

Preface

Our collaboration on the editing of this book revives an earlier joint effort. In June 2001, we teamed up on the first issue of the *American Journal of Public Health*, devoted to lesbian, gay, bisexual, and transgender (LGBT) health (Northridge, 2001). Five years later, we reunited to conceptualize, coordinate, and oversee the compilation of this volume on the health of sexual minorities. In both the special issues and this volume, we sought a public health perspective that was broad enough to encompass the diverse populations and communities that comprise LGBT people, yet recognized the similarities in the experiences they share across cultures and locales—often related to stigma, discrimination, rejection, and violence but also resilience and resistance (Meyer, 2001). An overarching goal for this book is that careful treatment afforded to issues such as the impact of prejudice on the health of LGBT people may thoughtfully inform research and practice on other stigmatized groups and thereby help advance civil society.

The Institute of Medicine (1988) defined the mission of public health as fulfilling society's interest in ensuring conditions in which people can be healthy. When conceptualizing this book, we invoked this broad definition of public health to mean, quite literally, the health of the public. How are we to advance conditions in which LGBT people can be healthy? To seek answers, we called on leading researchers who are conducting formative and applied research on LGBT health for their contributions derived from empirical studies and critical analysis in the form of peer-reviewed chapters. The result is this comprehensive and rigorous text.

Conceptual Approach to Editing This Volume

Our aim from the outset when commissioning chapters was to be inclusive but not exhaustive. That is, we did not aim for an encyclopedic book that covers all the areas of interest to LGBT populations. Rather, we aimed for a book that would rely on the best available thought on issues of concern to LGBT health. We sought a cross-disciplinary approach. Anthropology, biology, law, medicine, psychology, and

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sociology are among the disciplines represented in this volume in addition to public health. They are interwoven in interdisciplinary and intersectional works that are at the forefront of formative and applied LGBT public health research today. In addition, we invoked an ecological, multilevel approach by ensuring that structural determinants of LGBT health as well as individual-level specific health concerns of sexual minorities were covered.

When choosing chapter contributors and editing the chapters, we did not impose an editorial ideology other than what is described above and implied in the organization of this book. That is, we did not seek uniformity among authors in definitions of the populations of interest, the approaches they have taken to investigate these populations, or the types of solutions sought. Rather, we allowed—indeed aimed for—the book to reflect current ideologic and conceptual controversies and debates at the cost of introducing incongruities among chapters. Thus, a reading of different chapters may give a better appreciation of the current state of LGBT public health research than would any single chapter.

We also sought to represent the concerns of various groups among LGBT populations—but not by paying lip service to representation at the expense of significant content. Rather, we sought areas of strong research in various specific populations (e.g., American Indians, Latinos, women, transgender individuals) with the expectation that conceptual work and certain findings from such works would be transferable across populations. Finally, although this text is based in the United States, we provoked inquiry into global health issues because they provide an important perspective on LGBT health relevant both to U.S. and global populations.

Tour of the Book

Some chapters of this book are largely theoretical, others synthesize empirical research, and still others are especially hands-on. Each chapter in this volume may be read independently and understood without reference to the rest of the book. A real advantage of this text, however, is the interchange among chapters. We deliberately included different perspectives on the core topics presented. Together, their purpose is to inform readers committed to understanding and addressing social disparities in health for LGBT populations.

Careful readers will discern that, despite broad areas of agreement, contributors differ with regard to the definition of populations of interest, research methodologies employed, and health concerns targeted. Rather than censor points of view, we championed a more provocative, comprehensive, and in-depth understanding of the central themes deliberated within the text toward evolving the field of LGBT health. We urge the reader to expand her/his scope when searching for insights in this book by exploring chapters even if their relevance to a specific population or a narrow public health question of interest is not superficially apparent. To gain the most from this volume, we believe

it is advantageous to compare and contrast chapters within and across sections.

Although this volume was not intended to be read in order from cover to cover, the sequence and organization of its parts were purposeful, moving from overarching issues including conceptual and definitional frameworks; legal, social, and cultural perspectives and methodologic approaches; through specific health issues among LGBT populations; and concluding with an examination of health systems and institutions through which LGBT health is (or is not) addressed.

First, "Who Are LGBT Individuals?" By examining populations of interest, the chapters included in this part wrestle with topics such as definitions of identity; intersections across sexual, race/ethnicity, and gender identities; sexual development across the life course; and social and biologic constructions of sexuality. The following part, "LGBT Health and the State," takes on legal, ethical, and political dilemmas as well as opportunities for policy, research, and advocacy on sexual minorities. Next, the part entitled "Prejudice and Pride in Health" investigates the relations between societal structures and individual health, including the impact of structural violence, stigma, prejudice, and discrimination on the health of LGBT people.

Part IV, "Research Methodologies," sets about honing the processes and means for understanding and addressing disparities in LGBT health. It is incumbent on researchers to ensure that methodologic refinements and exquisite sensitivity are employed when bringing LGBT issues into public health focus. The chapters in this part cover a variety of methodologic issues that require special attention in studies of LGBT populations, including definitions, measurement, and sampling as well as quantitative, qualitative, and community-based participatory research approaches.

Rather than try to cover the entire spectrum of health needs, we elected to include a diversity of health issues, with particular attention to areas that have not received much attention in books and compilations to date. In the part entitled "Health Concerns," we included the following three categories of LGBT issues: (1) areas in which LGBT people are at increased risk for disease because of unique exposures (e.g., use of hormones by trans-people undergoing sex change procedures); (2) areas in which LGBT people have a high prevalence of exposure and/or disease that are not caused by unique exposures (e.g., methamphetamine use and risk of HIV infection among gay men); and (3) areas in which LGBT people are not at increased risk for disease but that nevertheless require specialized, culturally appropriate approaches (e.g., general health concerns of lesbian and bisexual women, including cancer prevention and treatment).

Finally, no public health text would be complete absent a look at "Healthcare Systems and Services." The final part of this book accordingly covers the issues of accessing and ensuring respectful health care for LGBT groups that have traditionally experienced the greatest barriers in U.S. systems: racial/ethnic minorities, transgender people, and youths. We end with an inspiring chapter on Fenway Community Health, a model of integrated community-based LGBT care, education,

and research that serves as a beacon for other locales, both within the United States and abroad.

Areas and Topics Not Included in This Book

Despite the breadth of this book, there are many areas that it does not cover. These areas can be divided into two general types: The first includes work we omitted because there are many other resources to which the reader can turn. In this, we include HIV/AIDS and psychological/mental health issues. HIV/AIDS has been a major, and predominant, area of investigation in gay men's health research. Many books have been published to provide the reader good reviews of various areas of research within public health work on HIV/AIDS. These resources include books that provide comprehensive coverage of HIV/AIDS and sexually transmitted diseases (STDs) (e.g., Holmes, 1999; Emini, 2002) as well as books that address specific aspects of public health, such as HIV prevention (Peterson & DiClemente, 2000) and specific issues affecting HIV-positive and HIV-negative gay and bisexual men (Halkitis et al., 2005; Kalichman, 2005). Similarly, the area of mental health has been the topic of many books that provide an excellent discussion of psychological development across the life-span and mental health problems related to LGB populations (D'Augelli & Patterson, 1996, 2001; Garnets & Kimmel, 2002; Omoto & Kurtzman, 2006).

The second area of interest excluded from this volume includes many emerging areas. We omitted them because we assessed that based on the existing research we could not commission reviews that were sufficiently comprehensive. To pursue such areas, the reader would be better served by searching scientific journals that can provide more timely coverage of emerging research areas. Such areas include topics that have not been fully developed in public health work to date. For example, the discussion of family levels of influence within the conceptual model that guided the organization of this book. Many important issues face LGBT individuals as they form families. Such a chapter might have covered issues related to conception, adoption, child rearing, cohabitation, and marriage among others. Notwithstanding notable works describing anthropologic and psychological perspectives on LGB families (Weston, 1991; Patterson & D'Augelli, 1998), public health research in this area is still forming, and links to health issues have not yet been carefully explicated, evaluated, and published in the peer-reviewed literature. The need for such work is particularly heightened as debate is growing on access for LGBT individuals to civil marriage and its public health implications (Herdt & Kertzner, 2006). There are also specific health concerns that have not received sufficient research attention (Dean et al., 2000)—for example, gay men may be at risk for anal cancer unrelated to HIV/AIDS—but the lack of research on such topics make them unsuitable for coverage in a book chapter.

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