*Holly Humphrey:*

*Welcome back to Vital Voices, a podcast from the Josiah Macy Jr. Foundation. I am Dr. Holly Humphrey, president of the Macy Foundation. On today's episode, we are going to address a particularly difficult, but very important topic. How do we create spaces that are inclusive of the LGBTQ+ community in our health professions learning environment? To help us with this conversation, I am joined by Dr. Stephan Davis, who is director of the Masters of Health Administration Program at the University of North Texas Health Science Center School of Public Health. Stephan is also the immediate past chair of the American College of Healthcare Executives LGBTQ Healthcare Leaders Community. Earlier this year, Stephan began a three-year term as Regent at Large for the American College of Healthcare Executives, a role that is to promote diversity and inclusion in healthcare leadership. As always, this conversation is a follow-up to our webinar series, discussing the Macy conference recommendations on [Taking Action on Harmful Bias and Discrimination in Clinical Learning Environments](#).*

*If you haven't done so, I encourage you to watch the recording of the [webinar](#) featuring Stephan. You can find all of our webinars, the conference recommendations and other resources on our website at [macyfoundation.org](#). And now here is my conversation with Stephan.*

*Stephan, thank you so much for being with us today. I'd like to begin by inviting you to set the scene for us, so to speak. What are some of the most pressing issues when it comes to LGBTQ+ inclusion in health professions learning environments? And as you identify those issues, if you could also maybe just speak to what progress do you think is being made?*

Stephan Davis:

Yes. Well, thank you so much for having me to talk about this important topic. I think that we've definitely made a lot of progress over my time in healthcare and healthcare leadership. Certainly, when I was beginning my healthcare journey at the turn of the century, we had a lot of examples of discrimination in healthcare environment for our LGBTQ+ patients -- same sex partner discrimination, not being able to visit the one that they love within the hospital setting, or transgender patients being outright denied

services, such was the case with [Robert Eads](#). So definitely we've made a lot of progress since those days, but we still have a long way to go, I think, with regard to health professions education, because in many institutions, we're not even asking questions about gender identity or sexual orientation when students are applying to our programs, or when they're enrolled, and so that's definitely a major issue.

And we're also seeing still instances of violence against the LGBTQ community. An example recently -- we had [Samuel Luiz](#) violently murdered in Spain simply because he was a gay man. We have these instances of violence against the LGBTQ+ community, and we need to ensure that as educators, we are creating learning environments that are inclusive and where students can see themselves represented, but also where they feel safe and that they belong and that they can ultimately thrive in the healthcare workforce.

*Holly Humphrey:*

*Thank you for that. I especially appreciate you emphasizing the need for the learning environment to feel safe, because I think that segues into my follow-up question about how we can really increase representation of LGBTQ+ students into our learning environments. And, clearly, they need to be able to feel safe in those environments, but ideally, they would feel more than safe; they would feel welcomed and valued. Are you aware of some specific ways that we can increase representation through our admissions processes?*

Stephan Davis:

So first, we definitely need to be asking the questions, allowing people to self-identify as members of the gender and sexual minority community. We also should be identifying faculty who are willing to be open about their identities as we're having admissions conversations with students and webinars about our programs. If we have out faculty members who are willing to share their experiences and speak to the fact that the institution is an inclusive and welcoming environment, that will support students feeling comfortable in joining that institution, as well as students who have already enrolled in that program. And we're going to have to do a lot of work. Obviously, we have representation of gay and lesbian medical students, nursing students, particularly when

we look at white and gay or lesbian populations. But when we look at LGBTQ people of color, and particularly trans individuals, I believe that we are going to have to be intentional about this.

And we talked about this at the webinar a bit, about this idea of intentionality and really looking at things like: do we reach out to high schools and to junior high schools, and identify members of the LGBTQ population students who self-identify as such? And speak to them about the opportunities to work in the health professions in whatever role they see themselves in, and really promoting this idea of pipeline development for a target area of the population where we do not have representation. I would love to see more black trans physicians, more black trans nurses, because we know that there's increasing levels of violence and victimization among that population. And the only way that we can eradicate health disparities is to really look at representation and increasing inclusivity for all segments of our population, both in terms of the workforce and healthcare leadership and for the patient population.

*Holly Humphrey:*

*Thank you for that. We have talked about the learning environment very broadly, and we've also talked about admissions as important tools and ways in which to create inclusivity. Let's turn our attention to the curriculum itself. I would love to hear your suggestions about thoughtful representation as opposed to token acknowledgement in health professions education curriculum; specifically, I think our audience would be interested to know some of the steps that you have taken in designing the curriculum for the MHA program that you run at the University of North Texas. And I think we are interested to know not only what those steps are, but what might be able to be duplicated at institutions across the country.*

Stephan Davis:

Absolutely. Thank you for that. I think that your question is so important in that we make that distinction about tokenism versus meaningful representation and meaningful integration into the curriculum. I remember from my nursing school education and undergrad, I had a professor who was teaching about cultural competence, and was actually using various stereotypes about different populations to teach us what we

should know entering the profession. For instance, I remember our textbook and the lecture reflecting that some black patients may be fearful of the healthcare environment, or have different practices related to their healthcare related to African traditions and voodoo. I remember sitting there as a black student being very offended and also not understanding what they were referencing, given that my lived experience as a black person certainly didn't involve any traditions that would make me fearful of the healthcare environment related to voodoo or other traditions.

There were reasons to be fearful of the medical environment for other factors related to my race. Obviously, we have the Tuskegee project. Definitely, there are lots of issues with educating based on stereotype. I remember the same professor also saying that many of our populations related to LGBTQ community may be HIV positive as a result of being promiscuous. And that was the exact word that was used. So again, using language that is harmful rather than helpful in describing behaviors that may unfortunately lead to sexually transmitted infection, but also painting a community with a broad brush and using stereotypes rather than really looking to the evidence and having a thoughtful, nuanced conversation and coming from a place of positive intent and looking to help the community rather than harming the community. I think that those are really important factors for us to consider as educators. At the University of North Texas Health Science Center, we have made inclusive leadership a cornerstone of our MHA program, not specifically with regard to LGBTQ identities, but looking broadly at diversity.

We did a climate survey where we allowed students to self-identify as members of the LGBTQ population that was at the university level. We are making steps towards understanding what the perceptions are among members of our community. And then from a curriculum standpoint, definitely students see representation with me as an out gay man leading the program. But I also make sure that students know stories like the one I mentioned about Robert Eads or [Tyra Hunter](), who was denied effective medical care after being hit by a car, when EMS realized that she was trans, or the story of [Robert Daniel and Bill Flanigan](), when they were denied visitation at University of Maryland Medical Center. I share these stories with our students and really emphasize the fact that if we're going to be effective healthcare leaders, we need to be leading based on the principles of bioethics.

And that's something that I think that we can universally understand – that patients should have the right to autonomy and members of our workforce should have the opportunity to be autonomous and determine their own future. Also, we should be upholding the principle of nonmaleficence, or not doing harm. We should be upholding the principle of beneficence or doing good. And then obviously justice. Are we equitable in our approach? If we're doing those four things (and obviously there are other ethical principles, but those are the four main ones that I emphasize in our MHA program), then it's likelier than not that we are going to err on the side of doing what's right and also benefiting the patient and not harming the patient.

*Holly Humphrey:*

*That is really rich background for, I think, a very important foundation from which we can build the more detailed and rigorous curricula that our health profession schools are developing. And it actually reminds me of when you and I first met at the Macy Foundation Conference. And one of the most critical moments in that conference was related to a conversation that had to do with racism and the LGBTQ community, and the homophobia and transphobia among those who sometimes are the greatest champions in our institutions for racial and gender equity. And I know that you have had some experience in thinking about this, and I'm wondering if you have some thoughts about how educators and leaders, in particular, should address this situation, which I think is not uncommon.*

Stephan Davis:

Absolutely. I think that it's so important that we really emphasize allyship among the various minority communities, and also broadly. I talk often about being a Black, gay man, being a millennial in the context of academia. Those are underrepresented identities, but I'm also male, which means that I can lend my privilege as a cisgender man to support women and the advancement of women in the workplace, and the advancement of trans individuals in the workplace. I think that it's about lending our privilege, speaking up when we see that something is wrong, and really trying to make healthcare, the entire healthcare experience for both patients and consumers, as well as members of the workforce, as inclusive as possible. Because again, that's the only way that we're going to eradicate health disparities. I think that's a critical question. I do

think that the murders of [George Floyd](), [Ahmaud Arbery]() and [Breonna Taylor]() really have made a lot of people within the LGBTQ community pause and reflect.

And we're seeing much more of the rainbow flags that have black and brown added to them to indicate the LGBTQ community standing in solidarity with Black and Brown people, which is so important to me as a Black member of the gender and sexual minority community. I also see on the other side that we're seeing more flags and more t-shirts and symbols that say all Black lives matter, indicating that yes, that a Black trans person's life matters just as much as a cisgender Black person's life. I think that we're starting to see evolution in all of these communities and starting to speak more to the intersectionality of identities, emphasizing that we will not all thrive until we have a conversation about every member of society being able to exercise their right to exist, and pursue happiness. And I think that we're starting to have that conversation in both segments of the population.

*Holly Humphrey:*

*Those are very important and obviously timely reflections. That takes me to the webinar that you and I participated on. We had a terrific response with a lot of questions, many of which we did not get to during the scheduled time for the webinar. And I want to go back to one of the questions that was raised. And that had to do with, I know a topic that is near and dear to you, and that's data collection and research. And one of the questions that was posed by a webinar participant related to erasure of the LGBTQ community within research, and there are many different reasons for that, including how we define different groups, how certain questions are asked, et cetera. I'm wondering if you have some guidance for us on how researchers can design eligibility criteria and questions so that LGBTQ+ individuals are represented and not erased by the heteronormativity.*

Stephan Davis:

Absolutely. That's a really important question; collecting SOGI data, or sexual orientation and gender identity information, is one of the indicators on the healthcare quality index with the [Human Rights Campaign](). They also have resources available on the website to support organizations that want to do that type of data collection. For

some questionnaires, I use a simple question, just as plain as "I identify as a gender or sexual minority, or a member of the gender, or sexual minority community, yes or no?" And that's an indicator of whether or not you have members of the LGBTQ community among that population, but there may be times that call for you getting more granular than that, where you really want to know, is this a sexual romantic minority member, or a gay individual, or a lesbian, or a bisexual person, or is this someone who's trans, or non-binary, or gender queer? There are all sorts of different wording choices that are preferred among different segments of our population.

I think that it depends on what type of research that you're doing, but just know that you can either be incredibly expansive if it's called for based on the research that you're doing. And if you really need to drill down on that information related to either gender or sexual romantic orientation, then there are also some simple subsets that you can ask.

*Holly Humphrey:*

*Obviously, there's a lot there to unpack, and I hope and expect that's an area where the field will really develop a lot more of the infrastructure and the definitions and the standardization that we in academic disciplines can all learn from and benefit from for many positive outcomes that could result.*

*Stephan, I'd love to hear your thoughts about one of the questions that came up repeatedly in the webinar series that we did at the Macy Foundation. And that is a question that many faculty wrote into the chat and said things such as, "this is a really important area that I care a lot about. However, I don't know the language and I'm so afraid of causing harm, or trauma, by saying the wrong thing." What I saw in those comments is that many faculty want to be helpful, they want to be inclusive, but they just don't know where to begin. I'm wondering if you could help us in identifying a path for how and where to begin so that faculty have a bit more confidence and comfort as they move forward in trying to create these inclusive learning environments that we know are so important.*

Stephan Davis:

Such a great question. And I know that so many of our faculty are well intentioned and do want to do the right things. And sometimes we inadvertently say the wrong thing. We misgender someone, or we say something that could be offensive to a particular community. And sometimes we do receive backlash. What we need to understand is that backlash isn't always personally directed. It's really about the lived experience of having been made to feel as though you are less than your entire life because of a particular identity, and really fighting against that as you're pursuing your academic degree. We certainly do see some pushback from students and from members of our learning community when we sometimes do say the wrong thing. I would encourage people as they're beginning though, to acknowledge, yes, I made a mistake, or I said the wrong thing, and I'm incredibly sorry. Just acknowledging that you made a mistake is really important.

The other thing is acknowledging the fact that you want to learn, that you want to do better. And I would say for faculty members who are at the beginning of their journey with regard to inclusion, certainly you can build upon your knowledge and your skills in that space by having conversations with people with those lived experiences. Now we don't want to tax people unnecessarily, the minority tax is real. And so you don't want to have people engaged in that work who don't want to do that work. It's not appropriate to just expect that every LGBTQ person, or every minority person is going to educate you. You have to do some of your own homework. You need to read; you need to learn in whatever ways are possible and accessible to you. But I will say, you will find people who are willing to be a part of your journey as you're learning.

I know I certainly have been willing to have conversations with colleagues about the best way to phrase something, the best way to approach an issue. And you're going to find divergent opinion. For example, some educators really believe in including pronouns, preferred pronouns, in every class that they teach and emphasizing that it's part of creating an inclusive environment. There are some trans individuals, if you speak to them, they will say that sometimes that inadvertently causes them to be forced, if you will, out of the closet. They may not be ready to share their preferred pronouns; they may be in transition. They may not be in a place where that feels comfortable to them. It's interesting to see these various perspectives and understand that it is nuanced, and not necessarily every solution for every learning community will work for

another. It's a nuanced issue. We need to continually be learning. We need to engage in those courageous conversations. We need to allow ourselves to be vulnerable and recognize that inclusive excellence is truly a lifelong journey.

*Holly Humphrey:*

*Thank you for that. And I'm so glad you brought up the issue of pronouns, because I asked you to focus specifically on faculty who may feel intimidated and not know where to begin, but what about at an institutional level? And let's just use the example that you brought up related to pronouns. I'm aware that some institutions are now issuing ID badges to their staff and health professionals that have their pronouns, the preferred pronouns, right on the ID badge. Is that a helpful thing for institutions to be doing to create the inclusive environments? Or can that have some untoward consequences that should give us pause?*

Stephan Davis:

I think that it's great, and I certainly applaud it. Again, I think that it's not a one size fits all. I think that it's for each institution to decide what is the best way forward, but that being said, having those pronouns optional on the ID allows for people to know that this is an organization that does understand that gender is not binary, that there are other identities. So that is one positive indicator in making that visible and very pronounced. But I will say that it should be optional.

And the reason for that is what I described before. There may be people who are non-binary, who may not feel comfortable with having a specific label. I know that some people would argue that they should use "they/them" instead, but I would say that we need to understand the members of those communities for whom we're making decisions with the intention of being inclusive; we really need to understand from their perspective, is this meeting them where they are, is this meeting their needs? Is it serving them? And that's the only way that we can make sure that we are at least closer to being helpful rather than potentially causing greater harm.

*Holly Humphrey:*

*I really appreciate your sensitivity on this topic and the real spirit of inclusiveness. We are releasing this podcast on Coming Out Day. And Stephan, I'm wondering if you could say a word about what Coming Out Day is, and the significance of this day?*

Stephan Davis:

Yes. So [Coming Out Day](#) is an important day for us in the LGBTQ community. And it's a day to really recognize the process of coming out, which most heterosexual people and most cisgender people never have to do. You never have to sit down and have a conversation about your gender identity, or your sexual romantic orientation. And this is definitely an important milestone for many LGBTQ people. It is a day that many people also feel should not have to exist, that you should never be forced to have that type of conversation, but this is the world in which we find ourselves in.

I will say that for me personally, this day is really important because the first academic seminar or session that I ever went to when I was in high school, was actually at SIU Edwardsville. I grew up in St. Louis, Missouri, and Judy Shepard, the mother of [Matthew Shepard](#), who was tragically killed in Wyoming for being gay. And she spoke passionately about this idea that if every person who was gay came out of the closet, then what would happen across the nation is that we would all realize that we have a brother, or a sister, or a colleague who identifies as gay or lesbian.

And so for the gay and lesbian and bisexual community, that was really important to have this conversation about coming out of the closet because of what it could do for us nationally. And then expanding that obviously to the entire LGBTQ+ community. What does being out, what does being visible mean for us? It means that we have greater access to making change with regard to policy. So for instance, the repeal of "[Don't Ask, Don't Tell](#)" happened in my lifetime. The Supreme Court [decision](#) on marriage equality happened in my lifetime.

I've gone from seeing that situation with Matthew Shepard to seeing really remarkable change for our community. I do not believe that would've been possible without the visibility because of people being out and proud. Now, that being said, I do want to acknowledge the fact that there is a certain amount of privilege that it often takes for people to feel comfortable coming out. For LGBTQ people with intersectional identities,

for many Black members of the LGBTQ community, for instance, I know many Black gay professionals who are not willing to come out of the closet because they think that it's detrimental to their careers. They feel that they're already managing one marginalized identity in the workplace. They don't want to take on two.

And I certainly understand that. So I do want to acknowledge that, while for many of us in the community, it's such an important and proud day for us each year, I do want to also take note of the fact that we need to respect people where they are. And if someone doesn't want to come out, again, it's not something that people should have to do anyway, but we know that it is part of the lived experience for many LGBTQ people.

*Holly Humphrey:*

*What a powerful context. Thank you so much for sharing that background. It really is a very important day, but you made it come alive for us in a way that I think most of us would not otherwise know. So thank you for that Stephan. And let me conclude by just inviting you to share your thoughts on where we go from here. What does the future look like and what specific steps are needed to move forward in a positive direction?*

Stephan Davis:

Thank you for that question. As we look to the future, I think that our work will not be done until we see true representation of LGBTQ people, minorities of all forms, women with equal access to advancement opportunities, leadership opportunities, serving on boards of directors and in governance roles, just the same as their White male cisgender counterparts who have had every economic opportunity. So, definitely, we should see that equal and equitable advancement opportunity, and the opportunity to really thrive in organizations. And we know that's going to be a long journey, and it's something that I hope that we never place a period at the end and say, "we're done with this, or we've checked the box." It is an active, intentional, ongoing journey. So, I'll close with a quote, or a definition rather, from the American Association of Colleges and Universities on [inclusion](#).

They say that inclusion is the active, intentional, and ongoing engagement with diversity that increases one's cognitive sophistication, an empathic understanding of the complex

ways individuals interact within systems and institutions. I know that's a long definition, but what I really love about it is that it talks about this journey with inclusion being ongoing and that we grow in our sophistication over time. So hopefully we'll be having a different type of conversation about these very issues a decade from now, or 20 years from now, or at the end of my career. Thank you for that question and for having me with you today.

*Holly Humphrey:*

*Well, thank you Stephan. Most of all for allowing me to be on this journey with you, because you have taught me so much, and I know that it goes without saying that you have taught our community a lot. Thank you for sharing the journey with all of us.*

*For more on this discussion, I encourage you to watch the* [webinar]() *featuring Stephan, and to read the Macy Conference* [recommendations]() *and related resources. You can find all of those on the Macy Foundation website at* [macyfoundation.org](). *Thank you for listening. And we hope you'll share this conversation with others. Be sure to subscribe wherever you get your podcast so that you will be notified when the next episode drops. And make sure you're signed up to receive email updates from the Macy Foundation.*