

F E N W A Y  H E A L T H

Dental Care for the LGBTQIA+ Community: Achieving Dental Health Equity

AIDPH Colloquium: Confronting Inequity through Oral Health Policy
2019-2020

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TODAY'S DISCUSSION

- **Introduction**
- LGBTQIA+ Concepts
- LGBTQIA+ Stigma & disparities in populations
- Policies to support LGBTQIA+ population
- Setting expectations
- Putting what you learn into practice
- Questions/concerns
- Resources

TODAY'S GOALS

- Explain LGBTQIA+ terminology
- Describe health disparities in LGBTQIA+ populations and their relevance to dentistry
- Apply best practices in serving LGBTQIA+ patients

Word of the Year: THEY

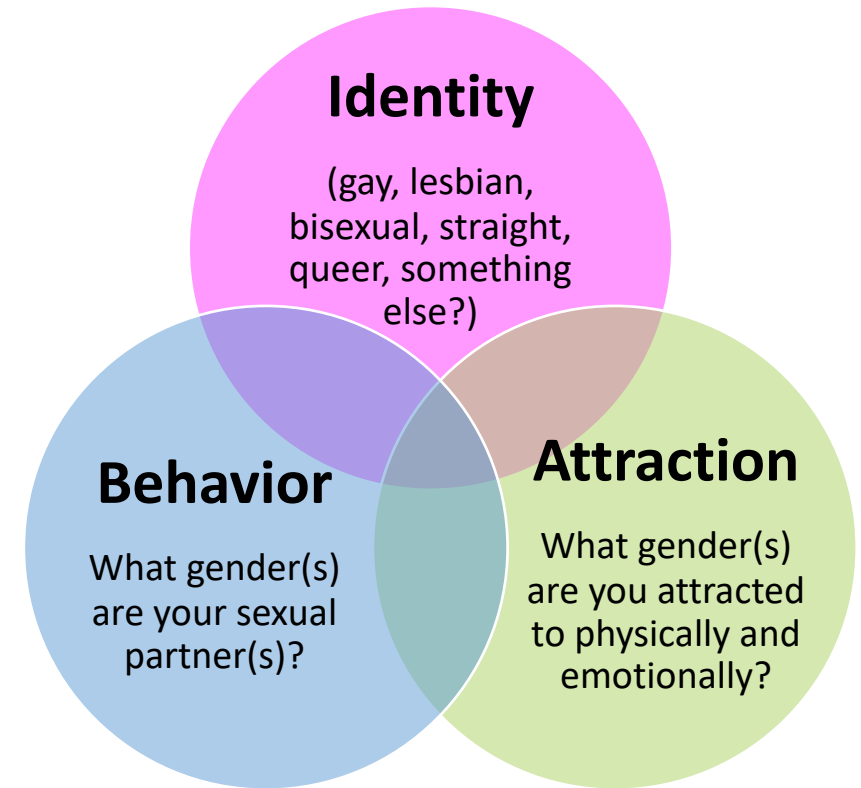
- Used to refer to one person whose gender identity is [nonbinary](#), a sense that is increasingly common in published, edited text, as well as social media and in daily personal interactions between English speakers.

TERMINOLOGY: LGBTQIA+

- **Lesbian:** women attracted to same sex
- **Gay:** umbrella term but specifically men attracted to same sex
- **Bisexual:** attraction to people of their gender or other genders
- **Transgender:** gender identity or gender expression differs from biological sex assigned at birth
- **Queer, Questioning, GenderQueer:** gender identity outside the strict male/female binary. They may exhibit both traditionally masculine and feminine qualities or neither.
- **Intersex:** born with biological sex characteristics that aren't traditionally associated with male or female bodies. Does not refer to sexual orientation nor gender identity
- **Asexual (aka 'ace') :** little to no sexual attraction. They are not to be confused with “aromantic people,” who experience little or no romantic attraction.
- **+** denotation of everything on the gender and sexuality spectrum that letters and words can't yet describe.
- **Pansexual:** attraction to people of all gender identities. An attraction to a person's qualities regardless of gender identity. Rejects gender binary implied by bisexual
- **Cisgender:** gender identity matches the sex assigned at birth
- **Trans* or Trans+:** 2 umbrella terms for non-cisgender identities
- **Gender NonConforming (GNC):** expressed gender outside traditional norms associated with masculinity or femininity
- **NonBinary:** identifies as neither male or female and sees themselves outside of gender binary
- **Gender Fluid:** identity shifts or fluctuates
- **Gender Neutral:** not to be described by a specific gender
- **M.A.A.B/F.A.A.B/U.A.A.B:** male/female/un assigned at birth

SEXUAL ORIENTATION & GENDER IDENTITY

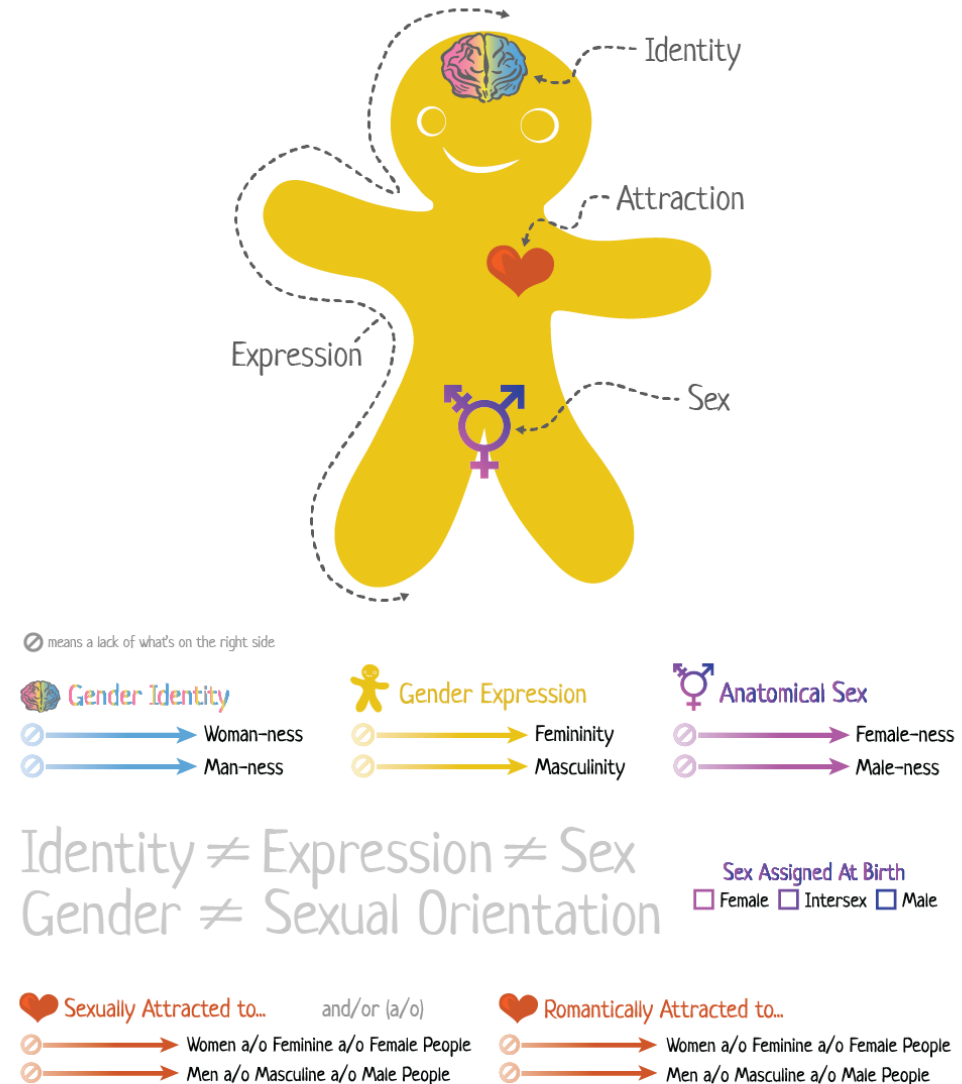
- Sexual Orientation
 - An inherent or immutable enduring emotional, romantic or sexual attraction to other people
- Gender Identity
 - A person's sense of being boy/man/male, girl/woman/female, another gender, no gender
 - All people have a gender identity
- Gender expression
 - External appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine
 - May be on a spectrum
- All people have a sexual orientation and gender identity
 - Gender Identity \neq Sexual Orientation
 - How people identify can change
 - Terminology varies



Genderbread Person

- Gender Identity
- Gender Expression
- Anatomical Sex
- Attraction
 - Sexual
 - Romantic

The Genderbread Person v4 *by its pronounced* **MeTROsexual** .com



Genderbread Person Version 4 created and uncopyrighted 2017 by Sam Killermann [For a bigger bite, read more at www.genderbread.org](http://www.genderbread.org)

TRANSGENDER

- People whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth.
- Alternate terminology
 - Transgender woman, trans woman, male to female (MTF)
 - Transgender man, trans man, female to man (FTM)
- Non-binary, genderqueer
 - Genderqueer person
- Trans masculine, Trans feminine
- Gender identity is increasingly described as being on a spectrum
- Being transgender does not imply any specific sexual orientation

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Importance of LGBTQIA+ Health

- Reductions in disease transmission and progression
- Increased mental and physical well-being
- Reduced health care costs
- Increased longevity

MISSION

The mission of Fenway Health is to enhance the wellbeing of the LGBTQIA+ community and all people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy.



47 YEAR HISTORY

- Founded as part of the free clinic movement by students who believed that “health care should be a right, not a privilege.”
- Drop-in clinic providing free blood pressure checks and STD screenings.
- 2018 statistics:
 - 150,922 patient visits (26,624 dental)
 - 32,000 total patients (6,000 dental)
 - ~60% identify as LGBTQIA+
 - 4,000 transgender/gender non-conforming patients

LGBTQIA+ CONCEPTS

Demographic overview

The nation's LGBT community is...

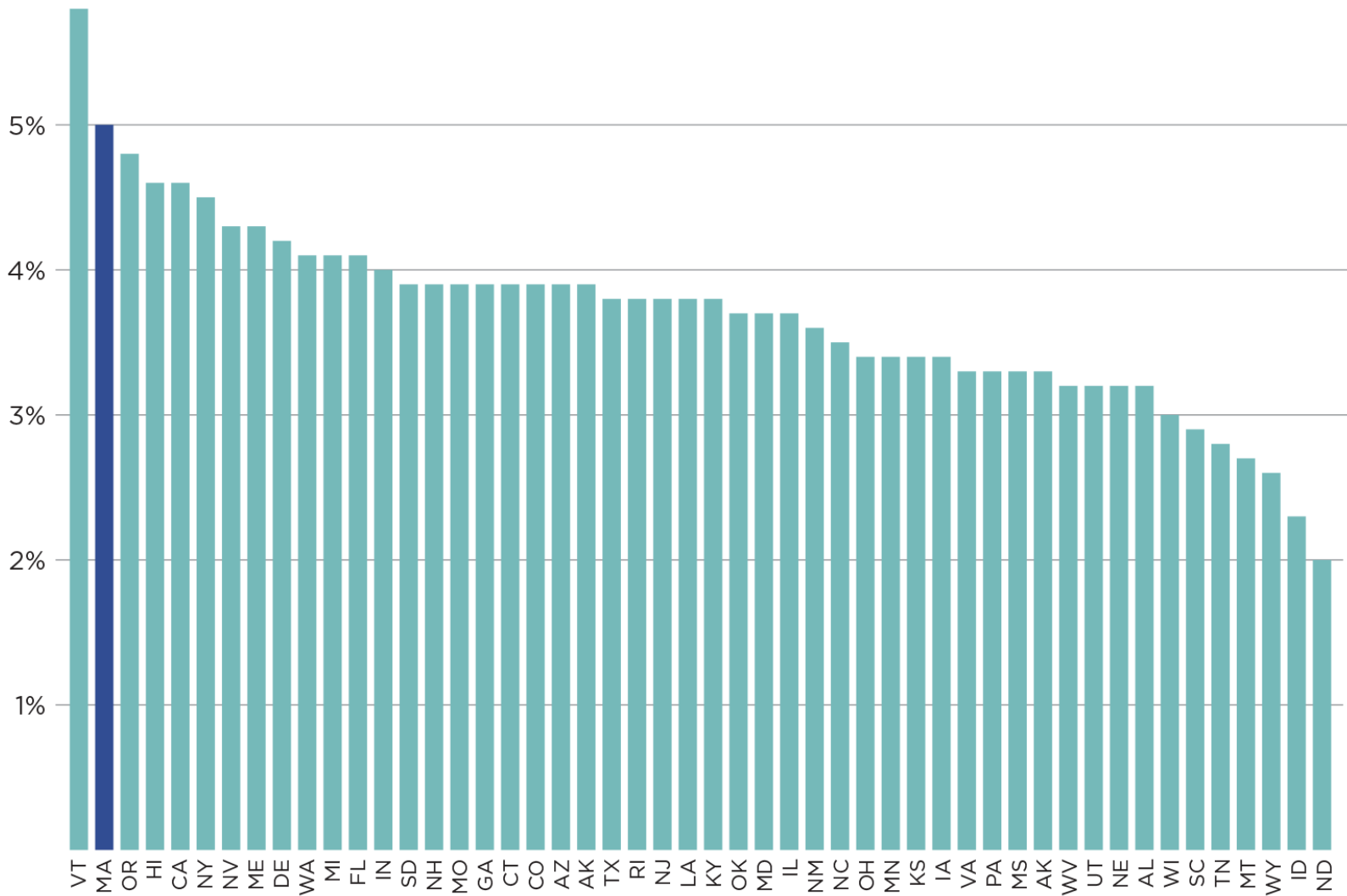
- Large
- Growing
- Diverse

Which state in the US
has the highest
LGBTQIA+
population??



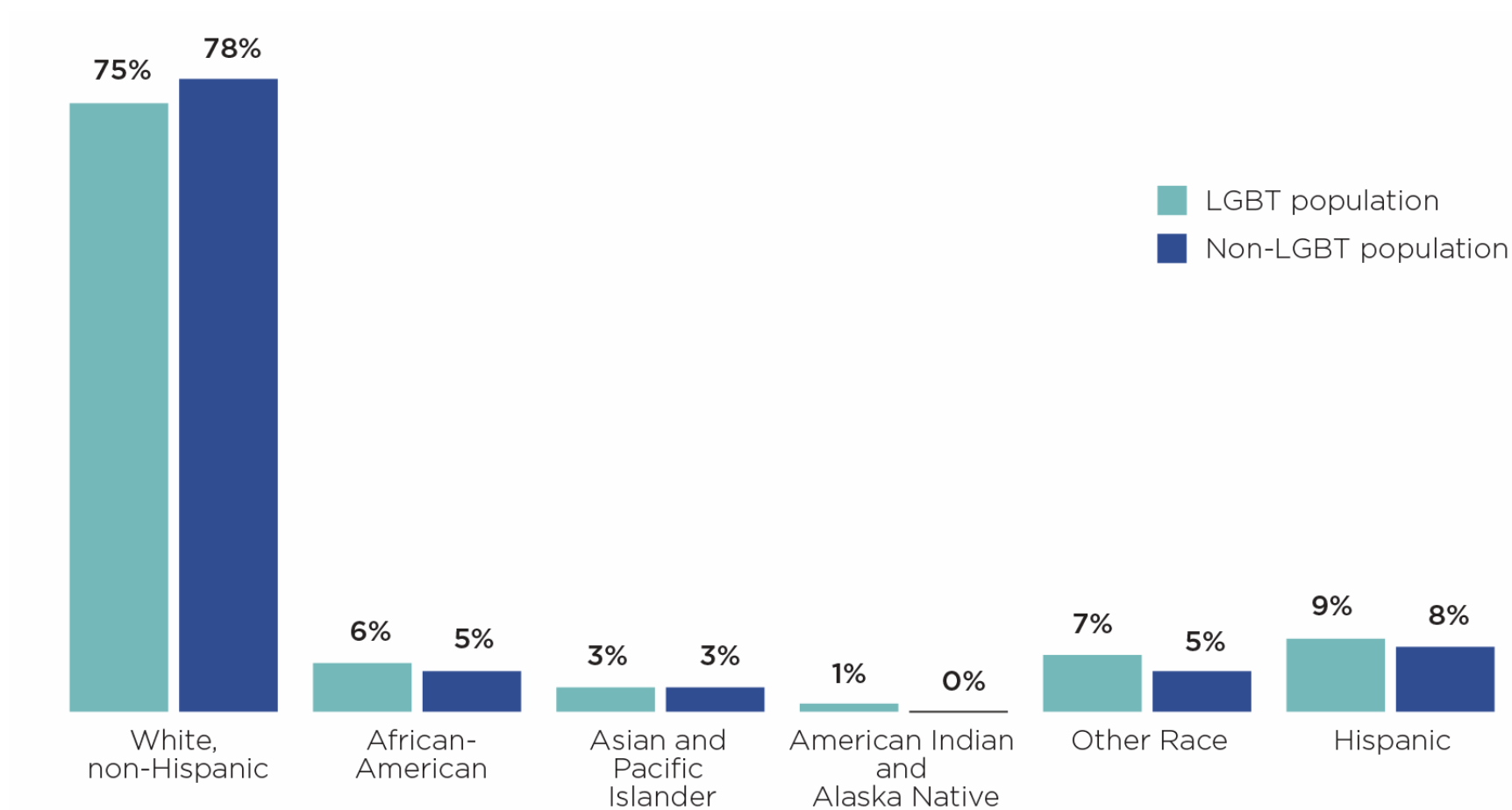
Massachusetts has the second highest share of population that identifies as LGBT.

Share of total state population identifying as LGBT. Massachusetts. Tracking poll, July 2017.



The racial and ethnic makeup of the LGBT population mirrors that of the state population.

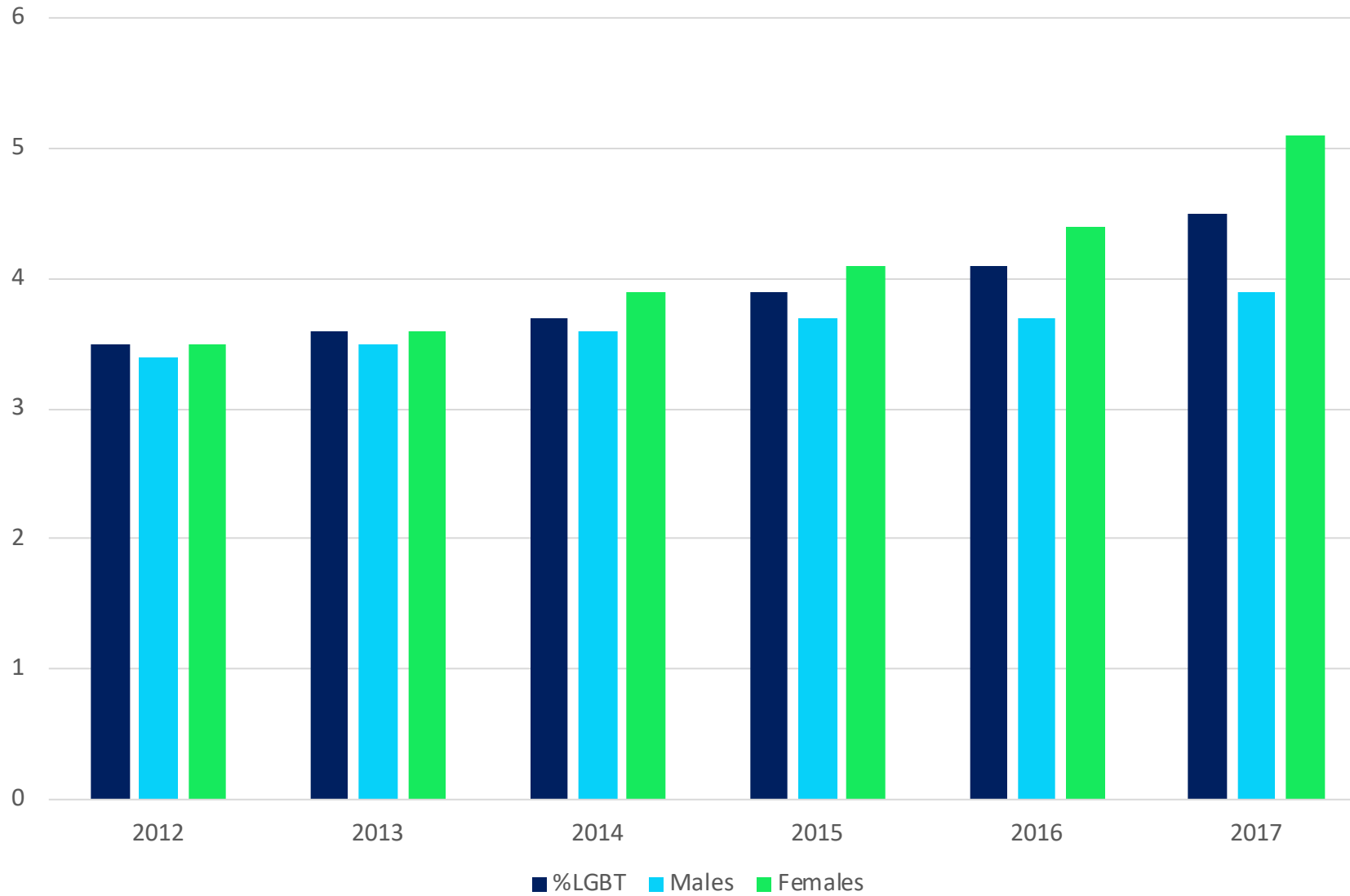
Race and ethnicity. LGBT population and non-LGBT population. Massachusetts. 2017.



Source: Gallup Daily Tracking Survey. The Williams Institute. UCLA, July 2017.

Please note this is Gallup Daily Tracking Survey data, which may provide different numbers than other sources.

The estimate of LGBT Population has risen over the years



TERMINOLOGY: TRANSITION OR AFFIRMATION

- Transition: the process of changing from living and being perceived as the gender assigned at birth according to anatomical sex (M or F) to living and being perceived as the individual sees and understands themselves
 - Social affirmation
 - Legal/document changes
 - Hormone therapy
 - Surgical affirmation
- Many prefer the term 'Gender Affirmation' or 'Gender Confirmation' over 'Transition'

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LGBTQIA+ Health Disparities

- LGBTQIA+ youth are 2 to 3 times more likely to attempt suicide
- LGBTQIA+ youth are more likely to be homeless
- Lesbian women are less likely to receive preventive cancer screenings
- Gay men are at higher risk of HIV and other STDs, especially Black and Latino gay men
- Lesbian and bisexual women are more likely to be overweight or obese
- Transgender people have a high prevalence of HIV/STDs, violence victimization, mental health issues, and suicide, and are less likely to have health insurance than non-transgender people
- Older LGBTQIA+ people face additional barriers to health because of isolation and a lack of social services and culturally competent providers
- LGBTQIA+ populations have disproportionately high prevalence of tobacco, alcohol, and other substance use

LGBTQIA+ Social Determinants of Health

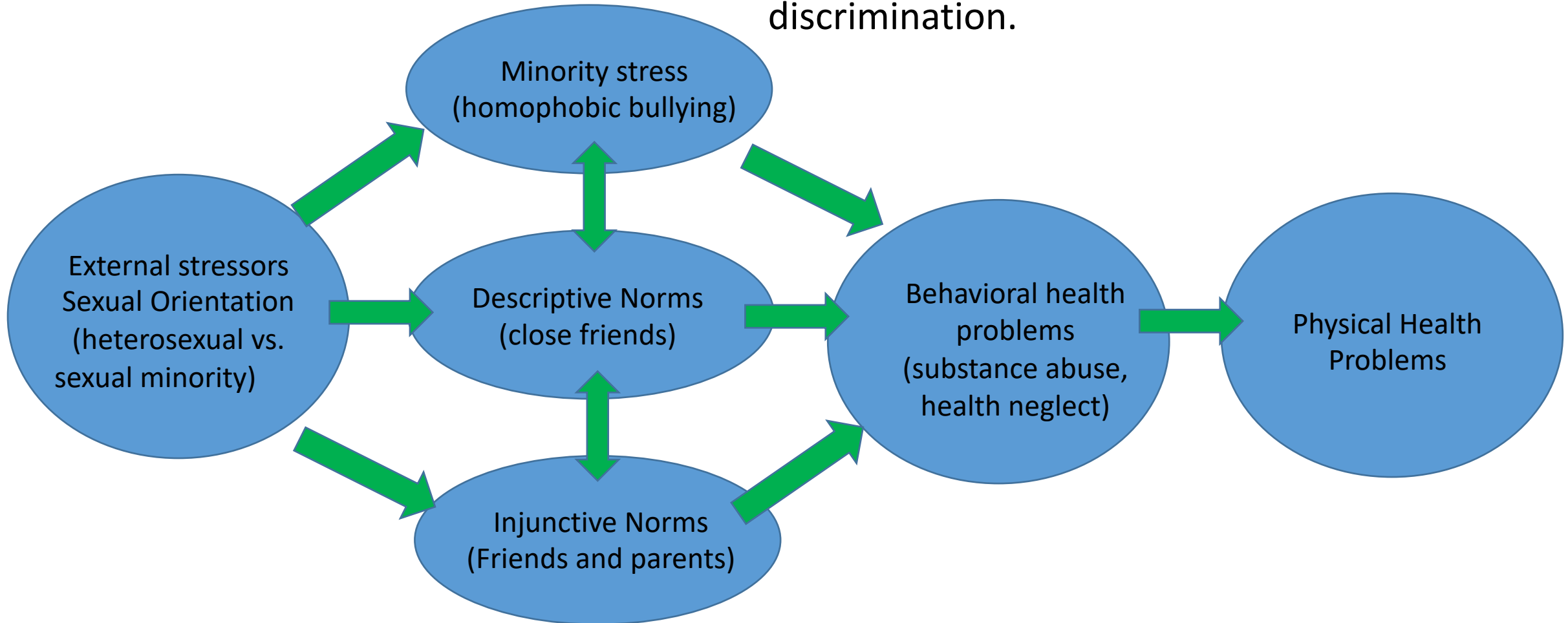
- Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits
- Lack of laws protecting against bullying in schools
- Lack of social programs targeted to and/or appropriate for LGBTQIA+ youth, adults, and elders
- Shortage of health care providers who are knowledgeable and culturally competent in LGBTQIA+ health

LGBTQIA+ Health & Physical Environment

- Safe schools, neighborhoods, and housing
- Access to recreational facilities and activities
- Availability of safe meeting places
- Access to health services

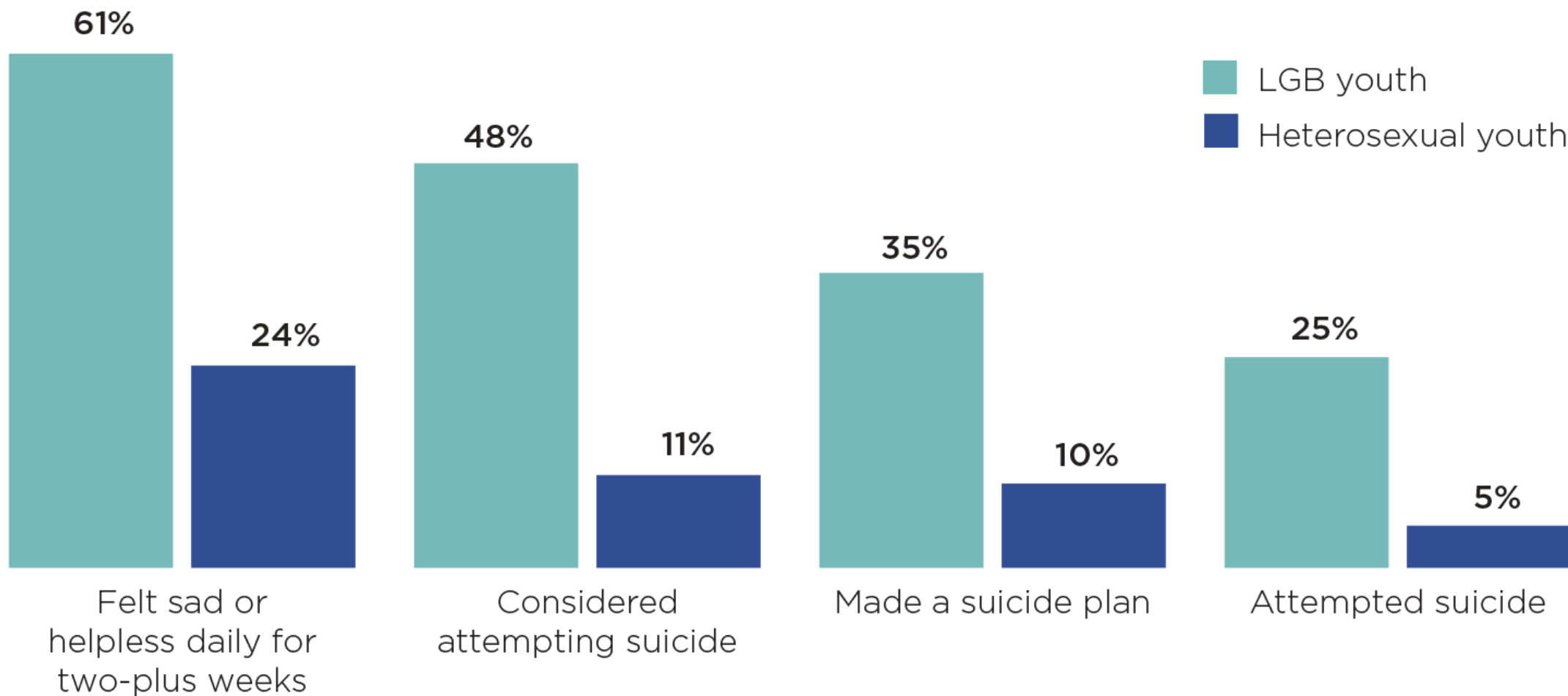
INTERSECTIONALITY

The study of intersections between forms or systems of oppression, domination or discrimination.



LGB youth are at increased risk of depressive symptoms.

Share of population experiencing depressive symptoms. LGB and heterosexual youth. Massachusetts. 2015.



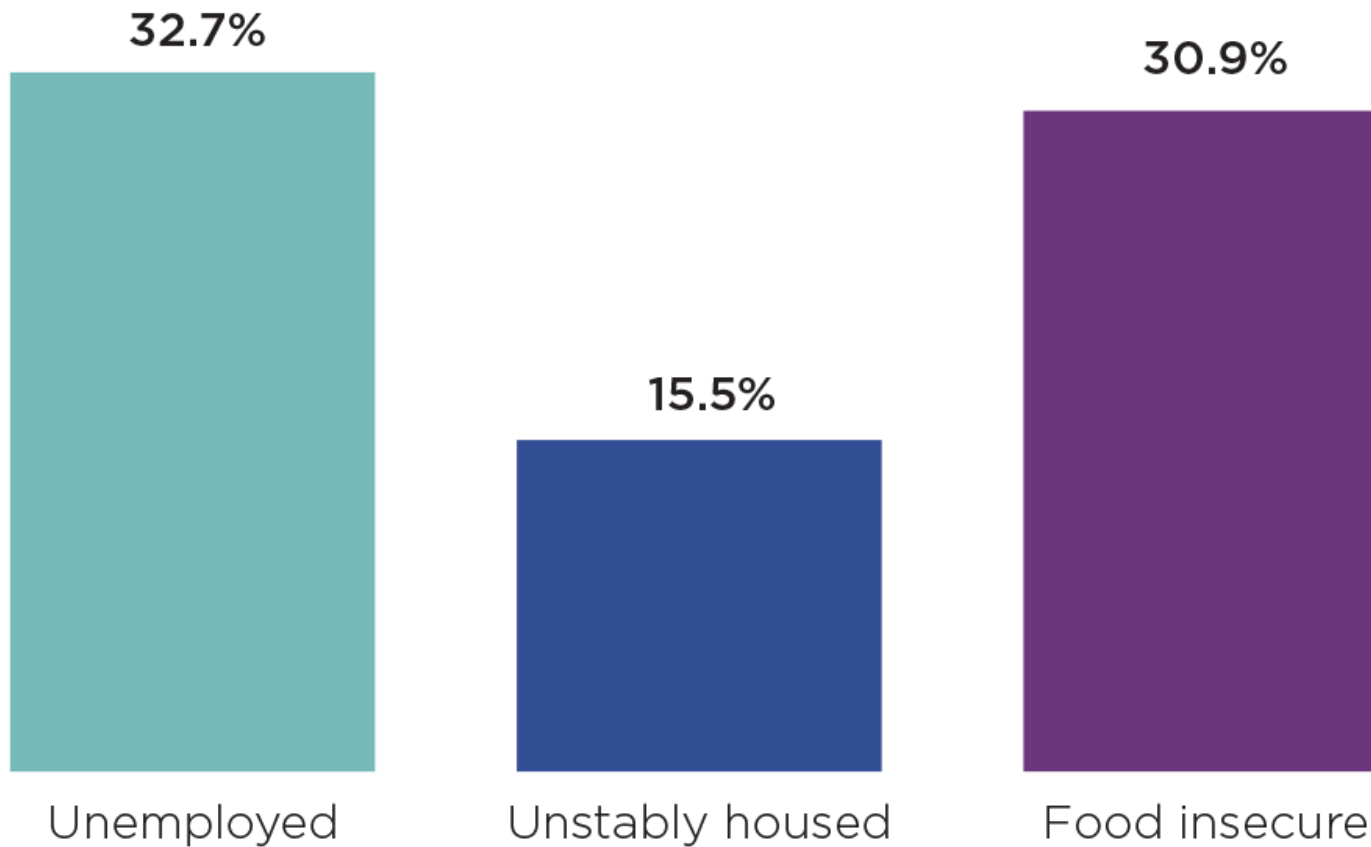
Percentage of US Adults Identifying as LGBT by Annual Household Income and Educational Attainment, 2012-2017

| | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|-----------------------|------|------|------|------|------|------|
| Less than \$36,000 | 4.7% | 4.5% | 4.9% | 5.1% | 5.5% | 6.2% |
| \$36,000 to <\$90,000 | 3.1% | 3.4% | 3.5% | 3.9% | 4.0% | 4.7% |
| \$90,000 or more | 3.0% | 3.5% | 3.6% | 3.6% | 3.7% | 3.9% |
| High school or less | 3.5% | 3.5% | 3.9% | 4.1% | 4.1% | 4.5% |
| Some college | 3.8% | 3.9% | 3.9% | 3.9% | 4.1% | 4.7% |
| College graduate | 2.9% | 3.3% | 3.5% | 3.6% | 4.1% | 4.4% |
| Post graduate | 3.3% | 3.6% | 3.7% | 3.9% | 3.9% | 4.3% |

A large share of LGBTQ youth of color live with economic, housing and food insecurity.

Unemployment, housing stability, and receipt of public assistance. LGBTQ youth of color.

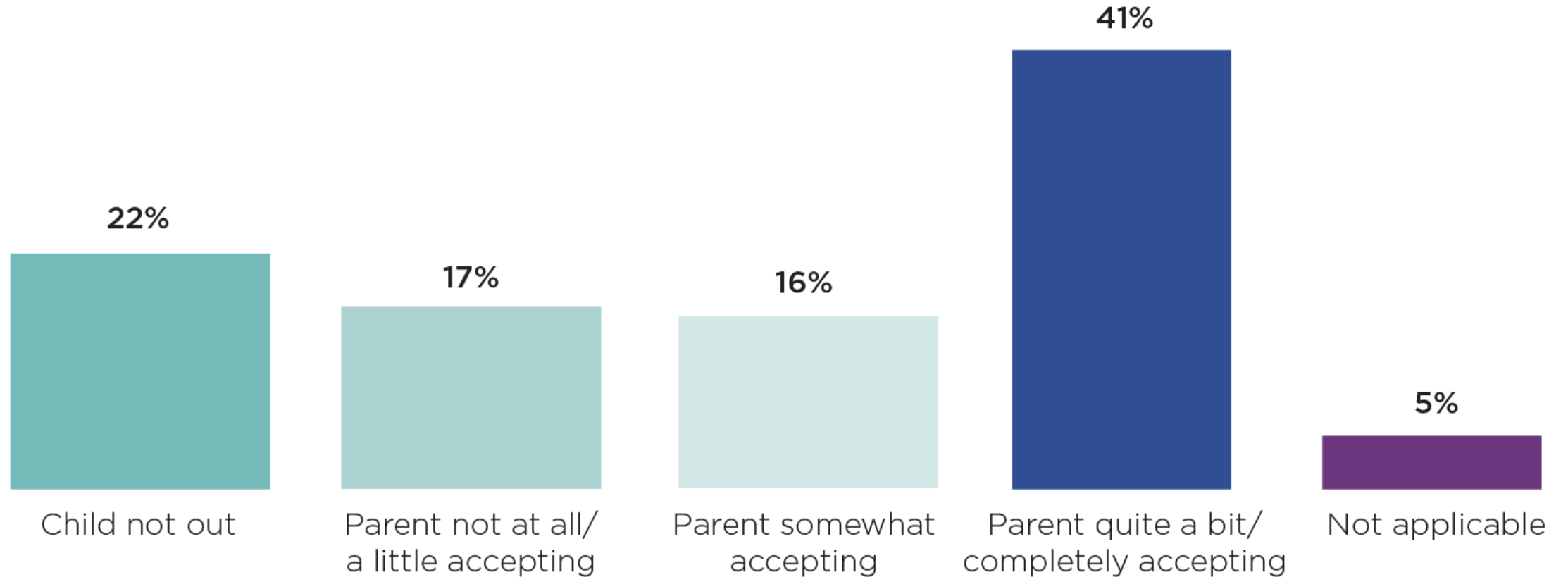
Greater Boston. 2014. n=294.



Source: Conron K, Wilson J, Cahill S, Flaherty J, Tamanaha M, Bradford J (2015). *Our health matters: Mental health, risk, and resilience among LGBTQ youth of color who live, work, or play in Boston*. Boston: Fenway Institute, BAGLY, Boston GLASS.

More than half of LGBTQ youth of color struggle with maternal acceptance or are not out.

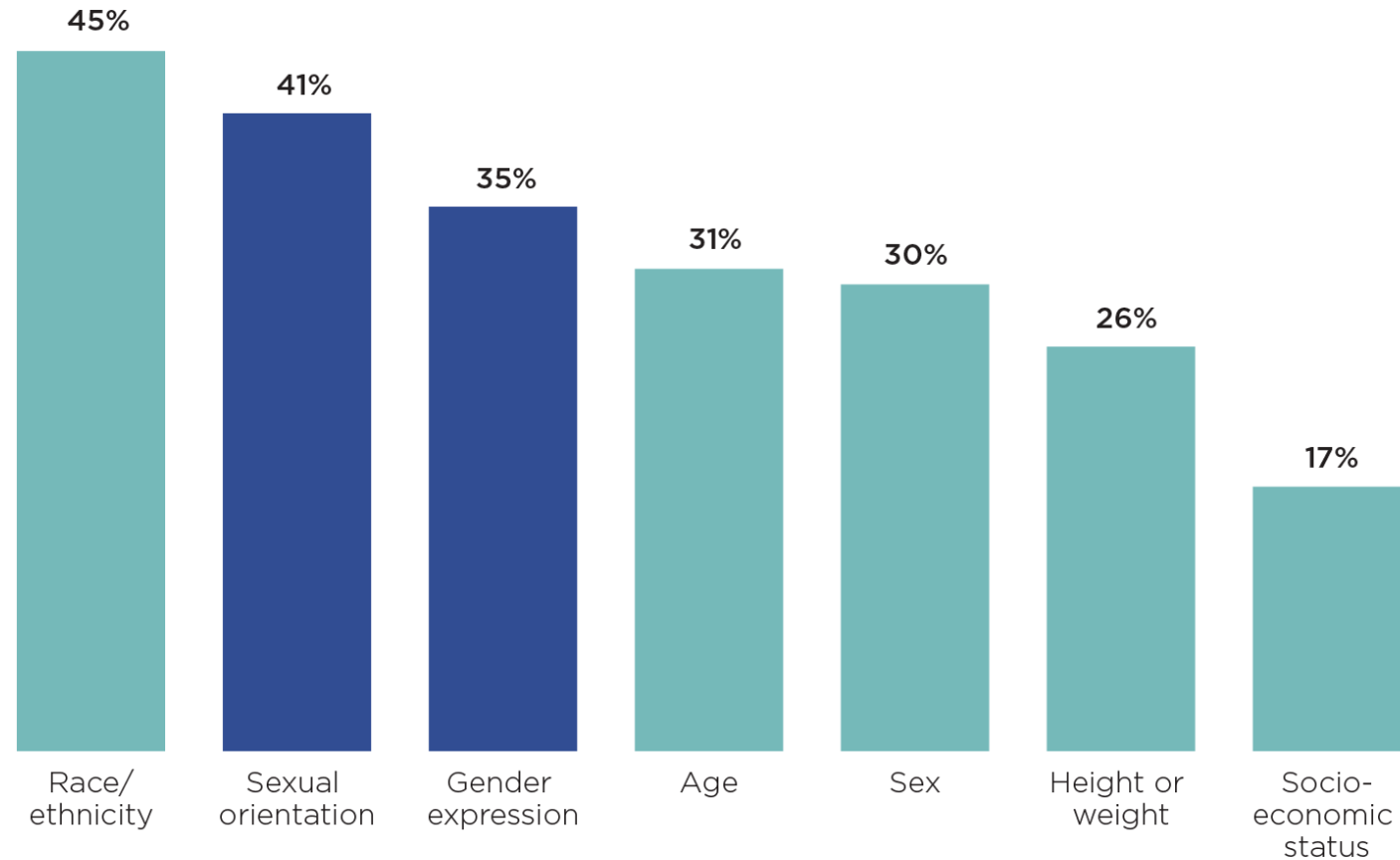
Current maternal acceptance. LGBTQ youth of color. Greater Boston. 2014. n=294.



Source: Conron K, Wilson J, Cahill S, Flaherty J, Tamanaha M, Bradford J (2015). *Our health matters: Mental health, risk, and resilience among LGBTQ youth of color who live, work, or play in Boston*. Boston: Fenway Institute, BAGLY, Boston GLASS.

Sexual orientation and gender expression discrimination are among the most common forms of discrimination faced by LGBTQ youth of color.

Share of LGBTQ youth of color population experiencing discrimination yearly.
By number of types of everyday discrimination. Greater Boston. 2014.



Source: Conron et al. 2015. *Our Health Matters: Mental Health, Risk, and Resilience Among LGBTQ Youth of Color Who Live, Work, or Play in Boston*. The Fenway Institute

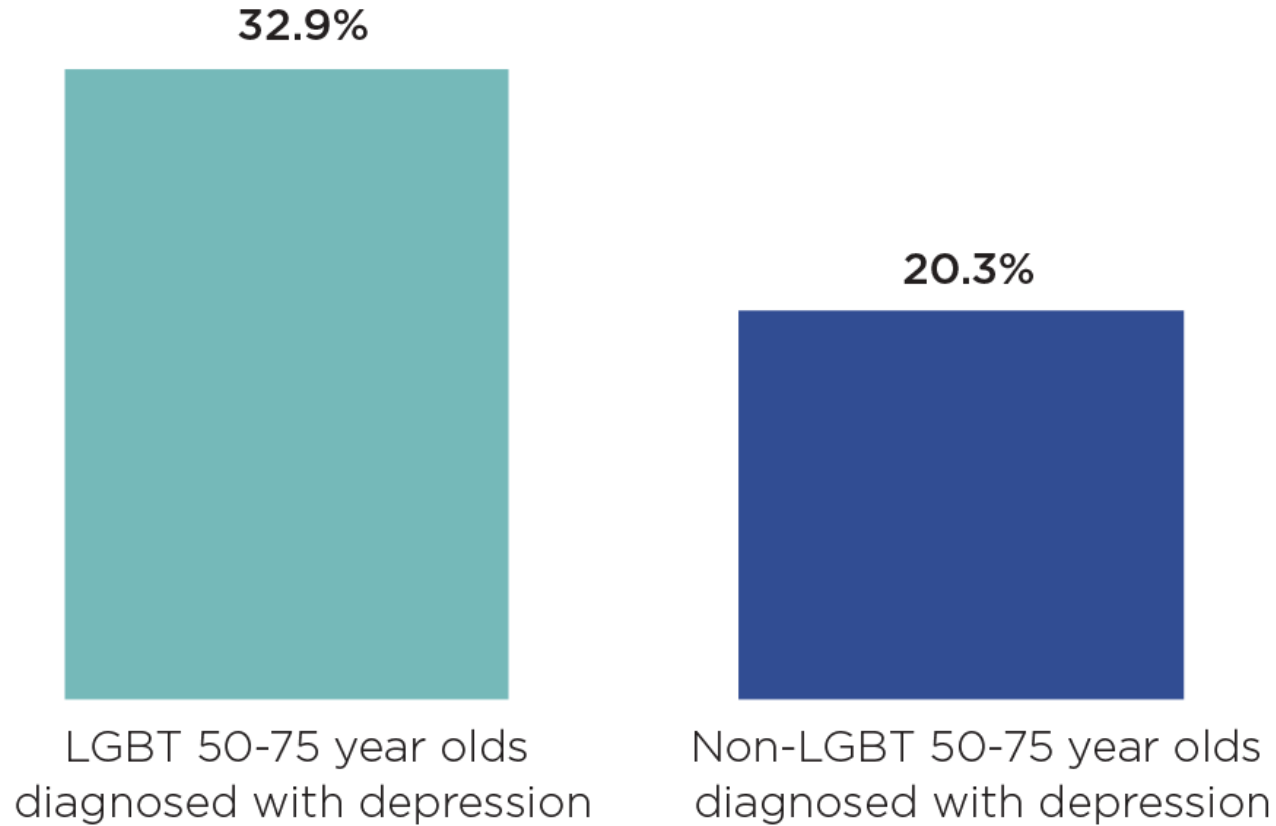
STRUCTURAL STIGMA

- Societal-level conditions, cultural norms, and institutional practices that constrain the opportunities, resources, and wellbeing for stigmatized population



Middle aged and older LGBT people are more likely to be diagnosed with depression.

Percentage of 50- to 75-year-olds reporting a depression diagnosis, Mass. BRFSS, 2014-2016.



Source: Analysis of 2014-2016 Massachusetts BRFSS data by Maria McKenna, Massachusetts Department of Public Health, November 2017.

HEALTH DISPARITIES

- LGBT populations have high rates of tobacco, alcohol and other drug use. ³
- The 2011 National Transgender Discrimination Survey found that:
 - 26% used drugs/alcohol to cope with discrimination
 - 30% smoked cigarettes daily or occasionally (compared to 20% of US adults)
- Lesbian women and bisexual women are less likely to get preventive services for cancer

HEALTH DISPARITIES

- The 2015 U.S. Transgender Survey found that: ⁷
 - 39% of respondents experienced serious psychological distress in the month prior, compared with only 5% of the U.S. population
 - **40% had lifetime suicide attempt (compared to 4.6% of US population)**
 - 55% of those who sought coverage for gender-affirming surgery in the past year were denied, and 25% of those who sought coverage for hormones in the past year were denied
 - 33% had at least one negative experience with a health care provider such as being verbally harassed or refused treatment because of gender identity
 - 23% of transgender people report not seeking needed health care in the past year due to fear of gender-related mistreatment
 - **33% did not go to a health care provider when needed because they could not afford it**

HEALTH DISPARITIES

The 2015 U.S. Transgender Survey⁴ found that:

| Negative Experience | % of those who had seen a provider in the past year |
|--|---|
| They had to teach their health care provider about transgender people to get appropriate care | 24% |
| A health care provider asked them unnecessary or invasive questions about their transgender status that were not related to the reason for their visit | 15% |
| A health care provider refused to give them transition-related care | 8% |
| They were verbally harassed in a health care setting (such as a hospital, office or clinic) | 6% |
| A health care provider used harsh or abusive language when treating them | 5% |
| A health care provider refused to give them care not related to the gender transition (such as physicals or care for the flu or diabetes) | 3% |
| A health care provider was physically rough or abusive for the day | 2% |
| They were physically attacked by someone during their visit in a health care setting (such as a hospital, office or clinic) | 1% |
| They were sexually assaulted in a health care setting (such as a hospital, office or clinic) | 1% |
| One or more experiences listed | 33% |

LGBTQIA+ DISPARITIES: HEALTHY PEOPLE 2020

- Older LGBTQIA+ individuals face additional barriers to health because of isolation, fewer family supports, and a lack of social and support services

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POLICIES REFLECT THE NEEDS OF LGBTQIA+ PEOPLE

- LGBTQIA+ people come from all walks of life and experience many of the *same health problems as non-LGBTQIA+ people*.
- This means that every organizational policy and procedure may impact the experience of LGBTQIA+ people.
- To create an *LGBTQIA+ affirming and inclusive environment*, it is important to examine organizational policies with issues that have a unique impact on LGBTQIA+ people in mind.

NON-DISCRIMINATION POLICIES FOR LGBTQIA+ PEOPLE

- Patient and employee non-discrimination policies should include sexual orientation, gender identity, and gender expression.
- These policies should be known by all, and recourse when questions of discrimination are raised should be both clearly laid out and accessible.
- Nondiscrimination policies are now required by The Joint Commission: www.jointcommission.org/lgbt/

INCLUSIVE LANGUAGE ON FORMS

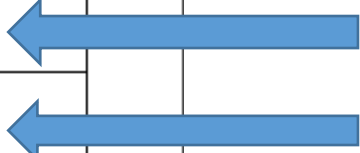
FENWAY  HEALTH

Client Registration

The information in your medical record is confidential and is protected under Massachusetts General Laws Ch. 111, Sec 70. Your written consent will be required for release of information except in the case of a court order.

Medical Record #
(For office use only)


| | | | | |
|--|---|-------|----------------|--------------------------------|
| Legal Name | Last | First | Middle Initial | Preferred name: |
| Legal Sex (please check one)* | <input type="checkbox"/> Female <input type="checkbox"/> Male | | | Preferred pronouns: |
| <small>*While Fenway recognizes a number of genders / sexes, many insurance companies and legal entities unfortunately do not. Please be aware that your legal name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If your preferred name and pronouns are different from these, please let us know.</small> | | | | |
| Date of Birth | Month | Day | Year | Social Security # |
| | | | | State ID # or License # |



- It is critical to review the language in registration and medical history forms, as well as training front-line staff to use LGBTQIA+ - inclusive language.
- Forms should avoid gender-specific terms such as “husband/wife” or “mother/father,” and should reflect the reality of LGBTQIA+ families by asking about “relationships,” “partners,” and “parent(s).”

INCLUSIVE LANGUAGE ON FORMS

This information is for demographic purposes only and will not affect your care.

| | | | |
|--|--|---|---|
| <p>1.) What is your annual income?</p> <p>_____</p> <p>1a.) How many people (including you) does your income support?</p> <p>_____</p> | <p>2.) Employment Status</p> <p><input type="checkbox"/> Employed full time</p> <p><input type="checkbox"/> Employed part time</p> <p><input type="checkbox"/> Student full time</p> <p><input type="checkbox"/> Student part time</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Other _____</p> | <p>3.) Racial Group(s)</p> <p><input type="checkbox"/> African American/Black</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Multi racial</p> <p><input type="checkbox"/> Native American / Alaskan Native / Inuit</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> Other _____</p> | <p>4.) Ethnicity</p> <p><input type="checkbox"/> Hispanic/Latino/Latina</p> <p><input type="checkbox"/> Not Hispanic/Latino/Latina</p> <p>5) Country of Birth</p> <p><input type="checkbox"/> USA</p> <p><input type="checkbox"/> Other _____</p> |
| <p>6.) Preferred Language (choose one:)</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Español</p> <p><input type="checkbox"/> Français</p> <p><input type="checkbox"/> Português</p> <p><input type="checkbox"/> Русский</p> <p>Other _____</p> | <p>7.) Do you think of yourself as:</p> <p><input type="checkbox"/> Lesbian, gay, or homosexual</p> <p><input type="checkbox"/> Straight or heterosexual</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Something else</p> <p><input type="checkbox"/> Don't know</p> | <p>8.) Marital Status</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Partnered</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Other _____</p> <p>9.) Veteran Status</p> <p><input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> Not a Veteran</p> | <p>10.) Referral Source</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Friend or Family Member</p> <p><input type="checkbox"/> Health Provider</p> <p><input type="checkbox"/> Emergency Room</p> <p><input type="checkbox"/> Ad/Internet/MediaOutreach WorkerSchool</p> <p><input type="checkbox"/> Other _____</p> |
| <p>11.) What is your gender?</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Genderqueer or not exclusively male or female</p> | <p>12.) What was your sex at birth?</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> | <p>13.) Do you identify as transgender or transsexual?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> | <p>Please turn over</p>  |

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SETTING EXPECTATIONS

- LGBTQIA+ people have a history of experiencing stigma & discrimination in diverse settings
- Do not be surprised if a mistake results in a patient becoming upset
- Do not personalize the reaction
- Apologize when patients become upset, even if what was said was well-intentioned. This can help defuse a difficult situation and re-establish a constructive dialogue

AVOIDING ASSUMPTIONS

- We cannot assume someone's gender identity or sexual orientation based on how they look or sound
- To avoid assuming gender identity or sexual orientation with new patients:
 - *Instead of:* "How may I help you, sir?"
 - *Say:* "How may I help you?"
 - *Instead of:* "He is here for his appointment."
 - *Say:* "The patient is here in the waiting room."
 - *Instead of:* "Do you have a wife?"
 - *Say:* "Are you in a relationship?"
 - *Instead of:* "What are your mother's and fathers' names?"
 - *Say:* "What is your guardian's name?"

PRONOUNS

- People may use a range of pronouns, including she/her/hers and he/him/his, as well as less common pronouns as they/them/theirs and ze/hir/hirs (pronounced zee/hear/hears)

| Subjective | Objective | Possessive |
|------------|-----------|------------|
| He | Him | His |
| She | Her | Hers |
| They | Them | Theirs |
| Ze | Hir | Hirs |



KEEPING UP WITH TERMINOLOGY

- Obvious **don'ts** include:
 - Use of disrespectful language
 - Gossiping about a patient's appearance or behavior
 - Saying things about someone not necessary for their care
 - Avoid outdated terms and consider more appropriate language

Homosexual used to be acceptable, and people self-identified as such, however now it is considered outdated and offensive

Queer was considered derogatory and offensive for many years, but those in LGBT communities have reclaimed it and now many consider it an umbrella term of inclusivity

Transsexual used to be a term commonly used for those who identify as transgender, now it is considered outdated and offensive unless a person chooses to identify that way

Crossdresser, replacing **transvestite**, are not gender identity terms that are acceptable unless a person chooses to use those terms to identify themselves.

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Scenario 1

- A woman walks into your office/clinic, giving the name of Lisa Doe. Her driver's license, however, identifies her as Robert Doe and indicates her gender is 'male'. Your staff ask which name and gender pronouns they should use when talking to or about the patient, which name they should use in the patient's medical record, and whether they can ask the patient about her biological sex and how to address the patient's transgender status in the medical record. The staff's discomfort with the situation is evident to Lisa, who becomes visibly defensive. How do you address staff and how do you address discomfort of patient?

Scenario 2

- A transgender female patient named Julie Smith walks into your office for a recall visit. The patient self-expresses as female but their medical record identifies them as a male (Joseph Smith). The dental hygienist calls the patient Joseph when seating them for their appointment. Julie reluctantly gets up and is seated for her appointment, but corrects the hygienists and says, 'please call me Julie'. When you are called for the periodic exam, your hygienist again refers to Julie as Joseph and uses male pronouns throughout your entire conversation with the patient present. How you would address this with your hygienist both in front of the patient and after she has left your office?

Scenario 3

- A new male patient comes of your office for a comprehensive exam. Your assistant seats the patient and reviews medical history briefly. She notes that the patient is taking Truvada as listed under medications, but no medical conditions are listed. The assistants says to the patient, 'you didn't note that you were HIV+ on this medical intake form'. The patient states 'I am not HIV positive.' The medical assistant rolls her eyes and exits the exam room. She brings this information to you to begin your exam. How you will address this situation with your new patient and your assistant moving forward?

Scenario 4

- A long standing patient of record returns to your office for a recall visit. The patient has always self-expressed as male, but in the last few visits, you've observed from more feminine outward expressions. Today, when your assistants seats the patient, they inform your assistant there is an updated medication that they are taking. The patient informs your assistant they have started taking estrogen. Your assistant says, 'oh is that your tranny med?' How you will address this situation with your assistant and your patient?

Scenario 5

- A 5 year old patient comes to your office for new patient exam. The patient presents with both parents, a female couple. Your assistant seats the patient and family and is noticeably uncomfortable addressing the parents. The assistant avoids speaking to the parents and asks the patient: ‘Which one of your moms brushes your teeth for you?’ The parents become clearly uncomfortable and try to explain that they work together to help with their child’s oral health. How you would address the parents and your assistant in this situation?

Scenario 6

- You work in a large group multi-specialty practice. A large family of long standing record needs a referral to another provider. The parent is a transgender, male to female and accompanies the patient to the specialist. You refer your patient to your colleague and notice during the visit that the colleague is visibly making fun of the parent in the hallway: addressing the way she is dressed, her makeup and making co-workers laugh. You have an open air clinic and are concerned that your patient or the parent may have overheard these remarks. How would you address your colleague and patient?

PUTTING WHAT YOU LEARN INTO PRACTICE

- If you are unsure about a patient's name or pronouns:
 - *"I would like be respectful—what are your name and pronouns?"*
- If a patient's name doesn't match insurance or medical records:
 - *"Could your chart/insurance be under a different name?"*
 - *"What is the name on your insurance?"*
- If you accidentally use the wrong term or pronoun:
 - *"I'm sorry. I didn't mean to be disrespectful."*

ACCOUNTABILITY

- Creating an environment of accountability and respect requires everyone to work together
- Don't be afraid to politely correct your colleagues if they make insensitive comments
 - *“Those kinds of comments are hurtful to others and do not create a respectful work environment.”*

THE ENVIRONMENT YOU CREATE

- What message does your health care organization give to LGBTQIA+ people when they enter? Are there images or brochures specific to LGBTQIA+ people anywhere? Areas to consider include:
 - Do educational and marketing materials include images of LGBTQIA+ people?
 - Are there relevant educational and reading materials in the waiting areas?
 - Are there all-gender restrooms, or a policy stating you should use the restroom that reflects your gender identity?

QUESTIONS



THANK YOU

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