



# Improving Knowledge, Comfort, and Attitudes for LGBTQIA+ Clinical Care and Dental Education

## Insights from the American Institute of Dental Public Health

### Background and Metrics

Oral health access and outcomes are influenced by the social and political drivers of whole-person health, particularly for lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA+) people and other sexual or gender identities. Negative interactions with healthcare providers and clinic professionals can create long-term barriers to oral health equity for populations who disproportionately experience stigma and discrimination. These exchanges either facilitate or inhibit respectful, high-quality, patient-centered care cognizant of intersectionality. The American Institute of Dental Public Health (AIDPH) disseminated a mixed-methods survey to just over 200 oral health professionals in the summer of 2022 to capture responses in three key areas of interest.

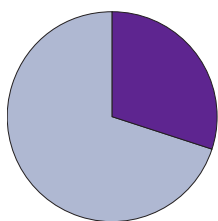
### Key Areas of Interest

1. How do oral health professionals acknowledge clinical, environmental, and social differences that affect dental care delivery for LGBTQIA+ people?
2. Do oral health professionals believe that sufficient educational and professional resources are available to support LGBTQIA+ oral health and wellbeing?
3. How are dental education environments preparing current and future members of the oral health workforce to support LGBTQIA+ patients?

### Key Takeaways

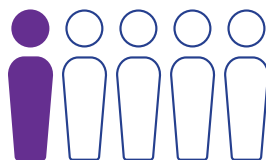
#### Focus 1: Comfort with LGBTQIA+ People and Clinical Care

Oral health professionals generally reported feeling comfortable working with LGBTQIA+ people in both personal and professional capacities. However, respondents were least comfortable around transgender, nonbinary, or gender diverse youth and adults.



**30%** stated that staff could benefit from **increased community engagement** to feel more **comfortable**.

Nearly **one in five** respondents



reported a desire for **increased interaction** with the community in order to better understand **needs and challenges** of LGBTQIA+ individuals.

#### Focus 2: Knowledge and Attitudes Towards LGBTQIA+ Patient Care

**Nine in ten** respondents

**agreed** or **strongly agreed** that **discrimination** plays a role in the oral health and well-being of LGBTQIA+ patients.



Responses were mixed around the prevalence of unique oral health care needs; respondents were divided in their response to the statement that LGBTQIA+ people face the same dental concerns as their non-LGBTQIA+ peers. Compared with non-members, members of the LGBTQIA+ community endorsed better LGBTQIA+ oral health understanding, a greater degree of inclusive practices, and increased participation in oral health understanding activities.

## Focus 3: Educational Support for LGBTQIA+ People



**One in three** respondents indicated **uncertainty** or **disagreement** as to whether LGBTQIA+ students and faculty could **present authentically** in their school environment.

And, over half of oral health professionals expressed uncertainty or disagreement about dental schools effectively covering topics related to LGBTQIA+ oral health. Unsurprisingly, members of the LGBTQIA+ community generally considered their dental or dental hygiene curriculum to be less LGBTQIA+ friendly than non-members.

## Focus 4: Resources and Gaps for LGBTQIA+ Oral Health



65% listed **clinical oral health educational material** as the most helpful resource in supporting LGBTQIA+ oral health equity.

Oral health professionals often spoke about a desire for more cultural awareness when speaking about clinical treatment of LGBTQIA+ patients. One in five considered clinical guidelines and training as the best resources to facilitate care.

### Strategic Recommendations

Taken together, the results of this survey, while limited, indicate that oral health professionals can focus efforts in a variety of ways to improve person-focused care for LGBTQIA+ people. Selected strategic recommendations include:



#### Increase representation.

Including queer people in patient leadership councils to serve as advisors in developing health forms, training staff to be culturally responsive, creating LGBTQIA+-friendly policies, and ensuring spaces are inclusive.



#### Require formal education.

Licensing and accreditation bodies, such as state licensing boards and the Council on Dental Accreditation, should require substantive curricula and continuing education associated with the clinical care of LGBTQIA+ people.



#### Create policy.

Institutions should have explicit policies outlining inclusive and affirming environments for LGBTQIA+ dental educators and students, including nondiscrimination policies, gender and pronoun affirmation policies, curriculum inclusion policies, dedicated student support services, safe space designations, and connections to external resource networks to manage reporting and grievances.



#### Establish standards.

Clinical dental care should be included in standards set through other allied health organizations, such as the American Medical Association and the US Professional Association for Transgender Health, to truly facilitate an integrated care model.

