. 49(2):83–102.
- Karpiak, S. E., R. A. Shippy, and M. H. Cantor. 2006. *Research on older adults with HIV*. New York: AIDS Community Research Initiative of America.
- Kean, R. 2006. Understanding the lives of older gay people. *Nurs Older People*. 18:31–6.
- King, S., and H. Dabelko-Schoeny. 2009. “Quite frankly, I have doubts about remaining”:
- Aging-in-place and health care access for rural midlife and older lesbian, gay, and bisexual individuals. *Journal of LGBT Health Research*. 5(1):10–21.
- Lindau, S. T., L. P. Schumm, E. O. Laumann, W. Levinson, C. A. O’Muircheartaigh, and L. J. Waite. 2007. A study of sexuality and health among older adults in the United States. *New England Journal of Medicine* 357(8):762–774.
- Masini, B. E., and H. A. Barrett. 2008. Social support as a predictor of psychological and physical well-being and lifestyle in lesbian, gay, and bisexual adults aged 50 and over. *Journal of Gay & Lesbian Social Services*. 20(1):91–110.
- Schope, R. 2005. Who’s afraid of growing old? Gay and lesbian perceptions of aging. *J Gerontol Soc Work*. 45:23–38.
- Simone, M, and J. Appelbaum. 2008. HIV in older adults. *Geriatrics*. 63:6–12.
- Williams, M. E., and P. A. Freeman. 2005. Transgender health: Implications for aging and caregiving. *Journal of Gay & Lesbian Social Services*. 18(3/4):93–108.
- Witten, T. M. 2009. Graceful exits: Intersection of aging, transgender identities, and the family/community. *Journal of GLBT Family Studies*. 5(1/2):35–61.
- LGBT FAMILIES**
- Ash, M. A., and M. V. L. Badgett. 2006.

- Separate and unequal: The effect of unequal access to employment-based health insurance on same-sex and unmarried different-sex couples. *Contemporary Economic Policy*. 24(4):582–599.
- Badgett, M. V. L. 2007. Unequal taxes on equal benefits: The taxation of domestic partner benefits. *Echelon Magazine*. 22–22.
- Black, D. A., S. G. Sanders, and L. J. Taylor. 2007. The economics of lesbian and gay families. *The Journal of Economic Perspectives*. 21:53–70.
- Buchmueller, T., and C. S. Carpenter. 2010. Disparities in health insurance coverage, access, and outcomes for individuals in same-sex versus different-sex relationships, 2000–2007. *American Journal of Public Health*. 100(3):489–495.
- DeMino, K. A., G. Appleby, and D. Fisk. 2007. Lesbian mothers with planned families: A comparative study of internalized homophobia and social support. *American Journal of Orthopsychiatry*. 77(1):165–173.
- Ethics Committee of the American Society for Reproductive Medicine. 2009. Access to fertility treatment by gays, lesbians, and unmarried persons. *Fertility & Sterility*. 92(4):1190–1193.
- Gartrell, N., and H. Bos. 2010. US National Longitudinal Lesbian Family Study: Psychological adjustment of 17-year-old adolescents. *Pediatrics*. 726(1):28–36.
- Gates, G., M. V. L. Badgett, J. E. Macomber, and K. Chambers. 2007. *Adoption and foster care by gay and lesbian parents in the United States*. Los Angeles, CA: The Williams Institute. Available at <http://williamsinstitute.law.ucla.edu/research/parenting/adoption-and-foster-care-by-gay-and-lesbian-parents-in-the-united-states/>.
- Goldberg, N. G. 2009. The impact of inequality for same-sex partners in employer-sponsored retirement plans. Los Angeles, CA: The Williams Institute. Available at <http://williamsinstitute.law.ucla.edu/research/economic-impact-reports/the-impact-of-inequalities-for-same-sex-partners-in-employer-sponsored-retirement-plans/>.
- Heck, J. E., R. L. Sell, and S. S. Gorin. 2006. Health care access among individuals involved in same-sex relationships. *American Journal of Public Health* 96(6):1111–1118.
- Klausner, J., L. Pollack, W. Wong, et al. 2006. Same-sex domestic partnerships and lower risk behaviors for STDs, including HIV infection. *Journal of Homosexuality*. 51:137–43.
- Kurdek, L.A. 2005. What do we know about gay and lesbian couples? *Current Directions in Psychological Science*. 14:251–254.
- Lambert, S. 2005. Gay and lesbian families: What we know and where to go from here. *The Family Journal*. 13:43–51.
- McClennen, J.C. 2005. Domestic violence between same-gender partners. *Journal of Interpersonal Violence*. 149–154.
- Ponce, N. A., S. D. Cochran, J. C. Pizer, and V. M. Mays. 2010. The effects of unequal access to health insurance for same-sex couples in California. *Health Affairs*. 29(8):1539–48.
- Riggle, E. D., S. S. Rostosky, and S. G. Horne. 2010. Psychological distress, well-being, and legal recognition in same-sex couple relationships. *Journal of Family Psychology* 24(1):82–86.
- Riggle, E. D., S. S. Rostosky, R. A. Prather, and R. Hamrin. 2005. The execution of legal documents by sexual minority individuals. *Psychology, Public Policy, and Law* 11(1):138–163.
- Roisman, G. I., E. Clausell, A. Holland, K. Fortuna, and C. Elieff. 2008. Adult romantic relationships as contexts of human development: a multimethod comparison of same-sex couples with opposite-sex dating, engaged, and married dyads. *Developmental Psychology*, 44:91–101.
- Rostosky, S., and E. D. B. Riggle. 2009. Marriage amendments and psychological distress in lesbian, gay and bisexual (LGB) adults. *Journal of Counseling Psychology*. 56:56–66.
- Shapiro, D. N., C. Peterson, and A. J. Stewart. 2009. Legal and social contexts and mental health among lesbian and heterosexual mothers. *Journal of Family Psychology*. 23(2):255–262.
- Tasker, F. 2005. Lesbian mothers, gay fathers, and their children: A review. *J Dev Behav Pediatr*. 26:224–240.
- Wainright, J. L., S. T. Russell, and C. J. Patterson. 2004. Psychosocial adjustment, school outcomes, and romantic relationships of adolescents with same-sex parents. *Child Development*. 75(6):1886–1898.

Specific Health Risks and Concerns

CANCER

- Asencio, M., T. Blank, L. Descartes, and A. Crawford. 2009. The prospect of prostate cancer: A challenge for gay men's sexualities as they age. *Sexuality Research & Social Policy: A Journal of the NSRC* 6(4):38–51.
- Brandenburg, D.L., A. K. Matthews, T. P. Johnson, and T. L. Hughes. 2007. Breast cancer risk and screening: a comparison of lesbian and heterosexual women. *Women and Health*. 45(4): 109–30.
- Chaturvedi, A. K., M. M. Madeleine, R. J. Biggar, and E. A. Engels. 2009. Risk of human papillomavirus-associated cancers among persons with AIDS. *Journal of the National Cancer Institute*. 101(16):1120–1130.
- Chin-Hong, P.V., E. Vittinghoff, R. D. Cranston, et al. 2005. Age-related prevalence of anal cancer precursors in homosexual men: the EXPLORE study. *Journal of the National Cancer Institute*. 97(12):896–905.
- Daling, J. R., M. M. Madeleine, L. G. Johnson, S. M. Schwartz, K. A. Shera, M. A. Wurscher, J. J. Carter, P. L. Porter, D. A. Galloway, and J. K. McDougall. 2004. Human papillomavirus, smoking, and sexual practices in the etiology of anal cancer. *Cancer*. 101(2):270–280.
- Dizon, D. S., T. Tejada-Berges, S. Koelliker, M. Steinhoff, and C. O. Granai. 2006. Ovarian cancer associated with testosterone supplementation in a female-to-male transsexual patient. *Gynecologic & Obstetric Investigation*. 62(4):226–228.
- Hage, J. J., J. J. Dekker, R. B. Karim, R. H. Verheijen, and E. Bloemena. 2000. Ovarian

cancer in female-to-male transsexuals: Report of two cases. *Gynecologic Oncology*. 76(3):413–415.

Newman, P. A., K. J. Roberts, E. Masongsong, and D. Wiley. 2008. Anal cancer screening: Barriers and facilitators among ethnically diverse gay, bisexual, transgender, and other men who have sex with men. *Journal of Gay & Lesbian Social Services: Issues in Practice, Policy & Research*. 20(4):328–353.

Park, I. U., and J. M. Palefsky. 2010. Evaluation and management of anal intraepithelial neoplasia in HIV-negative and HIV-positive men who have sex with men. *Curr Infect Dis Rep*. 12(2):126–133.

Zaritsky, E., and S. L. Dibble. 2010. Risk factors for reproductive and breast cancers among older lesbians. *Journal of Women's Health*. 19(1):125–131.

MENTAL HEALTH

Aaron, D. J., and T. L. Hughes. 2007. Association of childhood sexual abuse with obesity in a community sample of lesbians. *Obesity*. 15(4):1023–1028.

American Psychological Association. *American Psychological Association's Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual clients*, 2011. Available at: <http://www.apa.org/pi/lgbt/resources/guidelines.aspx>.

Austin, S., N. J. Ziyadeh, H. L. Corliss, M. Rosario, D. Wypij, J. Haines, C. A. Camargo, Jr., and A. E. Field. 2009. Sexual orientation disparities in purging and binge eating from early to late adolescence. *Journal of Adolescent Health*. 45(3):238–245.

Balsam, K. F., T. P. Beauchaine, R. M. Mickey, and E. D. Rothblum. 2005. Mental health of lesbian, gay, bisexual, and heterosexual siblings: Effects of gender, sexual orientation, and family. *Journal of Abnormal Psychology*. 114(3):471–476.

Balsam, K. F., E. D. Rothblum, and T. P. Beauchaine. 2005. Victimization over the life span: A comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of Consulting & Clinical Psychology*. 73(3):477–487.

Balsam, K. F., and J. J. Mohr. 2007. Adaptation

to sexual orientation stigma: A comparison of bisexual and lesbian/gay adults. *Journal of Counseling Psychology*. 54(3):306–319.

Balsam, K. F., K. Lehavot, B. Beadnell, and E. Circo. 2010. Childhood abuse and mental health indicators among ethnically diverse lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology*. 78(4):459–468.

Burckell, L. A., and M. R. Goldfried. 2006. Therapist qualities preferred by sexual minority individuals. *Psychotherapy*. 43(1):32–49.

Bostwick, W. B., C. J. Boyd, T. L. Hughes, and S. E. McCabe. 2010. Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. *American Journal of Public Health*. 100(3):468–475.

Cahill S, Valadéz R, and Ibarrola S. Community-based HIV prevention interventions that combat anti-gay stigma for men who have sex with men and for transgender women. *J Public Health Policy*. 2013 Jan;34(1):69–81. Epub 2012 Nov 15.

Chae, D. H., and G. Ayala. 2010. Sexual orientation and sexual behavior among Latino and Asian Americans: Implications for unfair treatment and psychological distress. *Journal of Sex Research*. 47(5):451–459.

Clements-Nolle, K., R. Marx, and M. Katz. 2006. Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality*. 51(3):53–69.

Cochran, S. D., and V. M. Mays. 2009. Burden of psychiatric morbidity among lesbian, gay, and bisexual individuals in the California Quality of Life Survey. *Journal of Abnormal Psychology*. 118(3):647–658.

Corliss, H. L., S. D. Cochran, V. M. Mays, S. Greenland, and T. E. Seeman. 2009. Age of minority sexual orientation development and risk of childhood maltreatment and suicide attempts in women. *American Journal of Orthopsychiatry*. 79(4):511–521.

D'Augelli, A. R., A. H. Grossman, N. P. Salter, J. J. Vasey, M. T. Starks, and K. O. Sinclair. 2005. Predicting the suicide attempts of lesbian, gay, and bisexual youth. *Suicide & Life-Threatening Behavior*. 35(6):646–660.

David, S., and B. G. Knight. 2008. Stress and coping among gay men: Age and ethnic differences. *Psychology and Aging*. 23(1):62–69.

Feldman, M. B., and I. H. Meyer. 2007. Childhood abuse and eating disorders in gay and bisexual men. *International Journal of Eating Disorders*. 40(5):418–423.

Feldman, M. B., and I. H. Meyer. 2007. Eating disorders in diverse lesbian, gay, and bisexual populations. *International Journal of Eating Disorders*. 40(3):218–226.

Hatzenbuehler, M. L., K. M. Keyes, and D. S. Hasin. 2009. State-level policies and psychiatric morbidity in lesbian, gay, and bisexual populations. *American Journal of Public Health*. 99(12):2275–2281.

Hatzenbuehler, M. L., K. A. McLaughlin, K. M. Keyes, and D. S. Hasin. 2010. The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: A prospective study. *American Journal of Public Health*. 100(3):452–459.

Hequembourg, A. L., and S. A. Brallier. 2009. An exploration of sexual minority stress across the lines of gender and sexual identity. *Journal of Homosexuality*. 56(3):273–298.

Herek, G. M., and L. D. Garnets. 2007. Sexual orientation and mental health. *Annual Review of Clinical Psychology*. 3:353–375.

Herd, G., and R. Kertzner. 2006. I do, but I can't: The impact of marriage denial on the mental health and sexual citizenship of lesbians and gay men in the United States. *Sexuality Research and Social Policy*. 3(1):33–49.

Kertzner, R. M., I. H. Meyer, D. M. Frost, and M. J. Styratt. 2009. Social and psychological well-being in lesbians, gay men, and bisexuals: The effects of race, gender, age, and sexual identity. *American Journal of Orthopsychiatry*. 79(4):500–510.

King, M., J. Semlyen, S. S. Tai, H. Killaspy, D. Osborn, D. Popelyuk, and I. Nazareth. 2008. A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*. 8:70.

McCauley H, Reisner SL, Falb K. Developmental differences in depression by sexual orientation in a sample of 2,555

- high school students: Results from the 2007 Massachusetts Youth Risk Behavior Survey (MYRBS). APHA. 2011.
- McLaughlin, K. A., M. L. Hatzenbuehler, and K. M. Keyes. 2010. Responses to discrimination and psychiatric disorders among black, Hispanic, female, and lesbian, gay, and bisexual individuals. *American Journal of Public Health*. 100(8):1477–1484.
- Meyer, I. H., J. Dietrich, and S. Schwartz. 2008. Lifetime prevalence of mental disorders and suicide attempts in diverse lesbian, gay, and bisexual populations. *American Journal of Public Health*. 98(6):1004–1006.
- Mustanski, B. S., R. Garofalo, and E. M. Emerson. 2010. Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and trans- gender youths. *American Journal of Public Health*. 100(12):2426–2432.
- Nuttbrock, L., S. Hwahng, W. Bockting, A. Rosenblum, M. Mason, M. Macri, and J. Becker. 2010. Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of Sex Research*. 47(1):12–23.
- Owens, G. P., E. D. Riggle, and S. S. Rostosky. 2007. Mental health services access for sexual minority individuals. *Sexuality Research & Social Policy: A Journal of the NSRC*. 4(3):92–99.
- Paul, J. P., J. Catania, L. Pollack, J. Moskowitz, J. Canchola, T. Mills, D. Binson, and R. Stall. 2002. Suicide attempts among gay and bisexual men: Lifetime prevalence and antecedents. *American Journal of Public Health*. 92(8):1338–1345.
- Silenzio, V. M., J. B. Pena, P. R. Duberstein, J. Cerel, and K. L. Knox. 2007. Sexual orientation and risk factors for suicidal ideation and suicide attempts among adolescents and young adults. *Am J Public Health*. 97:2017–2019.
- Swim, J. K., K. Johnston, and N. B. Pearson. 2009. Daily experiences with heterosexism: Relations between heterosexist hassles and psychological well-being. *Journal of Social and Clinical Psychology*. 28(5):597–629.
- Szymanski, D. M. 2005. Heterosexism and sexism as correlates of psychological distress in lesbians. *Journal of Counseling & Development*. 83(3):355–360.
- Szymanski, D. M. 2009. Examining potential moderators of the link between heterosexist events and gay and bisexual men's psychological distress. *Journal of Counseling Psychology*. 56(1):142–151.
- Trettin, S., E. L. Moses-Kolko, and K. L. Wisner. 2006. Lesbian perinatal depression and the heterosexism that affects knowledge about this minority population. *Archives of Women's Mental Health*. 9(2):67–73.
- Willging, C. E., M. Salvador, and M. Kano. 2006. Pragmatic help seeking: How sexual and gender minority groups access mental health care in a rural state. *Psychiatric Services*. 57(6):871–874.
- ### SEXUAL HEALTH
- Bedoya CA, Mimiaga MJ, Beauchamp G, Donnell D, Mayer KH, Safren, SA. Predictors of HIV Transmission Risk Behavior and Seroconversion Among Latino Men Who have Sex with Men in Project EXPLORE. *AIDS Behav*. 2012 Apr;16(3):608-17.
- Cahill S. 2012. Pre-exposure prophylaxis for HIV prevention: Moving toward implementation. The Fenway Institute, Fenway Health. Available at http://www.lgbthealtheducation.org/wp-content/uploads/PolicyFocus_PrEP_secondedition_web-2.pdf
- CDC. 2008. Trends in HIV/AIDS diagnoses among men who have sex with men—33 states, 2001–2006. *Morbidity and Mortality Weekly Report*. 57(25):681–686.
- CDC. 2012. HIV and AIDS among gay and bisexual men. Atlanta, GA: CDC. Available at <http://www.cdc.gov/hiv/risk/gender/msm/index.html>
- CDC. 2010. STDs in men who have sex with men. Atlanta, GA: CDC.
- Do, T. D., S. Chen, W. McFarland, G. M. Secura, S. K. Behel, D. A. MacKellar, L. A. Valleroy, and K. H. Cho. 2005. HIV testing patterns and unrecognized HIV infection among young Asian and Pacific Islander men who have sex with men in San Francisco. *AIDS Education & Prevention*. 17(6):540–554.
- Heffelfinger, J. D., E. B. Swint, S. M. Berman, and H. S. Weinstock. 2007. Trends in primary and secondary syphilis among men who have sex with men in the United States. *American Journal of Public Health*. 97(6):1076–1083.
- Introducing the “PrEP Package” for Enhanced HIV Prevention: A Practical Guide for Clinicians. 2012. The Fenway Institute. Available at http://www.lgbthealtheducation.org/wp-content/uploads/12-1.125_PrEPdocuments_clinicians_v3.pdf
- Flores, S. A., R. Bakeman, G. A. Millett, and J. L. Peterson. 2009. HIV risk among bisexually and homosexually active racially diverse young men. *Sexually Transmitted Diseases*. 36(5):325–329.
- Koblin, B. A., M. J. Husnik, G. Colfax, Y. Huang, M. Madison, K. Mayer, P. J. Barresi, T. J. Coates, M. A. Chesney, and S. Buchbinder. 2006. Risk factors for HIV infection among men who have sex with men. *AIDS*. 20(5):731–739.
- Marrazzo, J. M., L. A. Koutsky, N. B. Kiviat, J. M. Kuypers, and K. Stine. 2001. Papanicolaou test screening and prevalence of genital human papillomavirus among women who have sex with women. *American Journal of Public Health*. 91(6):947–952
- Mayer KH, Goldhammer H, eds. Focusing on Sexual Health Promotion to Enhance Preventive Behaviors among Gay Men and other Men Who Have Sex with Men. *AIDS Behav*. 2011 Apr;15:S1-S8.
- Mayer KH, Mimiaga MJ, Gelman M, Grasso C. Raltegravir, Tenofovir DF, and Emtricitabine for Postexposure Prophylaxis to Prevent the Sexual Transmission of HIV: Safety, Tolerability, and Adherence. *J Acquir Immune Defic Syndr*. 2012 Apr;59(4):354-9.
- Mayer KH. Sexually transmitted diseases in men who have sex with men. *Clin Infect Dis*. 2011 Dec;53 Suppl 3:S79-83.
- Marrazzo, J. M., K. K. Thomas, T. L. Fiedler, K. Ringwood, and D. N. Fredricks. 2010. Risks for acquisition of bacterial vaginosis among women who report sex with women: a cohort study. *PLoS One*. 5(6):e11139.
- Millett, G. A., S. A. Flores, J. L. Peterson, and R. Bakeman. 2007. Explaining disparities in HIV infection among black and white men who have sex with men: A meta-analysis of

- HIV risk behaviors. *AIDS*. 21(15):2083–2091.
- Munoz-Laboy, M., and B. Dodge. 2007. Bisexual Latino men and HIV and sexually transmitted infections risk: An exploratory analysis. *American Journal of Public Health*. 97(6):1102–1106.
- Nuttbrock, L., S. Hwahng, W. Bocking, A. Rosenblum, M. Mason, M. Macri, and J. Becker. 2009b. Lifetime risk factors for HIV/sexually transmitted infections among male-to-female transgender persons. *Journal of Acquired Immune Deficiency Syndromes: JAIDS*. 52(3):417–421.
- Palefsky, J. 2009. Human papillomavirus-related disease in people with HIV. *Current Opinion in HIV & AIDS*. 4(1):52–56.
- Peterson, J. L., and K. T. Jones. 2009. HIV prevention for black men who have sex with men in the United States. *American Journal of Public Health*. 99(6):976–980.
- Reisner S, Mimiaga M, Bland SE, Driscoll MA, Cranston K, Mayer KH. Pathways to Embodiment of HIV Risk: Black Men Who Have Sex with Transgender Partners, Boston, Massachusetts. *AIDS Educ Prev* 2012 Feb;24(1):15-26.
- Rieg, G., R. J. Lewis, L. G. Miller, M. D. Witt, M. Guerrero, and E. S. Daar. 2008. Asymptomatic sexually transmitted infections in HIV-infected men who have sex with men: Prevalence, incidence, predictors, and screening strategies. *AIDS Patient Care & STDs*. 22(12):947–954.
- Spikes, P. S., D. W. Purcell, K. M. Williams, Y. Chen, H. Ding, and P. S. Sullivan. 2009. Sexual risk behaviors among HIV-positive black men who have sex with women, with men, or with men and women: Implications for intervention development. *American Journal of Public Health*. 99(6):1072–1078.
- Trinidad, J. 2012. Promoting Human Papilloma Virus Vaccine to Prevent Genital Warts and Cancers. The Fenway Institute. Available at http://www.lgbthealtheducation.org/wp-content/uploads/PolicyFocus_HPV_v4_10-09-12.pdf
- Wilson, E. C., R. Garofalo, D. R. Harris, and M. Belzer. 2010. Sexual risk taking among transgender male-to-female youths with different partner types. *American Journal of Public Health*. 100(8):1500–1505.
- Wong, W., J. K. Chaw, C. K. Kent, et al. 2005. Risk factors for early syphilis among gay and bisexual men seen in an STD clinic: San Francisco, 2002-2003. *Sex Transm Dis*. 32:458-463.

SUBSTANCE USE AND ABUSE

- Amadio, D. M. 2006. Internalized heterosexism, alcohol use, and alcohol-related problems among lesbians and gay men. *Addictive Behaviors*. 31:1153-1162.
- Burgard, S. A., S. D. Cochran, and V. M. Mays. 2005. Alcohol and tobacco use patterns among heterosexually and homosexually experienced California women. *Drug & Alcohol Dependence*. 77(1):61–70.
- Choi, K.H., D. Operario, S. E. Gregorich, W. McFarland, D. MacKellar, and L. Valleroy. 2005. Substance use, substance choice, and unprotected anal intercourse among young Asian American and Pacific Islander men who have sex with men. *AIDS Education & Prevention*. 17(5):418–429.
- Clatts, M. C., L. Goldsamt, H. Yi, and M. V. Gwadz. 2005. Homelessness and drug abuse among young men who have sex with men in New York City: A preliminary epidemiological trajectory. *Journal of Adolescence*. 28(2):201–214.
- Cochran, B. N., K. M. Peavy, and J. S. Robohm. 2007. Do specialized services exist for LGBT individuals seeking treatment for substance misuse? A study of available treatment programs. *Substance Use & Misuse*. 42(1):161–176.
- Cochran, S. D., V. M. Mays, M. Alegria, A. N. Ortega, and D. Takeuchi. 2007. Mental health and substance use disorders among Latino and Asian American lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology*. 75(5):785–794.
- Corliss, H. L., M. Rosario, D. Wypij, L. B. Fisher, and S. B. Austin. 2008. Sexual orientation disparities in longitudinal alcohol use patterns among adolescents: Findings from the Growing Up Today Study. *Archives of Pediatrics & Adolescent Medicine*. 162(11):1071–1078.

- Drabble, L., L. T. Midanik, and K. Trocki. 2005. Reports of alcohol consumption and alcohol-related problems among homosexual, bisexual and heterosexual respondents: results from the 2000 National Alcohol Survey. *J Stud Alcohol*. 66:111-120.
- Drabble, L., and K. Trocki. 2005. Alcohol consumption, alcohol-related problems, and other substance use among lesbian and bisexual women. *Journal of Lesbian Studies*. 9(3):19–30.
- Ford, J. A., and J. L. Jasinski. 2006. Sexual orientation and substance use among college students. *Addictive Behaviors*. 31(3):404–413.
- Garofalo, R., B. S. Mustanski, D. J. McKirnan, A. Herrick, and G. R. Donenberg. 2007. Methamphetamine and young men who have sex with men: Understanding patterns and correlates of use and the association with HIV-related sexual risk. *Archives of Pediatrics & Adolescent Medicine*. 161(6):591–596.
- Gruskin, E. P., G. L. Greenwood, M. Matevia, L. M. Pollack, and L. L. Bye. 2007. Disparities in smoking between the lesbian, gay, and bisexual population and the general population in California. *American Journal of Public Health*. 97(8):1496–1502.
- Gruskin, E. P., G. L. Greenwood, M. Matevia, L. M. Pollack, L. L. Bye, and V. Albright. 2007. Cigar and smokeless tobacco use in the lesbian, gay, and bisexual population. *Nicotine & Tobacco Research*. 9(9):937–940.
- Hughes, T. L., S. C. Wilsnack, L. A. Szalacha, T. Johnson, W. B. Bostwick, R. Seymour, et al. 2006. Age and racial/ethnic differences in drinking and drinking-related problems in a community sample of lesbians. *Journal of Studies on Alcohol*. 67(4):579-590.
- Kipke, M.D., G. Weiss, M. Ramirez, F. Dorey, A. Ritt-Olson, E. Iverson, and W. Ford. 2007. Club drug use in Los Angeles among young men who have sex with men. *Substance Use and Misuse*. 42(11):1723-43.
- Marshal, M. P., M. S. Friedman, R. Stall, and A. L. Thompson. 2009. Individual trajectories of substance use in lesbian, gay and bisexual youth and heterosexual youth. *Addiction*. 104(6):974–981.
- McCabe, S. E., T. L. Hughes, W. Bostwick, and C. J. Boyd. 2005. Assessment of difference in

dimensions of sexual orientation: Implications for substance use research in a college-age population. *Journal of Studies on Alcohol & Drugs*. 66(5):620–629.

McCabe, S. E., T. L. Hughes, W. B. Bostwick, B. T. West, and C. J. Boyd. 2009. Sexual orientation, substance use behaviors and substance dependence in the United States. *Addiction*. 104(8):1333–1345.

New Mexico Department of Health, Stop Tobacco on My People, and University of New Mexico's Health Evaluation and Research Team. The 2006 lesbian, gay, bisexual, and transgender (LGBT) tobacco survey. Technical report with additional statistical analyses. 2006. Available at: <http://www.lgbttobacco.org/files/New%20Mexico%202006%20LGBT%20Report-General.pdf>.

Scout. 2012. MPOWERED: Best and Promising Practices for LGBT Tobacco Prevention and Control. The Network for LGBT Health Equity, Fenway Health. Available at <http://lgbthealthequity.org>

Trocki, K. F., L. A. Drabble, and L. T. Midanik. 2009. Tobacco, marijuana, and sensation seeking: Comparisons across gay, lesbian, bisexual, and heterosexual groups. *Psychology of Addictive Behaviors*. 23(4):620–631.

Trocki, K.F., L. Drabble, and L. Midanik. 2005. Use of heavier drinking contexts among heterosexuals, homosexuals and bisexuals: results from a National Household Probability Survey. *J Stud Alcohol*. 66:105-110.

Tucker, J. S., P. L. Ellickson, and D. J. Klein. 2008. Understanding differences in substance use among bisexual and heterosexual young women. *Womens Health Issues*. 18(5):387–398.

Wong, C. F., M. D. Kipke, and G. Weiss. 2008. Risk factors for alcohol use, frequent use, and binge drinking among young men who have sex with men. *Addictive Behaviors*. 33(8):1012–1020.

Ziyadeh, N. J., L. A. Prokop, L. B. Fisher, M. Rosario, A. E. Field, C. A. Camargo, Jr., and S. B. Austin. 2007. Sexual orientation, gender, and alcohol use in a cohort study of U.S. adolescent girls and boys. *Drug & Alcohol Dependence*. 87(2–3):119–130.

ABUSE, VIOLENCE AND TRAUMA

Ard, KL and Makadon HJ. Addressing intimate partner violence in lesbian, gay, bisexual and transgender patients. *J Gen Intern Med*. 2011 Aug;26(8):930-3. Epub 2011 Mar 30.

Arreola, S. G., T. B. Neilands, and R. Diaz. 2009. Childhood sexual abuse and the sociocultural context of sexual risk among adult Latino gay and bisexual men. *American Journal of Public Health*. 99(Suppl. 2):S432–S438.

Austin, S, H. Jun, B. Jackson, D. Spiegelman, J. Rich-Edwards, H. Corliss, and R. J. Wright. 2008. Disparities in Child Abuse Victimization in Lesbian, Bisexual, and Heterosexual Women in the Nurses' Health Study II. *Journal of Women's Health*. 17:597-606.

D'Augelli, A. R., A. H. Grossman, and M. T. Starks. 2006. Childhood gender atypicality, victimization, and PTSD among lesbian, gay, and bisexual youth. *J Interpers Violence*. 21(11):1462-82.

Heidt, J. M., B. P. Marx, and S. D. Gold. 2005. Sexual revictimization among sexual minorities: A preliminary study. *J Trauma Stress*. 18(5):533-40.

Herek, G. M. 2009. Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates from a national probability sample. *Journal of Interpersonal Violence*. 24(1):54–74.

Kulkin, H.S., J. Williams, H. F. Borne, D. de la Bretonne, and J. Laurendine. 2007. A review of research on violence in same-gender couples: a resource for clinicians. *J Homosex*. 53(4):71-87.

National Coalition of Anti-Violence Programs. Anti-lesbian, gay, bisexual, and transgender violence in 2007. A report of the National Coalition of Anti-Violence Programs, 2008. Available at: http://www.ncavp.org/common/document_files/Reports/2007HVRReportFINAL.pdf.

Toomey, R., C. Ryan, R. Diaz, N. A. Card, and S. T. Russell. 2010. Gender nonconforming lesbian, gay, bisexual, and transgender youth:

School victimization and young adult psychosocial adjustment. *Developmental Psychology*. 46(6):1580–1589.

Implications for Health Professions Education

PROVIDER ATTITUDES AND KNOWLEDGE

Berger, J. T. 2008. The influence of physicians' demographic characteristics and their patients' demographic characteristics on physician practice: implications for education and research. *Academic Medicine*, 83, 100–105.

Cochran, B. N., K. M. Peavy, and A. M. Cauce. 2007. Substance abuse treatment providers' explicit and implicit attitudes regarding sexual minorities. *Journal of Homosexuality*. 53(3):181–207.

Hinchliff, S., M. Gott, and E. Galena. 2005. 'I daresay I might find it embarrassing': general practitioners' perspectives on discussing sexual health issues with lesbian and gay patients. *Health and Social Care in the Community*. 13, 345–353.

Javaherian, H., A. B. Christy, and M. Boehringer. 2008. Occupational therapy practitioners' comfort level and preparedness in working with individuals who are gay, lesbian, or bisexual. *Journal of Allied Health*. 37(3):150–155.

Eliason, M. J., S. L. Dibble, and P. A. Robertson. 2011. Lesbian, Gay, Bisexual, and Transgender (LGBT) Physicians' Experiences in the Workplace. *Journal of Homosexuality*. 58(10)1355-1371.

Kitts, R. L. 2010. Barriers to optimal care between physicians and lesbian, gay, bisexual, transgender and questioning adolescent patients. *Journal of Homosexuality*. 57:730–747.

Lee, R. S., T. V. Melhado, K. M. Chacko, K. J. White, A. G. Huebschmann and L. A. Crane. 2007. The dilemma of disclosure: Patient perspectives on gay and lesbian providers. *Journal of General Internal Medicine*. 23:142–147.

Lena, S. M., T. Wiebe, S. Ingram, and M.

Jabbour. 2002. Pediatricians' knowledge, perceptions, and attitudes towards providing health care for lesbian, gay, and bisexual adolescents. *Annals of the Royal College of Physicians & Surgeons of Canada*. 35(7):406-410.

Oriel, K.A., D. J. Madlon-Kay, D. Govaker, and D. J. Mersy. 1996. Gay and lesbian physicians in training: family practice program directors' attitudes and students' perceptions of bias. *Fam Med*. 28:720.

Risdon, C, D. Cook, and D. Willms. 2000. Gay and Lesbian Physicians in Training: A Qualitative Study. *CMAJ*. 162(3):331-334.

Schatz, B, and K. A. O'Hanlan. 1994. *Antigay Discrimination in Medicine: Results of a National Survey of Lesbian, Gay and Bisexual Physicians*. San Francisco, Calif: Gay and Lesbian Medical Association.

Smith, D. M., and W. C. Mathews. 2007. Physicians' attitudes toward homosexuality and HIV: survey of a California Medical Society - Revisited (PATHH-II). *J Homosex*. 52(3-4):1-9.

LGBT CONTENT IN THE CURRICULUM OF HEALTH PROFESSIONS TRAINING PROGRAMS

Eliason, M. J., S. Dibble, J. DeJoseph, and P. Chinn. 2009. *LGBTQ Cultures: What health care professionals need to know about sexual and gender diversity*. Philadelphia: Lippincott.

McGarry, K. A., J. G. Clarke, C. Landau, and M. G. Cyr. 2008. Caring for vulnerable populations: curricula in U.S. internal medicine residencies. *Journal of Homosexuality*. 54(3):225-32.

Obedin-Maliver, J., E. S. Goldsmith, L. Stewart, W. White, E. Tran, S. Brenman, M. Wells, D. M. Fetterman, G. Garcia, and M. R. Lunn. 2011. Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *JAMA*. 306(9):971-7.

Rondahl, G. 2009. Students' inadequate knowledge about lesbian, gay, bisexual and transgender persons. *Int J Nurs Educ Scholarsh*. 6(1):Article 11.

Sanchez, N. F., J. Rabatin, J. P. Sanchez, S. Hubbard, and A. Kalet. 2006. Medical

students' ability to care for lesbian, gay, bisexual, and transgendered patients. *Fam Med*. 38(1):21-27.

Tesar, C. M., S. L. and Rovi. 1998. Survey of curriculum on homosexuality/bisexuality in departments of family medicine. *Fam Med*. 30(4):283-287.

INTERVENTIONS

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide. 2011. The Joint Commission. Available at <http://www.jointcommission.org/lgbt/>

Dohrenwend, A. 2009. Perspective: A grand challenge to academic medicine: speak out on gay rights. *Academic Medicine*. 84(6):788-92.

Joint AAMC-GSA and AAMC-OSR Recommendations Regarding Institutional Programs and Educational Activities to Address the Needs of Gay, Lesbian, Bisexual and Transgender (GLBT) Students and Patients. Washington, DC: Association of American Medical Colleges; 2007. Available at <https://www.aamc.org/linkableblob/54774-7/data/glbtrecommendations-data.pdf>.

Kelley, L., C. L. Chou, S. L. Dibble, and P. A. Robertson. 2008. A critical intervention in lesbian, gay, bisexual, and transgender health: knowledge and attitude outcomes among second-year medical students. *Teach Learn Med*. 20(3):248-253.

Self-Assessment Checklist for Personnel Providing Services and Supports to LGBTQ Youth and Their Families. 2012. National Center for Cultural Competence, Georgetown University Center for Child and Human Development. Available at <http://nccc.georgetown.edu/documents/Final%20LGBTQ%20Checklist.pdf>

Vanderleest, J. G. and C. Q. Galper. 2009. Improving the health of transgender people: transgender medical education in Arizona. *J Assoc Nurses AIDS Care*. 20(5):411-416.

Wallick, M. M., K. M. Cambre, and M. H. Townsend. 1992. How the topic of homosexuality is taught at U.S. medical schools. *Acad Med*. 67(9):601-603.

OTHER ISSUES RELATED TO HEALTH PROFESSIONS TRAINING

Klame, D.L., L. S. Grossman, and D. R. Kopacz. 1993. Medical Student Homophobia. *J Homosex* 37(1):53-63.

Kitts, R. L. 2010. Barriers to optimal care between physicians and lesbian, gay, bisexual, transgender, and questioning adolescent patients. *Journal of Homosexuality*. 57(6):730-747.

Merchant, R. C., A. M. Jongco, and L. Woodward. 2005. Disclosure of sexual orientation by medical students and residency applicants. *Academic Medicine*. 80(8):786.

More, F. G., A. W. Whitehead, and M. Gonthier. 2004. Strategies for student services for lesbian, gay, bisexual, and transgender students in dental schools. *Journal of Dental Education*. 68(6):623-32.

Townsend, M. H., W. M. Wallick, and K. M. Cambre. 1991. Support Services for Homosexual Students at U.S. Medical Schools. *Acad. Med*. 66:361-363.

Townsend, M. H., W. M. Wallick, and K. M. Cambre. 1996. Follow-up Survey of Support Services for Lesbina, Gay, and Bisexual Medical Students. *Acad. Med*. 71:1012-1014.

Wallick, M.M. 1997. Homophobia and heterosexism: out of the medical school closet. *NC Med J*. 58:123-125



1326 18th Street NW, Suite 22
Washington, DC 20036 | 202-600-8037
www.glma.org



GLMA

Health Professionals
Advancing LGBT Equality

1326 18th Street NW, Suite 22
Washington, DC 20036 | 202-600-8037
www.glma.org