

Needs Assessment Report

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```
# Libraries
library(tidyverse)
library(lubridate)
library(waffle)

# Parameters
input_path <- here::here("data", "mspa_na_data.rds")
metadata_path <- here::here("data-raw", "school_metadata.csv")

total_md <- 153
total_do <- 36

likert_colors <- c("darkgreen", "green", "orange", "red", "darkred")

likert_labels <-
  c(
    "Strongly disagree",
    "Somewhat disagree",
    "Neither agree nor disagree",
    "Somewhat agree",
    "Strongly agree"
  )

my_theme <-
  theme(
    axis.text.y = element_text(size = 9),
    axis.text.x = element_text(size = 9, angle = 45, hjust = 1),
    axis.title.y = element_text(size = 12, face = "bold"),
    axis.title.x = element_text(size = 12, face = "bold")
  )

mspa_hex <- "#666699"

#####

# read in data
na_data <-
  input_path %>%
  read_rds()

metadata <-
  metadata_path %>%
```

```
read_csv() %>%  
drop_na()
```

Broad data and recruitment summary

First, we want to see if we were able to obtain consent from everyone who took the survey:

```
na_data %>%  
  count(consent)
```

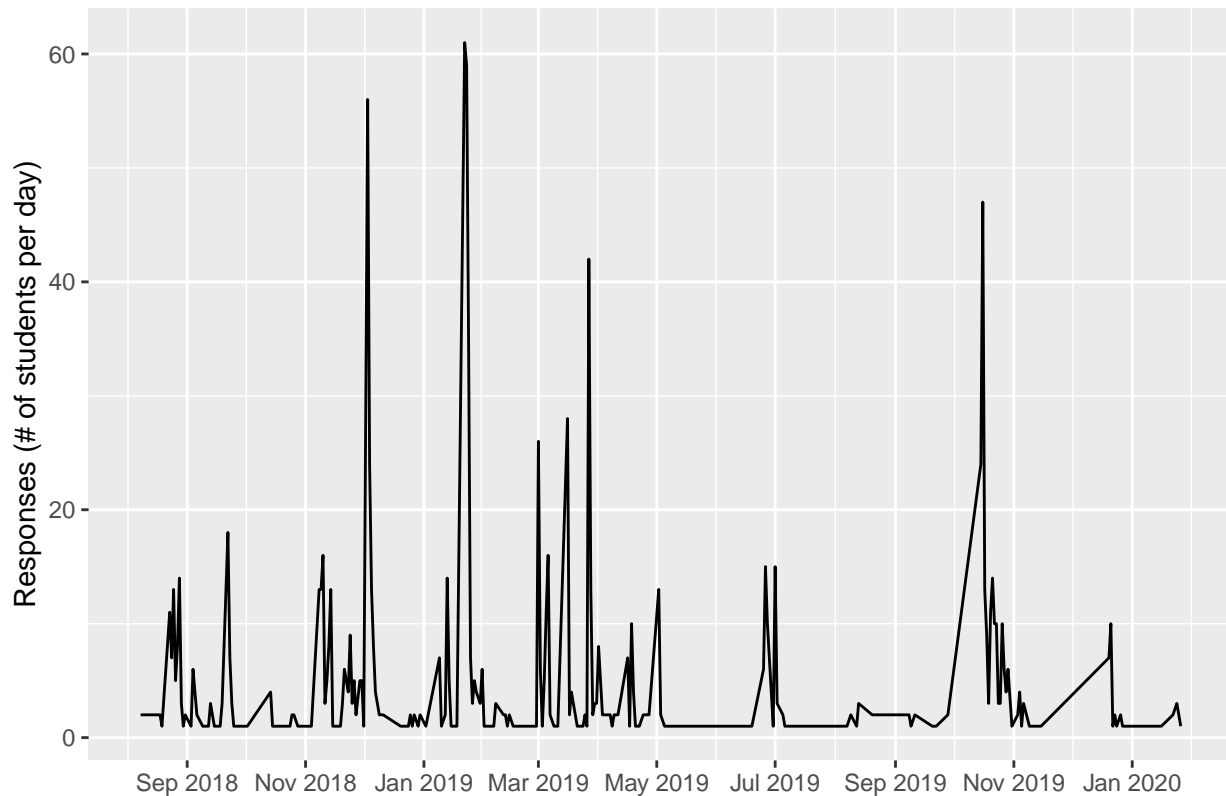
```
## # A tibble: 2 x 2  
##   consent      n  
##   <chr>   <int>  
## 1 no         32  
## 2 yes      1148
```

Thus, we can see that there are 32 people who didn't actually check the "consent" box. They will need to be removed from the analysis.

We can also look, for our own purposes, of the number of responses over the time window that the survey was open.

```
na_data %>%  
  count(date = lubridate::as_date(timestamp), name = "responses") %>%  
  ggplot(aes(x = date, y = responses)) +  
  geom_line() +  
  scale_x_date(  
    breaks = scales::breaks_width(width = "2 months"),  
    labels = scales::label_date(format = "%b %Y")  
  ) +  
  labs(  
    title = "Number of responses to the N-A survey by date",  
    x = NULL,  
    y = "Responses (# of students per day)"  
  )
```

Number of responses to the N–A survey by date



From this, we can see that recruitment tends to happen in a punctuated fashion rather than by trickle-in over time. Each of the peaks corresponds to pushes coordinated by our team to send the survey to additional schools.

For a cumulative plot...

```
num_students <- function(date) {
  na_data %>%
    mutate(my_date = as_date(timestamp)) %>%
    filter(my_date <= date) %>%
    count() %>%
    pull(n)
}

na_data %>%
  transmute(
    my_date = as_date(timestamp),
    unique_students =
      map_int(my_date, num_students)
  ) %>%
  ggplot(aes(x = my_date, y = unique_students)) +
  geom_line() +
  scale_x_date(
    breaks = scales::breaks_width(width = "2 months"),
    labels = scales::label_date(format = "%b %Y")
  ) +
  labs(
    title = "Respondent recruitment over time",
```

```
x = NULL,
y = "Number of unique students"
)
```

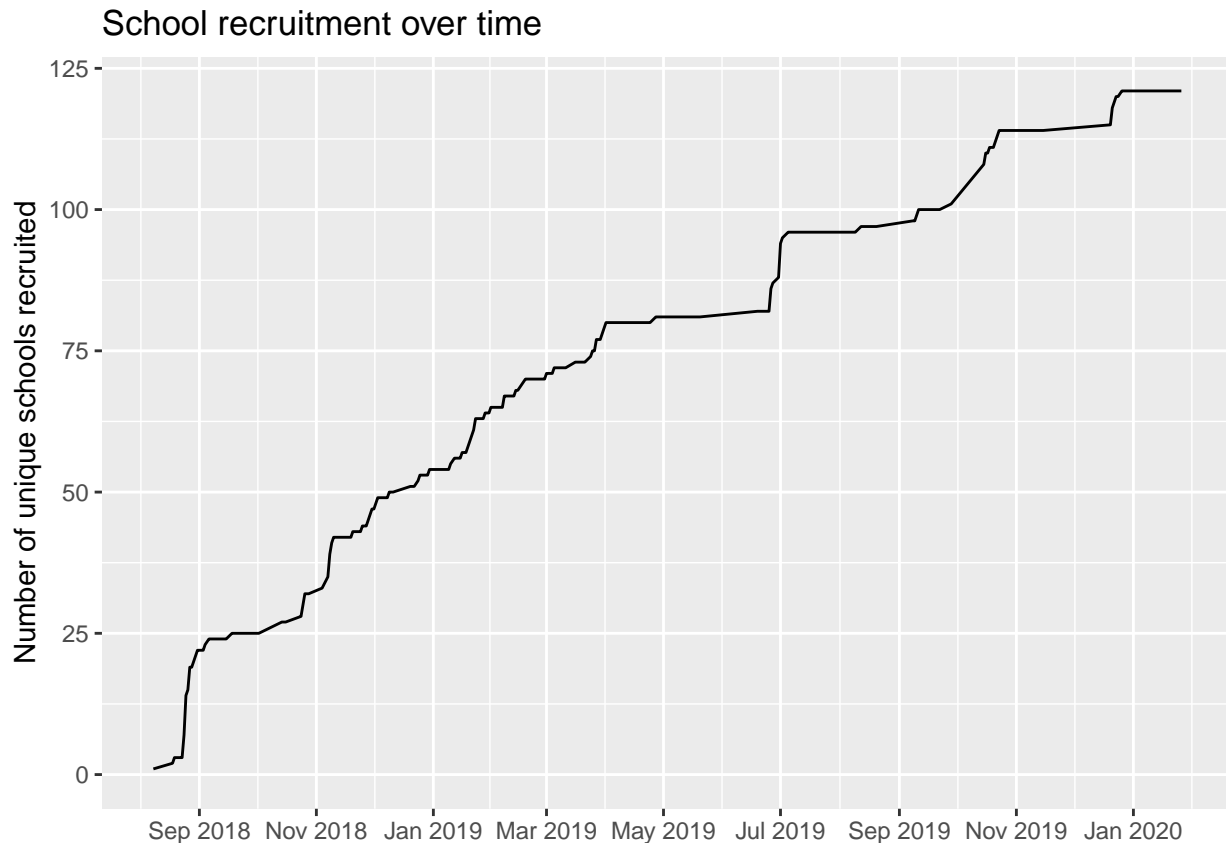


We can also look at our recruitment of unique schools over time:

```
num_schools <- function(date) {
  na_data %>%
    mutate(my_date = as_date(timestamp)) %>%
    filter(my_date <= date) %>%
    pull(school_attend) %>%
    n_distinct()
}

na_data %>%
  transmute(
    my_date = as_date(timestamp),
    unique_schools =
      map_int(my_date, num_schools)
  ) %>%
  ggplot(aes(x = my_date, y = unique_schools)) +
  geom_line() +
  scale_x_date(
    breaks = scales::breaks_width(width = "2 months"),
    labels = scales::label_date(format = "%b %Y")
  ) +
```

```
labs(
  title = "School recruitment over time",
  x = NULL,
  y = "Number of unique schools recruited"
)
```



Together, these plots indicate that, in general, having a survey link passively open over time does not really lead to the steady “trickling in” of responses over time. Rather, it seems that coordinated pushes of survey instruments to specific schools (with wide dissemination) yield the most responses. Thus, one strategic recommendation for MSPA might be to build its survey instrument distribution infrastructure (either through a portal, an app that MSPA members can have on their phones, or some other architecture that leverages our campus network).

Wrangling

I’ve already done some data cleaning in previous scripts, but there are still a few tweaks that we probably want to make so that everything is human-readable and so that only useful information is carried forward.

First, we want to remove people who did not consent to the survey, since we can’t use their information anyway.

```
na_data <-
  na_data %>%
  filter(consent == "yes")
```

And then we can filter out some variables that we don’t need.

```
na_data <-
  na_data %>%
```

```
select(-survey_id, -consent, -complete)
```

And create a few variables that we'll need later:

```
na_data <-
  na_data %>%
  mutate(
    sex =
      case_when(
        sab_is_male == "yes" ~ "male",
        sab_is_female == "yes" ~ "female",
        TRUE ~ NA_character_
      )
  ) %>%
  left_join(metadata, by = c("school_attend" = "name"))
```

Univariate Demographics report

The first section of the survey asked questions about respondents' demographic identifiers, including the following:

- What school they attend
- What year of medical school they're in
- Whether or not they identify as LGBTQ+
- What sex they were assigned at birth
- What their current gender identity is
- What they current sexual orientation is
- Their race/ethnicity

Below, we report the breakdown of our survey respondents by each of these demographics.

What school do you attend?

Schools are arranged in order of decreasing number of responses.

```
na_data %>%
  count(school_attend, name = "Number of responses") %>%
  mutate(
    `Percentage of total responses` =
      ((`Number of responses` / sum(`Number of responses`)) * 100) %>%
      round(digits = 1)
  ) %>%
  rename(School = school_attend) %>%
  arrange(desc(`Number of responses`)) %>%
  knitr::kable()
```

School	Number of responses	Percentage
Temple University School of Medicine	84	
University of Louisville School of Medicine	62	
University of Oklahoma College of Medicine	57	
Geisinger Commonwealth School of Medicine	44	
Stanford University School of Medicine	40	
University of Pittsburgh School of Medicine	39	
University of New Mexico School of Medicine	37	
Saint Louis University School of Medicine	34	
University of Alabama School of Medicine	34	

School	Number of responses	Percentage
University of Arkansas for Medical Sciences/UAMS College of Medicine	34	
Johns Hopkins University School of Medicine	32	
University of Michigan Medical School	32	
Western Michigan University Homer Stryker M.D. School of Medicine	30	
Dell Medical School at The University of Texas at Austin	28	
Chicago Medical School of Rosalind Franklin University of Medicine and Science	26	
Touro University California College of Osteopathic Medicine	23	
University of Wisconsin School of Medicine and Public Health	23	
Georgetown University School of Medicine	22	
Tulane University School of Medicine	22	
Jacobs School of Medicine and Biomedical Sciences, University at Buffalo	21	
Rutgers New Jersey Medical School	18	
University of Texas Southwestern Medical School at Dallas	17	
Harvard Medical School	15	
Columbia University Roy and Diana Vagelos College of Physicians and Surgeons	14	
Washington University School of Medicine	14	
Weill Cornell Medical College	14	
NA	14	
Albert Einstein College of Medicine	13	
Alpert Medical School at Brown University	13	
University of California, Irvine School of Medicine	13	
University of Texas School of Medicine at San Antonio	11	
University of Vermont College of Medicine	11	
Cooper Medical School of Rowan University	10	
University of Iowa Roy J. and Lucille A. Carver College of Medicine	9	
Vanderbilt University School of Medicine	9	
West Virginia University School of Medicine	9	
Edward Via College of Osteopathic Medicine	8	
Keck School of Medicine of University of Southern California	8	
University of North Texas Health Science Center Texas College of Osteopathic Medicine	8	
Baylor College of Medicine	7	
New York University School of Medicine	7	
Philadelphia College of Osteopathic Medicine - Georgia Campus	7	
State University of New York Downstate Medical Center College of Medicine	7	
University of South Alabama College of Medicine	7	
International	6	
Michigan State University College of Human Medicine	6	
University of California, San Francisco School of Medicine	6	
Yale School of Medicine	6	
David Geffen School of Medicine at UCLA	5	
Northwestern University Feinberg School of Medicine	5	
University of California, Davis School of Medicine	5	
University of Florida College of Medicine	5	
Pennsylvania State University College of Medicine	4	
Perelman School of Medicine at the University of Pennsylvania	4	
Philadelphia College of Osteopathic Medicine	4	
Touro College of Osteopathic Medicine	4	
University of Utah School of Medicine	4	
University of Washington School of Medicine	4	
Medical College of Wisconsin	3	
Oklahoma State University Center for Health Sciences College of Osteopathic Medicine	3	
Sidney Kimmel Medical College at Thomas Jefferson University	3	

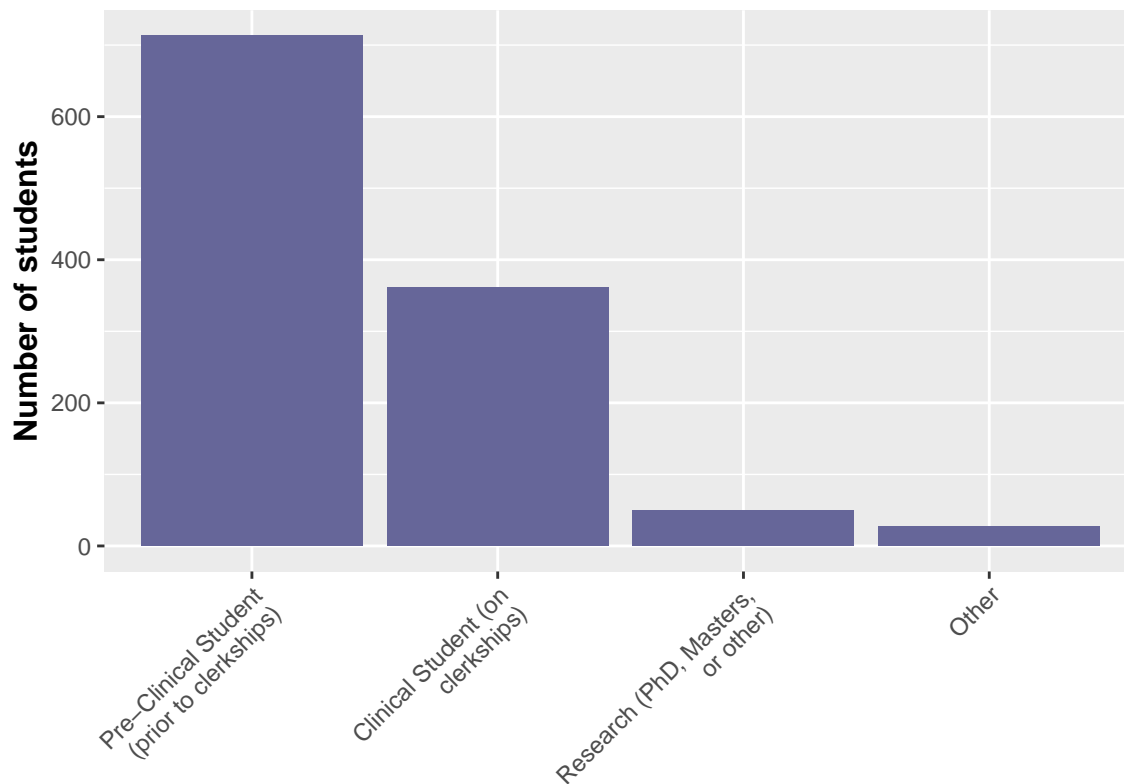
School	Number of responses	Percentage
Tufts University School of Medicine	3	
University of Chicago Pritzker School of Medicine	3	
University of Texas Medical School at Houston	3	
A. T. Still University Kirksville College of Osteopathic Medicine	2	
Dartmouth College Geisel School of Medicine	2	
Des Moines University College of Osteopathic Medicine	2	
Emory University School of Medicine	2	
Hackensack Meridian School of Medicine	2	
Icahn School of Medicine at Mount Sinai	2	
Indiana University School of Medicine	2	
Loma Linda University School of Medicine	2	
Ohio University Heritage College of Osteopathic Medicine	2	
Oregon Health & Science University School of Medicine	2	
Rowan University School of Osteopathic Medicine	2	
Rutgers Robert Wood Johnson Medical School	2	
Sanford School of Medicine of the University of South Dakota	2	
Stony Brook University School of Medicine	2	
Texas Tech University Health Sciences Center School of Medicine	2	
Touro University Nevada College of Osteopathic Medicine	2	
University of Arizona College of Medicine - Phoenix	2	
University of Illinois at Urbana-Champaign Carle Illinois College of Medicine	2	
University of Illinois College of Medicine	2	
University of Massachusetts Medical School	2	
University of Nebraska College of Medicine	2	
University of Rochester School of Medicine and Dentistry	2	
University of Toledo College of Medicine	2	
Wayne State University School of Medicine	2	
Boonshoft School of Medicine at Wright State University	1	
Boston University School of Medicine	1	
Burrell College of Osteopathic Medicine at New Mexico State University	1	
Campbell University School of Osteopathic Medicine	1	
Charles R. Drew University of Medicine and Science	1	
Creighton University School of Medicine	1	
Donald and Barbara Zucker School of Medicine at Hofstra/Northwell	1	
Drexel University College of Medicine	1	
Duke University School of Medicine	1	
Edward Via College of Osteopathic Medicine- Carolinas Campus	1	
Florida Atlantic University Charles E. Schmidt College of Medicine	1	
Marian University College of Osteopathic Medicine	1	
Mayo Clinic College of Medicine	1	
Meharry Medical College School of Medicine	1	
Nova Southeastern University College of Osteopathic Medicine	1	
Oakland University William Beaumont School of Medicine	1	
Ross University School of Medicine & Veterinary Medicine	1	
Rush Medical College	1	
San Juan Bautista School of Medicine	1	
Southern Illinois University School of Medicine	1	
State University of New York Upstate Medical University	1	
The Ohio State University College of Medicine	1	
University of Colorado School of Medicine	1	
University of Kansas School of Medicine	1	
University of Kentucky College of Medicine	1	

School	Number of responses	Percentage
University of Maryland School of Medicine	1	
University of Minnesota Medical School	1	
University of Nevada, Las Vegas School of Medicine	1	
University of North Carolina School of Medicine	1	
University of Texas Medical Branch School of Medicine	1	
University of Virginia School of Medicine	1	
Washington State University Elson S. Floyd College of Medicine	1	
West Virginia School of Osteopathic Medicine	1	

What year of medical school are you in?

```
n <-
  na_data %>%
  filter(!is.na(med_school_year)) %>%
  count() %>%
  pull(n)

na_data %>%
  drop_na(med_school_year) %>%
  mutate(
    med_school_year = fct_infreq(med_school_year %>% str_wrap(width = 25))
  ) %>%
  ggplot(aes(x = med_school_year)) +
  geom_bar(fill = mspa_hex) +
  my_theme +
  labs(
    x = NULL,
    y = "Number of students",
    caption = str_glue("N = ", {n})
  )
```



N = 1151

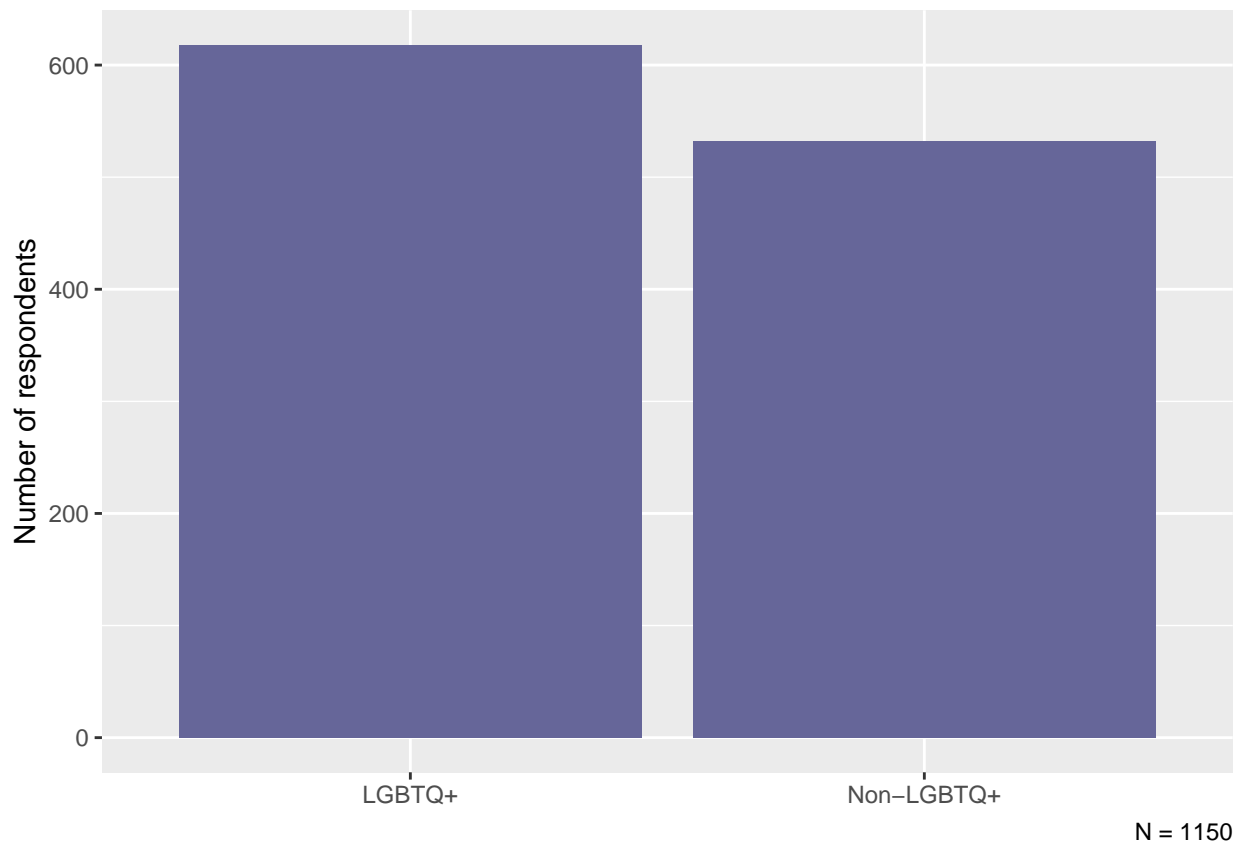
Do you identify as LGBTQ+?

```
n <-
  na_data %>%
  drop_na(is_lgbtq) %>%
  count() %>%
  pull(n)

ns <-
  na_data %>%
  drop_na(is_lgbtq) %>%
  count(is_lgbtq)

n_lgbtq <- ns$n[[1]]
n_n_lgbtq <- ns$n[[2]]

na_data %>%
  drop_na(is_lgbtq) %>%
  ggplot(aes(x = is_lgbtq)) +
  geom_bar(fill = mspa_hex) +
  labs(
    x = NULL,
    y = "Number of respondents",
    caption = str_glue("N = {n}")
  )
```



Or visualized slightly differently...

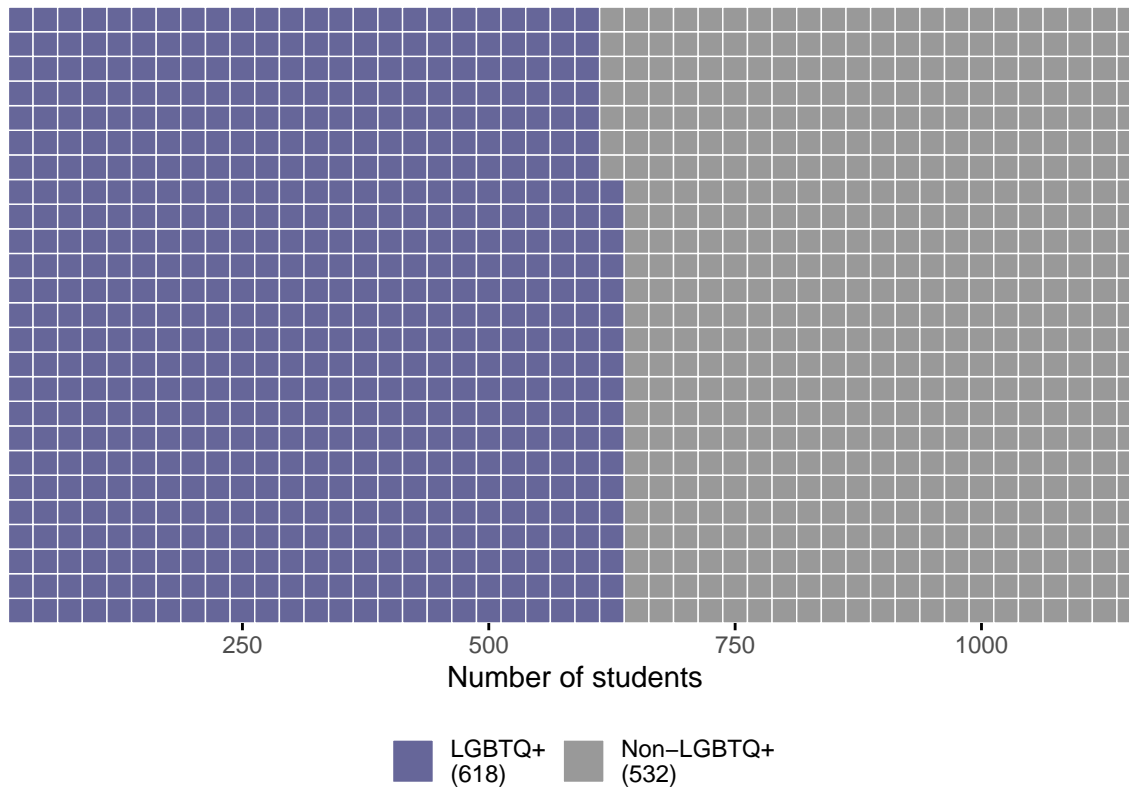
```
na_data %>%
  drop_na(is_lgbtq) %>%
  count(is_lgbtq) %>%
  ggplot(aes(fill = is_lgbtq, values = n)) +
  geom_waffle(color = "white", n_rows = 25, size = 0.25, make_proportional = FALSE) +
  scale_y_discrete(expand = c(0, 0)) +
  scale_x_continuous(
    labels = function(x) x * 25,
    expand = c(0, 0)
  ) +
  scale_fill_manual(
    name = NULL,
    labels =
      c(
        str_glue("LGBTQ+\n({n_lgbtq})",
        str_glue("Non-LGBTQ+\n({n_n_lgbtq})",
      ),
    values = c(mspa_hex, "gray60")
  ) +
  coord_equal() +
  theme_minimal() +
  theme(
    strip.text = element_text(angle = 0, hjust = 0),
    panel.grid = element_blank(),
    axis.ticks.x = element_line(),
```

```

  legend.position = "bottom"
) +
labs(
  subtitle = "Do you identify as LGBTQ+?",
  x = "Number of students"
)

```

Do you identify as LGBTQ+?



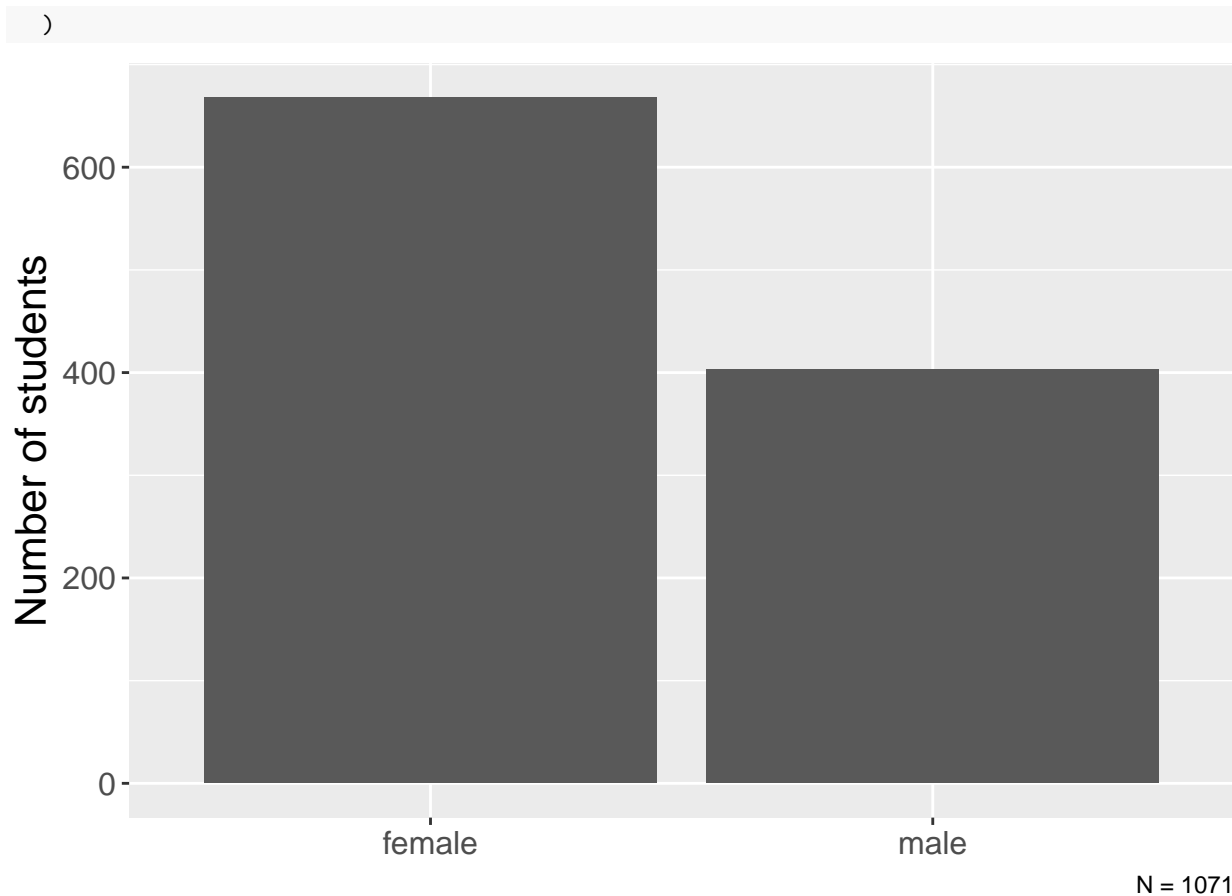
What is your sex assigned at birth?

```

n <-
  na_data %>%
  filter(!is.na(sex)) %>%
  count() %>%
  pull(n)

na_data %>%
  drop_na(sex) %>%
  ggplot(aes(x = sex)) +
  geom_bar() +
  theme(
    axis.text = element_text(size = 12),
    axis.title = element_text(size = 16)
  ) +
  labs(
    x = NULL,
    y = "Number of students",
    caption = str_glue("N = {n}")
  )

```



Or, visualized slightly differently...

```
ns <-
  na_data %>%
  filter(!is.na(sex)) %>%
  count(sex)

n_male <- ns$n[[2]]
n_female <- ns$n[[1]]

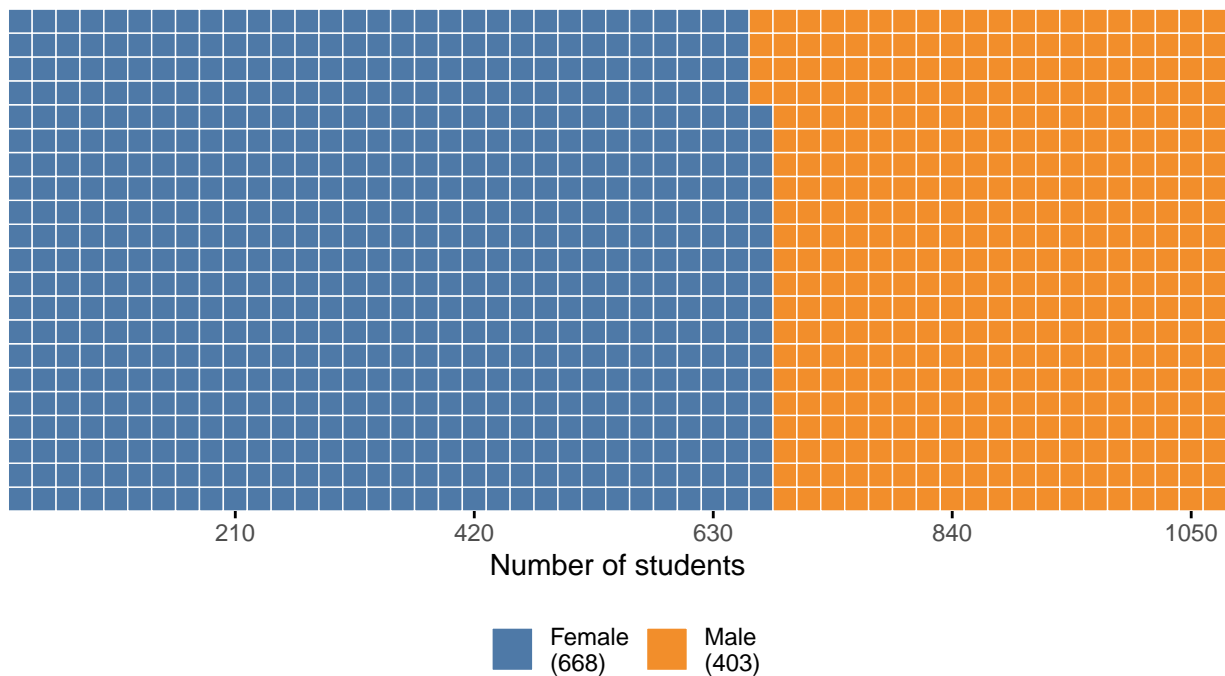
ns %>%
  ggplot(aes(fill = sex, values = n)) +
  geom_waffle(color = "white", n_rows = 21, size = 0.25, make_proportional = FALSE) +
  scale_y_discrete(expand = c(0, 0)) +
  scale_x_continuous(
    labels = function(x) x * 21,
    expand = c(0, 0)
  ) +
  ggthemes::scale_fill_tableau(
    name = NULL,
    labels =
      c(
        str_glue("Female\n({n_female})",
        str_glue("Male\n({n_male})")
      ),
  ),
```

```

palette = "Tableau 10"
) +
coord_equal() +
theme_minimal() +
theme(
  strip.text = element_text(angle = 0, hjust = 0),
  panel.grid = element_blank(),
  axis.ticks.x = element_line(),
  legend.position = "bottom"
) +
labs(
  subtitle = "What was your sex assigned at birth?",
  x = "Number of students"
)

```

What was your sex assigned at birth?



What is your gender identity?

```

n <-
na_data %>%
  filter_at(
    .vars = vars(starts_with("gender_")),
    .vars_predicate = any_vars(!is.na(.))
  ) %>%
  count() %>%
  pull(n)

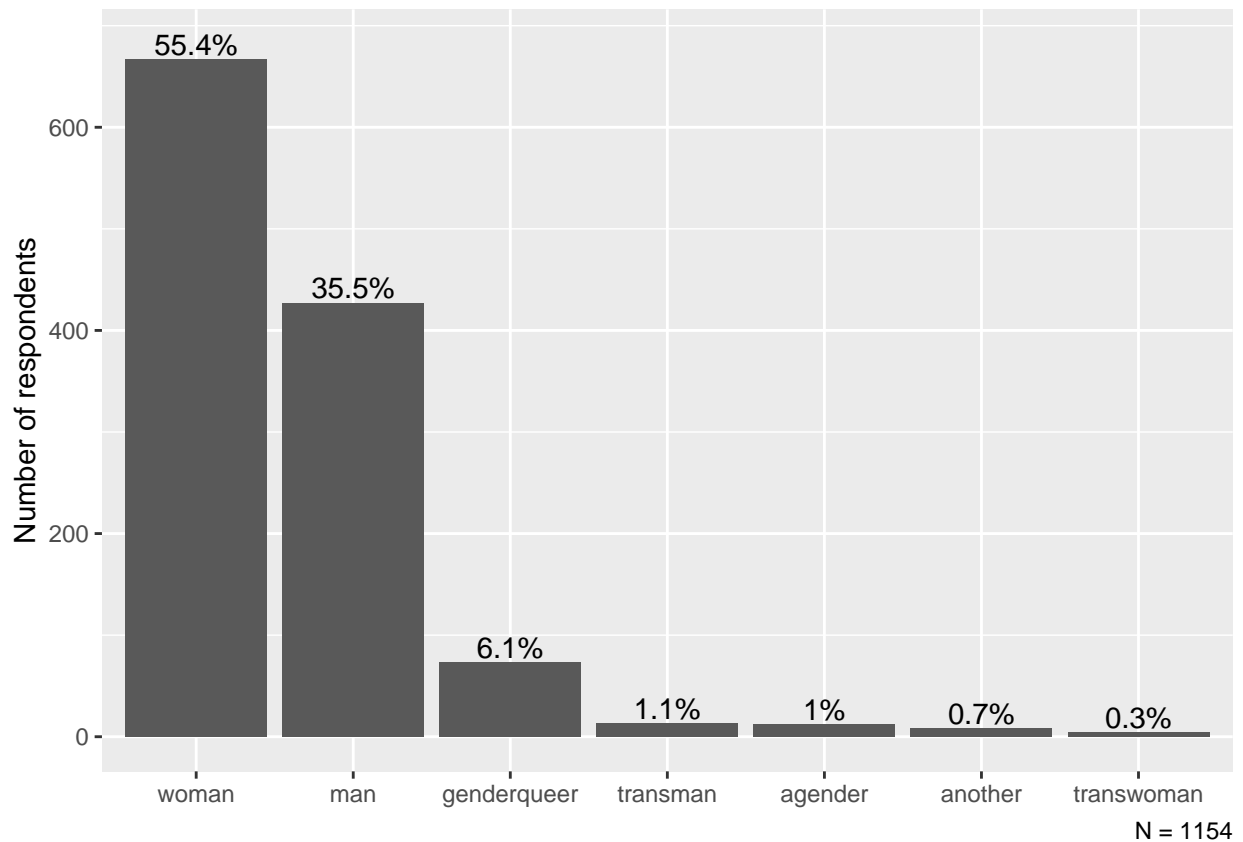
na_data %>%
  summarize_at(
    .vars = vars(starts_with("gender")),
    ~ sum(. == "yes")
  )

```

```

) %>%
select(-gender_another_description) %>%
pivot_longer(
  cols = everything(),
  names_to = "gender",
  values_to = "Number of respondents",
  names_prefix = "gender_"
) %>%
mutate(
  gender = fct_reorder(gender, desc(`Number of respondents`)),
  percentage = (`Number of respondents` / sum(`Number of respondents`)) * 100
) %>%
ggplot(aes(x = gender, y = `Number of respondents`)) +
  geom_col() +
  geom_text(
    aes(
      y = `Number of respondents` + 15,
      label = str_c(percentage %>% round(digits = 1), "%")
    )
  ) +
  labs(
    x = NULL,
    caption = str_glue("N = {n}")
  )

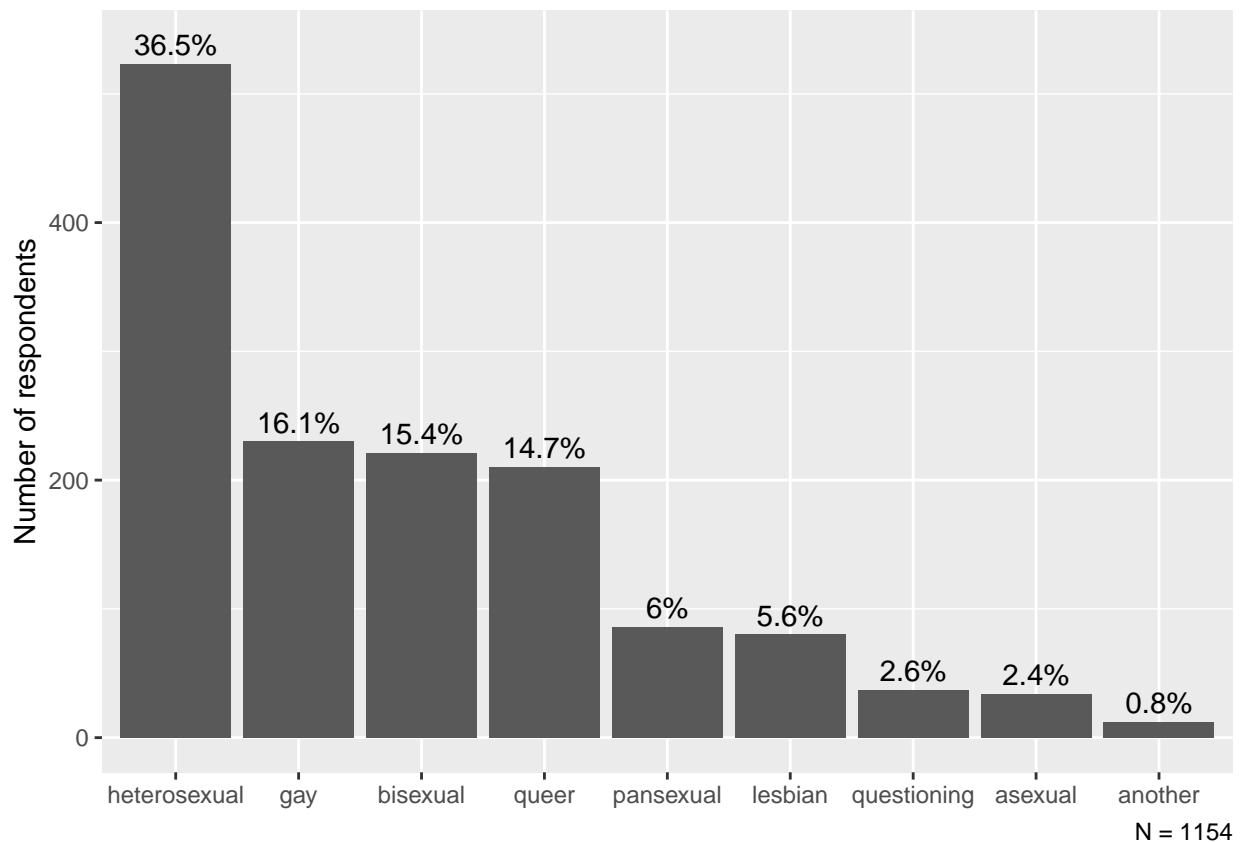
```



What is your sexual orientation?

```
n <-
na_data %>%
  filter_at(
    .vars = vars(starts_with("so_")),
    .vars_predicate = any_vars(!is.na(.))
  ) %>%
  count() %>%
  pull(n)

na_data %>%
  summarize_at(
    .vars = vars(starts_with("so_")),
    ~ sum(. == "yes")
  ) %>%
  select(-so_another_description) %>%
  pivot_longer(
    cols = everything(),
    names_to = "sexual_orientation",
    values_to = "Number of respondents",
    names_prefix = "so_"
  ) %>%
  mutate(
    sexual_orientation = fct_reorder(sexual_orientation, desc(`Number of respondents`)),
    percentage = (`Number of respondents` / sum(`Number of respondents`)) * 100
  ) %>%
  ggplot(aes(x = sexual_orientation, y = `Number of respondents`)) +
  geom_col() +
  geom_text(
    aes(
      y = `Number of respondents` + 15,
      label = str_c(percentage %>% round(digits = 1), "%")
    )
  ) +
  labs(
    x = NULL,
    caption = str_glue("N = {n}")
  )
```

What is your racial/ethnic background?

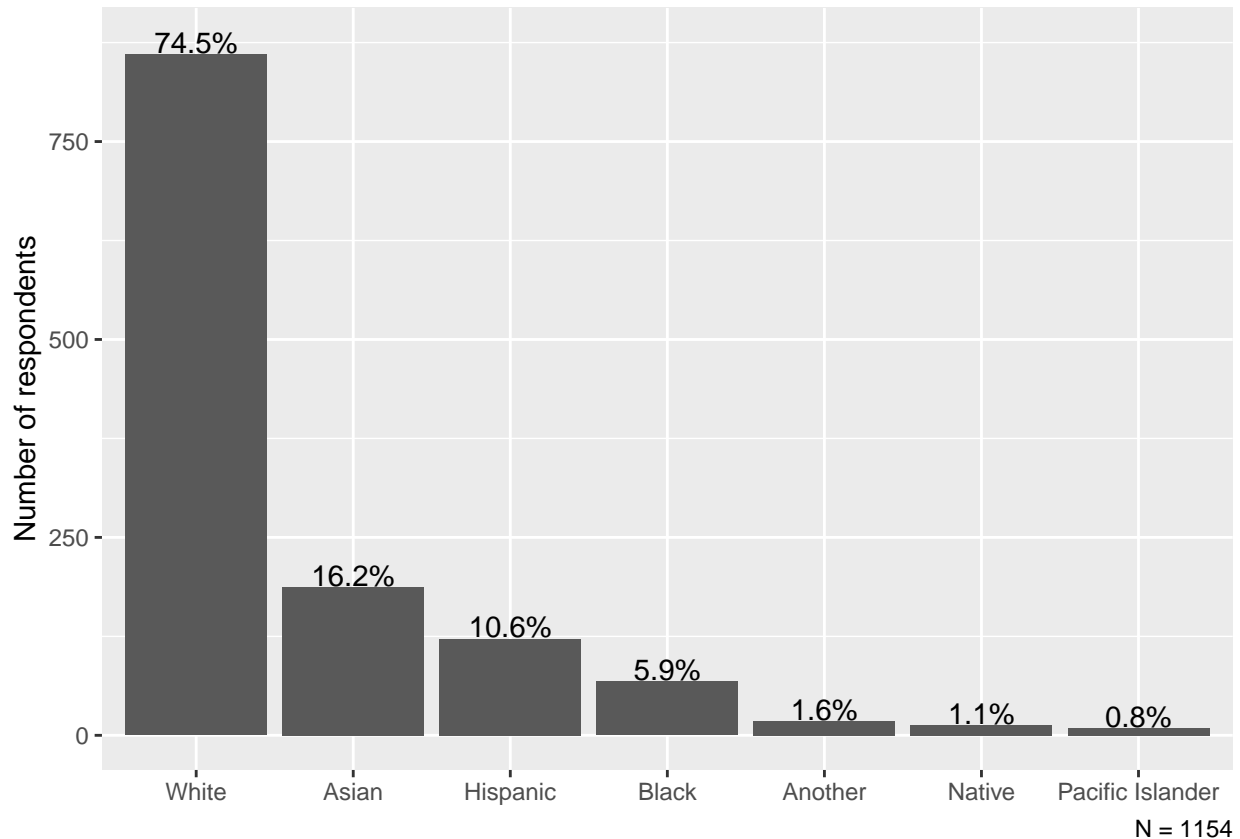
```
n <-
  na_data %>%
  filter_at(
    .vars = vars(starts_with("race_")),
    .vars_predicate = any_vars(!is.na(.))
  ) %>%
  count() %>%
  pull(n)

na_data %>%
  summarize_at(
    .vars = vars(starts_with("race_")),
    ~ sum(. == "yes")
  ) %>%
  select(-race_another_explanation) %>%
  pivot_longer(
    cols = everything(),
    names_to = "race",
    values_to = "Number of respondents",
    names_prefix = "race_"
  ) %>%
  mutate(
    race = fct_reorder(race, desc(`Number of respondents`)),
    percentage = (`Number of respondents` / n) * 100
  )
```

```

) %>%
ggplot(aes(x = race, y = `Number of respondents`)) +
  geom_col() +
  geom_text(
    aes(
      y = `Number of respondents` + 15,
      label = str_c(percentage %>% round(digits = 1), "%")
    )
  ) +
  scale_x_discrete(
    labels =
      c("White", "Asian", "Hispanic",
        "Black", "Another", "Native",
        "Pacific Islander")
  ) +
  labs(
    x = NULL,
    caption = str_glue("N = {n}")
  )

```



So we can see that most of the respondents are white, a group that accounts for about 2/3 of the total responses. There are a smaller percentage of Asian, Hispanic, and Black respondents, with Native, Pacific Islander, and “Other” groups corresponding to around 1% of the responses, each.

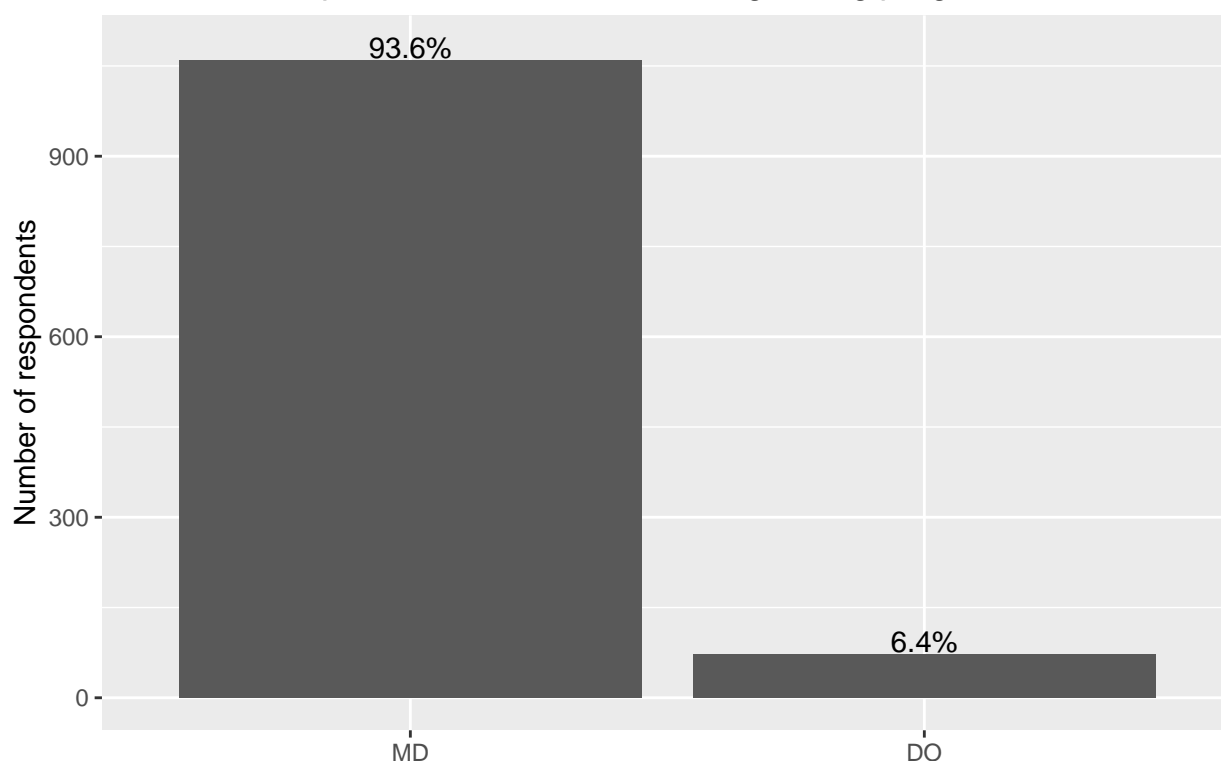
Program type

With merged data about the school that each student attends, we can also compare the number of MD and the number of DO students who responded to the survey:

```
n <-
  na_data %>%
  filter(!is.na(Degree)) %>%
  count() %>%
  pull(n)

na_data %>%
  drop_na(Degree) %>%
  count(Degree, name = "Number of respondents") %>%
  mutate(
    Degree = fct_reorder(Degree, desc(`Number of respondents`)),
    percentage = (`Number of respondents` / sum(`Number of respondents`)) * 100
  ) %>%
  ggplot(aes(x = Degree, y = `Number of respondents`)) +
  geom_col() +
  geom_text(
    aes(
      y = `Number of respondents` + 20,
      label = str_c(percentage %>% round(digits = 1), "%")
    )
  ) +
  labs(
    title = "Number of responses from MD- and DO-granting programs",
    x = NULL,
    caption = str_glue("N = {n}")
  )
```

Number of responses from MD– and DO–granting programs



N = 1133

Thus, we can see that the number of DO student responses is relatively small relative to the number of MD students.

We can appreciate this slightly better with a waffle visualization:

```
ns <-
  na_data %>%
  filter(!is.na(Degree)) %>%
  count(Degree)
n_md <- ns$n[[2]]
n_do <- ns$n[[1]]

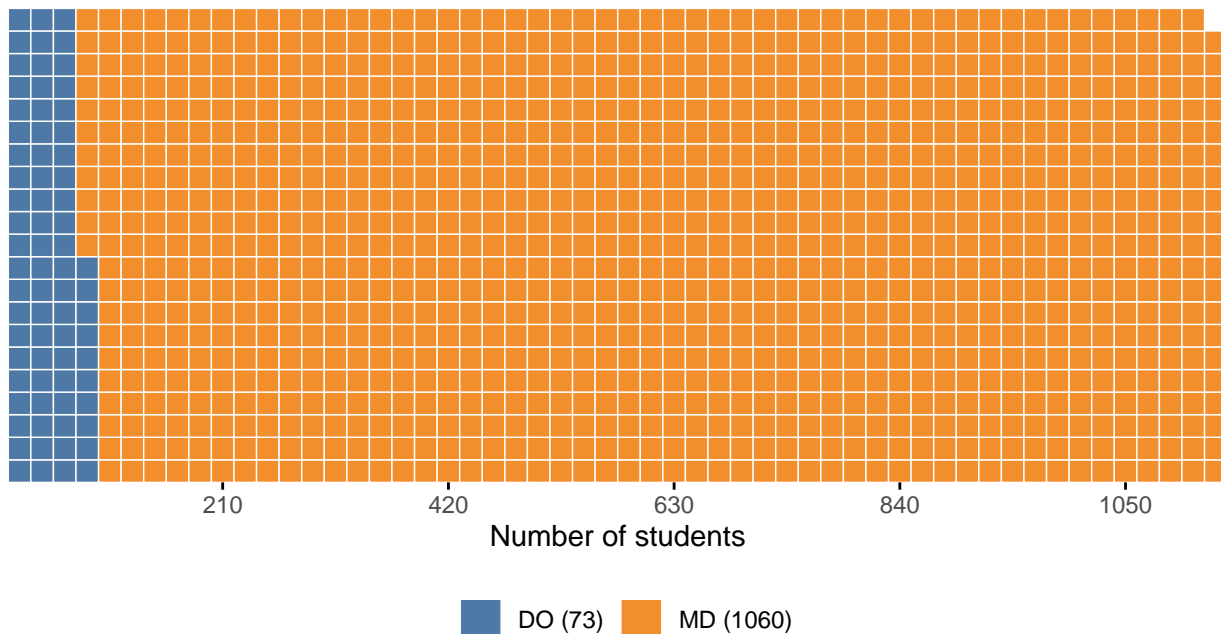
na_data %>%
  drop_na(Degree) %>%
  count(Degree) %>%
  ggplot(aes(fill = Degree, values = n)) +
  geom_waffle(color = "white", n_rows = 21, size = 0.25, make_proportional = FALSE) +
  scale_y_discrete(expand = c(0, 0)) +
  scale_x_continuous(
    labels = function(x) x * 21,
    expand = c(0, 0)
  ) +
  ggthemes::scale_fill_tableau(
    name = NULL,
    labels =
      c(
        str_glue("DO ({n_do})",
        str_glue("MD ({n_md})")
```

```

    ),
    palette = "Tableau 10"
) +
coord_equal() +
theme_minimal() +
theme(
  strip.text = element_text(angle = 0, hjust = 0),
  panel.grid = element_blank(),
  axis.ticks.x = element_line(),
  legend.position = "bottom"
) +
labs(
  subtitle = "What degree does your program confer?",
  x = "Number of students"
)

```

What degree does your program confer?



Number of unique medical schools

According to the Association of American Medical Colleges, there are 153 accredited MD-granting programs in the United States; likewise, the American Association of Colleges of Osteopathic Medicine (AACOM) accredits 36 DO-granting programs in the United States.

So, we can compute the number of unique MD and unique DO schools (as well as their percentage of the national numbers).

```

totals <- tibble(Degree = c("DO", "MD"), total = c(total_do, total_md))

na_data %>%
  select(school_attend, Degree) %>%
  drop_na() %>%
  distinct() %>%
  count(Degree) %>%

```

```
left_join(totals, by = "Degree") %>%
mutate(proportion = n / total) %>%
knitr::kable()
```

Degree	n	total	proportion
DO	18	36	0.5000000
MD	100	153	0.6535948

So, we can see that we have 100 MD schools (65% of total schools), and 18 DO schools (50% of total).

However, we remember from our response plots above that most of the schools from which we have responses only have a few (<5) students who responded... this is a problem we will either have to solve or something that we will have to work around.

Do medical students think MSPA is a good idea?

In the second section of the needs-assessment survey, we asked questions about intercollegiate LGBTQ+ affinity group engagement and whether or not students felt that a national LGBTQ+ affinity organization would enhance their school's LGBTQ+ diversity/inclusion climate.

Here's a generally useful function for plotting likert scale data that we'll use throughout this section:

```
## description: plots a stacked bar plot between LGBTQ+ and non-LGBTQ+ individuals when the likert scale
##             encoded by the variable my_var. Will provide the plot with the title `title` and the caption
##             N = `n`.
likert_plot <- function(my_var = NULL, title = NULL, n = NULL) {
  na_data %>%
    drop_na({my_var}, is_lgbtq) %>%
    group_by(is_lgbtq, {my_var}) %>%
    summarize(number = n()) %>%
    mutate(proportion = number / sum(number)) %>%
    ggplot(
      aes(
        x = is_lgbtq,
        y = proportion,
        fill = factor({my_var}, levels = as.character(5:1))
      )
    ) +
    geom_hline(yintercept = 0.5, color = "black") +
    geom_col() +
    scale_y_continuous(labels = scales::label_percent(accuracy = 1)) +
    scale_fill_brewer(
      labels = rev(likert_labels),
      type = "div",
      palette = "RdYlGn",
      aesthetics = "fill",
      direction = -1,
      guide = guide_legend(reverse = TRUE)
    ) +
    coord_flip() +
    theme(
      legend.title = element_text(size = 9),
      aspect.ratio = 0.4,
      legend.position = "bottom"
```

```

) +
labs(
  subtitle = title,
  x = NULL,
  y = "Percentage of respondents",
  fill = NULL,
  caption = str_glue("N = {n}")
)
}

```

Intercollegiate engagement of LGBTQ+ affinity organizations

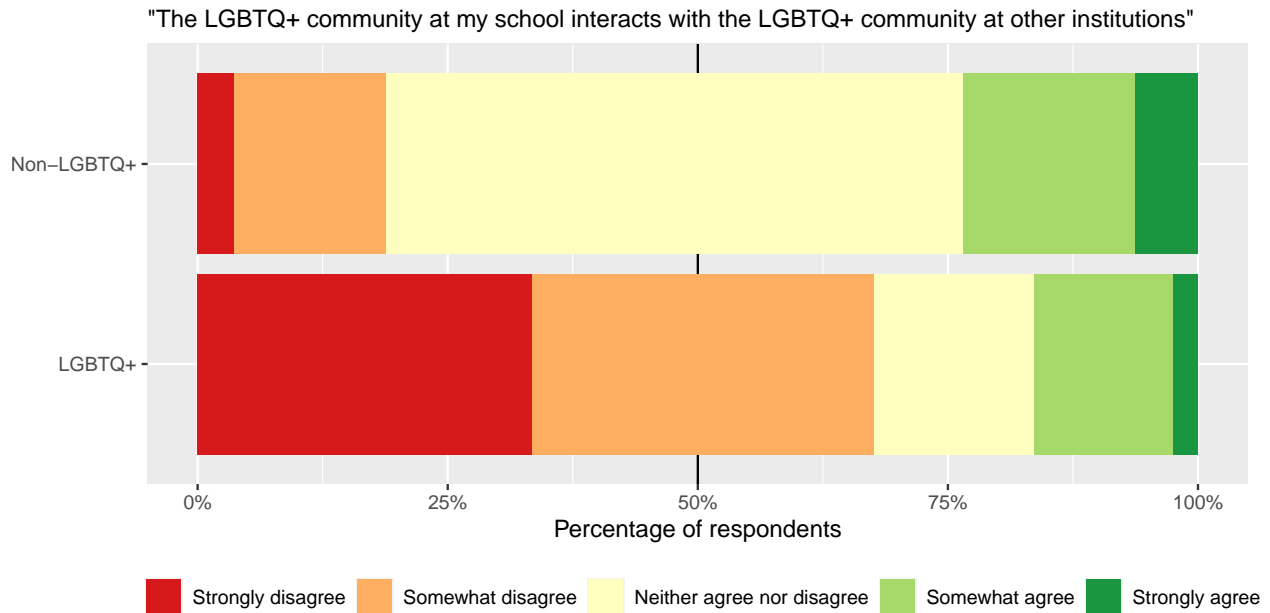
By individual - each person is a point

```

#agree
n <-
  na_data %>%
  drop_na(interaction_agree, is_lgbtq) %>%
  count() %>%
  pull(n)

likert_plot(
  my_var = interaction_agree,
  title =
    "\"The LGBTQ+ community at my school interacts with the LGBTQ+ community at other institutions\"",
  n = n
)

```



N = 1139

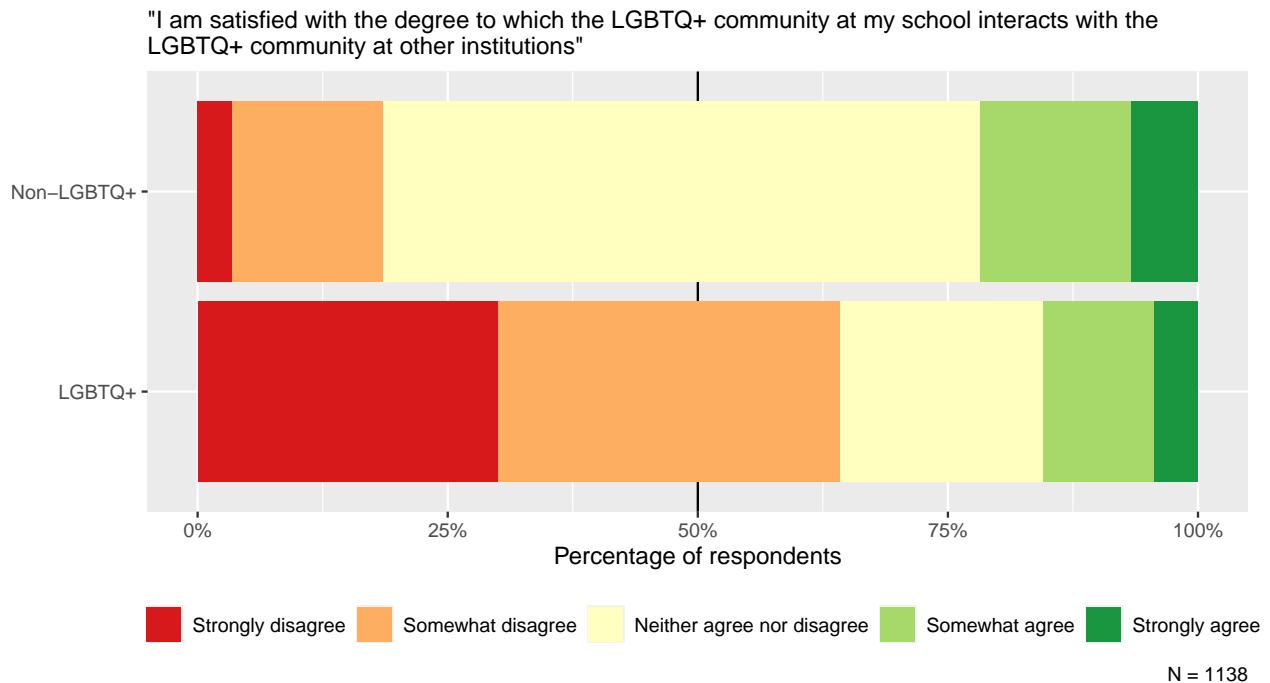
```

#satisfied
n <-
  na_data %>%
  drop_na(interaction_satisfaction, is_lgbtq) %>%
  count() %>%

```

```
pull(n)

likert_plot(
  my_var = interaction_satisfaction,
  title =
    "\"I am satisfied with the degree to which the LGBTQ+ community at my school interacts with the\nLGBTQ+ community at other institutions\"",
  n = n
)
```



In the above plots, note that we put a black reference line at 50% in order to indicate that the majority of LGBTQ-identifying medical students both disagree with the statement that their local LGBTQ+ affinity organization interacts with the larger LGBTQ+ community *and* that they are not satisfied with the level of intercollegiate interaction that they do have.

By school - each school is a point

If we take each unique school and average the likert scale ratings, we can make box-and-whisker plots to summarize the data in a slightly different way.

```
var_labels <-
  setNames(
    object = ,
    c(
      "\"The LGBTQ+ community at my school interacts with the LGBTQ+ community at other institutions\"",
      str_wrap(width = 50),
      "\"I am satisfied with the degree to which the LGBTQ+ community at my school interacts with the\"",
      str_wrap(width = 50)
    ),
    nm = c("agree", "satisfaction")
  )

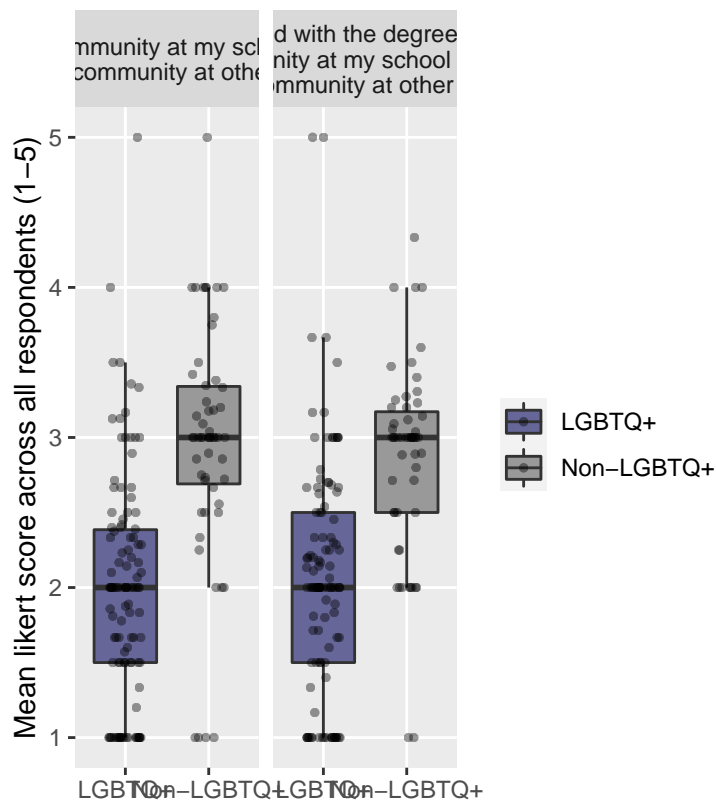
na_data %>%
  drop_na(Degree, is_lgbtq) %>%
```



```

group_by(school_attend, is_lgbtq) %>%
  summarize_at(
    vars(starts_with("interaction_")),
    mean,
    na.rm = TRUE
  ) %>%
  pivot_longer(
    cols = starts_with("interaction_"),
    names_to = "variable",
    values_to = "value",
    names_prefix = "interaction_"
  ) %>%
  ggplot(aes(x = is_lgbtq, y = value, fill = is_lgbtq)) +
  geom_boxplot(outlier.shape = NA) +
  geom_jitter(width = 0.2, alpha = 0.4, stroke = 0, color = "black") +
  facet_wrap(vars(variable), labeller = labeller(variable = var_labels)) +
  scale_y_continuous(minor_breaks = NULL) +
  scale_fill_manual(values = c(mspa_hex, "gray60")) +
  coord_fixed(1.8) +
  labs(
    subtitle = "",
    x = NULL,
    y = "Mean likert score across all respondents (1-5)",
    fill = NULL
  )

```

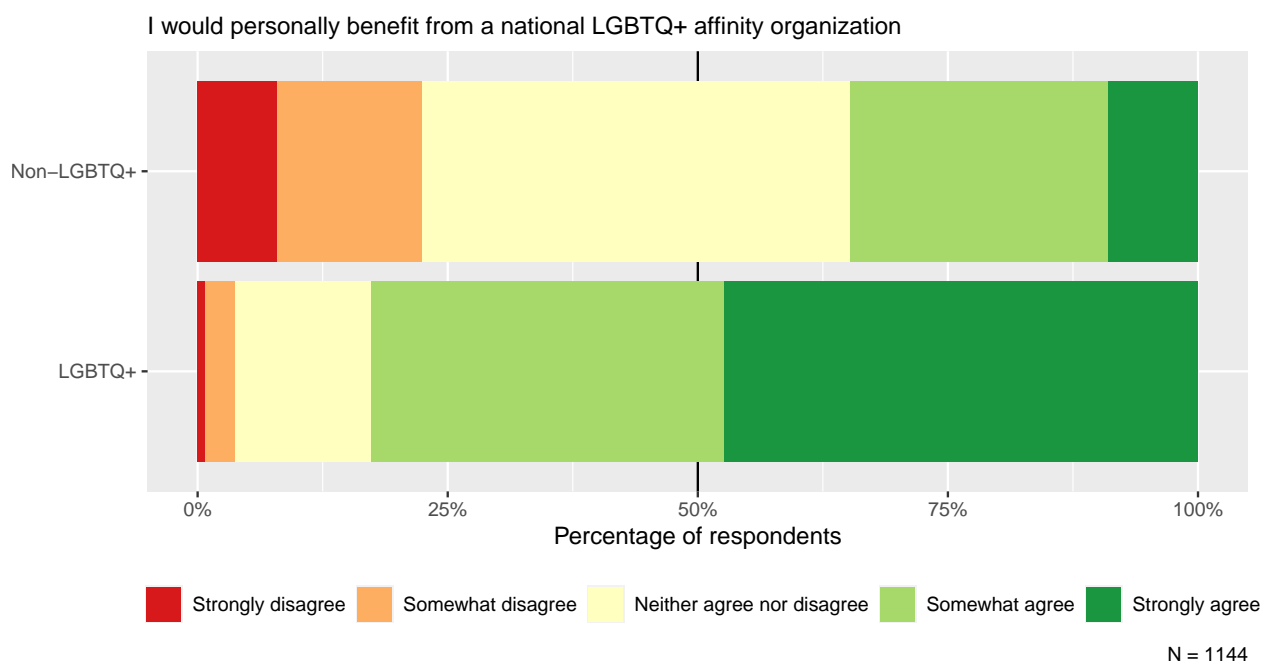


Perceived benefit from a national LGBTQ+ affinity organization for medical students

Personal Benefit

On an individual level...

```
n <-  
  na_data %>%  
  drop_na(is_lgbtq, personal_benefit_mspa) %>%  
  count() %>%  
  pull(n)  
  
likert_plot(  
  my_var = personal_benefit_mspa,  
  title = "I would personally benefit from a national LGBTQ+ affinity organization",  
  n = n  
)
```

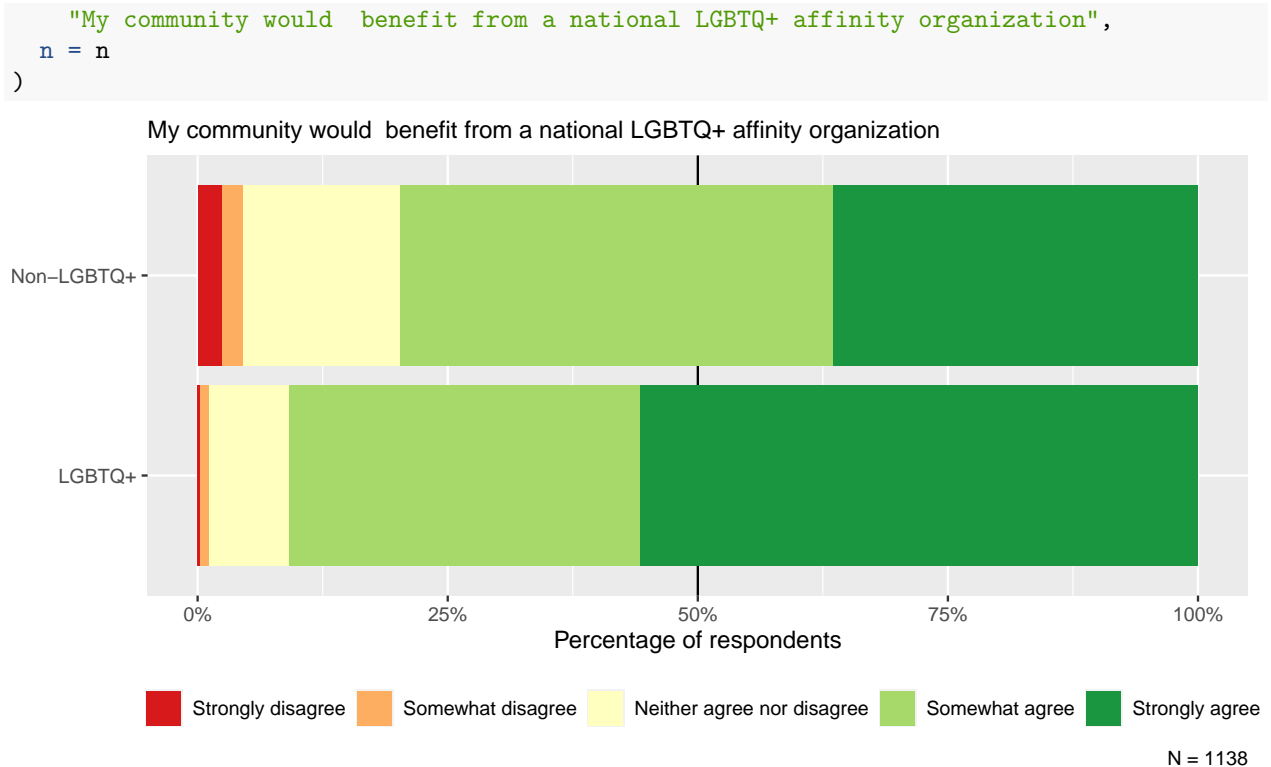


So, it's clear that the majority of LGBTQ+-identifying students feel that they would personally benefit from the existence of an organization like MSPA, with nearly 50% strongly agreeing with this statement. By contrast, most non-LGBTQ+ students didn't feel that they would necessarily benefit from such an organization personally.

Community benefit:

On an individual level...

```
n <-  
  na_data %>%  
  drop_na(is_lgbtq, community_benefit_mspa) %>%  
  count() %>%  
  pull(n)  
  
likert_plot(  
  my_var = community_benefit_mspa,  
  title =
```



Here, we see that over 50% of all LGBTQ+ students feel that the existence of an organization such as MSPA would benefit their overall community (even if it doesn't benefit them personally), with over 80% indicating some degree of agreement.

In addition, this plot shows us that most non-LGBTQ+ students **also** agree that the existence of an organization like MSPA would benefit the community, even if they themselves won't necessarily benefit from the org's existence personally.

Which of your school's activities would be enhanced by a national LGBTQ+ medical student organization?

```

affinity_recode <-
  c(
    "lgbtq_meded" = "LGBTQ+ health education",
    "social" = "LGBTQ+ social events",
    "di_training" = "Health care provider diversity/inclusion training",
    "discrim_bias_reduction" = "Discrimination and bias reduction",
    "mentorship" = "Physician mentorship for LGBTQ+ students",
    "advocacy" = "LGBTQ+ political/social advocacy",
    "global_health" = "LGBTQ+ Global Health",
    "research" = "Research",
    "intercollegiate" = "Intercollegiate Engagement",
    "educational" = "Educational Activities (panels, workshops)",
    "other" = "Other"
  )

n <-
  na_data %>%
  filter_at(

```

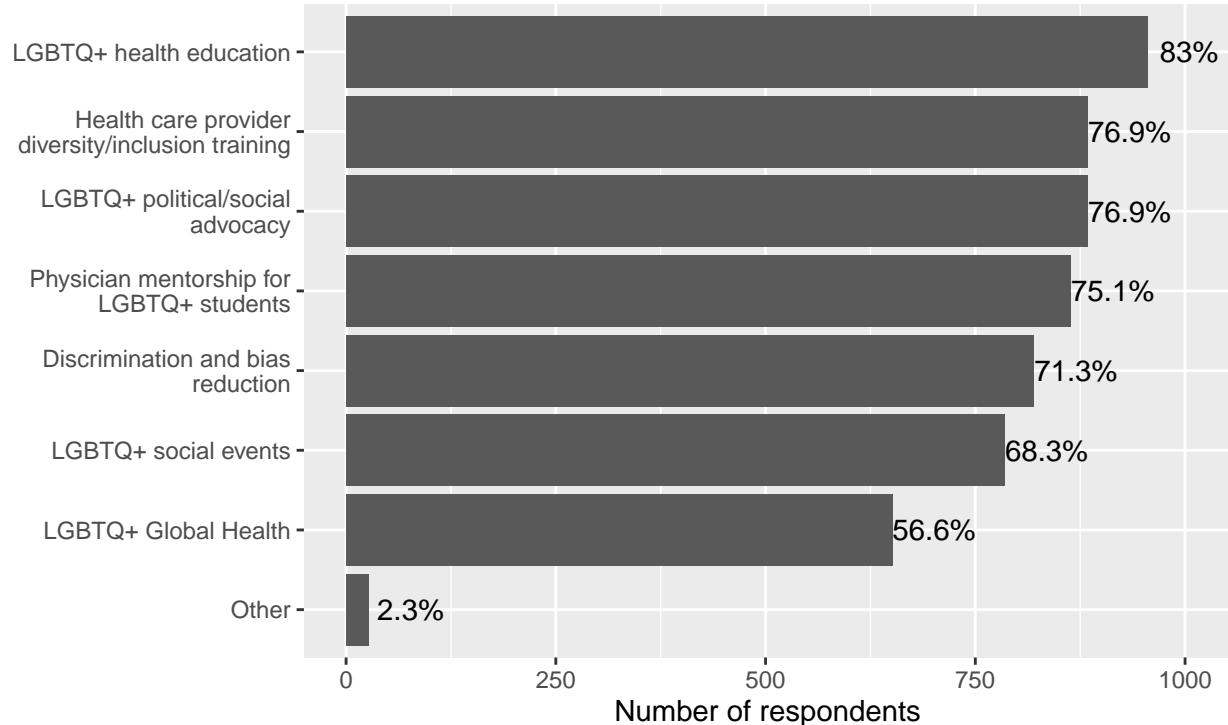
```

    .vars = vars(starts_with("enhanced_activity")),
    .vars_predicate = any_vars(!is.na(.))
  ) %>%
  drop_na(is_lgbtq) %>%
  count() %>%
  pull(n)

na_data %>%
  filter_at(
    .vars = vars(starts_with("enhanced_activity")),
    .vars_predicate = any_vars(!is.na(.))
  ) %>%
  drop_na(is_lgbtq) %>%
  summarize_at(
    vars(starts_with("enhanced_activity")),
    ~ sum(. == "yes")
  ) %>%
  select(-enhanced_activity_mspa_other_explanation) %>%
  pivot_longer(
    cols = starts_with("enhanced_activity"),
    names_to = "activity",
    values_to = "Number of respondents",
    names_prefix = "enhanced_activity_mspa_"
  ) %>%
  mutate(
    activity =
      fct_reorder(activity, `Number of respondents`) %>%
      dplyr::recode(!!! affinity_recode),
    percentage = (`Number of respondents` / n) * 100
  ) %>%
  ggplot(aes(x = activity, y = `Number of respondents`)) +
  geom_col() +
  geom_text(
    aes(
      y = `Number of respondents` + 50,
      label = str_c(percentage %>% round(digits = 1), "%")
    )
  ) +
  scale_x_discrete(labels = function(x) str_wrap(x, width = 30)) +
  coord_flip() +
  labs(
    subtitle = "Students feel that a national LGBTQ+ org will most enhance medical\neducation, advocacy",
    x = NULL,
    caption = str_glue("N = {n}")
  )

```

Students feel that a national LGBTQ+ org will most enhance medical education, advocacy, diversity & inclusion training, and LGBTQ+ mentors



N = 1150

The plot above shows that the number 1 item that students felt would be enhanced by an organization like MSPA existing would be LGBTQ+ health education and curricular design.

But we can also see that 2.3% felt that “other” activities would be enhanced. What were those?

```
na_data %>%
  select(enhanced_activity_mspa_other_explanation) %>%
  distinct() %>%
  knitr::kable()
```

enhanced_activity_mspa_other_explanation
NA

Funnily enough, no one provided any text in the free text box! Oh well.

Of course, the data above are aggregated - the question still remains: did SGM and non-SGM feel differently about what activities would be enhanced by MSPA?

```
ns <-
  na_data %>%
  filter_at(
    .vars = vars(starts_with("enhanced_activity")),
    .vars_predicate = any_vars(!is.na(.))
  ) %>%
  drop_na(is_lgbtq) %>%
  count(is_lgbtq)

n_lgbtq <- ns$n[[1]]
```

```

n_n_lgbtq <- ns$n[[2]]
n <- n_lgbtq + n_n_lgbtq

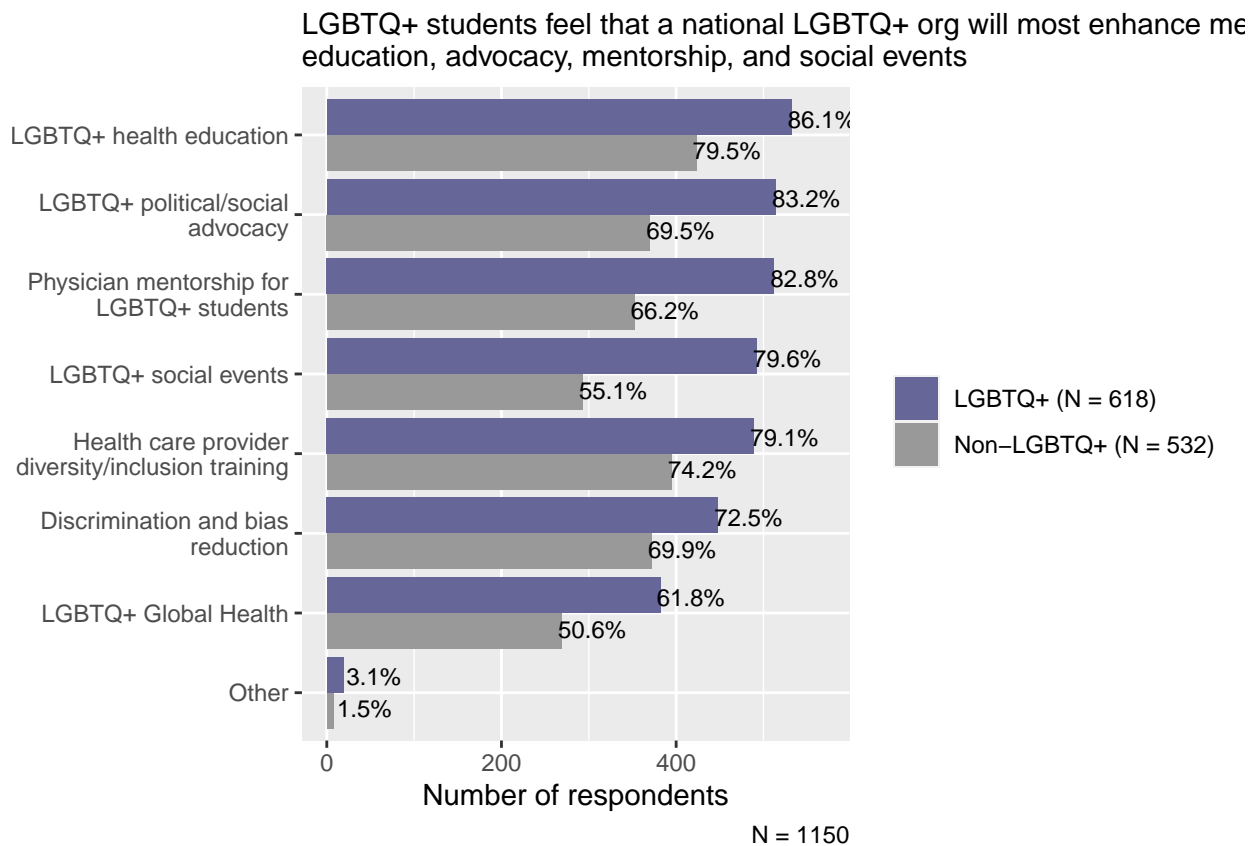
na_data %>%
  filter_at(
    .vars = vars(starts_with("enhanced_activity")),
    .vars_predicate = any_vars(!is.na(.))
  ) %>%
  drop_na(is_lgbtq) %>%
  group_by(is_lgbtq) %>%
  summarize_at(
    vars(starts_with("enhanced_activity")),
    ~ sum(. == "yes")
  ) %>%
  select(-enhanced_activity_mspa_other_explanation) %>%
  pivot_longer(
    cols = starts_with("enhanced_activity"),
    names_to = "activity",
    values_to = "Number of respondents",
    names_prefix = "enhanced_activity_mspa_"
  ) %>%
  left_join(ns, by = "is_lgbtq") %>%
  mutate(
    activity =
      fct_reorder2(activity, desc(is_lgbtq), desc(`Number of respondents`)) %>%
      dplyr::recode(!!! affinity_recode),
    percentage = (`Number of respondents` / n) * 100,
    is_lgbtq = fct_relevel(is_lgbtq, "Non-LGBTQ+", "LGBTQ+")
  ) %>%
  ggplot(aes(x = activity, y = `Number of respondents`, fill = is_lgbtq)) +
  geom_col(position = "dodge") +
  geom_text(
    aes(
      y = `Number of respondents` + 35,
      label = str_c(percentage %>% round(digits = 1), "%")
    ),
    size = 3,
    position = position_dodge(width = 0.8)
  ) +
  scale_x_discrete(labels = function(x) str_wrap(x, width = 30)) +
  scale_y_continuous(limits = c(NA, 570)) +
  scale_fill_manual(
    labels = c(
      str_glue("Non-LGBTQ+ (N = {n_n_lgbtq})"),
      str_glue("LGBTQ+ (N = {n_lgbtq})")
    ),
    values = c("gray60", mspa_hex)
  ) +
  coord_flip() +
  guides(fill = guide_legend(reverse = TRUE)) +
  labs(
    subtitle = "LGBTQ+ students feel that a national LGBTQ+ org will most enhance medical\education, a",
    x = NULL,

```

```

fill = NULL,
caption = str_glue("N = {n}")
)

```



These data tell a slightly different story: LGBTQ+ students still think MSPA's greatest strength will be in enhancing LGBTQ+ medical education and political/social advocacy, but they tend to think mentorship and social events will be more enhanced than non-LGBTQ+ students do.

Current-state assessment of local LGBTQ+ organizations

Our needs assessment also included several questions about what students' local affinity organizations were like. The variables we measured included the following:

- Does your school have a medical student LGBTQ+ organization of some kind?
- If no, do you think this is something you would benefit from?
- If yes, are you involved in that organization in some way? If not, why not?
- Which of the following student group activities do you engage in?

Does your school have a medical student LGBTQ+ affinity organization?

```

n <-
na_data %>%
drop_na(Degree, school_affinity_group_exist) %>%
pull(school_attend) %>%
n_distinct()

percentage_schools <-

```

```
na_data %>%
drop_na(Degree, school_affinity_group_exist) %>%
group_by(school_attend) %>%
count(school_affinity_group_exist) %>%
filter(n == max(n)) %>%
pull(school_affinity_group_exist) %>%
`==`("yes") %>%
mean() *
100
```

Thus, we can see that 90.8% of our 118 schools have a local affinity LGBTQ+ affinity organization.

The schools that don't are as follows:

```
na_data %>%
drop_na(Degree, school_affinity_group_exist) %>%
group_by(school_attend) %>%
count(school_affinity_group_exist) %>%
filter(n == max(n)) %>%
filter(school_affinity_group_exist == "no") %>%
select(school_attend) %>%
rename(
  `Medical schools without LGBTQ+ affinity organizations` = school_attend
) %>%
knitr::kable()
```

Medical schools without LGBTQ+ affinity organizations

Creighton University School of Medicine
Edward Via College of Osteopathic Medicine
Loma Linda University School of Medicine
Marian University College of Osteopathic Medicine
Meharry Medical College School of Medicine
Ohio University Heritage College of Osteopathic Medicine
Sanford School of Medicine of the University of South Dakota
Southern Illinois University School of Medicine
University of Illinois at Urbana-Champaign Carle Illinois College of Medicine
University of Nebraska College of Medicine
Washington State University Elson S. Floyd College of Medicine

So, for the students at these schools, do they think it'd be beneficial to have one?

```
ns <-
na_data %>%
filter(school_affinity_group_exist == "no") %>%
count(is_lgbtq)

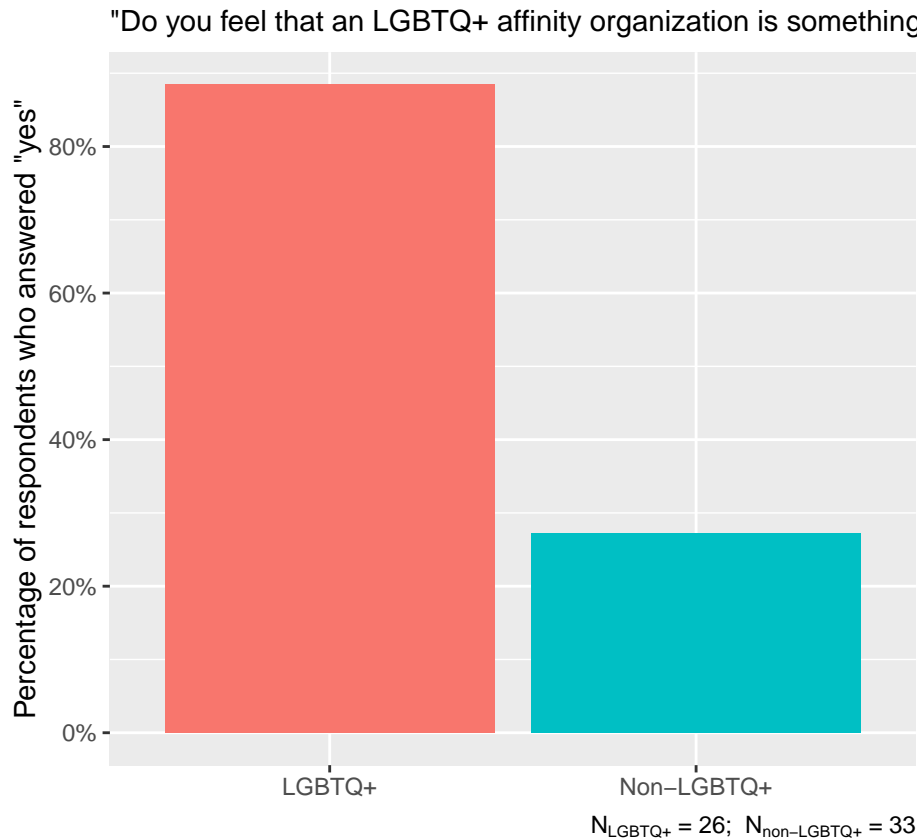
na_data %>%
filter(school_affinity_group_exist == "no") %>%
group_by(is_lgbtq) %>%
summarize(
  number = sum(school_affinity_group_benefit == 1, na.rm = TRUE),
  total = n(),
  prop = number / total
) %>%
```



```

ggplot(aes(x = is_lgbtq, y = prop, fill = is_lgbtq)) +
  geom_col() +
  scale_y_continuous(
    breaks = scales::breaks_width(width = 0.2),
    labels = scales::label_percent(accuracy = 1)
  ) +
  coord_fixed(2) +
  theme(legend.position = "none") +
  labs(
    subtitle = "\"Do you feel that an LGBTQ+ affinity organization is something you would benefit from?\"",
    x = NULL,
    y = "Percentage of respondents who answered \"yes\"",
    fill = NULL,
    caption =
      expression(
        paste(N["LGBTQ+"], " = ", 26, "; ", N["non-LGBTQ+"], " = ", 33)
      )
  )

```



So, we can see that over 80% of LGBTQ+ students do feel that it's something they would benefit from, but there's not a ton of strong allyship going on (clearly).

Shown a different way:

```

na_data %>%
  filter(school_affinity_group_exist == "no") %>%
  group_by(is_lgbtq) %>%
  summarize(

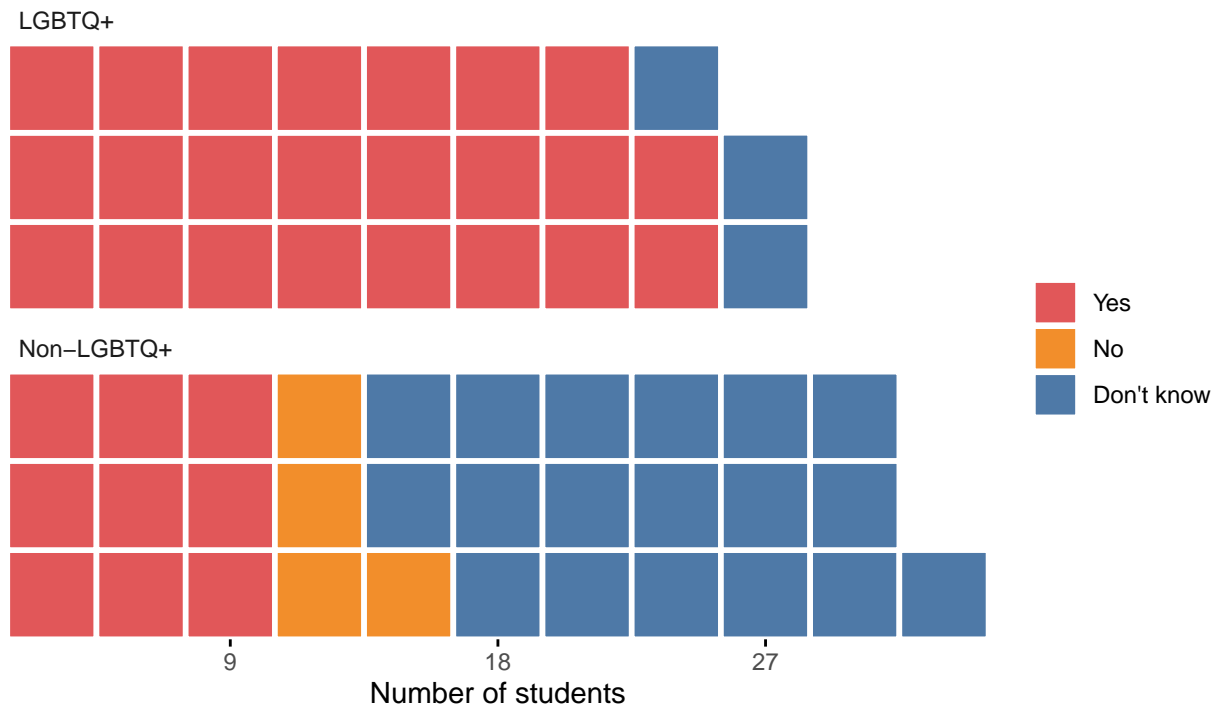
```

```

yes = sum(school_affinity_group_benefit == 1, na.rm = TRUE),
no = sum(school_affinity_group_benefit == 2, na.rm = TRUE),
dont_know = sum(school_affinity_group_benefit == 3, na.rm = TRUE),
) %>%
pivot_longer(
  cols = c(yes, no, dont_know),
  names_to = "response",
  values_to = "count"
) %>%
ggplot(aes(fill = response, values = count)) +
geom_waffle(color = "white", n_rows = 3, size = 1, make_proportional = FALSE) +
facet_wrap(~is_lgbtq, ncol = 1) +
scale_y_discrete(expand = c(0, 0)) +
scale_x_continuous(
  labels = function(x) x * 3,
  expand = c(0, 0)
) +
ggthemes::scale_fill_tableau(
  name = NULL,
  breaks = c("yes", "no", "dont_know"),
  labels = c("Yes", "No", "Don't know")
) +
coord_equal() +
theme_minimal() +
theme(
  strip.text = element_text(angle = 0, hjust = 0),
  panel.grid = element_blank(),
  axis.ticks.x = element_line()
) +
labs(
  subtitle = "\"Do you feel that an LGBTQ+ affinity organization is something you would benefit from?",
  x = "Number of students"
)

```

"Do you feel that an LGBTQ+ affinity organization is something you would benefit from?"



Visualized this way, we can see that straight people aren't **that** problematic: they just aren't sure if they would be benefitted by their school having an LGBTQ+ affinity organization.

Student involvement in local LGBTQ+ affinity organizations

For schools that **did** have a local LGBTQ+ affinity organization, we asked whether or students were involved.

```
ns <-
  na_data %>%
  drop_na(school_affinity_group_involved, is_lgbtq) %>%
  count(school_affinity_group_involved, is_lgbtq)

n <-
  ns %>%
  count(wt = n) %>%
  pull(n)

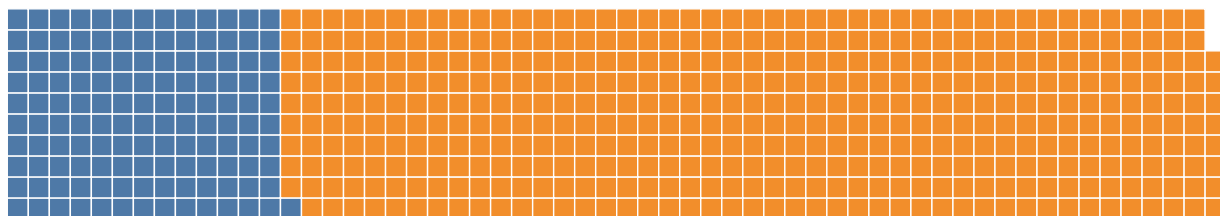
ns %>%
  ggplot(aes(fill = school_affinity_group_involved, values = n)) +
  geom_waffle(color = "white", n_rows = 10, size = 0.25, make_proportional = FALSE) +
  facet_wrap(~is_lgbtq, ncol = 1) +
  scale_y_discrete(expand = c(0, 0)) +
  scale_x_continuous(
    labels = function(x) x * 10,
    expand = c(0, 0)
  ) +
  ggthemes::scale_fill_tableau(
    name = NULL,
    labels = c("No", "Yes")
  ) +
```

```
coord_equal() +
theme_minimal() +
theme(
  strip.text = element_text(size = 11, angle = 0, hjust = 0),
  panel.grid = element_blank(),
  axis.ticks.x = element_line(),
  legend.position = "top"
) +
labs(
  subtitle = "\"Are you involved in your local LGBTQ+ affinity organization (in some way)?\"",
  x = "Number of students",
  caption = str_glue("Total N = {n}")
)
```

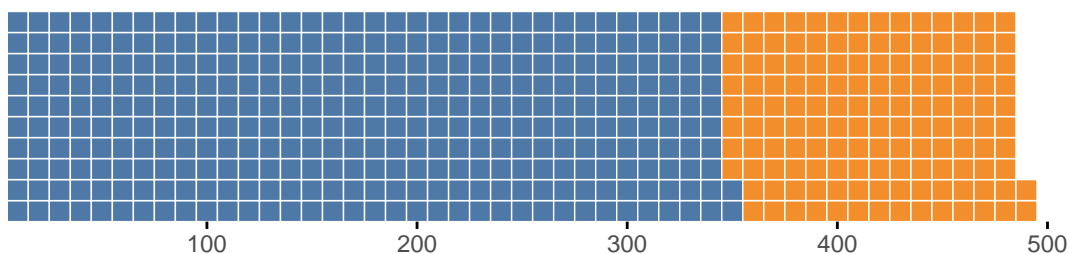
"Are you involved in your local LGBTQ+ affinity organization (in some way)?"

■ No ■ Yes

LGBTQ+



Non-LGBTQ+



Number of students

Total N = 1060

So about 2/3 of LGBTQ-identifying medical students are involved in their LGBTQ+ medical student organization, if it exists. But 1/3 of them aren't. So, we asked why:

```
why_not_recode <-
  c(
    "time" = "Schedule doesn't permit",
    "another" = "Another reason",
    "uninterested" = "I'm not interested in my group's events/services",
    "opportunities" = "There aren't many opportunities to get involved",
    "value" = "I don't see the value in joining",
    "not_queer" = "I don't identify as LGBTQ+"
  )

ns <-
  na_data %>%
```

```

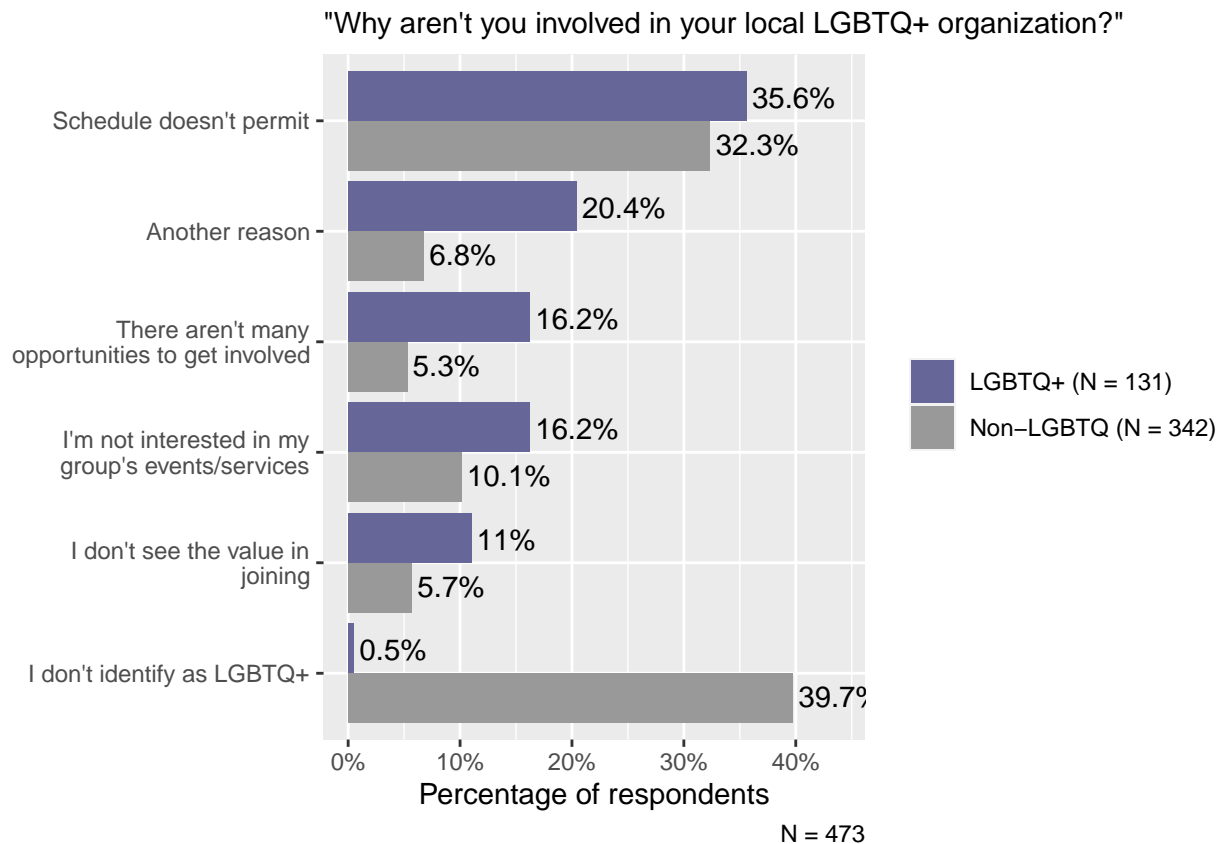
drop_na(is_lgbtq) %>%
filter(school_affinity_group_involved == "no") %>%
count(is_lgbtq)

n_lgbtq <- ns$n[[1]]
n_n_lgbtq <- ns$n[[2]]
n <- n_lgbtq + n_n_lgbtq

na_data %>%
  drop_na(is_lgbtq) %>%
  group_by(is_lgbtq) %>%
  summarize_at(
    vars(starts_with("why_not_involved")),
    ~ sum(. == "yes", na.rm = TRUE)
  ) %>%
  select(-why_not_involved_another_explanation) %>%
  pivot_longer(
    cols = starts_with("why_not_involved"),
    names_to = "reason",
    values_to = "value",
    names_prefix = "why_not_involved_"
  ) %>%
  group_by(is_lgbtq) %>%
  mutate(
    prop = value / sum(value),
    reason =
      reason %>%
      recode(!!! why_not_recode) %>%
      fct_reorder(prop)
  ) %>%
  ggplot(aes(x = reason, y = prop, fill = fct_rev(is_lgbtq))) +
  geom_col(position = "dodge") +
  geom_text(
    aes(y = prop + 0.005, label = (prop * 100) %>% round(1) %>% str_c("%")),
    position = position_dodge(width = 0.85),
    hjust = 0
  ) +
  scale_x_discrete(labels = function(x) str_wrap(x, width = 30)) +
  scale_y_continuous(
    limits = c(NA, 0.44),
    labels = scales::label_percent(accuracy = 1)
  ) +
  scale_fill_manual(
    values = c("gray60", mspa_hex),
    labels =
      c(
        str_glue("Non-LGBTQ (N = {n_n_lgbtq})"),
        str_glue("LGBTQ+ (N = {n_lgbtq})")
      )
  )
  ) +
  coord_flip() +
  guides(fill = guide_legend(reverse = TRUE)) +

```

```
labs(
  subtitle = "\"Why aren't you involved in your local LGBTQ+ organization?\"",
  x = NULL,
  y = "Percentage of respondents",
  fill = NULL,
  caption = str_glue("N = {n}")
)
```



From this plot, we can see that the main reason students don't engage in organized LGBTQ+ programming at their medical schools locally is that they don't have time. Other reasons include that they aren't sure how to get involved or their interests aren't reflected in the group's current activities.

Another useful insight from this plot is that the reason that most non-LGBTQ+ students don't participate in LGBTQ+ programming at their medical school is that they don't identify within the community. So, it's clear that there's still a prevailing assumption that affinity group programming might not be appealing (or have a space for) allyship among most straight and cisgender people.

Interestingly, **Another reason** was the second most-common reason that LGBTQ+ medical students choose not to be a part of their local LGBTQ+ organization. What are some of those reasons?

```
na_data %>%
  filter(is_lgbtq == "LGBTQ+") %>%
  drop_na(why_not_involved_another_explanation) %>%
  select(`Reason I'm not involved with my local LGBTQ+ organization:` =
    why_not_involved_another_explanation) %>%
  knitr::kable()
```

Reason I'm not involved with my local LGBTQ+ organization:

I don't feel comfortable around the current leadership at my school. One individual in particular is cruel, sarcastic, and spiteful towards individuals who don't agree with their view points. But they need the community more, so I've chosen to not participate in community activities they might be present at - even though I would otherwise want to participate. Historically our organization has also not been inclusive towards people who aren't L G B or T. The years I was most able to be involved the organization was pretty much exclusively run by gay men and female viewpoints on sexuality were very poorly represented. Just started!

I have fairly conservative views on sexuality despite being queer, so I think there is not a place for me in this organization.

Not sure how to get involved

I do not like for others to know I identify as LGBTQ+ due to false assumptions made about me both by people who are and are not LGBTQ+

As a gender-conforming queer individual in a stereotypically heterosexual partnership, I did not feel comfortable taking up space in an org dedicated to serving others who are less visible than I.

not out

I don't feel as if I fit in (personality-wise) with the organization

Not valuable enough to dedicate time to

Just unsure

Lack of institutional funding; and not used to being involved with LGBT associations in the past

I am not out

I show my support through external and other school-affiliated activities (e.g, Assist w/ Organizing Annual LGBT conference)

I came out during medical school after the opportunity to be involved passed.

It's all white people they don't even know that 7 mins from our school is the only organization that serves lgbtq Latinx youth in the city. That they have their own drop in center, clinic and T program. The health issues that org is constantly dealing with in such high risk population is so so relevant to what medicine means in the real world. And they have no idea. (to be fair, the Latino medical student association doesn't either...) People wanna be like oh how can you integrate this social medicine stuff in to the pre clinical material? What, you don't think this can be incorporated into Endocrine? Not just psych? Repro? Where you think these kids get their gynecological care done? They Def don't got to yr regular ol primary care with their parents. They go to places like this where they don't have to be so scared. That's if they get it at all. What about microbio? Uhg. I'm so frustrated.

I'm afraid being out at school could effect my letters of recommendation, or clerkship grades.

Not openly gay

Inactive group

I came out as gay only within the last 7 months.

I'm involved in a Queer Health clinic instead.

I haven't found a clear and comfortable way to join (an issue with student group advertising).

There aren't any queer trans people like me in it

The organization wasn't created until 1 month ago.

My friends are involved and I am informally a part of the group.

My friends are involved and I am informally a part of the group.

Not out on campus.

Other involvements.

I'm not the most open about my sexual orientation so I feel a little nervous about becoming a more active member.

Overwhelmingly white cis gay men. Insufficient engagement w/ intersectional issues, insufficiently radical the people are kinda shit

Recently came out in medical school

Still a lot of anxiety about 'coming out' to the medical community...only those I really trust know.

The LGBTQ+ community can feel exclusive and not welcoming of new queer students at times. I have attended some events and felt that there is a mix of welcoming students and those who are not.

Reason I'm not involved with my local LGBTQ+ organization:

Mostly first and second years involved, I am now a fourth year.

It's just who I am, I don't need to be part of a defined group to be me.

What does your local affinity organization do?

```
ns <-
  na_data %>%
  filter_at(
    .vars = vars(starts_with("school_activities")),
    .vars_predicate = any_vars(!is.na(.))
  ) %>%
  drop_na(is_lgbtq) %>%
  count(is_lgbtq)

n_lgbtq <- ns$n[[1]]
n_n_lgbtq <- ns$n[[2]]
n <- n_lgbtq + n_n_lgbtq

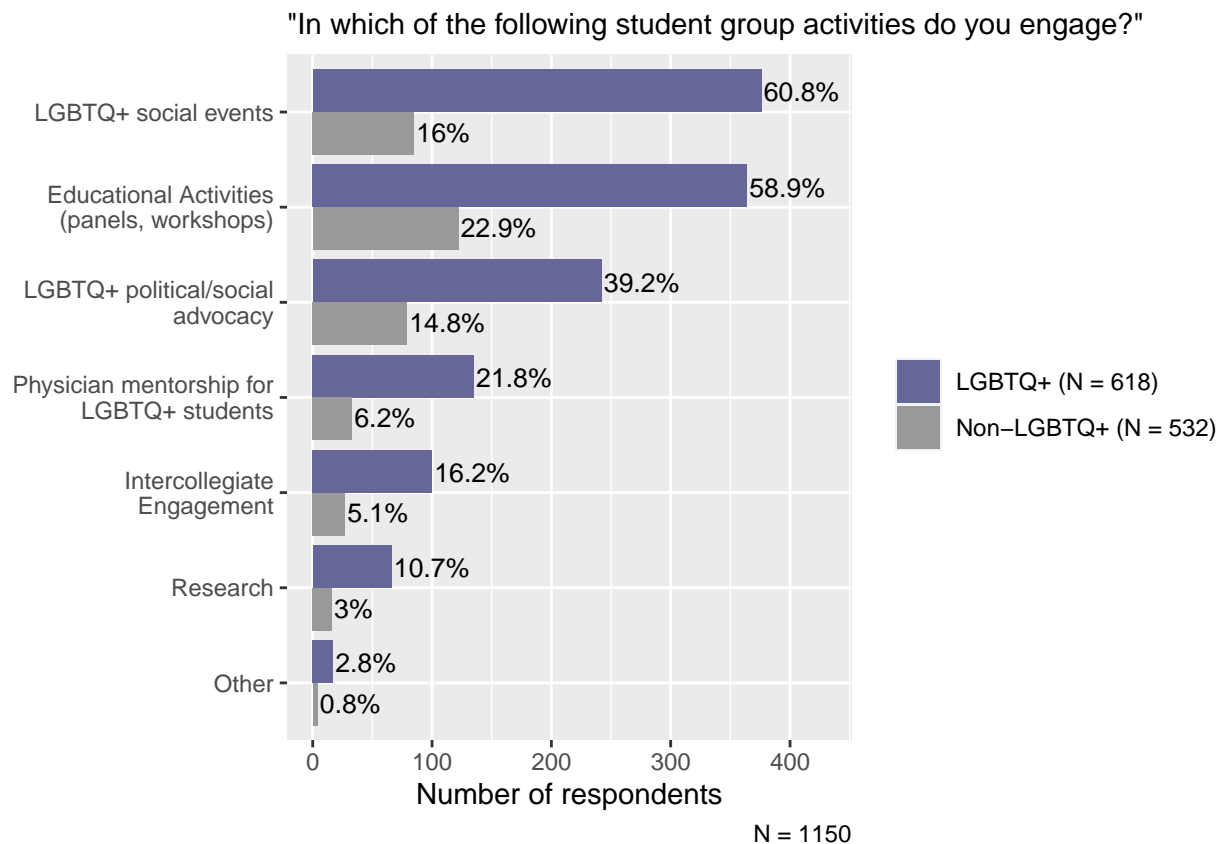
na_data %>%
  filter_at(
    .vars = vars(starts_with("school_activities")),
    .vars_predicate = any_vars(!is.na(.))
  ) %>%
  drop_na(is_lgbtq) %>%
  group_by(is_lgbtq) %>%
  summarize_at(
    vars(starts_with("school_activities")),
    ~ sum(. == "yes")
  ) %>%
  select(-school_activities_other_explanation) %>%
  pivot_longer(
    cols = starts_with("school_activities"),
    names_to = "activity",
    values_to = "Number of respondents",
    names_prefix = "school_activities_"
  ) %>%
  left_join(ns, by = "is_lgbtq") %>%
  mutate(
    activity =
      fct_reorder2(activity, desc(is_lgbtq), desc(`Number of respondents`)) %>%
      dplyr::recode(!!! affinity_recode),
    percentage = (`Number of respondents` / n) * 100,
    is_lgbtq = fct_relevel(is_lgbtq, "Non-LGBTQ+", "LGBTQ+")
  ) %>%
  ggplot(aes(x = activity, y = `Number of respondents`, fill = is_lgbtq)) +
  geom_col(position = "dodge") +
  geom_text(
    aes(
      y = `Number of respondents` + 2,
      label = str_c(percentage %>% round(digits = 1), "%")
    ),
    size = 3.5,
```



```

position = position_dodge(width = 0.85),
hjust = 0
) +
scale_x_discrete(labels = function(x) str_wrap(x, width = 25)) +
scale_y_continuous(limits = c(NA, 430)) +
scale_fill_manual(
  labels =
    c(
      str_glue("Non-LGBTQ+ (N = {n_n_lgbtq})",
        str_glue("LGBTQ+ (N = {n_lgbtq})")
    ),
  values = c("gray60", mspa_hex)) +
coord_flip() +
guides(fill = guide_legend(reverse = TRUE)) +
labs(
  subtitle = "\"In which of the following student group activities do you engage?\"",
  x = NULL,
  fill = NULL,
  caption = str_glue("N = {n}")
)

```



LGBTQ+ student group assessment: mission, member support, and member identification

We asked students a few big-picture questions about their school's LGBTQ+ affinity organization, including the following:

- Do you feel that your school's org has a strong mission?

- Do you feel supported by your school's org?
- Do you identify with the other members of your school's org?

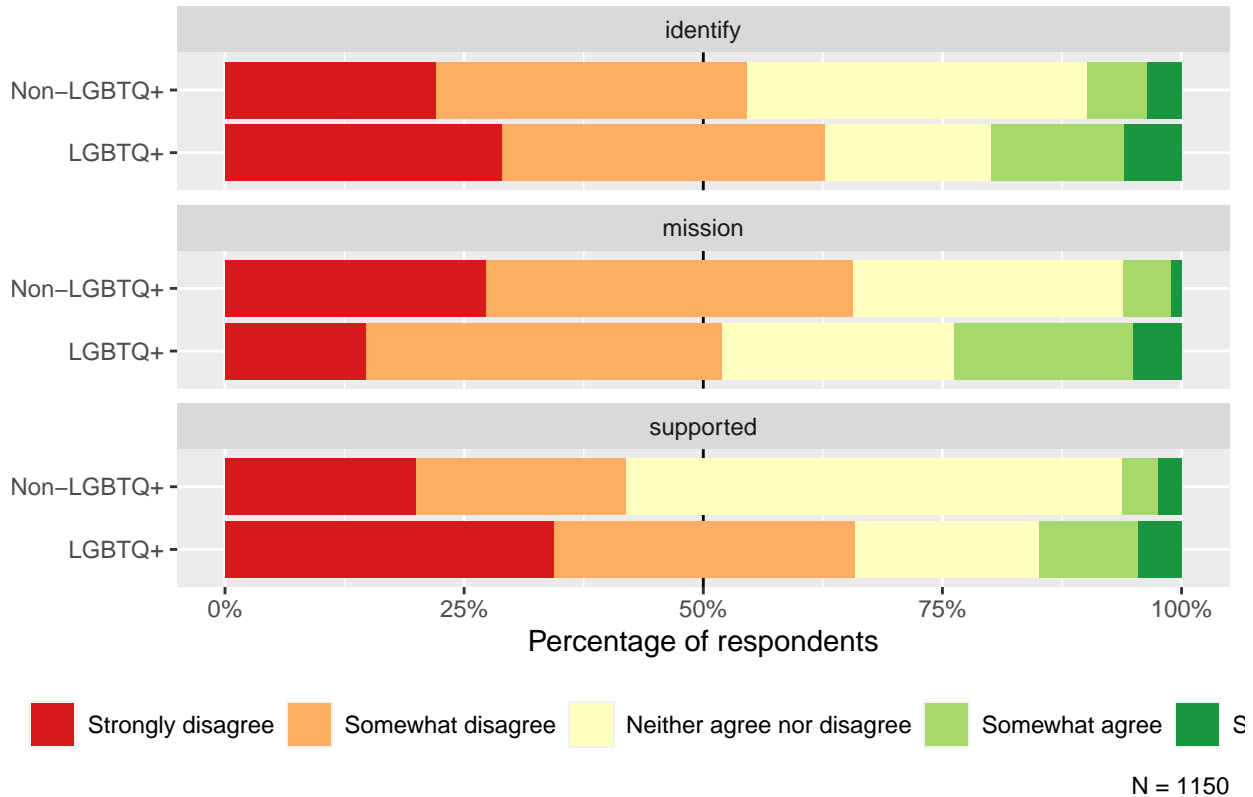
Here are the results to those questions:

```
my_vars <-
  c(
    "school_affinity_group_mission",
    "school_affinity_group_supported",
    "school_affinity_group_identify"
  )

na_data %>%
  group_by(is_lgbtq) %>%
  select(one_of(my_vars)) %>%
  pivot_longer(
    cols = -is_lgbtq,
    names_to = "variable",
    values_to = "ratings",
    names_prefix = "school_affinity_group_"
  ) %>%
  drop_na() %>%
  mutate(
    ratings =
      recode(ratings, !!! likert_labels) %>%
      factor(levels = likert_labels)
  ) %>%
  count(is_lgbtq, variable, ratings) %>%
  group_by(is_lgbtq, variable) %>%
  mutate(proportion = n / sum(n)) %>%
  ggplot(
    aes(x = is_lgbtq, y = proportion, fill = ratings)
  ) +
  geom_hline(yintercept = 0.5, color = "black") +
  geom_col() +
  facet_wrap(vars(variable), ncol = 1) +
  scale_y_continuous(labels = scales::label_percent(accuracy = 1)) +
  scale_fill_brewer(
    #have to check that this is right
    labels = rev(likert_labels),
    type = "div",
    palette = "RdYlGn",
    aesthetics = "fill",
    direction = -1,
    guide = guide_legend(reverse = TRUE)
  ) +
  coord_flip() +
  theme(
    legend.title = element_text(size = 9),
    legend.position = "bottom"
  ) +
  labs(
    subtitle = "",
    x = NULL,
    y = "Percentage of respondents",
```

```
fill = NULL,
caption = str_glue("N = {n}")
)
```

Adding missing grouping variables: `is_lgbtq`



Outness - how “out” are LGBTQ-identifying medical students?

How can MSPA promote intersectionality in its activities?

We asked students for free-text responses to the following question:

The LGBTQ community represents a wide array of identities and viewpoints, particularly with regard to issues of intersectionality. In what ways would an intercollegiate medical student organization best represent all of these viewpoints in an equitable way, especially regarding queer and trans people of color?

and 357 of them responded. Here are the responses:

```
na_data %>%
  drop_na(intersectionality) %>%
  select(Intersectionality = intersectionality) %>%
  knitr::kable()
```

Intersectionality

intersectionality matters

Intersectionality

Should it really try to represent all these viewpoints? Speaking for anyone's viewpoint without representation from them is asking for trouble. But I do feel like there should be a policy of kindness and respect towards all different viewpoints, and a non-coercive effort to seek representation from those viewpoints. We also don't want to put too much of a burden on those members of our community that already are the most discriminated against.

make sure to have queer and trans people of color in leadership positions

Making it a discussion point/ one of the focus points at all major events. Nothing in particular but the more we discuss intersectionality of identity and hear from those who work in and inhabit those spaces, the more we all learn and better understand the spectrum of experiences and issues people face.

Partnerships with regional/national organizations that address other affinity groups and planning intersectional events

Maybe a somewhat regular publication, like a blog or a website or youtube channel or facebook page!

This could be used to amplify voices and tell stories. I also think it would be great to have conferences.

Diverse leadership and wide outreach.

Centering the voices of QTPOC is important, which I envision as placing QTPOC in positions of leadership within the organization, as well as paying QT speakers of color for programming such as talks/workshops. ps the asterisk is no longer used in the trans community.

It would have QTPOC as leading members of the board (I see this as a non negotiable), and ensure their perspectives are included in the committees of the organization and the fore-front of efforts done by this organization, as they represent some of the most marginalized members of our community. An organization that does not make strong and active efforts to include QTPOC in its leadership and advocacy efforts is not fully serving the broader LGBTQ+ community.

Giving space for discussions about intersectionality, as well as implicit bias training for all students.

- Representation of trans and queer POC on the board of the organization. - Less focus on the predominantly Western narrative of 'coming out' and more focus on creating a safe nonjudgemental space.
- Creating forums and social networks to link queer and trans POC at different institutions.

Perhaps partnering with national organizations for medical students of color to try to find ways to connect and support LGBTQ medical students of color. Private facebook groups are also quite powerful. I feel like medical schools can do best on this topic by training future doctors to recognize a changing and evolving culture. The physician needs to understand health inequities, barriers to care, and health risk factors. The social intricacies of intersectionality are less critical in the push for generalizable education for medical students nationally

Leadership at all levels should contain representation from non-cis and POC backgrounds.

I think the best way for this group to represent other viewpoints would be through collaboration or cooperation with existing organizations dedicated to them. For example our group tries to collaborate with the Black Medical Association when hosting seminars especially since our school is in an area with large numbers of racial and ethnic minorities.

I love the phrase 'nothing about us without us'. Make sure Q/TPOC folks are invited to the table and welcomed to participate. Encourage diverse representation. I also think it is important to specifically encourage folks who are non-binary or genderqueer/gender fluid to participate.

Being concious and active about sourcing leadership from a diverse group of students. Unferstanding that even within LGBTQ organization there is still a great deal of disscconnect between white and poc members of the group. While not as drastic of a diference I also believe you should intentionally create an equitable distribution of gender identities (including cis female). Many medical school LGBTQ groups are dominated by the cis white male voice.

Making it a priority to have people with different identities on the leadership team

Diverse leadership council; opportunities for members outside the council to lead collectively on areas of their personal experience

Development of advocacy priorities.

Intersectionality

I am happy you asked this question. I do not participate in many LGBTQ+ events at my medical school because I am already spread thin when it comes to race issues and it is exhausting/ impossible compartmentalize my sexual orientation and race as there isn't much talk of intersectionality. I would be the only underrepresented minority at LGBTQ+ events and I am just tired of being 'the only' every where I go. I think recognizing the specific violence trans people of color face is important and also understanding how race affects the healthcare experience of members of the LGBTQ+ community. There should perhaps be a Board in place, and we should be sure that this Board is representative of people of color within the LGBTQ+ community.

Make sure to choose the right leadership

An organization will only represent the views of the individual members, so it is important for an organization's membership to reflect the diversity of the larger population in order to capture a more realistic sample of the spectrum of life experiences of LGBTQ+ people.

People at the intersections of multiple marginalized identities should be represented in the leadership of organizations. If they are not, there should be a plan (pipeline programs, leadership development) to recruit and retain them in leadership positions.

Having more events that focus on the intersection of being a sexual/gender minority as well as an ethnic minority or SES minority.

I think that an intercollegiate medical student organization could best represent issues of intersectionality by having appropriate representation within the members and leadership of the organization.

Make sure the voices of QPOC are included and listened to at all levels of the organization

I wish I knew the answer to this - either way I'm so glad you've asked. I think a diverse leadership team as well as collaboration with intercollegiate URM medical student organizations would be a place to start. Hmmm I wonder about being Catholic and queer and how the challenges involved with that can be validated without just abandoning being Catholic.

National committee with regional affiliates; specific positions for overarching bubbles; communication and partnering with national organizations for people of color

through various sub-groups specifically if there is a large social media presence across the nation where individuals at all institutions can interact with others who share their particular experience/viewpoint allowing space for trans POC to voice their perspective

This is the gayest survey in the world. WHO CARES!?!?!?!?!??????????

Have representation/members of all identities

This is definitely not an easy question to answer - I think LGBTQ+ organizations and spaces generally tend to be dominated by (often white) cis gay men at the expense of other sexual and gender minorities. I think by pursuing policy and advocacy initiatives that benefit more marginalized members of the LGBTQ+ community is one way to draw more of these individuals to the organization and promote their involvement.

It would be important to have POC on the board. Intersectionality with regard to gender is important as well - having queer women and trans/genderqueer folks on the board is also of utmost importance to do this well.

-Advocating to reduce racism against and thereby increasing involvement of POC in medicine in general, and in all queer spaces, so they're able to be both present and comfortable/not tokenized -Step back/defer to what they have to say about their needs. Put POC in real positions of power that aren't just a title.

Representation on board / organizers

ensuring adequate representation of diverse viewpoints/identities on the board/leadership team of such an organization

Ensuring education and discrimination training that is intersectional

Ensure there's intentional representation from the beginning with students, residents, attendings, and faculty from across lived experience, and emphasize building community, acknowledging historical and persistent legacies and structures of marginalization in medical education, compensating those involved, and centering and supporting the voice and presence of queer and trans* people of color.

Intersectionality

For someone such as myself who identifies as black, queer, and non-binary, I feel very alone within the medical field because I do not see others who look like me. Having resources or opportunities for mentorship with doctors and even other medical students at other schools who are queer/trans* poc could help to provide more support to students with intersectional experiences. Also, providing diversity training to administration, especially the office of admissions, can help to better seek qualified, diverse applicants.

Representation from different schools and identity groups. Strong connections with POC groups, like LMSA, SNMA, and APAMSA.

Have a board of officers running it who are required to include a certain number of people from different backgrounds including trans and POC

recruitment, mentorship of queer applicants, work with GLMA

Don't assume that the coming/being out narrative fits all cultural experiences

This is an important question, as we white gay men, both because of sexism that gives men power and since there are statistically more gay men than lesbians, can too easily take control of leadership and drive essentially a white gay male agenda. You could require that the top leadership group comprise one gay man, one lesbian, one bisexual person, one trans person, and so forth.

A national organization would certainly help individuals like me who lack institutional support systems. I am so heartened that there are efforts to build a national support system. Students like me are desperate for one.

I think it would be critically important to have an intercollegiate lgbtq+ medical student association.

One reason for this, especially for queer and trans people of color who face multi-level discrimination at every turn, would be to develop a nationwide support/growth network. Not all medical schools are in places that are equally liberal or accepting, and so this network could provide critical support and growth opportunities for those who would benefit from connecting with a community who accepts them.

Don't forget about your black and brown brothers and sisters. Add people of color to your governing boards.

Not sure

Leadership of such an organization would need to be representative of as many different viewpoints as possible, and equal weight should be given in education of health trainees about particular medical issues faced by individuals of all identities

By ensuring that a diverse range of queer identities are engaged, esp. in the leadership, and intentionally creating programming targeted to QTPOC, trans/GNC, queer and trans first gen students, etc.

My medical school is a predominantly white, cisgender, and heterosexual institution. An intercollegiate medical student organization would help bring the crucial QTPOC experiences and life-stories to people who desperately need to hear from them.

Center voices of queer POC and center issues that they voice as a problem. Form connections between issues that are 'queer issues' and issues that are 'POC issues.' For example, standards for professional dress/presentation may unfairly target gender nonconforming folks as well as POC.

Specifically prioritizing working with the organizations for POC in medicine at each school / nationally; making part of the values and mission statements solidarity and hard work for our peers of color; incorporating advocacy work that prioritizes underserved groups within the LGTBQUIA+ community and also beyond; being intentional and communicative about associating with large organizations like HRC that have a spotty record when it comes to prioritizing the needs of folks of color

Work alongside other student organizations to bring attention to these issues.

An intercollegiate student organization would best represent the LGBTQ+ community by having board members representing as many intersectionalities as possible and by advertising and enacting an open, inclusive environment for all.

Make sure these intersecting identities are affirmed and valued through representation on boards of different groups/organizations.

Continually engaging with queer and trans* people of color. Highlighting recruitment for trans*, queer , people of color

Intersectionality

I think ensuring representation of queer and trans POC in leadership is going to be the most effective way to ensure equitable viewpoint representation

- Education regarding embracing intersectionality within social justice efforts (especially for those who identify white women) - Ensuring those in this group represent population ratios of differently identifying individuals

Have an affiliated point person/point of contact (e.g., medical student, faculty member) at every participating medical school that is involved in the national organization.

(The following does not completely pertain to this question) Being identified under several minority groups such as immigrants, non mainstream body images, gender, or certain race/ethnicity is already a stressful process. These people are often burn out with all the responsibilities falling on their shoulders as if they have to speak for what they represent, and they are often being invited to advocate, mentor, and speak at events. My concerns are how we can reduce their burden and to encourage the participation of ally who may not identify themselves in a certain category but can be a role model to normalize the way we take care of patients and we can all be supportive to each other. Another way to represent the wide array is transparency on websites or reports on the statistic/number of members and proportion of patient population who are identified as one or more ways including queer and trans people of color, to show the needs and to encourage those who are unsure to know that they're not alone.

This would allow for people from our medical school of these identities to connect with others going through a similar education process. It would also allow for collaboration on how to approach issues encountered in healthcare/training regarding these identities.

Refer to the Combahee River Collective's statement sec. III. Understand that class plays a large role in the opportunities available to queer and trans students of color. Make what you offer worthwhile to these populations of students and have them in leadership to steer discussion of how your organization can be worth the time of oppressed individuals.

By not being composed of only white gay men.

be open about language and being inclusive to all!

People should be recognized based on their merit and not on their fake gender. I identify as an attack helicopter, but that's never listed and we have no support, but you know, it doesn't bother me

The best way is to have a similar umbrella where possible, where gay students, gay students of color, trans students, trans students of color, etc, can operate but receive broader and public support from the intercollegiate organization, in my opinion

Undecided

Journal editorial articles representing unique perspectives

Eliminate tone policing as a tool of 'professional conduct'

The E-board should have designated representatives (specifically trans, specifically POC, etc) that get elected.

As much as possible I think it is important to include a diverse group in the leadership of such an organization. But beyond that, it will also require proactive questioning of our peers, patients, and mentors in ways they may feel discriminated, not included, or disenfranchised in some way.

having some methods in place that ensure diversity in the leadership roles within the organization that would give queer and trans* people of color the ability to have input in the decisions made by the organization thinking about these things ahead of time are a great way to ensure that the organization would be representative, but continuing to have opportunities once the organization is established is just as important

I think that it would be a great outlet for someone to be able to express themselves and have someone listen. As a person of color, I can say that the experience is very different and the main thing an organization like this could be of benefit is to really show support. It would be a way to also show the rest of the medical community that we are here. It would also connect other queer and trans people of color and I can say without a doubt that having contact or connections to people who go through similar experiences is beneficial for everyone involved.

As the fastest growing ethnic demographic in the U.S., a space in the LGBTQ+ arena should be firmly established for self-identifying Latinx persons.

Intersectionality

I think the organization would need to have a committee/subgroup dedicated to diversity and inclusion that created a space/support network for QPOC medical students. The leadership board should also ideally have at least one position for a Diversity and Inclusion board member who specifically focuses on supporting/advocating for QPOC members and ensuring that programs/policies/etc proposed by the organization reflect an awareness of intersectional identities.

More open discussion and conversations coming from the point of view of these intersectional populations.

Represent these groups in leadership of organization

Collaboration and meaningful communication with ethnic organizations on campus and in the community

I think there is a really important opportunity to start an organization that puts intersectional principles first from the start so that we don't have to undo harmful structural barriers that many older medical organizations are addressing at the moment. It's important that we advocate for the most vulnerable in our communities, and an intercollegiate medical student organization would hopefully be able to organize more national programs to promote admission of more QTPOC folks into medical school in the first place. I would also hope that such an organization could push schools and AAMC to disaggregate the data around LGBTQ students in medical schools so that we can actually see how underrepresented QTPOC folks are.

A novel leadership structure.

I think the best way is to involve the surrounding advocacy community as much as possible, and make sure to pay attention to the voices that often get center stage and higher representation at medical schools. It can be very difficult to find others with a similar intersectional identity who understands what you're going through. Having an intercollegiate group would definitely help make it easier.

Perhaps working with POC organizations, advocacy events directed at POC/queer POC

Don't know

We have to do better as future physicians at learning about these disparities with open panel discussions maybe?

n/a

Any organization or community that attempts to speak for everyone remotely identifying with them will fail. While gender identity and sexual orientation play a large role in an individual's development, it is not their sole defining characteristic and trying to lump everyone in such a way diminishes individuals and their perspectives.

Constantly be working to reach out to the overall medical student population about LGBTQ+ advocacy, equality, and healthcare.

I'm not quite sure as I am not as educated in these issues. However, it does sound like a wonderful opportunity to learn more about LGBTQ+ health and advocacy so that I can better understand my future patients. I would be interested in learning more if we had one!

attempt to make straight, cis-gendered people realize the danger to LGBT people of color

Depending on how many viewpoints you choose to recognize, it will be impossible to do so in an equitable way. They should instead seek to teach people how to interact with people different from them in a respectable and pleasant way such that they can later apply those skills to people they have never met and who may belong to groups that the practitioner has never been exposed to.

It would allow students of different regions and backgrounds to share perspectives and create a community that explores health topics related to LGBTQ patients

Ensuring equal leadership opportunity for all identities, especially trans people of color.

Carefully approaching representation is one of the best ways to assure inclusion of people belonging to a diverse group like the LGBTQ+ community. Representation can refer to anything including language (gay vs. queer), visuals (rainbow flags accompanied with trans pride/bi pride/asexual pride flags), event themes, speakers and leadership with diverse backgrounds, etc.

I don't particularly think that an intercollegiate medical student organization is the direct solution to representing all viewpoints because the group might not necessarily be populated/ have representatives that identify with the intersection of multiple marginalized identities. Rather, I think this larger group can make an advocacy platform that supports all other marginalized groups and also anyone who finds themselves at the intersection of these groups.

Intersectionality

By having a diverse leadership committee so that all needs are addressed evenly

It would add to the social dynamic and allow more faces, genders, races, etc. to join in a larger discussion and advocacy program

I think partnership with other student groups, particular for people of color, would be key to improving intersectionality. Being latina myself, I have felt like I had to choose which identity mattered more to me because I simply did not have the time to be meaningfully engaged with both student groups (LMSA vs. PRIDE).

More work needs to be done to recruit QTPOC to medical school, which could probably best be planned by MSPA working together with SNMA, LMSA, AAMC, and individual medical schools' admissions and diversity/inclusion offices. Obviously this is easier said than done, but that's the 'big picture,' if you will. So many organizations within the queer community (not just medical) can appear to be 'white gays' clubs' and one of the ways to combat this perception for MSPA will be to ensure that diversity of the group's leadership is a codified goal for the organization and strongly and repeatedly encourage QTPOC to apply for leadership positions. At the same time (this is kind of my anecdotal observation gathered in large part from Twitter), many POC have raised awareness that the labor of increasing diversity and inclusion in academic institutions frequently falls only on POC, when in fact white people, as the most frequent holders of power in these institutions, should also be working to support and expand diversity. So it also becomes important, in the queer community context, for white, cis queer people to actively fight for inclusion, elevate QTPOC voices, and hold other white, cis queers accountable.

do not know

work with other organizations that involve poc and having someone who can connect the two groups

More collaboration between the student and physicians groups that contain these populations.

Educational events as well as mixer to establish a mixer.

Just ensure that the needs of QPOC come before other LGBT students, with an emphasis on zero tolerance for racism and/or transphobia.

Have leaders who represent as wide of an array of identities and viewpoints as possible?

Have a code of ethics or a constitution that states what this organization believes in. Having clear cut goals that are transparent to the organization's members would be important.

Partner with other diversity/equity orgs, make it clear that everyone is welcome and valued

Learn from organizations outside of medicine that have done this well

Put POC in positions of leadership and make explicit time, space, and energy devoted to QPOC.

At my institution, there is a lack of diversity and representation within the student population and within the LGBTQ+ cohort. I believe it is imperative to expand our organization and reach out to trans and people of color. We need ways to collaborate with other institutions and a platform for conversation and methods on expanding our organization.

Representation without inclusion and providing these students a voice and a seat at the leadership table does not rectify inequalities. Importantly, representation is not based on the school's or even the nation's demographics, but the local community, e.g. my institution served a population that was 50% Black, but it's LGBTQ group only has usually one queer black student in a group of 15-20 LGBT students.

I would like to see more cooperation with other minority student groups.

Providing a space and outlet for a variety of minds and ideas to meet and discuss is a great start. To improve upon this, having a clear goal and implementing measures to reach that goal would be very helping in creating an environment where all medical students, regardless of who they are, can thrive.

By being a platform for dialogue. In reality all viewpoints cannot be represented equally in a substantial way by a single organization. The best we can do is to be open minded and willing to listen. The priorities of an organization can never be one size fits all.

Encouraging membership, participation, and engagement of more people of color. Not excluding Asian people from discussions about people of color ('model minority' is a MYTH). Including more POC in leadership positions.

Intersectionality

I think the best instructors on these issues are those who have experienced them. It seems very abstract for a group of people who can't possibly fully understand these viewpoints to discuss issues of intersectionality. (Though some talking about it is better than none, even if abstract.) That being said, my school is in a pretty white area, and should we invite a speaker we will leave with one perspective. An instructive video about intersectionality from many who are living it and what allies can do would be helpful.

Make sure that there are queer and trans people of color leading the conversation.

Involve those identifying with those groups in leadership

Encourage queer/trans people of color to enter leadership positions, and have mentors etc.

Conferences, Student/Professional panels with people who identify as a member of these populations.

Lack of diverse recruitment across the spectrum of LGBTQ+ identities, especially in terms of recruiting trans students and students of color, often limits representation in leadership. There should be mechanisms in place to ensure all voices are represented regardless of these biases in recruitment without tokenizing individuals.

By being inclusive of all views and identities, and perhaps by being led by a board or some sort of inclusive structure to ensure all views are considered and appreciated.

Having an intercollegiate organization allows for increased awareness of events and the community at large. Spreading the word is nothing but beneficial and also provides for opportunities for people to hone their understanding and communication skills when it comes to dealing with LGBTQ patients and how they prefer to be treated so that we can all increase our quality of care and patient interactions.

As I am not a person of color, I do not think I could adequately describe what this specific group needs. However, I think that an intercollegiate medical student organization would be largely beneficial, as there are some schools doing an excellent job for queer students and others that are not. Those schools that are lacking could better understand where areas of improvement are for their queer students that way.

Not sure I understand the question, but having a larger population would mean a larger number of a minority of a minority.

I think having members of the community coming in to educate or at least share their perspective of their experiences.

Ask a queer or trans person of color and include them so their viewpoint is heard.

By actively seeking to hear those voices and through outreach to organizations that provide support and resources to people of color (like the SNMA).

Having LGBTQ discrimination and education trainings also include the intersectionality of being queer/trans and POC, ex: cultural differences, language barriers, being first vs second generation, LGBTQ global health

Having mentors in the same position.

Just include LGBT and minority folks in the discussion, especially in the educational material. If you're going to talk about adrenal hyperplasia, talk about trans health. If you're going to talk about dermatological diseases, include highly pigmented skins.

Open discussion

Be open to all the groups, for groups that are unrepresented have educators/speakers able to come in to teach others. Not put others down

Personally, unsure.

Our school is extremely small, so I think collaborating w/ other student orgs w/ more diversity would be the best way to ensure equity is maintained. These groups could work together to ensure events are equitable in time spent on all perspectives relevant to the LGBTQ+ community

by having equal or as much as possible representation from these associated ID's to speak up and teach others about this intersectionality

Make sure those folks are included in the organizations and their opinions are heard!

have diverse leadership

Honestly I don't even know. I'm in a class over 220 and there are like 10 black kids and 7 Latinx kids including me. I honestly don't know. Start accepting people who are different. Who come from different places and have other forms of intelligence. Screw the mcat. That doesn't predict how good of a doctor your gonna be. And we don't need more doctors who are good at taking standardized tests or have that type of intelligence. We are in desperate need of diversity in the physician communitiy, we are in desperate need of people who come from complex background so that we can start really integrating all the things we are know are missing from our entire approach to medicine but don't know how to fix (addressing ACEs and trauma, mental health care, are the most obvious ones). I really think medical schools need to let this go. You all know how unhealthy this environment is, how on average 50% of your students are depressed and have a higher risk of suicide. This environment isn't healthy, this pressure isn't healthy. And they you ask black and brown kids, LGBT kids, and then *black and brown LGBT kids* to just deal with it. You're setting us up to fail. Medical schools need to some how come to terms with the fact that if you truly want to address and rectify the frightening number of suicides and rates of depression among our population, you're going to have to start letting go and depriorotizing the aspects of your academic structure that replicates your prestige. Let it go. We're all so unhealthy, and the more intersections of marganilizations you are the more it multiplies. And you give us nothing to hold onto, and so little space to breathe. There is no bandaid to fix all the social inequities you see replicated in medical student populations - increasing the number of lgbtq Lectures or implicit bias trainings wont work because you're still just speaking to a majority white cis and straight population. You want to make space for people who are different, then you have to create a different space. Create special space, protected space. Medical school isn't healthy for anyone, it's soul crushing the more marginalized you are. Just like people assume I'm straight, people assume I go home to a stable family for Christmas break, people assume I *don't* have a million ACEs that have predisposed me to mental illness, that I'm borderline. And I've been pretty lucky. For the vast majority of the queer people I know, this is the baseline of what they've been thru. This is normal. But it's not normal for medical school. You think I'm gonna tell anyone here I'm borderline?! And I'm cis and femme and not targeted or labeled as gay. What do you think you're going to get with LGBTQ students who are also poc? I'm sorry for ranting but it's so frustrating.. Med schools know the statistics, they know the reality of what it's like our there for these populations, poc and especially youth. They give us lectures on self care and it's almost comical that these lectures are mandatory and the whole time I'm sitting there thinking, God I wish I could go home and sleep... You know #selfcare I don't know man. I think we all know what Needs to happen. This is a systemic problem so you need systemic change.

Lectures on intersectionality, Pride events, support groups.

having education, implicit bias training, leadership activities, ways to get involved in advocacy

Providing legitimization and support

Many trainings and lectures about LGBTQ+ issues tend to be isolated from conversations about racism and sexism. However, many students, including myself, do not have their experiences represented in this way. For example, my school has had lectures on LGBTQ+ health, but these primarily focus on sexually transmitted illnesses or the issues of white American LGBTQ+ people. The issues facing Black or Latinx LGBTQ+ are inherently different. I believe each school should discuss those differences especially based on the population seen at the associated hospital.

I think providing a safe space in order to share experiences and work together to address issues for those in the LGBTQ+ community as well as allies will help not only to promote changes in individual programs but overall nationally. I also think from a mental health standpoint, that broader diversity helps breed inclusion by creating an intercollegiate organization.

I think just being open to hearing about their specific experiences and concerns and ways in which they may feel isolated

Social attitudes/barriers, laws, and resources differ among various schools, and gathering all of those perspectives would help guide what work needs to be done in order to better provide care for LGBT+ patients and support healthcare providers in this community.

ask such aligned individuals what they want their future physicians to know and and physicians who identify as such what they could have benefited from as a student

Intersectionality

Include physicians, students, and guest patient speakers from many different identities (e.g. transgender men and women, agender, asexual, queer, etc.)

Providing a support system and network for all members of the community

Need more exposure / education workshops

Ensuring the governing board includes people of color and trans individuals.

By making sure those people are present in the room when decisions are being made. Representation in the leadership!

Just be sensitive to it and help us be aware of it.

Have a diverse leadership group.

Ensuring that anyone is supported in joining the group and all will receive equal support from the group.

Perhaps by ensuring that they are teaming up with other groups, such as snma and working in conjunction with them to ensure these issues are discussed.

Be inclusive

have queer and trans people of color, and particularly queer and trans black people, in leadership positions. make sure they are involved in decision-making.

See question 12 answers above. I feel addressing and improving upon all of those aspects would in itself help represent the majority of differing viewpoints equally.

I think definitely including leadership with queer and trans people of color.

I think that representation will be crucial and, to fully recognize intersectionality, any national organization should be dedicated to allyhood with intersectional identities, recognizing the lived experiences of other identities in a way the 'gay rights movement' often did not.

Advocacy/statements/etc. should not be solely focused on LGBTQ*+ identity, but should also express solidarity / recognition for issues facing other groups, that may overlap. Internal representation may benefit from outreach to SNMA and/or HBCU medical schools. But, in the broadest possible terms, I think that actively soliciting feedback rather than listening for it as the organization gets off the ground will help to ensure inclusion and address any misaligned intent/impact.

We need active recruitment and mentorship programs to help trans* people overcome barriers and go to medical school.

Recruitment to leadership positions and inclusivity, culture of dialogue and acceptance

I attend a medical school in the South. Currently, we have four members who are people of color, and not all of them identify as queer or trans - some are allies. An intercollegiate medical school organization would give queers and allies in our community the opportunity to expand our understanding of LGBTQ health concerns on a much broader scale.

There could be a national constitution/bylaws that schools could follow in order to make sure that all people are treated equally and that people do not feel scared or marginalized when expressing their identity.

By joining forces with groups like SNMA and LMSA, and organizing joint events

POC and trans voices should be prioritized and made the center of the organization!

Given that certain areas in the country have more ethnic/racial diversity as well as larger populations of those who openly identify as LGBTQ+, I think it would be incredibly helpful especially for students in areas of less diversity/acceptance to benefit from a broader community experience that includes students from across the country. The more people we are able to involve, the more stories to be shared and experiences from which to learn.

Diverse group of leaders, mentors, and members with a accepting atmosphere

Be explicit and specific in mission statement

Remain flexible with your mission statement, constantly take feedback, and don't remain defensive as times change

As a South Asian queer person, recognising the stigma in the community and providing peer support would have been most beneficial in my experience in hind sight, and I had none and still struggle to find it. People with underrepresented identities, especially queer and trans* people of color, could network/share common experiences with others that may not be represented within their own school.

Intersectionality

Need to have community representation from patients of ethnic minorities and gender minorities to fully represent the needs of these communities if they cannot find these representatives within medical school I think this question is probably better answered by those people than by me :). Best of luck with this project!!!

Ensure leadership of the organization includes queer and trans people of color

I think that special care should be taken to have representation of people of color in leadership and have events focused on disparities within the community.

Focus on QPOC voices, and particularly look into and seek out the current experiences of QPOC who are in the pre-med phase of training. What are barriers there? How can we serve their needs to get them into medical school so that this group is not so wildly underrepresented? Also, find ways to honor and seek out QPOC voices without placing a disproportionate burden on them. Medical school is extremely tough, and it's even harder to be singled out to speak for a specific group. Find ways to support students who give their time so that this knowledge sharing is a benefit to the student as well.

This is an important question to ask, since erasure of intersectionality/POC is such a problem in our community (and most communities), but I don't know if I have a good answer. I think maybe some kind of forum at a conference that would allow people (esp POC) to share their own stories (whether it be about discrimination/racism within the LGBT community or just their experiences in general) would be beneficial, although we still have to be mindful that their experiences are not everyone's experiences.

Alternatively, a name-optional publication (like a zine or newsletter) could feature people's volunteered stories (from the mundane to extraordinary). It might garner more volunteerism if people do not feel pressured to be 'that person' who might be seen as a posterchild for queer/trans POC.

I think if LGBTQ+ organizations make an effort to include POC and highlight the unique struggles/stories of intersectionality, especially regarding issues with implications in medicine (violence against trans* people, especially POC, barriers to care, barriers to transition). Collaborative events between LGBTQ+ and minority student groups can be a good avenue to bring these issues to light. Also would love more opportunities for allies to be involved at my regional campus.

By nature of small sample size medical schools are limited in representation and viewpoints. A larger group would facilitate better intersectionality and more productive conversations.

I think that education on the topics is a key point in making sure these topics are discussed, and also making sure members of these marginalized groups have a seat at the table to talk about issues specifically affecting them

Include people of color in leadership at the development of the organization.

Bring in folks from those intersectional communities, either just as community members, or as clinicians and professionals.

I did NOT expect this question, and I very much appreciate it! First of all, just asking these types of questions, and recognizing the experience of LGBTQ+ people of color may be different is the first step! First, I would encourage collaboration with national student organizations of color, which would help recruit diverse viewpoints and may also challenge these organizations to approach/appreciate/support intersectional approaches as well. Additional specific suggestions: Student support, mentorship, community, opportunities to share experiences! Some (many?) of us are in smaller towns with not a lot of diversity. All students we are paired with physician mentors for our time in medical school (mine is awesome!) but he (straight older white male) doesn't really understand. We have so few physicians of color at our school (and not a single LGBTQ+ physician of (any) color, that career/academic/personal mentorship that understands your journey, can relate to 'not being out at your home community', asks the right questions, or has constructive advice for things like microaggressions can be difficult.

unsure

unsure

Provide platform for idea sharing and development of training and advocacy

No fucking idea what this means.

bring perspective from organizations with more experience or history in training and interactions

I honestly don't know. I would assume to allocate resources fairly among the subgroups.

Intersectionality

I think its a difficult positon to maintain to say ‘we want to best represnt all viewpoints in an equitable way, ESPECIALLY regarding queer and trans people of color.’ Ive never really felt apart of my local LGBT chapter because I feel like its not something my friends and I can go to and learn more about LGBT health. Despite having open doors, I feel lits more of a closed organization that is so aggressively pro minority that it pushes the majority away. Considering most my friends are in the majority, its not something I would bring them to.

Joint events with medical student organizations for medical students of color, presentations and/or educational events on the unique challenges of LGBTQ+ POC

Public/community input to avoid only hearing the points of view of LGBTQ+ students. I think these points of view and concerns would be different than what the public LGBTQ+ community may find important in relation to medicine

The best way to represent view points is to talk to the community in question, listen to their ideas and suggestions. and then go do those things. If you want to know how to help a minority community, go ask them what they need, and then give it to them.

ensure there are QTPOC in leadership roles if that’s what they want.

It would offer a chance for students from more biased schools to increase awareness and have help available to improve their communities awareness and acceptance

I think just getting people with these backgrounds together and celebrating them like other students makes a big difference

Allowing for the voices of LGBTQ+ people of color to be heard. If you are a White LGBTQ+ person or White-passing LGBTQ+ person, support and hear the view points of LGBTQ+ people of color.

Ensuring that PoC are members of national and local leadership, ensuring that they have an equal voice in leadership.

N/A

I think that the inclusion of a lot of these minority groups, especially in the region I am, is very limited and many people that are probably very qualified to be in medical school/become physicians are yet to be included. I think fixing this is the first step - exposure to these viewpoints.

Keeping protections in place against discrimination and treating members of the community no different than anyone else.

I think humility is the biggest thing in all large heterogenous associations. I think equity starts with recognizing common goals and working towards those, rather than hashing out disagreements.

Not break people into ‘identity’ groups

We don’t have many LGBTQ+ people of color, or really many ethnic minorities, at my school so having an intercollegiate organization could help those who are LGBTQ+ people of color contact others who are similar to them. It’s hard going through something as difficult as med school without having mentors who are similar to you guiding you. While I personally don’t think race or sexual orientation matters in terms of mentorship, there are many people who do and so that opportunity should be made available to them. By not making a big deal about it. Let people be individuals, no need to virtue signal or invent convoluted, fractionated group identities.

Just being present on campus and available for people to join up would be a start. I think everyone should be able to express their opinions and viewpoints, ask questions, and engage in discourse in a respectful manner. As a straight white man, I sometimes feel as though I’ll offend someone if I want to ask questions regarding sexuality or how to navigate clinical encounters with individuals with sexual preferences or identities that I’m unfamiliar with. I don’t think this should be the case, and I think that LGBTQ+ collegiate groups could do a lot of good for the community by being informative and reaching out to people with different opinions and viewpoints.

At the very least it would create a space where there would be resources. I feel like my institution doesn’t have any (or has hardly any) for our lgbtq community and a program like this could provide that for our community here

Intersectionality

- Promoting trans and POC voices in planning and leadership roles. - connecting trans and POC from different schools to each other - making an effort to include gender and race Sometimes exclusion can happen not quote overtly. Like at my school often events are labeled as 'gay' or the word 'gay' is used in meeting agendas and gender is invisible. Many times cis gay white men are the people leading things. This fact in and of itself makes marginalizing trans and POC very likely. I often don't want to speak up because I have hurting emotions at that time and need to self-care rather than advocate and educate. I think it would be good for people to connect with people having to deal with similar challenges. Ensure that leadership within the LGBTQ+ organization on campus includes queer/trans people of color. LGBTQ+ health education and curriculum materials should include scenarios and pictures of people of color. Mentorship opportunities should offer physician mentors who are queer/trans people of color. Obviously diverse representation on the leadership team (however that is structured/elected). But I think it would also be important to elicit feedback from as many types of people as possible and integrating that information into objectives, initiatives and information that is given to administrators. By always choosing the more inclusive/less exclusive side in debates, and with equal representation from as many viewpoints/orientations/etc as possible , regardless of their proportion of the group. participation is key - the more voices the better!

I don't think there is an equitable way to represent everyone without turning us into a monolith. In addition to this, QPOC in particular get talked over when an organization attempts to represent 'everyone' equitably. Stop trying to speak for everyone and work towards creating a safe area and platform for all of us to speak for ourselves.

Be conscious of the fact that the cis/white experience is not the only experience, and that it is easier to be cis/white/male. Don't shy away from this topic for meetings and trainings, and emphasize that many underprivileged patients are queer, trans, and POC and that informs their experience with their physician. LGBTQ+ communities of varying regions have varying needs and viewpoints, and it would be beneficial to have a united front to understand and address these differences.

Actively solicit input and intentionally form leadership that includes representation from these needed perspectives.

Having a council on which queer and trans POC can voice some of these viewpoints. Giving them the space to do so, etc.

By partnering with other national orgs

Nothing specific for me at the moment. I would also appreciate other types of intersectionality, not just race. For example, ability status.

Hold events with different minority student groups (ie SNMA + LGBT, APAMSA + LGBT...)

Co programming with other orgs

I feel like part of this is just using your best judgment while the other part is making sure that all executive/advisory groups are well represented and that before any official statements or actions are made a consultation should be done with as diverse of a group as can be gathered. As long as the mission of any LGBTQ+ intercollegiate med student org includes an active investment in and pursuit of the viewpoints of a diverse body of people that does not exclude any voices, the group should thrive. As a side note, general conjecture online on the use of the asterisk in 'trans*' has seemed to decide to forgo it because of how unnecessary and inaccessible it is and its common application as a tool of binarism and silencing trans women. So, if this survey undergoes any revisions the, researchers may consider editing this part of question 32.

highlight all of them, not leave anything out, represent all in a objective light

Actively seeking out perspectives/leadership of QTPOC in medicine and in general while also facilitating Med school community members of all backgrounds doing the work of finding how they can better act in solidarity with QTPOC

Get as much representation and education as possible.

Our campus is relatively isolated so I think support from other LGBTQ+ groups would foster more inclusivity and creativity here at Chicago Medical School.

Intersectionality

By including a diverse group of LGBTQ+ individuals in leadership and program development, and emphasizing that the LGBTQ+ community has a wide array of identities/viewpoints in any programs or educational events

Trying to include members of all LGBTQ+ backgrounds, and if none can be found to represent a certain group, to host events that feature guests that identify with that group
integrating intersectional medicine into the didactic curriculum of medical schools, and having more speakers that represent these identities

Intersectionality should be addressed in all aspects of the organization's work. For example, the advocacy arm should have specific goals for advocating for LGBTQ+ communities of color, along with mentorship, education, and other branches. In addition, there should be guaranteed representation of LGBTQ+ individuals of color in all decision-making circles of the organization.

Periodic meetings of applicable clinical situations and discussions of how to properly engage within them. Just as identities are intersectional, the organizations which represent these identities must also be willing to draw from perspectives. I think establishing substantive partnerships with organizations like SNMA/LMSA/AMWA and other identity based advocacy groups will be crucial to ensuring the success and inclusiveness of an LGBTQ+ enterprise.

Provide some of the more heavily debated topics and arguments for either side. Show us the full spectrum (like a literal bar/spectrum) with the extreme positions on either end, so give us a sense of what we might face.

N/A

I think just being present and brining a voice to these students would be valuable.

avoid tokenism of any kind

Strong, diverse representation from all regions of the US

Any individual school only has so many students, and by definition of being minority groups, there will be relatively few members of the LGBTQ+ community and fewer who are POC. Additionally, it can be more difficult for a POC to be out in as many contexts as a white student. Having a larger organization can offer more support, and more examples of queer or trans POC in the medical field to work with or look up to, which can help begin to erase some of those disparities.

I am not a trans person or a person of color and therefore feel that this question would be best addressed by those who do identify in those groups.

Assisting with developing a curriculum that addresses the ways these groups are marginalized and mistreated in traditional healthcare settings. How to actually be an ally rather than just having good intentions.

I honestly have no idea

By have representative committees that relate to these specific intersectional identities

Make an effort to represent as many facets of the LGBTQ+ community in the organization's leadership on an institutional and national level (i.e. don't put 3 cis-white-gay males in positions of leadership within the organization). Ensure that women, people of color, trans people, and the non-binary community are represented so that those voices may be heard and validated. I am the only woman of color in my Optometry school class. Our multicultural association has been led by Asian men and women for the past three years. As a result, I don't feel heard or validated by the only organization available as a resource for my 'blackness'.

I can't say for sure but would love an understanding of how different this is regionally--at medical schools in the South (and probably other places but definitely in the south), some of our classmates are religious enough that they think being queer is a sin. They voice these opinions but are protected by religious freedom.

Make sure that people who are a part of marginalized communities have their voices amplified and are within all levels of the organization. Ally-ship can really only work as long as it is directly connected to the people you are supposedly working for (e.g. Don't only have panels talking about trans POCs; have people come speak, be a part of the student body, strive for true inclusion.).

Collaborating with other national student groups

Intersectionality

If it's not run by queer and trans POC it needs to not happen. Literally it can only serve the needs of POC with POC in charge. Otherwise it's just white saviorism. Whiteness is an issue in the LGBTQ+ as much as cispatriarchy and toxic masculinity. Leadership should center voices of color primarily trans and queer.

Just do the best they can to educate classmates/faculty/the community about various topics. Have representation from queer med students. It would help to have an understanding med school administration.

Strategic cooperation/association with other national organizations (medical and non-medical) that promote people of color, gender minorities, ethnic minorities, etc; forming internal groups that focus on specific intersections of queer experiences; holding/promoting conference(s) for the sharing and exposure of ideas regarding queer intersectionality (medical and non-medical)

It would help combat the own inherent bias within our school's organization. I feel like my school's organization focuses mostly on gay men because that's who the leaders are.

I honestly don't know how it would help as we need people outside of the LGBTQ+ community to accept us so that we can feel safe in more spaces to talk about how being LGBTQ+ affects our health and what we bring to the table as a health care member that identifies as LGBTQ+. But one such organization could be a place where we feel safe to talk about these subjects openly and what we can do to make it better.

A formal representation at a national stage will provide a platform that the queer and trans people of color desperately need in medical education. A strong group that is present at both allopathic and osteopathic medical schools can provide multiple outlets for discussion and provide protections. From San Francisco to Appalachia, this group could empower students across the nation to be advocates, meet others like them, and mold strong lgbtq+ student doctors of tomorrow.

Have reserved slots for board members of color, especially public-facing positions. Please for the love of all that is queer don't just have white gay cis men leading everything as they always do in the medical student advocacy space

Having people of color serve in outreach or intercollegiate events. Increasing visibility will help recruit a diverse group of LGBTQ+ students. Maybe hosting a 'Intersectionality in the Queer Community' panel across schools to help highlight some of the key differences in our community.

More viewpoints, especially since queer and trans POC often don't get the opportunity to attend med school, so a single school might not have any students of those identities whereas a larger group is more likely

1. putting people with different identities and life experiences in leadership position 2. regularly discussing and performing advocacy work for sections of the community commonly erased (such as queer and trans* poc) 3. engaging in research that studies health needs among populations that identify with more than one marginalized groups (ie LGBTQ migrants, LGB women, trans/gnc poc, etc etc)

Representation in leadership and mentors

A lot of schools don't have LGBTQ+ groups at all. Some do but aren't in any 'official' capacity. And some schools do a great job of having groups and treating them like any other student organization. I feel schools can more easily discriminate against LGBTQ+ groups because there's no national backing so they don't necessary have to make Pinocchio a real boy, as it were. It would also help to have research in place so schools can see that this is not a political issue but a human rights issue deserving of the same respect and privileges as anything else worth teaching. And specifically about intersectionality, all of the above comes together... just having something national in place, having the facts, and presenting information in a way that is fair and equitable to all groups. A good way to do that is to actively recruit leadership from the minorities of the minorities (meaning, LGBTQ+ is already a minority and within it, trans or POC make up an even smaller percentage).

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Partnering with SNMA, LMSA, APAMSA, and other ethnic minority national organizations. Including differentiation of trans-health needs from LGB-health needs.

It should collaborate with LMSA and SMNA throughout the year!

Intentionally include QTPOC in your leadership... conduct needs assessments on a regular basis...

develop anti-bias and discrimination training that is intersectional

Have a committee with different positions open specifically for members based on their diversity.

By simply giving queer and trans* POC in medicine a place to connect with each other. Our medical school is small and does not have many SGM POC. We have looked to the community for such identifying people to serve on panels and talk about the barriers they face to healthcare, but the SGM POC (and SGM women, disabled people, etc.) working within the healthcare system have their own barriers that I imagine could be difficult to get through without proper support. The MSPA could be that support system.

Continued efforts to raise awareness of the racism and homophobia that exists within the Queer community

Continued efforts to raise awareness of the racism and homophobia that exists within the Queer community

Ensure all professional documents: AAMC, ERAS, etc. have space to state pronouns and gender

Stop focusing on 'queer and trans* people of color' as the only valid voice among GSMs because it's real fucking annoying to have a group that states it's about advancing opportunities for people like you really be about super-liberal far-left trump-bashing communist nonsense while forgetting that none of that is required to advance opportunity and social standing for GSMs

I believe a lot of these varying viewpoints come from regional differences. Therefore, having a place of central communication among different medical schools via an intercollegiate medical student organization will allow us to identify various LGBT+ issues related to the region and/or school, which will then help us use different perspectives to alleviate some of these.

Not sure I understand this question.

There is strength in numbers. A more centralized, intercollegiate organization would bring with it a sense of legitimacy. Something I feel all LGBTQ+ individuals can identify with is a need to feel seen, a need to feel legitimate; not a one-dimensional voice speaking on behalf of an entire multifaceted community, but a platform to amplify the voices of those in our community who have been marginalized the most.

Ensuring that a strong emphasis on intersectionality and QTPOCs is explicitly stated as a mandate of the organization, and that a minimum number of seats on the E-Board are reserved for QTPOCs, as well as permanent committees/exec positions specific to addressing the needs of the QTPOC provider population. Having a national organization allows for power to make progressive changes in a systematic manner.

make sure to have people of color on your leadership team and to listen to them

Partnerships with other national organizations with an focus on medical students of color including SNMA and LMSA and APAMSA

I believe in experiential/immersive learning, so providing experiences for students to witness the experiences of or interact with queer and trans people of color would be beneficial to understanding queer and trans poc. I also strongly believe that brining in queer faculty of color is essential for the progression of understanding of diverse viewpoints within and between medical schools.

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Discussion is necessary to understand nuances/complexity in identity. Discussion is the only way to begin breaking down the myopic/one dimensional categorizations members of UPSOM faculty/administration puts us in. Creating a safe space to engage in these discussions and making all students engage in them—not just those who are inherently interested or those who are minorities of any kind—is the way to improve our school culture and build up social consciousness amongst the future physicians Pitt med graduates.

It would voice the opinions not often heard and make known the presence within the medical community in order to enforce change in policy.

Make sure everyone is represented in the leadership at both national and institutional level

Let all voices be heard

Have educational meetings and/or social events co-hosted by LGBT+ interest group and other student associations for racial/ethnic/religious minorities

I do not identify in this way, and I think folks who do have the best insight into representing themselves. The gay community has always been portrayed as white and upper class, despite the fact that the greatest gains have been on the backs of trans and queer people of color. This is not talked about as much as it should be. I am white and generally cis-male-presenting, as well as in a heterosexual 'passing' relationship with a cisgender woman, but even relationships like mine often get more visibility than the pioneers of stonewall.

By listening and reflecting its members

Having a very diverse range of topics and trying to have a variety of people contributing ideas for discussion topics, to make sure that every (at least many) needs are addressed.

Don't waste med students time with this, we have enough trouble learning medicine. We are not training to be social workers.

Honestly it seems like a very difficult topic that I can't fully understand as a cis-het white male. I would hope that a national organization would be open to any student that identifies as being a part of the community. Regarding queer and trans people of color - these are the most marginalized groups of all, so I would hope their voices don't get lost among those of their white classmates

I'm not sure...

I think that targeted partnership with other medical student advocacy orgs like LMSA, SNMA, APAMSA etc... could give specific voice to marginalized queer POC. I also am an advocate for sections or groups within a larger organization to provide protected space for socialization, advocacy, policy creation/presentation/critique is necessary and beneficial for ensuring multiple voices can be heard.

With the right representation in leadership, majority and minority groups could be equally heard within the LGBTQ+ community.

- By creating spaces where students who identify as queer and trans people of color can interact with peers who identify similarly...at least at my institution, the LGBTQ+ community is very much under-represented and even more so for my peers who identify as LGBTQ+ people of color Elevating queer and trans folks of color (who are interested) into leadership positions, and ensuring that when topics pertaining to these communities most specifically are discussed, there are actual queer and trans folks of color leading the discussions/actions.

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Intersectionality

Be sincere in our inclusion of the most vulnerable populations not only within our community but outside of it as well.

Establish an annual conference and/or regional gatherings (professional and/or social) where funding for transportation/attendance is provided for the most underrepresented queer identities. Additionally, at each of these events, host individuals from the social and professional communities that identify with these minority queer identities to speak about what they need from their allies and where/how they see an inclusive the future.

Make sure leadership is made up of people of all intersections.

I think such an organization could be beneficial, but it would not likely be more beneficial than the local groups. People of color are a special case here, as queer and trans are classically less acceptable to certain minority groups. I think the most beneficial course of action would be to develop an LGBTQ intercollegiate organization for people 'of color' (people of color who identify as LGBTQ etc. are a whole different thing, and should be treated as such - I don't know why this is the case, I am speaking from my own experience). When it comes to applying to med school, LGBTQ are absolutely not disadvantaged, quite the opposite is true. But I do think these student organizations are important.

Educate and be explicit about the contributions of queer and trans folks of color to the history of the LGBTQ+ community (e.g., Stonewall).

I believe the best way to represent all of these viewpoints in an equitable way would be to put the voices of queer and trans people of color at the front of the conversation. Ideally, this input would include not only medical students, but also queer and trans people of color who have encountered bias within the field of medicine, so that we can address best practices and be better allies within our community.

Doing their best not to marginalize other minority groups in the process of fighting for other minority (LGBTQ+) viewpoints.

Having the opportunity to network so as to meet other individuals with similar identities. Given the small community at a given school, the odds of meeting others with similar intersectional identities is slim. Being able to connect with other QTPOC students, residents, and attendings would be invaluable.

More opportunities for people to work together in also a non medical way so people feel connected

Well, my school is located on the island of St Vincent in the Caribbean, where it is still punishable up to 5 years in prison for even *suspected* homosexual activity. That is why there is no current LGBTQ+ organization - because it could expose us and we could be imprisoned. So, pushing for legalization there would be the biggest hurdle to addressing all of the above at Trinity and its community at large. Because the island itself is predominantly Caribbean peoples, advocating for and achieving legality in SVG would automatically boost the viewpoints. But right now, we are ALL silenced there.

Exposure to a wider group of people because SLU lgbtq+ community is somewhat limited.

It's important to demonstrate allyship and visibility to the LGBTQ+ community that there is an extension into medicine.

Honestly we just need better education on these topics to begin with. Invite queer & trans people of color to come give lectures!!

This is challenging. There's a fine-line between empowering these particular viewpoints and tokenizing them. I think the equity model would indicate that LGBT POC have the highest burden of the broader SGM community. We should shape a system with this in mind, understanding that all aspects of SGM challenges can be addressed in this space while still underscoring and engaging in outreach for POC.

For the leadership board overseeing the national organization, I think having a position dedicated to trans inclusivity and/or POC inclusivity that would ideally be filled by individuals identifying as such would ensure that they have a voice in coordinating activities and programming for the organization.

I think it's important to make sure to consider carefully the responses of trans and queer people of color, who are among the most marginalized members of the LGBTQ+ community and society as a whole. I think I tend to think solely of gay rights when considering LGBT issues because most of my LGBT friends are gay men. More visibility to smaller populations would help people like me to expand our view and reduce our biases. Thank you for this study.

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Just having a network would be helpful as a resource to seeing how other LGBTQ+ students navigate coming out or gender expression in the clinical years and how to navigate the intersection of various minority identities. It also may connect students with resources for advocacy and education resources. It could help find speakers to give talks at school for topics relating to LGBTQ, and especially, trans healthcare.

Being open minded and sharing the view points

queer and trans people of color are vastly underrepresented in the medical community as a whole. An intercollegiate med student organization can help to bridge this gap and provide a safe space for medical students of color who do identify as queer or trans

Keep in mind disability/chronic disease/mental illness when thinking intersectionality, because that often gets ignored. The queer community in general is not always accessible.

I think before this could be achieved the composition of medical students would need to change, so perhaps the first thing to aim for increasing representation of these communities within medical schools themselves.

Having POC leadership and collaborating with other identity groups at the school.

Intersectionality is very important.

Intentional and nontrivial inclusion of people of color in all levels of leadership. In my personal experience, many school's LGBTQ+ orgs are lead by white cis gay men and I would love to see a more diverse leadership team.

There should be POC, particularly women identified POC on the board/leadership of such an organization.

Do not undervalue the importance of partnership. No one organization can be everything to everyone, but we can work in solidarity with others. Inevitably, any organization is only successful if it has a clear mission and a manageable set of actionable goals. This is even more true for a student organization that will have tremendous turnover. Inevitably, not every important issue can be addressed, but that does not mean that they aren't important. Building partnerships with organizations similarly interested in health equity is a way that work can more authentically and sustainably integrate a variety of goals.

I would support extra efforts to provide mentorship and support to queer and trans people of color

One easy way to help create a better representation would be to have all members of our community meet some of the other more marginalized groups within the LGBTQIA+ communities. For example, I think so many people don't know a trans person let alone a trans person of color. The same goes for a queer person of color. I think the best way for us to represent these more marginalized groups is to stand with them, use our own privileges to provide them with a platform to speak up themselves. Our goal should be to help build others as we build ourselves up. There is no point in progress for the cis/white/straight passing gay male while there is so much to be done for our black/brown/queer/trans/non-binary brothers/sisters/GNC siblings! /endrant

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I do not see the real need on this topic. Every school has their own culture and they are different. Talking about different groups and each of their needs in healthcare

Intersectionality

I think it would allow for more engagement with and opportunity for people to share their stories, especially at schools that have significantly less queer or trans POC students

Providing standardized resources and a platform to share them so we can be the best educated on LGBTQ+ issues from intersectional perspectives that we may not personally identify with but should advocate for as a united community. Shareable resources are especially helpful so we can be better advocates at our home institutions so we can create more change faster.

Advocacy and education should include intersectional voices and address issues that face the more marginalized voices of the LGBTQ+ community (aka not just gay white men)

Make sure that leadership is diverse and representative of the LGBTQ+ medical student community. It would be great to see queer and trans people of color in leadership positions at the national and local levels if a national LGBTQ+ student org were to be started.

By teaming up with the existing organizations (AMWA, SNMA, LMSA, APAMSA, etc) to host workshops, panels, bias training, promote advocacy and understanding of intersectionality.

As a queer person of color, I have often felt excluded by other LGBTQ+ student and communities within medical school. Often, I feel that non-queer spaces are actually more exclusive to people in my position.

I think the first step is to ensure many different types of people are represented within the organization.

By providing a safe space for said individuals to talk about their experiences as QTPOC without the narrative being taken over by white counterparts, further facilitating the discussion and advocacy addressing the intersection of race and gender identity/sexual orientation in our experiences.

Giving voices to those who are a part of the community and with a personal interest in topics

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Create spaces specifically designed for intersectionality or created with intersectionality in mind (in addition to welcoming QTPOC to ALL spaces and events as well as actively ensuring their representation in these larger all-community spaces).

Centering this population and incorporating their perspectives into advocacy-related, social, and education efforts at each institution.

Collaborating among other intercollegiate groups with emphasis on other ideas and promoting intersectionality among those groups. By prioritizing the voices of queer and trans POC and invoking trust without increasing the burden of work on these students.

By making sure that the leadership positions are racially diverse.

Representative leadership by individuals with many different experiences. Specific affinity spaces for trans individuals and POC. Education on intersectionality.

People with multiple intersecting marginalized identities tend to have the worst health outcomes and research has been able to back this point. Focusing on the health disparities and recognizing the barriers each identity can bring to a person's access to health care will be key to helping the most undeserved populations.

I don't think it would

I have met very few, if any, trans medical students even when I have specifically interacted with LGBTQ+ affinity groups at different campuses. We need to have some sort of recruitment/mentorship pipeline to train more trans providers, including and especially people of color. It would be nice to have an immersion experience for younger students (late high school or early college) to help interest them in medicine and make it seem achievable for them. I know there are a few programs that recruit specifically from HBCUs but an LGBTQ+ specific pipeline (esp one that also recruited directly from institutions traditionally serving racial and ethnic minorities) would be great to see. That would probably involve a lot of funding and take time to see the payoff but I think it would yield good results. Even if you could attribute a handful of additional medical students to programs like that every year, that would make a significant difference in the physician workforce.

For my school, LGBTQ+ representation is lacking, especially among queer and trans people of color. I feel that expanding our LGBTQ+ student association could help us integrate and understand the ideas, perspectives and needs of the LGBTQ+ community.

Ensuring that LGBTQ+ individuals who are multiply marginalized have access to privacy and protection so that they are not harassed for their LGBTQ+ advocacy and social work.

Intersectionality

In an effective manner

As an LGBTQ+ ally I don't really know the answer to this.

Making an effort to learn from those with intersecting identities and empower them, rather than attempting a cultural competency approach, while being careful to avoid ableist language.
